Art. 20. The state subsidizes not exceeding of one half of the expenditures for the dissemination of the knowledge of the treatment and prevention of VD executed by the prefectures in the limit of budget as provided by the Cabinet Ordinance.

Art. 21. The Prefectural governor shall colle t the following expenditures from the persons concerned and their legal supporters within an appointed period as provided by Cabinet Ordinance. This however, shall not apply in case where the prefectural governor recognizes the incapability of the said persons concerned and their legal supporters to bear the whole or a part of the expenditures.

1. Expenditures necessary for the health examination under Art. 10 or Art. 11.

2. Expenditures necessary for the examination and treatment at VD clinics and hospitals established by the prefecture or substitutes thereof.

2. The mayor of the city of the headman of the town or the village shall collect the expenditure of the examination and the treatment at VD clinic and hosptial established by the city or the town or the

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legal supporters to bear the whole or a part of the expenditures.

1. Expenditures necessary for the health examination under Art. 10 or Art. 11.

2. Expenditures necessary for the examination and treatment at VD clinics and hospitals established by the prefecture or substitutes thereof.

2. The mayor of the city of the headman of the town or the village shall collect the expenditure of the examination and the treatment at VD clinic and hosptial established by the city or the town or the village or substitutes thereof from the persons concerned and their legal supporters designating the period as provided by Cabinet Ordinance. However, in case where the mayor of the city or the headman of the town or the village recognizes the incapability of the said persons concerned and their legal supporters to bear the whole or a part of the expenditures, the above provision shall not apply.

Chapter VII. Supplementary Provisions

Art. 22. The governor of prefecture, if he deems it necessary for the enforcement of this Law, may order competent officials to visit the present residence of permanent address of persons suffering from VD or of the persons in whom there is reasonable evidence to suspect the presence of VD or the place where such patients are doing

their

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their business, and make necessary inspection or inquiry.

Art. 23. The health officials concerned, when they examine as provided by Art. 11 or Art. 12, or visit or make necessary examination or inquiries, shall carry with them certificates of their officials post and show if persons concerned request them.

Art. 24. Persons, who are dissatisfied with dispositions made by the prefectural governor, the mayor of the city, or the headman of the town or the village under authority of this Law or orders thereunder, may appeal thereon to administrative government agencies.

Art. 25. Those who are ordered by prefectural governor or competent officials of local government to take health examination in accordance with the provisions of Art. 10, 11 and 12, may appeal to the court for the withdrawal of the order in case they claim the order violates the provisions of Art. 10, 11 and 12 of this Law.

2. When the above appeal is made, the health examination shall not be executed until the decision is fixed.

3. In case the governor of a perfecture orders a health examination, he shall notify the individual concerned that he has a right to appeal to the court before the health examination is executed.

Cha Chapter VIII. Penalty

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to the court for the withdrawal of the order in case they claim the order violates the provisions of Art. 10, 11 and 12 of this Law.

2. When the above appeal is made, the health examination shall not be executed until the decision is fixed.

3. In case the governor of a perfecture orders a health examination, he shall notify the individual concerned that he has a right to appeal to the court before the health examination is excuted.

Cha Chapter VIII. Penalty

Art. 26. Any person whom though the person has knowledge of suffering from VD liable to infect others, performs prostitution, shall be liable to imprisonment for a temm not exceeding 2 years or to a fine not exceedin 10,000 yen.

Art. 27. Any person who assists or solicits prositution or provided a place for prostitution with good knowledge of the per presence of VD liable to infect others, shall be liable to imprisonment for a term not exceeding 3 years or to a fine not exceeding 20,000 yen.

2. Any person who assists or solicits prostitution or provided a place for prostitution without knowing by error the presence of VD liable to infect others, shall be liable to the above said imprisonment or the above said fine.

Art. 28. Ar

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Art. 28. Any person who, though the person has knowledge of suffering from VD liable to infect others, acts so as to infect others with the disease by sexual intercourse, lactation or intimate physical contact shall be liable to imprisonment for a term exceeding 1 year or to a fine not exceeding 5,000 yen.

2. The above said offences shall be discussed upon indictment.

Art. 29. Any physician who without proper reasons, reveals the confidential information regarding any patient which he happens to know at the time of the health examination or treatment of his VD shall be sentenced to an imprisonment of not exceeding one year or a fine of not exceeding 5,000 yen.

2. In case the officials conducting health examination as provided in Art. 11, Public Officers engaged in the duty for the prevention of VD or other persons holding such positions reveal without proper reasons the secret of others which they happen to know in performance of their duties, the preceding Provision shall apply likewise.

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know at the time of the health examination or treatment of his VD shall be sentenced to an imprisonment of not exceeding one year or a fine of not exceeding 5,000 yen.

2. In case the officials conducting health examination as provided in Art. 11, Public Officers engaged in the duty for the prevention of VD or other persons holding such positions reveal without proper reasons the secret of others which they happen to know in performance of their duties, the preceding Provision shall apply likewise.

Art. 30. Persons who make false answers to the questions of physicians provided in Art. 6 shall be sentenced to an imprisonment of not exceeding six months or not exceeding a fine of 2,000 yen.

Art. 31. Persons who, without proper reasons, refect, hinder or avoid the execution of duties of the officials concerned as provided in Art. 22 or who make false answers to the questions of the said official shall be sentanced to a fine of not exceeding 5,000 yen.

Art. 32. Any persons who fall under any of the following Paragraph shall be sentenced to a fine of not exceeding 3,000 yen.

1. Any one who fails to give the instructions or report under Art. 6. of report under Art. 7, Par. 1.

2. Any one

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2. Any one who violates the provisions of Art. 7, Par. 2.

3. Any one who disobeys the order provided in Art. 10, or Art. 15, Par. 1 or 2.

4. Any one who disobeys the order provided in Art. 11 or rejects, hinders or avoides the health examination prescribed in Art. 11 or 12.

5. Any one who fails to submit the report provided in Art. 14, Par. 1.

Appendix

Art. 33. This Law shall come into force as from September, 1 1948.

Art. 34. The VD Prevention Law, No. 48, 1927 and the Welfare Ministry Ordinance, No. 45, 1945, "Special Regulations for the VD Prevention Law" shall be abolished.

Art. 35. Medical offices established under Art. 2, Par. 1 of the VD Prevention Law and substitutes forthem under Art. 4 of the same Law existing at the time of the enforcement of this Law shall be deemed to be those provided in Art. 16.

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Art. 33. This Law shall come into force as from September, 1 1948.

Art. 34. The VD Prevention Law, No. 48, 1927 and the Welfare Ministry Ordinance, No. 45, 1945, "Special Regulations for the VD Prevention Law" shall be abolished.

Art. 35. Medical offices established under Art. 2, Par. 1 of the VD Prevention Law and substitutes forthem under Art. 4 of the same Law existing at the time of the enforcement of this Law shall be deemed to be those provided in Art. 16.

Art. 36. The punishment of the offended deed against VD Prevention Law and the Special Regulations for VD-Prevention Law before the enforcement of this Law shall be according to the existing Laws.

....

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MINISTRY OF WELFARE
JAPANESE GOVERNMENT

27 October 1948

Hatsuyo No. 85

To : Prefectural Governor

From : Vice Minister

Subject: The Enforcement of VD Prevention Law

The VD Prevention Law, which has passed newly in the 2nd Diet, was put into force from September 1 as the Law, No. 167, 1948 and Ministerial Ordinance accompanying the enforcement thereof is promulgated on September 24 and cabinet order thereof is going to be promulgated before long. This Law, which has been drawn up on the basis of the former VD Prevention Law and Special Regulation the same Law and in views of the legislation of foreign countries is epoch making for the complete medical treatment and prevention of VD to prevent it from impairing the soundness of soul and body of the people and producing an evil effect upon their descendants for the purpose of contributing to the improvement and promotion of public health and is established with the serious deliberation in Diet.

The principles of the Law are as follows:

1. The complete medical treatment and prevention of VD is the obligation of State, local public bodies and every individual and prescribe the cooperation of physicians.

2. It has handled VD as communicable disease and prescribed reporting of physicians, pursuit of the origin of the contagion, supervision over the patients until the completion of their treatment, compulsory treatment, and hospitalization.

3. With the control of VD among the people in general as its object, the routine compulsory health examination of prostitues which had been the main object of the former Law is abolished, but those who are suspected to by reasonable evidence be habitual prostitutes may be ordered to receive the health examination.

4. If the prefectural governor orders indiscriminately the health examination, the fundamental human right is afraid to be dangerous, therefore it is carefully handled.

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5. In order to prevent producing an evil effect of VD upon descendants of people, the Law prescribes the health examination in case of matrimony and pregnancy.

6. It is the obligation of local public bodies to provide all necessary facilities for VD prevention.

On the above principles of the Law, you connect closely with the offices concerned which come in touch with the execution of this Law and taking into consideration that the objectives of the Law are to exterminate VD from all the people and that the objectives can be achieved only by popularization of the knowledge of VD should be thoroughly understood you are requested to exert yourself more to popularize the knowledge of VD and to execute the Law with the following matters, perfectly by order of Minister, I report you.

I. General Matters

1. Governor of the urban and local prefectures shall, as the persons responsible for the execution of this Law, supervise and give guidance to the personnel in their charge, and formulate the fundamental counter-measures of the thorough treatment of VD and the prevention thereof under the connections with those concerned.

2. Governor of the urban and local prefectures shall take consideration with the following matters in case of the execution of this Law.

(1) Corresponding to the actual condition of the health centers under their jurisdiction, generally the powers of Art. 10, 11, 14 and 15 paragraph 1 of the Law shall be transferred to the heads of health centers (mayors in the cities prescribed in Cabinet Order under Art. 1 of Health Center Law.)

(2) In case of the transferring of preceding paragraph, the prefectural governor shall take steps necessary of the financial source of the expenditure under the provision of Art. 28 of the Local Finance Law.

(3) When a governor finds it necessary to order the examination, treatment or hospitalization of any person for VD, this order shall be issued not for a group but for an individual and include the name, address, designated hospitals or clinics and necessary matters of the individual concerned.

3. At the execution of the powers transferred, the heads of health centers shall have their personnel in their charge be thoroughly aware of the Law and have them be familiar with the operation thereof; they

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shall undertake the responsibility of the spread of the idea, and also take care of the connection with and cooperation of physicians.

4. The reason for the establishment of the provision on their cooperation in Art. 4 of this Law derives from their responsibility that they shall assist the officials in the carrying out of the Law in Art. 6 and following articles, thereof in view of the fact that the execution of this Law depends upon their active cooperation, governors of the urban and local prefectures shall endeavour to promulgate the purpose of the Law through Medical Association, and by consolidating the facilities for tests and examinations of Health Center, etc., give the convenience to the utilization by physicians; thus the execution shall be expected to be complete.

5. The operation of this Law being completed together with the application of the following laws, these laws and regulations shall be researched, and the smooth execution of the Law shall be aimed at under the constant connection with the organizations concerned.

(1) Pharmacy concerned:

(a) Pharmacy Law has provided, in Art. 41, Art. 44, and Art. 56, that penicillin and sulfa-diazine, sulfathiazole, etc., designated by Welfare Minister that are the remedies for VD, cannot be sold without the prescriptions or the directions by physicians. This is required for the prevention of harmful self-treatment, from the aims of this Law at the thorough treatment and the prevention thereof. It is requested that the guidance and supervision over the pharmacy business shall be taken into consideration in cooperation with the office concerned in order to carry out these articles strictly.

(b) The provision of Art. 40 of the Pharmaceutical Affairs Law shall be applied to the preventive medicines and inferior instruments of VD and of Art. 34 to the exaggerated advertisement. Specially, as to the preventive instruments, the harmful and futile instruments or even those unharmful and futile shall be controlled as inferior instruments liable to endanger public health of item I,e of Art. 40 and the suitable measures of encouraging the use of superior one shall be taken, and the complete prevention shall be strived for.

(2) Police concerned:

The execution of the Law shall be done according to the view points of public health and therefore it should be remembered that the cooperation of the police shall be limited in the case when it is required by the health department. This point will be notified after the matter is communicated to the national Police Headquarters.

(3) Others:

(a) In Art. 4 of the Public Bath-House Law, the bathing of those liable to make others contagious with diseases is prohibited;

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but, as not a few cases of the contagion of venereal disease in public bath-houses are found, as to those to be clearly seen as venereal disease in appearance, the guidance shall be given to take measures on the basis of Art. 4 of the public bath law and also, shall be paid to the guidance and supervision by the environment sanitation inspector over the prevention of the contagions in the bath-houses.

(b) As to Art. 19 of the Children Welfare Law, it should be referred to No. 3 of III on health examination.

5. Since the popularization of the knowledge of the complete prevention and treatment of VD is the premise to the execution of this Law, you shall exert yourself for the thorough understanding of the people to VD with the following matters.

(1) The spread of the idea is the thoroughness of prevention, discovery and treatment in their early stage and complete treatment in order to give the true knowledge of VD, and recognize the measure of prevention.

(2) Strict enforcement of the physical examination at the time of marriage and pregnancy.

(3) As the spread of the idea on VD is liable to form of public indecency, referring to the motion-picture film ("Body and Devils"), readers of sex education, and sex science exhibitions, all of which this Ministry has given aid in their preparation, it shall be executed.

(4) As to the sex education it shall be closely with the persons concerned, education and the correct knowledge of the sex shall be furnished.

II. On Reporting

1. Reporting forms the foundation of operation of this Law, and therefore, for purpose of urging the reporting by physicians, the interpretations of the items of the Law shall be done on every opportunity to Medical Associations and the thorough acknowledgment shall be strived for.

2. The reporting under Art. 6 of the Law shall be done according to the free mail system, in the form prescribed in form No. 2, of Hatsu-Ken No. 36, "On the Prompt Reporting of the Statistics of Infectious Diseases", June 4 1948. In case the health center taking charge of the place of residence of the patient is unknown to the physician, the report may be submitted to the neighboring health center. At that time, the head of the same health center shall send it, without delay, to the health center taking charge of the place of residence of the patients.

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3. "Within 24 hours" in Art. 6 of the Law shall be construed to mean" sending it within 24 hours after the diagnosis has been made.

4. The reporting by physician of the patient not obeying the instructions or the death or the healing of the patient shall be done immediately when he becomes aware of the fact, but "When such patients give up their treatment and fail to submit certificates of treatment by other physicians", shall indicate that the reporting shall be done in case that he has discontinued to get medical treatment without leave in 10 days from the time when he visited the physician for the last time.

5. The reporting of the change of the place of residence by the patient or his guardian to the physician shall be done by writing or orally.

III. On Health Examination

1. On the details of the health examination from Art. 8 to Art. 11 of the Law, notifications shall be made separately.

2. As to the health examination under Art. 8 of the Law, measures shall be taken to spread the urging thereof in Medical Association, Juvenile Organizations, Girl and Women Organization, schools and companies and facteries, etc., and it is necessary to investigate the health examination on reporting of marriages and to recommend those who have not received the health examination to receive it thus the fostering of the good habit of exchange the health examination certificates and the aims of the Law shall be attained.

3. As regards the health examination under Art. 9 of the Law, the blood test for syphilis will be performed preferably prior to the fourth month of pregnancy at the time the pregnant women apply for "Mother and childhood book" or at the time of health guidance under Article 19 of the Children Welfare Law. In case she is suffering from syphilis, anti-syphilis treatment shall be carried out at an early stage.

4. Those who are considered to have infected VD to the patient, and those whom the patients have committed conduct liable to infect VD by the report of Art. 6 of the Law, shall be not ordered immediately to receive the health examination, but need to recommend those to receive the health examination by letter or visiting their homes. This is the so-called contact-tracing. Since the contact-tracing is the main point with the report of physician, it shall be carefully handled, and the education thereof shall be given to the persons concerned and, also the keeping of secrecy shall be specially taken care of. The order of health examination of Art. 10 of the Law shall be issued only after the individual has been given opportunity to report for health examination is considered necessary for the protection of the public health.

5. The order of health examination under Art. 11 of the Law, shall not take place of the former routine health examination, therefor shall not be issued for a group but for an individual.

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6. The case described in Art. 12 of the Law as "When it is deemed necessary to take special measures" shall be construed to mean the case of the sudden outbreak of numerous VD patient through the medium of hot-springs, or public-bath, etc.

7. The above order of examination shall be executed, as a rule, by designating the hospitals or clinics under Art. 16 of the Law, in relation to the trustworthiness of the execution and the burden of the fees.

IV. On Medical Treatment

1. The method of the execution of modern medical treatment, shall be in accordance with gist of the Execution of Counter-measures for Medical Treatment of the last year.

2. "When he deems it necessary for the treatment and prevention of VD" under Art. 14 of the Law shall be construed to be the case that the patient does not obey the indications of the physician or he suspends the treatment, without good reason, etc.

3. "If he finds it necessary" under Art. 15, Par. 1, of the Law shall be construed to mean that the patient is found to be receiving no treatment according to the report by the patient under Art. 14 of the Law, or that any other hazard for public health is found to exist.

4. "When he deems it necessary for the complete treatment or prevention of VD" under Art. 15, Par. 2 of the Law shall be construed to mean that the action is necessary for that person because there exists liability of contagion to others. It is illegal that you order compulsory hospitalization only for the health examination. The standards of "so long as their disease is liable to infect others" shall be as follows:

(1). In the case of syphilis, the completion of the course of at least 3 injections of arsenic preparations and 2 injections of bismuth preparations and the disappearance of the symptoms out of the skin, mucous membrane, etc., but the continuous treatment is required after having left the hospital or clinic.

(2) In the case of gonorrhoea, till all of the symptoms have disappeared and the smeared specimen or culture test has become negative 3 times for 3 days in succession.

(3) In the cases of chancroid and inguinal lympho-granuloma, till the complete cure of the wound. As stated above, considerably long-period treatments being required according to the cases of the diseases, consideration shall be paid for the vocational guidance in order to give the chance of rehabilitation, and, after the dismissal from the clinics, by the close cooperation of Women's Homes, Women's Organizations, etc.,

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the establishment of the fundamental constructive program shall be required.

The first offence of prostitution or the juvenile who have been ordered to be hospitalized shall be sent into the competent protection institute and, when there is no institute, they shall be protected carefully within the VD hospitals, by distinguishing their rooms from others.

5. The order of paragraph 1 or 2 of Art. 15 shall be executed, as a rule, by designating the hospital or clinic under Art. 16 of the Law in relation to the trustworthiness of the execution and the burden of the fees.

V. Facilities

1. According to Art. 16 of the Law, every urban and local prefectures have the obligation for setting-up; at least one hospital shall be set up in every prefecture, and the clinics shall be set up by means of the consolidation of health centers, however, the urban and local prefectures which have no VD hospitals may substitute a suitable hospital or a part of hospital is under the present financial circumstances.

2. The establishment by the heads of cities, towns and villages shall be voluntary, but especially in cities decided by Cabinet Order based on Art. 1 of Health Center Law, it is required to set up in accordance with the preceding Item.

3. Substitute hospitals or substitute clinics shall be set up, as a principle, at the places where there is no hospital or clinic based on Art. 16 of the Law, and the perfect execution of the Law shall be expected; it shall be reminded that to the substitutehospitals and substitute clinics, the local public body bear only for commissioned treatment fess, hospitalization fees and fees for being in clinic, and not the current expenditure.

VI. Expenses

1. The state subsidy is, as formerly, the liquidation subsidy.

2. The standard of the expenses, being now under negotiation with Ministry of Finance and Local Finance Committee, shall be notified immediately on decision.

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VII. Supplementary Rules

1. The competent officials (See Art. 22, 23, 25) shall be the personnel of Health Department and the personnel of health centers, and the scope thereof is necessary to be limited before-hand by the chief concerned.

2. On investigation and inquiries by means of stepping in by the competent officials, in view of the large liability of the outrage on the personal rights, the execution thereof shall be limited exclusively to the patients with reasonable reason to be suspected afflicted with VD, and the handling shall be courteous.

3. The aims of Art. 25, Par. 3, and the provision of Art. 29, Par. 2, on the betrayal of secrecy shall be made to be well and thoroughly understood by the competent officials.

VIII. On Penal Rules

1. The compulsory application of the Law with rules of penalty is not the fundamental principle of the Law. However, the rule of penalty should be known to the public, and if the intention is evidently ill meant or if there are evidences, it is desired to be ready to apply the rules of healthy strictly and thus to aim to have the people take voluntary measures to prevent VD.

2. The punishment of Art. 26 and 28 provide the intentional offence and not apply to those who have not known 8 of suffering from VD. (remark: The VD Prevention Law in English)

3. As to the application of Art. 26-28, in case a proper preventive measure is adopted (by the individual) it can be considered that the penalty may be reduced according to the situation and therefore guidance shall be given to encourage to form good habit of taking preventive measures constantly.

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COPY

BASIC: Ltr, Hq, Chugoku Military Government Region, Hq & Hq Detachment. APO 343, (23 February 1948), Subj: Venereal Disease Control, Program, Japanese.

AG 726.1 (23 Feb 48)PH

GENERAL HEADQUARTERS, SUPREMEM COMMANDER FOR THE ALLIED POWERS, APO 500
25 May 1948.

TO: Commanding General, Eighth Army, APO 343
(ATTENTION: Military Government Section).

1. With reference to paragraph 2 of 1st indorsement of basic communication, Yohatsu (directive) No. 622 (copy attached) was issued by the Director of the Disease Prevention Bureau, Ministry of Welfare, dated 18 May 1948.

2. Paragraph 1 of said Yohatsu No. 622 relieves the prefectures of the obligation or responsibility of conducting weekly or routine examinations of prostitutes by revising paragraph 2 of Bohatsu (directive) No. 15 "The Regulations for Medical Examination of Those Whose Occupation Involves Liability of Spreading Venereal Disease", dated 22 November 1945, to read: "The said medical examinations shall be made whenever a prefectural governor deems it necessary."

3. Paragraph 2 of said Yohatsu No. 622 states: ".......health certificates, cards, badges or any other form of identification showing that a person is supposedly free from venereal disease shall not be issued by individuals or associations, nor shall they be carried by any individual."

4. Prostitutes, as individual patients, may use the services of health center venereal disease clinic like any other member of the community.

5. The new "Venereal Disease Prevention Bill" which is ready for submission to the Diet proposes the punishment by imprisonment up to one year, or by fine up to ¥5,000 of individuals who, knowing that they are infected, act so as to spread venereal disease.

6. "The Bill for the Punishment of Prostitution and Related Activities", in preparation for submission to the Diet, proposes the prohibition of prostitution and procurement, and provides for penalties of imprisonment up to two years or fines up to ¥10,000 for habitual prostitutes or procurers.

BY COMMAND OF GENERAL MacARTHUR:

1 Incl. a/s

J.F.BRADSHAW
Major, AGD
Asst Adj Gen

Hold's man in case where he prostitutes woman
Legal Section enforces law. We watch contact tracing, treatment

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COPY

18 May 1948

Yohatsu No. 622

Disease Prevention Bureau,
Ministry of Welfare

To the Governor of Every Prefectural Government.

1. Medical Examination of those whose occupation is involving liability of spreading VD.

2. Health Certificate

As regard medical examination of those whose occupation is involving liability of spreading VD, the enforcement has been carried on in accordance with "The Regulations of Medical Examination of Those Whose Occupation is involving liability of spreading VD", Bohatsu No. 15 of November 22, 1945 on the basis of Article 6 of "Special Regulation of the VD Prevention Law," but recently we have received from the Public Health and Welfare Section of GHQ, SCAP, a proposal of this matter, and the said Medical Examination Regulations shall be amended as follows, therefore you are requested to take up this matter promptly with the Allied local military government team in your district so that there will be no unsatisfactory conditions developed as far as VD prevention measure is concerned.

For your information, the above mentioned suggestion is a temporary measure until the Venereal Disease Prevention Law, which is ready to be submitted to the Diet, will be enforced.

1. Paragraph 2 of "The Regulations of Medical Examination of Those Whose occupation is Involving Liability of Spreading VD," which specifies the frequency of medical examinations, shall be deleted and "The said medical examination shall be made whenever a prefectural governor deems it necessary" shall be substituted.

2. To implement the effect of Notifications of Bohatsu No. 93 of February 16, 1946 and of Yohatsu No. 205 of February 20, 1948, health certificates, cards, badges or any other form of identification showing that a person is supposedly free from venereal disease, shall not be issued by individuals or associations nor shall they be carried by any individual.

Director of Prevention Bureau.

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Summary of VD centers Located in Kochi Prefecture

	Location	Name of Agent	Remarks
1	Kannoura	✓Hiroshi Ono	Designated
2	Muroto	✓Ryuichi Yasuoka	"
3	Tano	✓Haruhisa Yoshida	"
4	Aki	✓Aki Health Center	"
5	Aki	✓Kensaku Matsumoto	"
6	Akaoka	✓Kisaburo Soeda	"
7	Tei	✓Eikichi Ueda	"
8	Yamada	✓Chikakimi Hata	"
9	Gomen	✓Kacho Hospital	Pref. Agriculture Asn.
10	Motoyama	✓Nikkoryo	Branch of Nat. Health Ins. Asn.
11	Kochi	✓Tamamizu Hospital	Designated(according to Ord. 2)
12	Kochi	✓Central Hospital	Med. Treatment Corp.
13	Toka	✓Shigeo Tanaka	Designated
14	Kochi	✓National Hospital	Welfare Ministry
15	Kochi	✓Red Cross Hospital	Japan Red Cross
16	Nisai	✓Tadashi Yamanaka	Designated
17	Nagahama	✓Tadanori Takahashi	"
18	Nagahama	✓Harushige Ooi	"
19	Takaoka	✓Toyoki Ito	"
20	Ochi	✓Takao Maeda	"
21	Susaki	✓Koryo Hospital	Pref. Agriculture Asn.
22	Kubokawa	✓Hideo Takeda	"
23	Nakamura	✓Sasuke Sugi	"
24	Shimizu	✓Yoshio Yamasaki	Temporary Pref. Clinic(Ord. 4)
25	Sukumo	✓Sukumo Hospital	Medical Treatment Corp.

H.C. clinics
1. Kochi ~~Central~~ Health Center
2. ~~[illegible]~~

Nakamura Tadokoro Hospital
Hane-mura Hane Hospital.

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b. Matters pertaining to Japanese Courts and the Administration of Justice.

(1) In conjunction with the National Rural Police this office attended a meeting on 9 March 1948 of members of the newly established Public Safety Committees. 20 Municipalities of 3 members each plus the Ken Public Safety Committee were invited and attendance approximated 90% with all but Shimizu represented. Mr. Manabu Hirai, head of the National Rural Police, Kochi Ken was responsible for the meeting and presented an excellent picture of the responsibilities of the new committee. Mr. Hirai had the instructions printed and presented to all members. The text of his instructions was closely examined and found to be excellent having based his instruction on the New Police Law, examples of the functioning of equivalent American Counterpart Committees and past experience. The Legal Officer offered encouragement to those present, pointing out pitfalls to be avoided under the local police system and laid stress on the necessity for cooperation between the National and Municipal Police.

(2) Ceremonies were held throughout the prefecture by the new Public Safety Committees during the second week in March at which time local Municipal Police Chiefs were appointed, which Chiefs subsequently appointed subordinates. In all cases the Public Safety Committees appointed the incumbent Chief of the old national system. It was further noted that many position changes had been made by the National Police two or three weeks prior to the inauguration of the new system in preparation for the change. It is too early to determine if the newly appointed chiefs will show loyalty to the National Rural Police rather than to the Public Safety Committees.

(3) The present stress placed on Economic Control has caused a larger percentage of back-log cases to accumulate in the courts. The police are turning over approximately sixty cases weekly to the procurator whose office is prosecuting the majority of them. Although under strength in authorized personnel, the Procurators office is not having too much difficulty in preparing the cases and sending them on to the courts for trial. The courts, however, are experiencing difficulty in keeping abreast of the deluge of cases. Also a tendency exists on a part of the courts to try to keep up with current cases causing older cases to stagnant. At present the local courts are two judges under strength. These positions are expected to be filled within the next two weeks. A study is to be conducted of the courts to see if the most efficient use is being made of personnel available. Inquiries into delays have had negative results. It has also been noted that branch offices of district courts have no manning authority,

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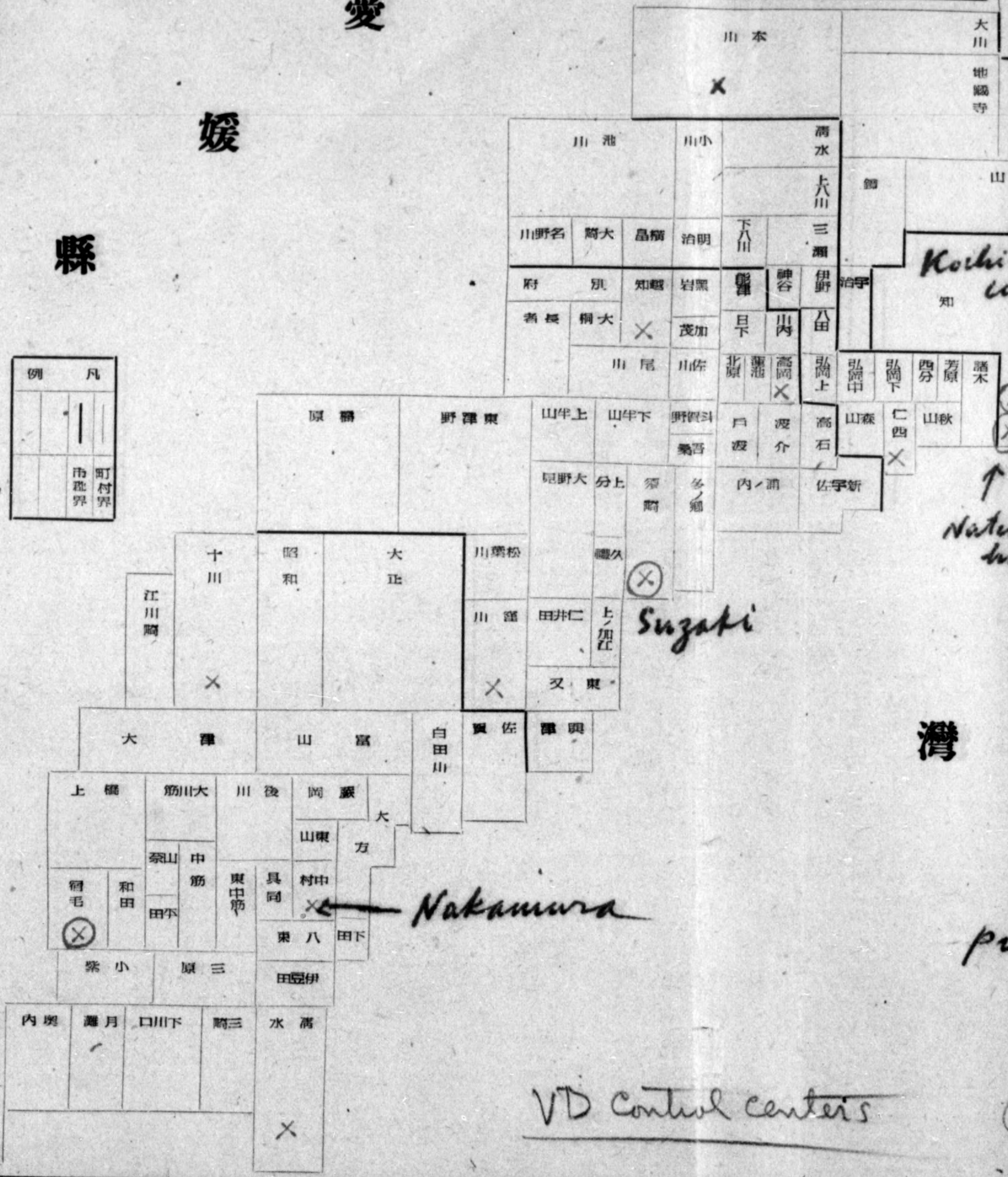

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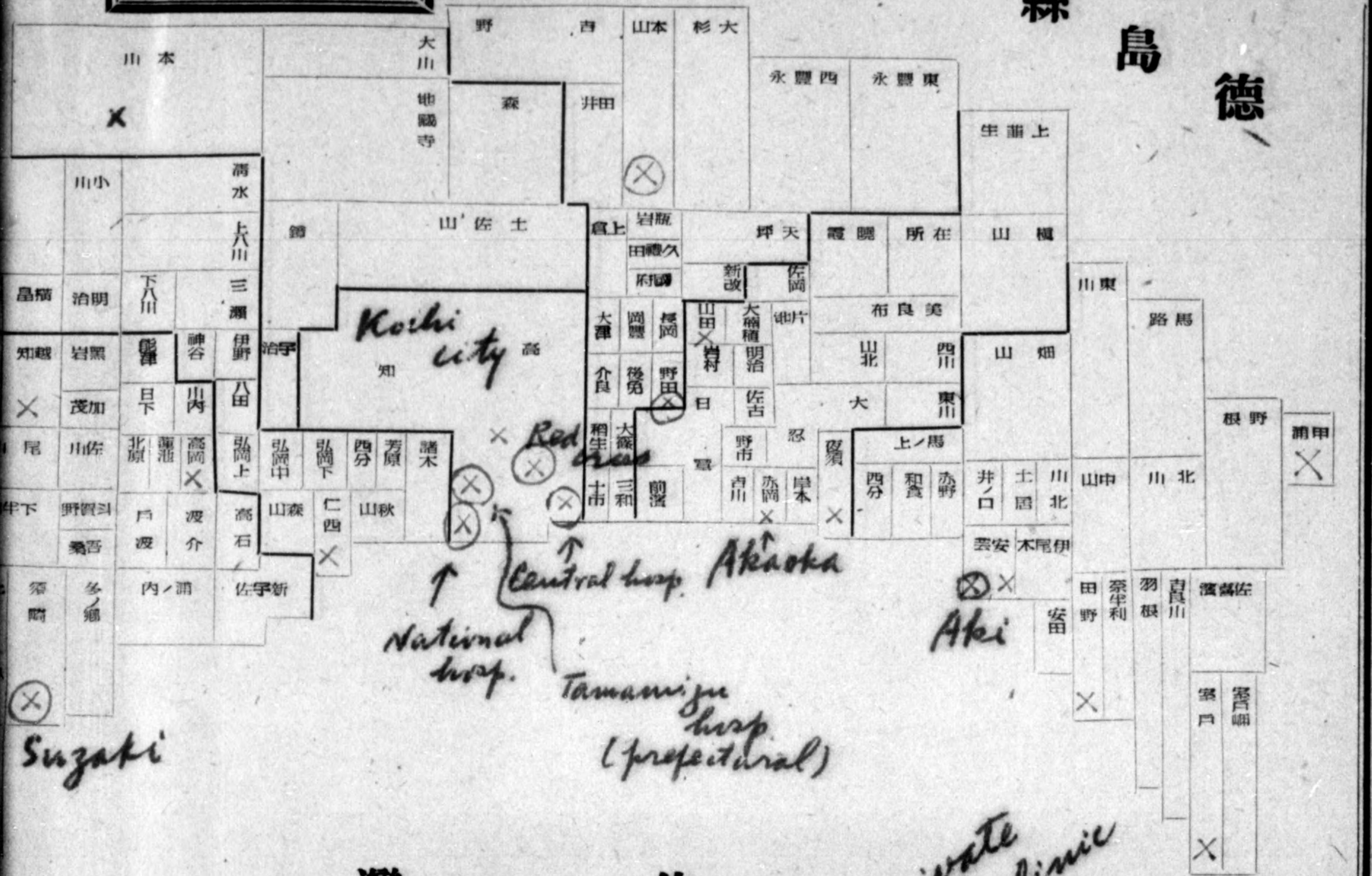

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WELFARE MINISTRY

診斷所 No. ______
FILE NO. ______

厚　生　省

保健所 No. ______
衞生課 No. ——

REPORTING FORM OF V.D.PATIENT

性病患者屆出票

(THIS FORM ... OUT)
(此ノ屆出票ハ患者診斷後記入ノ上直チニ都道府縣衞生課ニ提出スルコト) ... UPON FILLING

患者氏名 Name of patient ......　感染日 Date of contact 昭和　年　月　日
患者住所 Address of patient ......　發病日 Date of first symptoms 昭和　年　月　日
性　別 男、女　年齡 Age 歳　職業 Occupation ......
以前治療、有、無 Where? When? 昭和 Date　年　月　日　場所 Location(Where?)

診斷 Diagnosis	梅毒 SYPHILIS	淋病 GONORRHEA
	□ 初期 *Primary Stage	□ 急性 (三ヶ月以内ノモノ) ... 3mos.)
	□ 第二期 *Secondary Stage	□ 慢性 (三ヶ月以上ノモノ) ... 3mos.)
	□ 早期潜伏 *Latency in 1st stage	□ 眼疾 *Affect on the eyes
	□ 後期潜伏 * " in 2nd "	□ 軟性下疳 *Chancroid
	□ 晩期 (型ヲ記載スルコト) TYPE?	□ 淋巴肉芽腫症 (フライ反應陽性ノモノ) ...rum
	□ 先天性 *Congenital	□ 鼠蹊肉芽腫症 *Granuloma Inguinale

注意。診斷名ハ該當病名ノ□印ニ記號スルコト

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検査成績 Results	血液検査(種類ヲ記スコト) Kind of Serology Test	陽性 POSITIVE	陰性 NEGATIVE	臨床所見 Clinical signs
		□	□	
		□	□	
	File V.D.	□	□	
		□	□	
		□	□	
		□	□	
		□	□	

CHECK ON CONTACTS
患者接觸者調査

氏名 NAME　　住所 ADDRESS

氏名　　住所

通報セル保健所名 NAME OF REPORTING HEALTH CENTER

調査結果 RESULT OF INVESTIGATION

届出醫師氏名 Name of reporting doctor　届出日. 昭和 Date 年 reporting 月 日

住所 Address　公私立診療所別. Public 公立□ Private 私立□

TREATMENT SCHEDULE FOR EARLY SYPHILIS

1	2	3	4	5	6	7	8	9	10	11	12

BISMUTH
Once Weekly
12 Injections - Intramuscularly

MAPHARSEN
Three Times Weekly
36 Injections - Intravenously

1	2	3	4	5	6	7	8	9	10	11	12

TWELVE WEEK SCHEDULE FOR EARLY SYPHILIS

Treatment of early syphilis by giving thirty-six injections of Mapharsen and twelve injections of Bismuth Salicylate in Oil in twelve weeks is advacated by some syphilologists. This plan calls for administration of 1800 to 2500 mg. Mapharsen (depending on body weight) in a very short period of time.

Results are said to be good in seronegative and seropositive primary syphilis and in secondary syphilis. However, as the curative dose of Mapharsen is given in a much shorter time than by other methods of ambulant therapy, the risk of toxic effects is increased. Estimated mortality with the twelve week schedule is 1:400 to 1:1000 and the estimated margin of safety is 7. Consequently, this plan should not be used without full consideration of its potential danger to the patient; it should never be employed in late syphilis.

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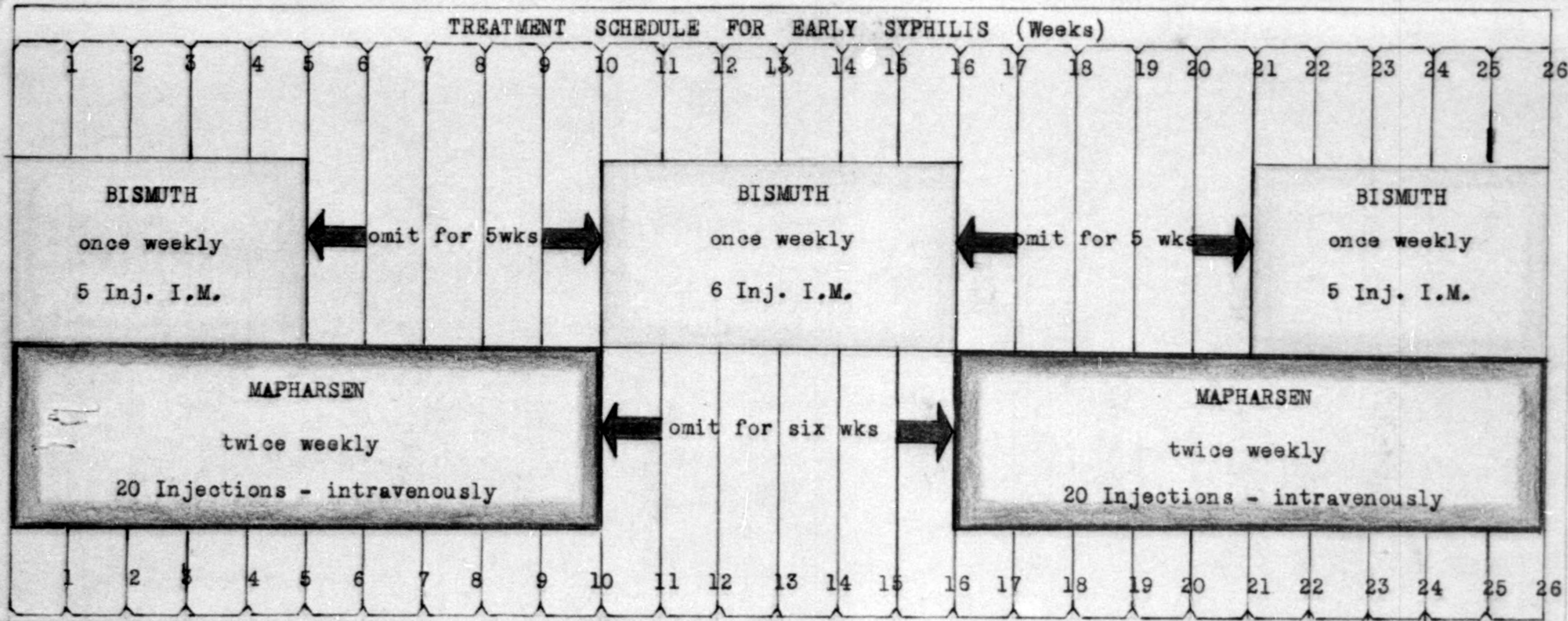
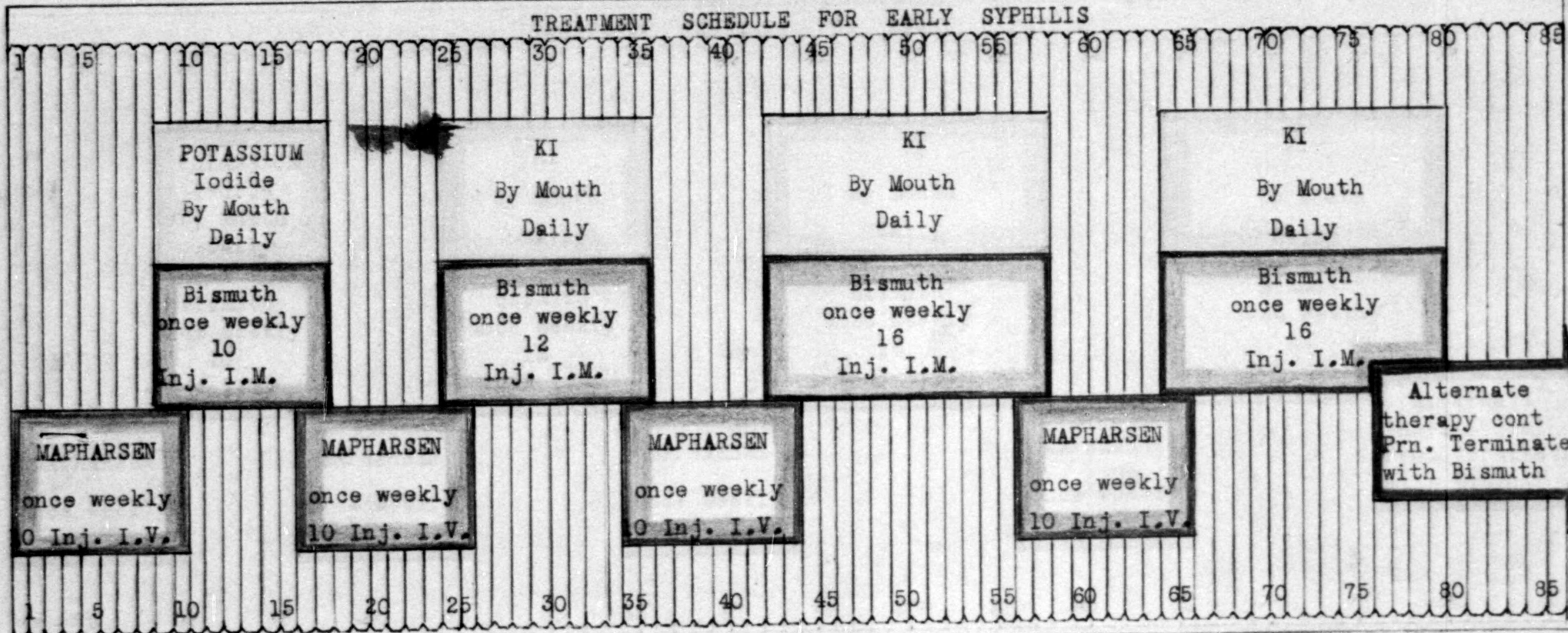


TWENTY-SIX WEEK SCHEDULE FOR EARLY SYPHILIS

This is a shortened routine employed for ambulant management of early syphilis and late latent syphilis in otherwise healthy and vigorous young adults. The plan calls for forty 60-mg. injections of Mapharsen (2400 mg. total) and sixteen injections of Bismuth Salicylate in Oil in twenty-six weeks. It should be used only on carefully selected patients who probably would not receive adequate therapy by completing a conservative routine.

Results with this schedule are probably as good as with standard routines, and the risk to the patient is only slightly greater. Mortality with this method of treatment ranges from 1:1000 to 1:3000; the estimated margin of safety is 8 compared with a margin of 10 for standard therapy.



CONSERVATIVE TREATMENT OF EARLY SYPHILIS

The long-term routine illustrated above calls for forty doses of Mapharsen in sixty-six weeks, supplemented by fifty-four injections of Bismuth Salicylate in Oil or Lipo-Bismol. This system is standard practice in early syphilis; use of potassuim iodide has been abandoned by many syphilologists. Therapy is always begun with an arsenical and, when vigorous treatment is indicated, arsenical injections may be given two or three times a week for the first course.

In early latent syphilis, the same system may be followed, but therapy maybe begun with a course of bismuth and iodides, especially if cardiovascular involvement has occured. Treatment must be as intensive as the patient's tolerance will permit and should always be continuous. With consevative syphilotherapy, fatality rate is less than 1;3000. However, only 25 to 50 per cent of patients complete the full treatment; an additional 25 per cent complete forty weeks of treatment.

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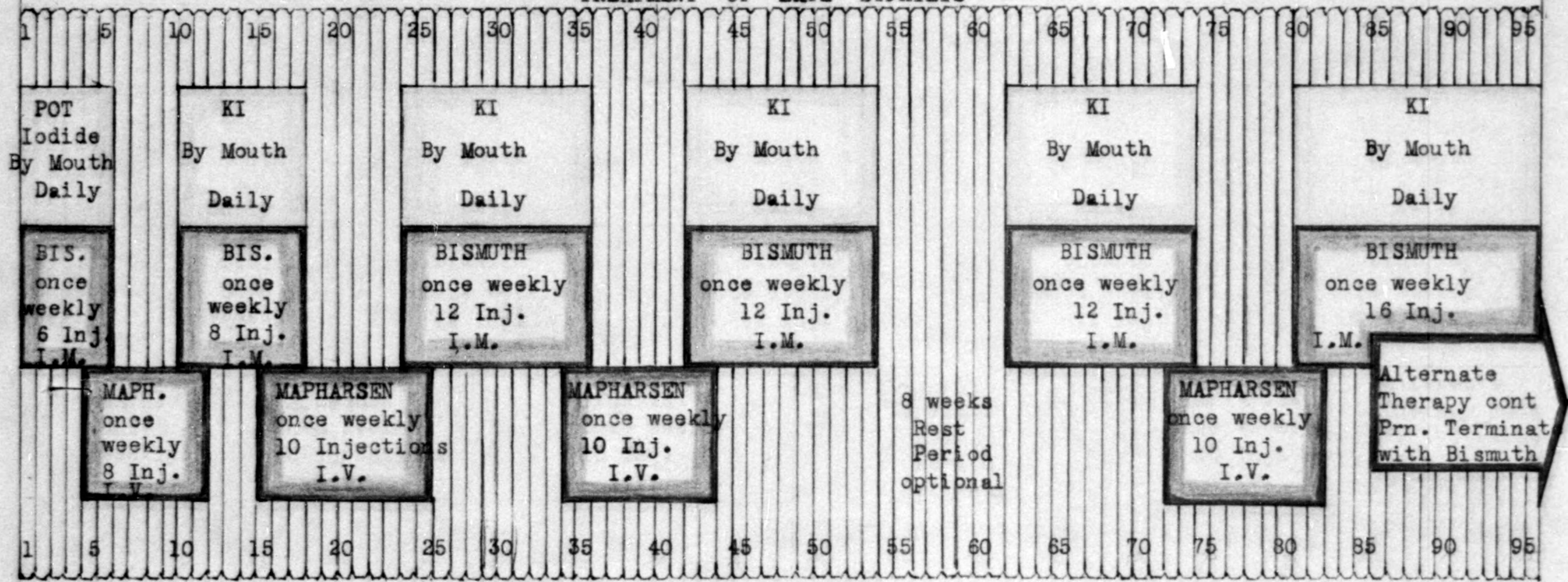

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CONSERVATIVE TREATMENT OF LATE SYPHILIS

The long-term, conservative routine for late syphilis calls for thirty-eight weekly injections of Bismuth Salicylate in Oil and twenty-eight weekly injections of Mapharsen given over a period of fifty-four weeks, followed by alternate courses of arsenical and bismuth as indicated. Because of the probability of cardiovascular and visceral involvement in late syphilis, reactions must be avoided and cautious use of arsenicals is essential. To avoid therapeutic shock and therapeutic paradox, treatment in late syphilis always begins with bismuth.

In late syphilis, continuous therapy is not essential as it is in early syphilis. A rest period of eight weeks after one year of continuous treatment probably does not harm in late syphilis but many syphilologists prefer continuous therapy.

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HEADQUARTERS
KOCHI MILITARY GOVERNMENT TEAM
Kochi, Shikoku
APO 317

29 April 1947

SUBJECT: Control of Venereal Disease by the Japanese

TO : COMMANDING OFFICER, Kochi Military Government Team, APO 317

At a conference held on 29 April measures were discussed concerning control of Venereal Disease. Attending this conference were the following Japanese: Mr. Kodgi, Chief of Kochi Prefecture Police Dept., Mr. Ojima, Chief of Kochi City Police, Mr. Hamada, Administrative Official of City Police, Mr. Hosoi, Assistant Administrative Official, Mr. Ojiwara, Chief of Administrative Section of Kochi Prefecture Police Dept., Dr. Hirota, Prefecture Venereal Disease Control Officer.

The following plan was explained by Kochi Military Government Team Public Health Officer.

The Japanese Prefecture Public Health Section is responsible for diagnosis, treatment, maintenance of records, physical examinations, health certificates and contact tracing. The police will act to enforce the measures outlined by the Health Section and will be responsible for bringing suspected cases of venereal disease to designated clinics.

Police will take street walkers, private prostitutes, and any other women suspected of begin infected with venereal disease to a Public Health Clinic for a physical examination, which will include blood serology and slides prepared from the vaginal secretions.

Police will submit a weekly report on Wednesday ending on 2400 the previous Saturday at 2400. This will include the name, address, and result of physical examination of each woman taken to the clinic. The Police are responsible for this report. The report will be prepared in two sections, one for the Kochi City and the other for the rest of the Prefecture excluding Kochi City.

Police will maintain a sufficient guard at the public health clinic to present patients from escaping the hospital before released.

Medical care will be free for those who cannot pay. A fee will be charge for those who can afford treatment.

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Another hospital will be designated by the Prefecture Public Health Section for treatment if the present facilities prove inadequate to satisfactorily accommodate all patients.

A woman brought to the clinic by the police will remain in this institution until laboratory work has been completed, normally this will be two or three days.

Rescinded 24 Jan 48 KHK

Patients having syphilis over five years duration will not be treated for this disease, and an appropriate entry will be made on the physical examination certificate of the individual. The Physician treating the patient will determine the approximate time the patient has been infected; this determination will be made from the history, physical, and laboratory findings. Such individuals, suffering from syphilis over five years, may be repeatedly examined for gonorrhea if the situtation is such that the police or Prefecture Venereal Disease Control Officer deems it necessary.

Women having clinical signs and, or a, history of venereal disease without laboratory findings will be treated.

A Health Certificate will be issued to all persons employed in handling or serving food or drink for the public. This examination will include a general physical examination, x-ray of the chest, serology tests for syphilis, vaginal examination and smears in women, except virgins.

A monthly examination will be required of these persons with emphasis on venereal disease examinations and appropriate entries will be made on the Health Certificate.

Police will check periodically the Health Certificates. Failure to have a Certificate or to have it up to date will result in a warning by the police. Another inspection will be made in one week and a fine will be made if the individual has not complied.

24 Jan 48 Rescinded KHK

~~Occupation Forces Personnel suspecting a girl to be suffering from venereal disease will inform the police, who will in turn take the woman into custody to be examined.~~

Instruction given to the Prefecture Venereal Disease Control Officer.

Examinations will include a clinical history, smears of vaginal secretions for gonorrhea, and blood serology for syphilis. Patients will be detained until results of all these examinations are known. A history of burning upon urination or suspicious vaginal or urethral discharge is sufficient for a clinical diagnosis of gonorrhea.

Diagnosis of gonorrhea. Patient will be confined to the hospital and a five day course of sulfathiazole therapy will be initiated.

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One day after completion of sulfa therapy smears will be taken; if the smear is negative the patient will be released. If any clinical signs of gonorrhea persist or if the smear is positive, a one day course of Penicillin 200,000 units - 40,000 units every 3 hrs., will be given. Again a smear will be made. After all symptoms subside and smears are negative the patient will be released and told to report in one week for a "check" smear. Failure to report will result in police action to bring the patient to the hospital.

No dark fields -

Diagnosis of Syphilis. Suspicious lesion but negative blood - possible chancre. Patient will be confined to the hospital for two weeks and a blood test will be done every week. If the serology test remains negative after four weeks the patient will be released from observation. The first and second week will be in the hospital, after this the patient is released but must report weekly for two weeks.

If the serology is positive, all three serology tests will be done. A patient having syphilis less than five years with a positive blood test will receive a 26 weeks course of Mapharsen and Bismuth.

The patient will be kept in the hospital two weeks. After that the patient will be released and must come to the hospital two times a week for therapy for eight weeks. Failure to comply will result in the patient being placed in jail until that period is past and until twenty injections of Mapharsen are given.

Instructions will be given to each patient at the time of diagnosis concerning the nature of the disease, dangers and complications, treatment necessary for cure, and penalities for not complying.

Follow up blood tests will be taken after three months, upon completion of therapy, and six months later.

Measures will be taken to initiate and maintain satisfactory procedures for contact tracing, hospital records of each patient, and submission of weekly reports to the Public Health Officer of Kochi Military Government Team.

PAUL M. DASSEL
Capt., MC
Public Health Officer

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VENEREAL DISEASE CONTROL

1. Review of Pre-War Venereal Disease Control in Japan

In pre-war Japanese society where so many feudal aspects were known to exist, one would know immediately that public health and the welfare of the individual would not receive very much attention. In fact, the public health program was very poorly developed and consisted mainly of some work in immunization, some anti-tuberculosis work, and the beginning of a maternal and child hygeine program. Japan had received some endowments from the Rockefeller Foundation and other funds and there were occasional grants for public health work from the Imperial Japanese Government. There was no public venereal disease control program. Prostitution was legal and existed in the contractural or indentured servant type of bondage. It was more or less supervised by the police. That is to say, prostitutes were given permits to work. This supervision by the police should not be interpreted as meaning strict isolation or adequate medical care. A system of periodical examinations of prostitutes was in effect. Physicians did not report cases and no contact tracing was done. Medical schools seem to have taught by lecture methods almost entirely, so that the student had little contact with sick patients. The public health point of view was not mentioned. Internships were rare and great jealousies were said to have existed between the various schools and the graduates of these schools. Laboratory work was highly regarded so that many of the better men gravitated to this type of medicine, often to lose themselves entirely in laboratory work which added little to the body of medical knowledge. Public health was not highly regarded as a career due partly to supervision by non-medical, political authorities and partly because of poor pay. There were some men who had had post graduate work in public health in othercountries, but these men wereunable to exert much influence.

2. The Present Venereal Disease Control Situation outlawed now 1947

a. At the present time prostitution is still legal in Japan. Only the contractual forms whereby women could be indentured to serve a period of time in repayment of a loan made to their parents or guardians has been abolished. Strict licensing by the police is no longer enforced so that now both licensed and non-licensed prostitutes exist. Periodic raids on street-walkers or other promiscuous women are conducted.

b. There is a decentralization of authority among the various branches of public health having to do with a venereal disease control program and a lack of inter-departmental coordination. This has prevented V.D. Control officers from making use of existing public facilities. Most of the personnel engaged in venereal disease control appear to be poorly trained. There id difficulty in distinguishing public officials from private physicians, so that it is hard to tell just what public physicians are available for carrying out the program. No public venereal disease control program on a National level exists. All the attention is still focused on the routine examination of prostitutes, and other categories of patients called by more euphemistic names. The fact that these prostitutes directly or indirectly infect the entire population has never been sufficiently stressed, and there exists no general conception of the medical inadequacies of the routine examination of prostitutes. Examinations are done routinely and mechanically with no regard for the individual patient, or the pathology present. Clinicians appear to work by rote. The usual clinics and hospitals are poorly conducted in general. They are crowded, dirty, and the patients are rancus and disorderly. Lighting is usually inadequate, and the clinicians rarely use gloves or drapes. Reporting is almost entirely confined to prostitutes so that the incidences of these diseases in the general population are unknown. However, in about ten months up to the fifth of October 1946, approximately 21,500 cases of chancroid, 92,000 cases of gonorrhea, and 53,000 cases of syphilis had been reported. When one considers the inadequacies of reporting, the usual ratio of gonorrhea to syphilis, the fact that reporting is almost entirely confined to prostitutes, that the infected male population is rarely reported, and the fact that the medical procedures in use find about one case in fifteen, one can understand that even from these poor figures a high incidence of infection must

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exist in the general population.

3. The Program We Want to Organize

a. A national program to plan and coordinate a venereal disease control policy for the entire nation.

(1) To provide stimulation, leadership, and guidance to the prefectural health authorities in venereal disease control.

(2) To initiate and support or change legislation as is deemed necessary.

(3) To initiate and direct education campaigns among the laity and the medical profession.

(4) To standardize diagnostic and therapeutic criteria for venereal disease.

(5) To collect, record, and evaluate reports of venereal diseases from the prefectures.

b. Prefectural

Under the local direction and supervision, and with the support of the Military Government Health Officer, the Prefectural Venereal Disease Control Officer will:

(1) Put into operation the directives and policies of the Ministry of Health and Welfare.

(2) Supervise and direct these activities.

(3) Initiate and direct venereal disease educational programs in the prefectures.

(4) Establish and maintain diagnostic laboratories for venereal disease in prefectures, if such laboratories do not already exist.

(5) Collect, record, consolidate, and forward to the Venereal Disease Control Officer in the Ministry of Health and Welfare monthly reports of venereal disease control. A form for such reports has already been given to the Venereal Disease Control Officer in the Ministry. He will reproduce and distribute it to Prefectural Venereal Disease Control Officer.

(6) Carry out contact tracing. He must understand that this is one of primary duties.

(7) The Venereal Disease Program for the people is nation-wide in scope. Therefore, all necessary national and prefectural hospitals and health centers, as well as those in metropolitan areas should be used for the establishment of in-patient and out-patient treatment centers. Private facilities should not be used where public buildings exist.

(8) The Prefectural Venereal Disease Control Officer, under the supervision of the Military Government Health Officer, will establish as many of such treatment centers as will best serve the needs of the people. If he has no additional clinicians on his staff, he will conduct these clinics himself. It may be necessary for him to spend certain days in each clinic. Persuasion will be used to encourage the general public to attend these clinics voluntarily.

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(9) To further decrease the number of promiscuous persons at large in the general population, police raids are encouraged to augment case finding until such time as the medical epidemiologic work becomes proficient.

4. Information and Education.

a. Education and information will be given to both lay and professional groups. Civilian Information and Education Section in GHQ, SCAP, will help to prepare material for national use. The consultant for Venereal Disease Control in the Public Health and Welfare Section of SCAP will rewrite basic pamphlets for physicians, to include material that will aid them in their private practice. Where possible, post graduate instruction in Venereal Disease Control will be conducted for physicians and nurses. Occasional lectures will be given to undergraduate medical students as far as it is practicable. Education will be carried out locally by the Prefectural Venereal Disease Control Officer with the advice and supervision of the Health Officer in Military Government. He will use posters, bulletins, signs, movies, talks, and lectures to the public, to stress the existence of those diseases in the general population, to name and describe gonorrhea, syphilis, and chancroid, to tell the people where to go if they want to apply for diagnosis and treatment. Great care should be taken to give the public the absolute facts. These facts do not need over-dramatization. The Prefectural Venereal Disease Control Officer will encourage the voluntary application for services and will stress persuasion rather than police measures.

b. In addition, he will:

(1) Teach that the control of venereal disease requires the appropriation of public funds and that such money must be translated into venereal disease control service as rapidly and as efficiently as possible. This need applies especially to the training of professional and technical personnel and their employment on a meritorious basis.

(2) Develop the proper relationship between the venereal disease control program and other reforms, especially public welfare, public education, and social service.

(3) Point out the facts regarding health relationship between the sexes and particularly that there is no more need for the male to indulge in indiscriminate intercourse than for the female.

(4) Stress that commercialized prostitution, because of the facility with which it creates easy opportunity for promiscuous sexual contact, is the most important single mode of spread of the venereal diseases.

(5) Stress that control of prostitutes to insure freedom from disease is impossible on a practical scientific basis and that repression of all forms of prostitution is not a function of the health department, but primarily of the police and the judiciary.

(6) And, finally, point out that on a humanitarian basis the community and the nation is obligated to attempt the social and economic rehabilitation both of prostitutes and of promiscuous women, who because of lack of resources are potential prostitutes.

c. Finally, the Prefectural Venereal Disease Control Officer will stimulate the formation of Venereal Disease Control Councils. These Councils should be composed of representatives from progressive societies, women's clubs, labor, men's groups, medical professional societies, representatives from the school system, religious societies, representatives from the police, and court authorities, as well as

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representatives from social welfare organizations. This council should meet, elect a chairman and an executive secretary and chairmen for individual sections, such as, law enforcement, local welfare, health education and information, medical service, and group participation. This council should be used by the Prefectural Venereal Disease Control Officer to stimulate the dissemination of information and education on these diseases to the general public.

5. Classification of the Venereal Diseases

(a) Gonorrhea (mention making diagnosis clinically and hospitalizing the patients on the physician's clinical judgment.)

(1) Acute
(2) Chronic
(3) Gc. Ophthalmia

b. Syphilis

(a) Primary - D.F. Pos or Neg.
STS Pos. or Neg.

(b) Secondary
(c) Early latent - state definition
(d) Late latent - " "
(3) Late (state type)
(f) Congenital

c. Chancroid

d. Lymphogranuloma Venereum

e. Granuloma Inguinale

6. Case Finding and Case Holding

a. The following methods are used to find cases of venereal disease: voluntary application by the patient, referral from private physicians, brought in by the police, referral from other public health facilities, found through contact tracing, and application of groups of patients who come to the clinic through public health education or mass testing.

b. Case holding is accomplished first by good care of each patient, by field work on absentees through public health nursing system (or possibly by the police if the patient is infectious and refuses to come) and, finally, by referring the patients to the most convenient clinics for further care as out-patients. Each patient must understand why it is necessary to complete treatment.

7. Contact Tracing

a. Contact tracing is a primary function of the Health Department, the importance of which cannot be over emphasized. It necessitates a case contact history be taken on each patient, not only for the supposed "source" of the patient's infection, but also for all persons who were sexual contacts of the patient within a reasonable period of time. Then each of the contacts brought in are in turn questioned for all their recent contacts. The development of trained personnel to take contact histories will be one of the functions of the Venereal Disease Control Officer. Further information will be issued from time to time on this point.

8. Reporting by Private Physicians

At the present time mainly prostitutes are being reported. Few male patients are being reported as well as hardly any females in the general population. Private physicians must be taught to report every

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new patient on whom a diagnosis of venereal disease is made, or be subject to disciplinary action of the courts. A form containing the necessary information will be made up by the Venereal Disease Control Officer in the Ministry of Health and Welfare and will be distributed for use to all the prefectures.

9. Summary

a. It is the desire of SCAP that a program of public health be operated for all the people of Japan. Such a plan is already in operation in some respects. Venereal disease control is a part of the public health program.

b. In order to increase the number of in-patient and out-patient facilities for such services as anti-tuberculosis work, maternal and child care and venereal disease control, as well as other services, Military Government health officers are requested to enlarge the scope of their existing facilities so as to properly meet the needs of all the people of their prefectures.

c. Previous directives have been interpreted by some health officers to mean that their activities were restricted solely to those sections of the population in the immediate vicinity of large troop concentrations.

d. In the future existing directives will be regarded as not limiting public facilities to the extent necessary for the protection of troops, but as far as is practicable to adequately serve the needs of the prefectural population.

e. National hospitals and public health centers will be used for these facilities to the extent necessary to serve the people. Private buildings will not be used as long as public buildings exist. Drug supplies for venereal disease control work will be obtained from Japanese sources as far as can be procured. When these supplies no longer are available through regular Japanese channels, health officers will draw on emergency Military Government or Army supplies.

f. The Japanese health officer of the prefecture will designate one of his public physicians to act as venereal disease control officer. Under the direction of the Military Government health officer, the prefectural venereal disease control officer will establish venereal disease out-patient diagnoses for treatment facilities as well as provide for hospitalization for venereal disease patients where necessary. Public facilities will be used. Technical direction and supervision as well as other support of these clinics and hospitals will be given by the Military Government health officer.

g. As long as civilians are infected with venereal diseases, troops will become infected with venereal diseases; that is, unless the two groups are artificially separated from each other, concentrated in special areas, and kept from normal contact with each other through police measures.

h. Given normal contact between civilians and military personnel, infections will tend to reach the same level in both groups dependent upon how long the association is maintained. Prompt medical care helps to reduce existing cases among troops, but the incidence of infection is dependent upon the cases existing among civilians with whom the troops associate.

i. The rapid shifting of the population from one region to another in war-torn countries, as well as recreation excursions of troops, make any narrow control measures confined only to areas of troop concentration of doubtful value as long as civilians are allowed to circulate freely. The only way to prevent infections in troops and in non-infected civilians is to find and isolate all infected civilians from non-infected persons and treat them to the point of cure or non-communicability. To the extent that this can be accomplished, the spread of infection will be reduced.

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j. Failure to control the sources of infection in any campaign against the venereal diseases favors the spread of these diseases. It is known that many persons who are infected with gonorrhea, syphilis, and chancroid acquire their infections from prostitutes or from persons who have been infected by those practicing prostitution.

k. It is generally accepted that the licensing or toleration of prostitution and of agencies promoting prostitution, or the segregation of prostitutes in special areas, increases the opportunities and accessibility or prostitutes and the volume of their promiscuity. The street-walker who must hunt for each patron can only infect about three or four individuals a night, while the prostitute in a brothel can easily infect thirty or forty individuals.

l. Any honest medical study on these prostitutes would leave the brothel keeper with no prostitutes to carry on his business. As was said by a French medical officer in a position of great responsibility, speaking of routine examinations of prostitutes, "If the doctor is good, the system is bad; if the doctor is poor, the system is dreadful; and we know what kind of doctors make their living off prostitutes". No health department physician should be placed in this catagory.

m. Infection is too difficult to detect by any system of routine examination, and exposure between examinations is too frequent to make the procedure effective. No epidemiologic procedure in the hands of the Health Officer can solve this problem. Even when it is possible to trace an infection to a particular girl in a specific house, the incubation period (of syphilis at least) is so long that many infections will have been caused by a busy prostitute before the health officer can even start the epidemiologic process. From studies on our own troops, it is known that the sulfanamides effect cures in less than 50% of gonorrhea patients. Consequently, prostitutes may show improvement under present treatment, but they will still be infectious when they return to their occupation.

n. An observation and isolation period of at least six weeks, during which time additional clinical and laboratory examinations are made, is necessary before a patient can be said to be probably free from venereal disease infections. Even then the clinician cannot be certain of his diagnosis. Periodic examinations alone as a means of reducing the infectivity of promiscuous persons are known to be medically useless. Such procedures give a false sense of security to the public and further indoctrinate them with the fallacious idea that prostitutes are the only ones who have venereal diseases.

o. All prostitutes and other persons known to be promiscuous should be regarded as being infectious at all times. Health departments should continuously publicize this point.

p. The police and court authorities are responsible for the enforcement of whatever laws exist regarding prostitution. Health departments will cooperate with the above branches of government in the carrying out of the medical aspects of these laws. That is to say, public health agencies will examine, diagnose, and treat persons apprehended by the police as well as all individuals who apply voluntarily for service. The apprehension or sentencing of persons who break the laws is not the concern of the health department. The nature of the punishment should be determined without consideration of the element of infection.

q. The Venereal Disease Control program should be re-directed to the finding and treating of these diseases in the genereal population. All members of society including prostitutes, waitresses, hostesses, dance hall girls, etc., will be gladly accepted for diagnostic and treatment services, as individuals.

r. Being the only medical officer in some prefectures, the Military Government medical officer has too many duties to personally carry out the program as described. It will be absolutely necessary then that one

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[Preventive Med - Epidemiology

of the Japanese prefectural medical officers be charged with this duty. It will be a full-time job that will assume even greater proportions. He will be the public health official through whom the Military Government Health Officer supervises the Venereal Disease Control program.

s. The success of the Venereal Disease Control program will be measured by how efficient an organization the prefectural VDCC will have when the Military Government Medical Officer is no longer there to guide him.

10. Clinic Demonstration

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Schedule for the treatment of Syphilis with Mapharsen and Bismuth:-

Week	Mapharsen	Bismuth
1–5	Mapharsen intravenously twice weekly, total 20 injections.	Bismuth subsalicylate intramuscularly once weekly, 5 doses.
6–10		Omit bismuth for 5 weeks
11–16	Omit mapharsen 6 weeks	Bismuth subsalicylate intramuscularly once weekly - 6 doses
17–21	Mapharsen as in first course, twice weekly, total 20 injections	Omit bismuth for 5 weeks
22–26		Bismuth subsalicylate intramuscularly once weekly, 5 doses.

<u>Mapharsen</u> dosage: Adjusted approximately to body weight; average dose 60 mg, minimum dose 50 mg, maximum 70 mg.

<u>Bismuth subsalicylate in oil</u> dosage: The standard dose is 0.2 gm of bismuth subsalicylate intramuscularly (not 0.2 gm of elemental bismuth metal).

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The Schedule for the use of Sulfathiozole in the treatment of Gonorrhea:

Sulfathiozole 1.0 gram every four hours for four doses for five days. If a cure is not effected the schedule is repeated. Sufficient quantities of Sodium bicarbonate to render the urine Alkaline should be given with the Sulfathizole. (2 GM T.I.D.)

The Schedule for the use of Penicillin in the treatment of Gonorrhea:

Penicillin 50,000 Oxford units intramuscularly every two hours for four doses.

Note: Penicillin is used for the treatment of Gonorrhea only when the use of Sulfathiozole has definitely been shown to be ineffective.

~~30,000~~ 40,000 every 3 hours until total amount is given

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~~VD Prefecture~~ Laws Japan

1. Dōgo V.D. clinic is controled by the Ehime Ken Authorities, which entrust the Ken Public Health Section to exercise the direct supervision over it.

2. These who come under the following categories shall be sent to Dōgo V.D. clinic by the compulsory step.

a. Administrative Execution Law provides;

(1) Those who are found out to have acted the clandestine prostitution.

(2) Previous offender of prostitution still acting the habitual prostitution.

b. Special Regulations pertaining to V.D. control provide;

Geisha-girls, dancers and waitresses infected with V.D. and in the communicable stage.

3. Ken Governor is authorized to issue order to confine them to V.D. clinic.

4. Now that they are sent to V.D. clinic by the compulsory measure, the Ken Authorities have the responsibility for the medical charge.

5. It is illegal to confine those who don't come under the above categories to V.D. clinic. However, Governor is authorized to instruct the infectious V.D. patients to get the medical treatment at the doctors designated by him (Special Regulation pertaining to V.D. control). Go-betweener in prostitution shall be fined (less than ¥500) or sentenced to imprisonment (less than 6 months) - (V.D. Control Regulations) -

If girls aware that their V.D. is in the infectious stage act the prostitution, they shall be sentenced to imprisonment (less than 3 months) - (V.D. Control Regulations) -

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VENEREAL DISEASE

Public Health Objectives

The conservation of the life, and the protection and promotion of the health of every individual by the prevention of the spread of the venereal diseases. This may be accomplished through:

1. Provision for serological tests as part of every medical examination, and vaginal smears, if indicated.
2. Prevention of the prenatal transmission of syphilis by providing for medical examination, including serological tests and other diagnostic measures, of every person immediately prior to marriage, and of every pregnant woman, to be followed by adequate treatment, if indicated.
3. Prevention of ophthalmia neonatorum by administering prophylactic treatment to the eyes of the newborn.
4. Location and medical examination of contacts -- familial and extra-familial -- and observance of precautionary measures to prevent the spread of disease.
5. Provision for facilities such as supervised recreational and occupational opportunities, adequate housing within the reach of all economic groups, and regular employment under favorable working conditions, which will tend to develop a well adjusted individual and wholesome family and community life.
6. Understanding on the part of individuals and groups in the community as to the nature, mode of transmission, prevalence, care and treatment, and results of lack of treatment of the venereal diseases; and the development of community responsibility for providing educational and recreational facilities, legislative measures, and services in order to promote the control and prevention of the venereal diseases.

The restoration to health of every person infected with a venereal disease, and the reduction of death, sickness, communicable relapse, and disability caused by such infection. This may be accomplished through:

1. Early diagnosis and provision for adequate medical and nursing care for every person infected with a venereal disease.
2. Provision for early and continued treatment of every pregnant woman who is infected with syphilis.
3. Assistance to the patient and family in making satisfactory adjustments and plans based on the emotional, social, and economic problems involved in the diagnosis and treatment of all venereal diseases, and particularly of syphilis.
4. Scientific management of the latent and late stages of syphilis as a means of averting incapacitating complications.
5. Utilization of all community resources in the rehabilitation of the venereal disease patient.

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Public Health Nursing Functions

The public health nurse:

1. Instructs individuals and groups in the community as to the nature, mode of transmission, prevalence, care, and treatment of the venereal diseases, and the necessity for providing adequate facilities and services for their control.
2. Assists in the interpretation and enforcement of the laws and health center regulations.
3. Teaches the importance of periodic and complete medical examination, including diagnostic tests for the detection of venereal diseases.
4. Assists in case-finding through alertness to manifestations of a venereal disease, careful history-taking, and contact-tracing, and emphasizes the importance of adequate medical examination, care, and treatment.
5. Furnishes information, when necessary, regarding the community agencies and institutions offering diagnostic and treatment services, and the admission and treatment policies of these various agencies.
6. Renders assistance to the private physicians who participate in the venereal disease control program.
7. Assists in the control of syphilis in pregnancy, and in the prevention of congenital syphilis, by helping to secure complete medical examination, including a serological test, of every pregnant woman prior to the fifth month of pregnancy, and in arranging for adequate treatment, if indicated.
8. Teaches the importance of and promotes the use of prophylactic treatment of the eyes of every newborn infant as a means of preventing gonorrheal ophthalmia neonatorum.
9. Assists in the organization and conduct of a diagnostic and treatment clinic service that will result in the voluntary and continued treatment of the patient, and the medical supervision and care of his contacts.
10. Promotes the continued and voluntary treatment of the patient by recognition of and assisting the patient in making the many emotional, social, and economic adjustments necessary in the diagnosis and treatment of a venereal disease, particularly of syphilis.
11. Encourages the patient to assume a responsibility for the prevention of the spread of infection to others, and for the medical supervision of those persons with whom he has been in intimate contact.
12. Ascertains through clinic interview, written communications, or home visits, reasons for the lapse of treatment, particularly of pregnant women, and patients who may still be infectious, and assists in adjusting or removing the difficulty.
13. Demonstrates, continues to give, or supervises necessary nursing care in accordance with the type and stage of the disease, and the particular need of the individual patient and family.

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14. Assists in collecting and preparing for laboratory examination such specimens as blood, serum from lesion, discharges, and spinal fluid.
15. Works jointly with the patient and all community agencies in furthering the control of venereal diseases.
16. Promotes community understanding, interest, and action in providing facilities such as supervised recreational and occupational opportunities, adequate housing within the reach of all economic groups, and regular employment under favorable working conditions, which will tend to develop a well adjusted individual and wholesome family and community life.
17. Evaluates the effectiveness of public health nursing performance in the control of venereal diseases.

Definition

The venereal diseases include syphilis, gonorrhea, chancroid, lymphogranuloma venerum, granuloma inguinale.

Factors that Influence a Venereal Disease Control Program

The venereal diseases, syphilis and gonorrhea, belong in the category of communicable diseases and like other communicable diseases are highly infectious in the acute stages. Both, under continuous and specific treatment, may become non-infectious within a short period of time. Ordinarily a month or six weeks of treatment will render a highly infectious individual with early syphilis relatively non-infectious. This factor is extremely important in the public health control of syphilis because early treatment of the infectious case has proved to be the method by which syphilis has been and can be controlled. In the case of gonorrhea it is much the same except that with the newer treatment of "sulfa" drugs the patient is rendered non-infectious within a few days. The crippling manifestations due to neglect of treatment are sufficiently great, especially in women, to warrant an intensive effort toward continuous treatment until cured. Also an important factor in the venereal disease program is the fact that like other communicable diseases every case comes from another and during the infectious stage one case may infect many other individuals. Because of these facts every new patient admitted to the service offers a double challenge in case finding and case holding.

Quarantine of Infectious Cases

When an infected person fails to avail himself of the opportunities to become non-infectious or when he is unable or unwilling to conduct himself in such a manner as not to expose to infection members of his family or household or others with whom he may be associated, he should upon recommendation of the local health officer be committed to a hospital or institution where treatment is given.

Workers in Venereal Disease Control

If venereal diseases are to be controlled, there must of necessity be a large corps of workers assisting in the program. These workers will have varying tasks to perform.

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In the interest of good administration and economy it seems a wise plan to use whatever person seems most competent in a given situation for a given task. Workers may include the public health nurses, male investigators, medical social workers, child welfare workers, clinic physicians, health officers, and family phsicians.

Much depends upon the training, personality, and professional qualifications of those who are to work with the individual and family in the venereal disease control program. Public health nurses are especially well qualified because of their training and experience to function in the program. Nurses participating in a generalized public health nursing program have the advantage usually of knowing the family and of giving service to the family in other fields such as preschool, Tuberculosis, etc.

The male case worker or case investigator is being used successfully in some health departments. His duties are limited almost exclusively to locating contacts and sources of infection to venereal disease cases and to following up cases lapsed from treatment. The experience of various workers in health departments seems to show that the male investigator is more successful than other workers in his contacts with people who are detached from family groups such as the prostitute, the facilitator (who enable men to establish contact with prostitutes), and the single men and women living in hotels, rooming houses and the like.

Public Health Nursing Functions in Case Finding

As has been stated, the public health nurse is recognized as one holding a strategic position in the control and prevention of syphilis and gonorrhea. One chief reason for this is that she is often the one who has the opportunity to persuade people to remain under treatment long after they claim to feel well. She has opportunities in the family visiting to find new cases not under treatment. Often she is instrumental in instituting examination and early treatment of contacts and sources of infection discovered by her through the family health service. Through all these efforts the public health nurse helps greatly in controlling the further spread of venereal diseases in the community. In venereal disease, as in all public health nursing services, the nurse works in close cooperation with the private physician, the clinics, and the health officers.

Case finding is one of the chief functions of the public health nurse and there are numerous methods the nurse may employ. A few are listed below:

1. Careful observation of individuals seen in the nursing services with attention given especially to such conditions as constant blurring of vision in children, and unusual rash or sores, snuffles, radiating fissures

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and rash in the newborn, symptoms of deafness, frequent miscarriages, etc.
2. Assistance in securing early diagnosis of suspected cases.
3. Stimulation of adequate observation of those exposed.
4. Careful and immediate follow-up of new or suspected cases or contacts.
5. Encouragement of routine examination of selected groups such as industrial employees, food handlers, barbers, beauticians, maids, patients entering hospitals, clinics and physicians' offices for medical treatment and physical examinations, persons applying for marriage licenses, etc.
6. Analysis of the following health department records:
   a. Death certificates
   b. case reports from physicians, dentists, and out-patient services of hospitals
   c. serological test reports: premarital, prenatal, etc.

Interpretation of Positive Venereal Disease Reports

The discovery of a positive blood test either through a routine physical, pre-employment examination, or other source, should not be used as a penalty against an employee. Frequently dismissal or refusal of employment follows such a discovery. Public health workers and especially nurses in close contact with management and the public should stress the importance of having these patients under observation and treatment. The patient under proper treatment is not a source of infection to his fellow workers. Further, it is only through proper treatment of those infected that we can hope to control the venereal diseases. The fallacy built upon the fear of ordinary contact with an infected person under treatment must be corrected if we are to achieve our goal of really controlling these diseases.

In some factories a cooperative plan is carried out between the medical service in the factory and the health department or private physician. Each employee who has been found upon pre-employment examination, or upon routine check-up examination, to be suffering from a venereal disease is referred for treatment. He is given a card by the clinic or private physician. This card is stamped or dated each week as the patient is treated. The medical service in the factory requires the employee to report weekly in order that his continued treatment may be ascertained.

Nursing Functions in Case Holding and Follow-Up in Venereal Disease Control

Nurse's responsibility to the patient:

1. To give an interpretation of the disease to the patient that will provide the basis for his understanding and observance of infection precautions and forestall his lapse from treatment.
2. To discover any personal problems which may limit the patient's ability to begin treatment or to carry it

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through to its finish.

It has been pointed out many times that it is the first contact with a patient that is the foundation of all our hopes for success with the individual who has a venereal disease.

One of the main duties of the nurse in case holding and follow-up is to maintain close cooperation between the patient and his physician, assisting the physician with nursing follow-up on his delinquent or problem cases, returning the patient to the physician for treatment and assisting in adjusting or removing any difficulty encountered by the patient in continuing regular treatment.

If the infection is a relatively recent one the search for its origin, and for infections which may already have been transmitted by the patient to others, should be begun at once. Even though the infection is an old one and the chance of finding extra-familial contacts is remote, nothing less than full investigation of the patient's familial contacts should be considered adequate.

Case holding is essential if the patient's infection is to be kept under control until the patient is cured. The following are a few of the reasons given by patients for neglect of treatment. They merit the careful consideration of all venereal disease workers.

Some of the Reasons for Patient's Lapse in Treatment

1. Failure of the worker to explain to the patient the nature of the infection and the importance of treatment in controlling communicability.
2. Failure to take into account the patient's economic problems and his ability to pay for private treatment.
3. Transportation difficulties in attending inconveniently located clinics.
4. Rough or discourteous handling of the patient.
5. Lack of privacy for treatment and patient interviews.
6. Dirty, crowded, and unattractive treatment centers.
7. Poor diagnostic or therapeutic technique that causes the patient pain and may result in untoward reactions.

Pregnancy Complicated by Syphilis and Gonorrhea

Nursing functions when pregnancy is complicated by syphilis and gonorrhea are as follows:

1. Regard case as an acute public health problem and exert every effort to keep patient under close medical and nursing supervision.
2. Explain need for treatment and what it can accomplish for the baby. Regard a lapse of treatment as an emergency and explain the results that can be expected if treatment is neglected.
3. Teach need for examination of contacts.

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4. Explain value of continuing treatments after delivery.
5. Teach importance of regular blood tests for the baby.

"The syphilitic mother should be given early and adequate treatment throughout every pregnancy whether her own serologic test is positive or negative. She may have had syphilis a long time in the past and have been treated for it; there remains, however, a small but very real chance that she may be capable of transmitting the infection to her unborn child in utero.
"If syphilis in the mother is recognized and treatment begun before the fifth month of pregnancy, the chance of a syphilitic infant may, with almost absolute certainty, be prevented. The chance of a syphilitic infant may be markedly reduced if treatment is begun as late as the ninth month."

When pregnancy is complicated by gonorrhea, in addition to preventing the spread of infection in the mother at the time of delivery, we are much interested in protecting the newborn infant from infection.

The Crede method of instilling drops of silver nitrate solution into the eyes of the newborn is the specific prophylactic of known value in the prevention of ophthalmia neonatorum.

Ophthalmia neonatorum is one of the communicable diseases that should be treated as an emergency. Every minute that care is delayed increases the danger of possible blindness.

<u>Definition of Terms</u>

A syphilis contact is any individual who has had any intimate physical contact with a syphilitic individual. Intimate physical contact would mean in utero contact, sexual contact, and possibly other intimate contact such as kissing, or sleeping with a syphilitic individual. In cases of syphilis with open infectious lesions the intimacy of physical contact with that individual or the secretions from the lesions of that individual would constitute a contact.

The parents, brothers and sisters of patients with acquired syphilis without muco-cutaneous lesions are not contacts under normal conditions of home life; with muco-cutaneous lesions they may or may not be contacts according to the intimacy of physical relations.

In gonorrhea a contact would be designated as any person who had been a sexual partner of a diagnosed case of gonorrhea during one month prior to the onset of the symptoms. Other contacts would be persons living in close proximity to the diagnosed case, who might be exposed to bedding, towels, washcloths, or anything coming in contact with infected discharge from the patient.

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General Considerations that Influence Number of Nursing Visits, Order of Visits, etc.

1. Cases of acute gonorrhea and early cases of infectious syphilis, as well as cases of syphilis in pregnancy, take precedence over all others.
2. In general, the following are recommended in the selection of cases to receive nursing visits for the purpose of instruction, case finding or follow-up:

   a. All the sexual contacts for three months prior to diagnosis of primary or secondary syphilis. When the diagnosis of primary syphilis is made upon the dark field examination or chancre the worker should confine case finding to the sexual contacts during the six weeks' period prior to diagnosis.
   b. The marital partners and children born to female patients, after probable date of infection, for patients with early and late latent syphilis.
   c. The parents, brothers and sisters of patients with congenital syphilis.
   d. All sexual contacts for one month prior to onset of symptoms in gonorrheal infections.

3. In visiting cases for the purpose of holding the patient to treatment, an intelligent understanding and a willingness to learn the family's problem from its point of view is especially important in preventing the spread of venereal disease.
4. All patients with syphilis of less than four years' duration are considered infectious until a minimum of 20 arsenicals and 20 heavy metals have been administered. Until this time a patient might be infectious to a marital partner or a pregnant mother to her unborn baby.

The so-called five day treatment as outlined by Bears, Chargin and Heffman has reopened the field of rapid treatment for syphilis. At the present time only persons with primary or secondary syphilis who have had no previous anti-syphilitic treatment, of sound mentality and physique and who are not addicted to alcohol or other habit forming drugs, are considered as candidates for intensive therapy. A patient receiving this treatment is hospitalized for six to eight days, and over a period of five days receives approximately 1200 mg. of mapharsen by slow intravenous drip.

As long as the patient with syphilis is receiving adequate aresnical treatment, either through weekly injections or intensive therapy, there will rarely be open lesions and communicability even though the disease is far from cured. Open lesions ordinarily heal within a few days of the administration of suitable arsenical. If the patient stays under treatment it is possible to establish that which is describes as

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"chemical quarantine", keeping the patient non-infectious and therefore unable to spread the disease without the inconvenience of quarantine. Such treatment has the added advantage that it contributes to the patient's cure.

5. Adequate treatment of the infected and infectious patient constitute the most effective method of preventing the spread and offers the key to the control of both gonorrhea and syphilis.

Securing Cooperation of Patient in Case Finding

In securing names for case finding visits and contact examinations the patient's cooperation should first be enlisted. He should be given a sense of personal responsibility for seeing that his contacts get under medical supervision. He should be helped to see that it is a service to his friends who, if unwarned, might suffer the consequences of a serious disease. Experience shows that measures entailing the friendly cooperation of the patient are more effective than is the exercise of the police power of the health department. Although the health department has undoubted authority to enforce drastic regulations, such measures may defeat their own purpose by driving infectious cases under cover and consequently deterring them from receiving the treatment to keep them non-communicable. Similarly the utmost respect must be accorded the desire of the patient to keep his infection secret, lest fear of his identification also serve as a deterrent to treatment.

Summary of Basic Principles to be Observed in Home, Office and Clinic Visits

1. Provide privacy. This makes it possible to establish better rapport.
2. Assure the patient that your primary motive is to serve him and his family and friends. Convince the patient of the necessity of adequate treatment and that the physical welfare of himself and his friends is your sole interest. Prying into the intimate life of the patient is unjustified.
3. Be a good listener. Allow the patient to tell his story in his own way. Patients may relate their condition to some physical injury, or they may feel so well that they will be unable to grasp the significance of their present condition. The interviewer must in no way dispel the patient's belief regarding his condition until opportunity for re-education presents itself naturally. This opportunity usually comes by skillfully directing the interview.
4. Build in the patient a feeling of self respect through common points of interest in patient's work, birth, school, and community. This is sometimes helpful since the usual patient with a venereal disease is young, vigorous, feels well and is employed. Interviewers often find that commendation for good work done in employment, school, etc. does much toward establishing good rapport. The relation between good

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health and high standards of efficiency can well be brought into the interview and will direct the conversation to the patient's present state of health.

5. Secure patient's attitude toward his present state of health and any plans he may have concerning treatment. The responsibility of the interviewer here will be to motivate the patient by indirect questioning if he does not reveal his attitude early in the interview. Sometimes a question such as, "How do you plan to secure the necessary treatment?" is used to gather information relative to ability to pay, and hours of treatment.
6. Explain nature of the disease to the patient including:
   a. Effect of the disease on the body.
   b. Course and length of treatment.
      (1) Syphilis - One treatment or more each week. Continue for 18 months and longer if recommended by physician, and continuous therapy during pregnancy.
      (2) Gonorrhea- Weekly visits to the physician until dismissed. A minimum of six weeks.
      (3) Other venereal diseases - As long as recommended by physician.
   c. Nature of chemotherapy.
      (1) Arsphenamines (Regime for patient
      (2) Bismuth (to follow while
      (3) Sulfonamides (under treatment.
   d. Probable prognosis of disease if inadequately treated.
      (1) Relapse with infectious lesions.
      (2) Cardiac involvement.
      (3) Nervous system involvement.
      (4) Arthritis.

      Guard against the establishment of a fear complex. The patient should acquire a desire to be well rather than a dread and fear of death or disability due to the disease.
   e. Methods used in determining cure.
      (1) Treatment as outlined. Weekly until dismissed by physician.
      (2) X-ray.
      (3) Test of spinal fluid.
      (4) Cultures for gonorrhea.

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28 May 1948

CERTIFICATE

SUBJECT: Venereal Disease Drug Reserve

TO: Public Health Section
Kochi Mil Govt Team
APO 1050

FROM: Prefecture Health Department

I, Kanae Ueta, Prefectural Pharmacist have inspected the remaining quantity of mapharsen released to Kochi Prefecture Health Department February 1947 for use in civilian VD control and found it deteriorated and unsafe for use in treatment of syphilis patients.

Therefore, the remaining 10,106 ampouls are to be used for rodent poison and the distribution account completed and closed.

K. Ueta
KANAE UETA

1st Ind 28 May 1948

Headquarters, Kochi Military Government Team, APO 1050

TO: Commanding Officer, Kochi Mil Govt Team, APO 1050

1. The above ampouls of Mapharsen were personally inspected and found to be unfit for use in treatment of syphilis. The expiration dates were July 1947. The arsenic was discolored both as dry powder and in solution.

2. Disposition of the Mapharsen as rodent poison is authorized and hereby certified.

Kenneth H. Kinard
KENNETH H. KINARD
1st Lt., M.C.

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In this Health department, the (V.D) drugs listed in these reports have been as a rule, distribution supplies held in reserve for Tamamiya and Central Hospital. Last year (1949) on the 1st of August & 26 of August, reports were received from Sukumo (Hosp) complaining that imported sulfathiazole which came through ministry channels were completely gone and that they were being forced to turn down patients. Similar report was also received from Kochi Hospital on 26 of September. Owing to these reports, this department took emergency steps by allocating 1000 tablets on 1 August, 3000 tablets on 26 August, total of 4000 tablets to Sukumo Hospital and 1000 tablets to Kochi Hospital on 26 September in a form of Temporary loan. The reserve stock column on this report was left ~~untouched~~ without the above mentioned alterations, although it was actually lendout, because this department had in mind the replacement by future allocations of this type drug from Welfare Ministry. But since then only one allocation was actually received from the ministry with none following,

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Refer to:
Administration No. 1

POSITION DESCRIPTION

Eighth Army	Incumbent's name
Kochi	
Prefectural Military Government Team	______________ (Insert)

Duties and Responsibilities

Under the general supervision of a clerk of higher grade, incumbent performs duties in accordance with brief oral instructions.

Following standard procedures, types miscellaneous material including letters, [illegible], circulars, reports, etc., from rough draft or plain copy involving responsibility for arranging and spacing material and for correcting errors in punctuation, grammar, spelling and capitalization.

Cuts stencils.

Executes numerous clerical tasks such as checking and verifying figures on incoming reports, arranging military correspondence and marking indorsements properly, assembling material for the preparation of reports, searching files, placing and answering telephone calls, receiving callers and placing material in files.

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At present it is quite hopeless to receive any further distribution from ministry, and so the above-mentioned 5000 tablets will be taken care of in this weeks reports with no reserve.

This matter was actually taken care of on the reserve list held in this department, but in order to avoid further complications we shall send you a corrected report. An ~~abst~~ extract from our file record.

15 May 1948.

Japanese authorities (Mr Ueda) asked to draw up plan of distribution for 5000 ampoules of morphine to distribute because drugs decomposing (becoming yellow).

K H [illegible]
LtCol MC.

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

Refer to:
Administration No. 1

POSITION DESCRIPTION

Eighth Army
Kochi
Prefectural
Military Government Team

Incumbent's name

____
(Insert)

Duties and Responsibilities

Under the general supervision of a clerk of higher grade, incumbent performs duties in accordance with brief oral instructions.

Following standard procedures, types miscellaneous material including letters, indorsements, circulars, reports, etc., from rough draft or plain copy involving responsibility for arranging and spacing material and for correcting errors in punctuation, grammar, spelling and capitalization.

Cuts stencils.

Executes numerous clerical tasks such as checking and verifying figures on incoming reports, arranging military correspondence and marking inclosures properly, assembling material for the preparation of reports, searching files, placing and answering telephone calls, receiving callers and placing material in files.

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning May 9 - 15

SUMMARY

ARMY RELEASE DEPOT

Name of Medicine	On Hand	Issued	Consumed WD	others	total	Balance	
Penicillin (200,000 unit bottle)							
Sulfathiazole (Tablets-each)	0	5000	0	0	0	0	Sukumo Hospital 4,000 Kochi " 1,000
Mapharsen (.06 gm amp.-each)	10206	0	0	0	0	10206	U.S. Release
Bismuth (c.c.-each)	1740	0	22	0	22	1740	U.S. Release

HOSPITAL Tamamizu Clinic - U.S Release

Medicine	Received	Consumed WD	others	total	Balance
Penicillin (200,000 unit bottle)					
Sulfathiazole (Tablets-each)					
Mapharsen (.06 gm amp.-each)	0	0	0	0	0
Bismuth (c.c.-each)	0	22	0	22	1140

HOSPITAL Sukumo Hospital — Week Beginning July 20, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)	0	220	216
Sulfathiazole (Tablets-each)			
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL Sukumo Hospital — " 27, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	1000	120	1096
Mapharsen (06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL Sukumo Hospital — Augst 3, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	386	710
Mapharson (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 10, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	468	242
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 17, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	158	84
Mapharson (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning

Records submitted to show utilization of Sulfathiazole distributed Aug 1947 to 1. Sukumo Hosp 2. [illegible] clinic

SUMMARY

Name of Medicine	On Hand	Issued	Consumed	Balance
Penicillin (200,000 unit bottle)				
Sulfathiazole (Tablets-each)				
Mapharsen (.06 gm amp.-each)				
Bismuth (c.c.-each)				

HOSPITAL Sukumo Hospital — Week Beginning August 24, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	270	2680
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — September 7, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	134	2546
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 14

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	118	2428
Mapharsen (06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 21, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	250	2178
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 28, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	249	1884
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — October 5, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	294	1590
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning ____________

SUMMARY

Name of Medicine	On Hand	Issued	Consumed	Balance
Penicillin (200,000 unit bottle)				
Sulfathiazole (Tablets-each)				
Mapharsen (.06 gm amp.-each)				
Bismuth (c.c.-each)				

HOSPITAL Sukumo Hospital — Week Beginning October 12, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	252	1338
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 19, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	252	1086
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 26, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	420	666
Mapharsen (06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — November 2, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	252	414
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 9, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	294	120
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 16, 1947

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	42	78
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning ____________

SUMMARY

Name of Medicine	On Hand	Issued	Consumed	Balance
Penicillin (200,000 unit bottle)				
Sulfathiazole (Tablets-each)				
Mapharsen (.06 gm amp.-each)				
Bismuth (c.c.-each)				

HOSPITAL Kacho Hospital — Week Beginning October 12

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	342	12
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 19

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	12	0
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning ______________

SUMMARY

Name of Medicine	On Hand	Issued	Consumed	Balance
Penicillin (200,000 unit bottle)				
Sulfathiazole (Tablets-each)				
Mapharsen (.06 gm amp.-each)				
Bismuth (c.c.-each)				

HOSPITAL Sukumo Hospital — Week Beginning November 23

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	42	36
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 30

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	36	0
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL "Kacho" Hospital — September 14

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	84	76
Mapharsen (06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 21

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	1000	92	984
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — " 28

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	378	606
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL " " — October 5

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)	0	252	354
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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Weekly Report of Venereal Disease Control Drugs

Week Beginning May 16 - 22

SUMMARY

Name of Medicine	On Hand	Issued	Consumed			Balance
			VD	others	total	
Penicillin (200,000 unit bottle)						
Sulfathiazole (Tablets-each)	0	0	0	0	0	0
Mapharsen (.06 gm amp.-each)	10206	100	0	0	0	10106
Bismuth (c.c.-each)	1740	0	27	0	27	1740

can not be used due to damage and change of quality.

HOSPITAL Tamamizu Clinic

Medicine	Received	Consumed			Balance
		VD	others	total	
Penicillin (200,000 unit bottle)					
Sulfathiazole (Tablets-each)					
Mapharsen (.06 gm amp.-each)	100	0	0	0	100
Bismuth (c.c.-each)	0	27	0	27	1113

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
MaPharsen).06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Disease Control Drugs

Week Beginning May 16 - 22

SUMMARY

Name of Medicine	On Hand	Issued	Consumed VD	Consumed others	Consumed total	Balance
Penicillin (200,000 unit bottle)						
Sulfathiazole (Tablets-each)	0	0	0	12	12	
Mapharsen (.06 gm amp.-each)						
Bismuth (c.c.-each)						

HOSPITAL Sukumo Hospital

Medicine	Received	Consumed VD	Consumed others	Consumed total	Balance
Penicillin (200,000 unit bottle)					
Sulfathiazole (Tablets-each)					
Mapharsen (.06 gm amp.-each)					
Bismuth (c.c.-each)	0	0	0	0	14

HOSPITAL Koryo Hospital

Medicine	Received	Consumed VD	Consumed others	Consumed total	Balance
Penicillin (200,000 unit bottle)					
Sulfathiazole (Tablets-each)	0	0	12	12	146
MaPharsen).06 gm amp.-each)	0	0	0	0	100
Bismuth (c.c.-each)	0	0	0	0	60

HOSPITAL Miyamoto Hospital

Medicine	Received	Consumed VD	Consumed others	Consumed total	Balance
Penicillin (200,000 unit bottle)					
Sulfathiazole (Tablets-each)					
Mapharsen (06 gm amp.-each)					
Bismuth (c.c.-each)					
Penicillin (100,000 unit bottle)	0	0	0	0	1

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

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

Weekly Report of Venereal Diseases

Hospital Central Hospital Week Beginning May 16 - 22

Patients Examined

MALE 28
FEMALE 6
TOTAL 34

New Patients
Gonorrhea 5
Syphilis 1
Chancroid 2
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	5	3	0	3	7	9	
		Syphilis	1	1	1	1	13	12	
		Chancroid	2	0	1	0	0	1	
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	8	4	2	4	20	22	
	FEMALE	Gonorrhea	0	1	0	1	1	0	
		Syphilis	0	1	0	1	5	4	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	0	2	0	2	6	4	
IN-PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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Weekly Report of Venereal Diseases

Hospital Tamamizu Clinic Week Beginning May 16 - 22

Patients Examined

MALE 35
FEMALE 191
TOTAL 226

New Patients

Gonorrhea 2
Syphilis 1
Chancroid 2
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	0	0	0	0	19	19	
		Syphilis	0	0	0	0	11	11	
		Chancroid	1	0	0	0	4	5	
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	1	0	0	0	34	35	
	FEMALE	Gonorrhea	1	0	0	0	44	45	
		Syphilis	1	1	0	1	126	126	
		Chancroid	0	1	0	1	8	7	
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	2	2	0	2	178	178	
IN PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea	1	1	0	1	3	3	
		Syphilis	0	0	0	0	3	3	
		Chancroid	1	1	0	1	3	3	
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	2	2	0	2	9	9	

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Weekly Report of Venereal Diseases

Hospital Red Cross Hospital   Week Beginning May 16 - 22

Patients Examined
MALE 33
FEMALE 17
TOTAL 50

New Patients
Gonorrhea 4
Syphilis 2
Chancroid 0
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	3	2	0	2	8	9	
		Syphilis	0	0	0	0	21	21	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	3	2	0	2	29	30	
	FEMALE	Gonorrhea	1	0	0	0	0	1	
		Syphilis	2	0	0	0	14	16	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	3	0	0	0	14	17	
IN PATIENTS	MALE	Gonorrhea							
		Syphilis	0	0	0	0	1	1	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	0	0	0	0	1	1	
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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

Weekly Report of Venereal Diseases

Hospital Sukumo Hospital Week Beginning May 16 - 22

Patients Examined
MALE 40
FEMALE 10
TOTAL 50

New Patients
Gonorrhea 1
Syphilis 0
Chancroid 0
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	0	0	0	0	22	22	
		Syphilis	0	0	0	0	15	15	
		Chancroid	0	0	0	0	3	3	
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	0	0	0	0	40	40	
	FEMALE	Gonorrhea	1	0	0	0	1	2	
		Syphilis	0	0	0	0	8	8	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	1	0	0	0	9	10	
IN PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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Weekly Report of Venereal Diseases

Hospital Nikkoryo Hospital Week Beginning May 16 - 22

Patients Examined

MALE 0
FEMALE 0
TOTAL 0

New Patients
Gonorrhea 0
Syphilis 0
Chancroid 0
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
IN-PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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Weekly Report of Venereal Diseases

Hospital Koryo Hospital Week Beginning May 16 - 22

Patients Examined

MALE 12
FEMALE 6
TOTAL 18

New Patients
Gonorrhea 5
Syphilis 3
Chancroid 0
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	5	4	3	4	7	5	
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	5	4	3	4	7	5	
	FEMALE	Gonorrhea	0	0	0	0	1	1	
		Syphilis	3	0	0	0	2	5	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	3	0	0	0	3	6	
IN-PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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

Weekly Report of Venereal Diseases

Hospital Kacho Hospital Week Beginning May 16 - 22

Patients Examined

MALE 6
FEMALE 12
TOTAL 18

New Patients

Gonorrhea 1
Syphilis 1
Chancroid 0
Lymphogranuloma Venerum 0
Granuloma Inguinale 0

			New Patients	Completed	Suspended	Cured	Previous of patients	Present No. of patients	Remarks
OUT-PATIENTS	MALE	Gonorrhea	1	0	0	0	2	3	
		Syphilis	1	0	0	0	2	3	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	2	0	0	0	4	6	
	FEMALE	Gonorrhea	0	0	0	0	5	5	
		Syphilis	0	0	0	0	7	7	
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total	0	0	0	0	12	12	
IN-PATIENTS	MALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							
	FEMALE	Gonorrhea							
		Syphilis							
		Chancroid							
		Lymphogranuloma Venerum							
		Granuloma Inguinale							
		Total							

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REPORT ON PHYSICAL EXAMINATION OF STREET GIRLS

	Name	Age	Address
	HINO Hide	22	Hinode-cho, Matsuyama
	FURUMOTO Emi	22	Mitsu-minato-machi, Matsuyama
	YAMAMOTO Kiyoko	24	Nishi-machi, Matsuyama
	TOKUNO Yoshiko	20	3-chome Kiya-cho, Matsuyama
	OCHI Kaneko	20	Higashi-ichiman-cho, Matsuyama
	AOKI Takako	30	Hiroshimaya, Dogo Hatsunecho Matsuyama
	NAKAMURA Keiko	25	Dogo-kotobuki-cho, Matsuyama
	FUJITA Sakae	17	No. 1 Minami-tachibana-cho, Matsuyama
	MATSUMOTO Misako		Saiin, Matsuyama-shi
	KAJIKAWA Kiyoko		Tachibana, Matsuyama-shi
15 July	Matsumoto, Misako		Saya-cho, Matsuyama-shi
"	SHIMIZU, Kazuko		Yamanishi-cho Matsuyama-shi
22 July	ISHIZAKI-Sizuko		Matsuyama Dance Hall - Gonorrhea
29 July	MIYAKE Yaeko		Hojo-cho Onsen-gun - Gonorrhea
30 July	NAKAYAMA, Ayako		Asahi-machi, Matsuyama-shi - Gonorrhea
" "	YOSHIMOTO, Kazuko		Sannomiya-machi Kobeshi - Syphlis
1 Aug.	KANO Toshiko		Miyuki-cho Matsuyama - NONE
2 Aug	OKADA Mariko		Oyama-mura Aki-gun, Hiroshima - None
2 Aug	OKABE Setsuko		" " " " " "
2 Aug	OKABE Chieko		" " " " " Gonorrhea
19 Aug	MATSUSHITA Kazumi		Kitashin-machi - Uwajima shi - None
1 Sept	KADOTA Momoko		No. 5 Honmachi Matsuyama shi - Syphilis
"	Fujimoto Chie		Miyuki-cho, Matsuyama-shi - Gonorrhea
"	HOSHINO Mitsuko		Kitayamasaki-mura, Matsuyamashi
26 Aug	Kanamasu Miwako		Kitaseiin Hosp. Matsuyama

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	Name	Age	Address	
26 Aug	Tanaka Kayoko		Takaoka-gun-Kochi-Ken	Shi
18 Sept	OGASA Kuniko-G.	18	c/o Kosaiin Mitsuguchi-Cho-Matsuyama-	
19 Sept	YOSHIDA Kimie-G.		Tsumadori-mura, Uma-gun	
10 Oct	YAMAMOTO, Fumiko		7-chome, Homachi, M'ma	g.c.
1 Oct	YOSHIMOTO, Kazuko		6-chome, Kayamachi, M'ma-	syphilis

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Venereal Disease

EHIME MILITARY GOVERNMENT TEAM   WEL/mu
APO 317, U.S. ARMY

5 December 1946

SUBJECT: V.D. Control Report

TO : General Headquarters, Supreme Commander for the Allied Powers, Public Health and Welfare Section, APO 500, U.S. Army
(ATTN: Oscar M. Elkins, M.D.)

1. Submit following report in reply to your request 5 November 1946.

a. The name of the Japanese venereal disease control officer is Tetusei Jo. He graduated from the Osaka Medical College in 1931 and took post graduate work in gynecology in the some school for a year. For two years he was gynecologist of the Shizuoka Minicipal Hospital. For four years he practised gynecology in Matsuyama and Mitsuhama. In 1941 - 42 he did one year of post-graduate work in gynecology at the Manchurian Medical University. There is one Japanese physician on his staff. This doctor conducts the weekly examination of the licensed prostitutes in this area, and conducts their treatment in the V.D. hospital.

b. There is one V.D. Hospital in this prefecture, the Prefectural V.D. Hospital. It is located in Dogo and has 20 beds. The average bed occupied are 10. There are no facilities for culture on dark fields. The quality of diagnosis and treatment is considered poor.

c. There are three venereal disease clinics in this prefecture, at Dogo, Mitsuhama and Uwajima. The clinics at Dogo and Mitsuhama examine about 40 prostitutes each weekly. The health section has been able to supply no figures for the number of visits in the clinic in Uwajima. In Uwajima the V.D. work is done by a local physician and nonregular member of the Health Section. The V.D. officer here has only a vague idea about what goes on there. The situation will be investigated at an early date and the findings will be included in the next semi-monthly report.

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VD, Prefectures Venereal Disease

EHIME MILITARY GOVERNMENT TEAM
APO 317, U.S. ARMY

24 March 1947

SUBJECT: Venereal Disease Control Report

TO : General Headquarters, SCAP
Public Health and Welfare Section
APO 500, U.S. Army
(ATTN: Oscar M. Elkins, M.D.)

THROUGH: Commanding Officer, Shikoku Military Government Region, Hqs & Hqs Detachment, APO 317

Enclosed herewith is Venereal Disease Control Report as requested in Public Health and Welfare Bulletin Number 8 Section 7.

FOR THE COMMANDING OFFICER:

ROBERT W. KRUMRINE
1st Lt., AC
Adjutant

1 Incl:
As above

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

Reports Control Symbol QPH

PREFECTURE: Ehime

MIL. GOV. HEALTH OFFICER William E. Lawrence, 1st Lt., MC
PREFECTURAL VDCO Tetsuo Jo

OUT-PATIENT CLINICS FOR THE DIAGNOSIS AND TREATMENT OF VENEREAL DISEASE IN THE GENERAL POPULATION

(Do not report private clinics or clinics in prostitute or geisha areas now being used entirely by prostitutes)

Location of Public Out-patient Clinics	Number of Venereal Disease Out-patient Clinics now operating - Feb. 1947	Additional Number of Public V.D. Out-Patient Clinics to be in operation by 1 June 1947
In Prefectural Health Centers	15	0
In Municipal Health Centers	2	0
In Municipal Hospitals	2	0
In Prefectural Hospitals	0	0
In National Hospitals	2	0
In Medical School Hospitals	0	0
In other locations Medical Treatment Corp Hospital	4	1

Your informal suggestions and comments on the V.D. control situation in your Prefecture are solicited.

INCLOSURE NO. 1

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

健康證明書

昭和　年　月　日交付

愛媛縣

HEALTH
CERTIFICATE

ISSUED
BY
EHIME PREFECTURAI OFFICE

NAME ____________

(NO,　　　)

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

NO.___ Date when this Certification issued

第　号	昭和　年　月　日交付				
occupation 職業					
address 住所					
name 氏名	年　月　日生				
月日	name of disease 病名	apparent symptoms 現症	microscopic examination 鏡検	blood examination 血検	seal of the doctor 診断医印

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d. Private agencies doing venereal disease work. The following is the list furnished by the Health Section. The under-lined names are "Venereal Disease Specialists".

Appellation of Office	Location	Doctor's Name
Dr. Iwasa's Office	No.244 Iwasaki-cho, Dogo, Matsuyama	Kanji Iwasa
Dr. Hokoishi's Office	No.85 Kita-Yanai-cho, Matsuyama	Tomoyoshi Hokoishi
Dr. Maeda's Office	No.84 Chibune-machi, Matsuyama	Yozaburo Sugai
Dr. Tachibana's Office	Kubo-machi, Matsuyama	Hideki Tachibana
Dr. Suga's Office	Sakae-cho, Yonomachi, Dogo, Matsuyama	Seijiro, Suga
Dr. Ogida's Office	4-chome, Minami-machi Matsuyama	Yutaka Ogida
Dr. Takagi's Office	Fujii-cho, Mitsuhama	Minoru Takagi
Dr. Nagai's Office	Ichiban-cho, Matsuyama	Yoshimasa Nagai
Dr. Futagami's Office	Minami-Tachibana-cho, Matsuyama	Yoshikiyo Futagami
Dr. Shiraishi's Office	Izumikawa-Dori, Imabari	Tetsuzo Shiraishi
Dr. Beppu's Office	Kurashiki, Imabari	Inosuke Beppu
Dr. Nakayama's Office	Torio-machi, Imabari	Teiki Nakayama
Dr. Nobuoka's Office	Nishi-machi, Niihama	Kumetaro Nobuoka
Dr. Yamanouchi's Office	Kaneko-machi, Niihama	Tadashige Yamanouchi
Dr. Imai's Office	Kazehaya-cho, Imabari	Yukisuke Imai
Dr. Kondou's Office	Shinsuka, Niihama	Toshikei Kondou
Dr. Uchinomiya's Office	Hirokouji, Uwajima	Yoshio Utsunomiya
Dr. Shimizu's Office	Hirokouji, Uwajima	Ryusuke Shimizu
Dr. Tomita's Office	Kakamachi, Uwajima	Masahiro Tomita

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Appellation of Office	Location	Doctor's Name
Dr. Sugahara's Office	Marunouchi, Uwajima	Kitasuke Sugahara
Dr. Utsunomiya's Office	Hirokouji, Uwajima	Jun Utsunomiya
Dr. Akata's Office	No.1526, Yawatahama	Okaichi Akata
Dr. Kubo's Office	No.75, Yawatahama	Kubo
Dr. Ono's Office	No.150, Yawatahama	Chitetsu Ono
Dr. Shimotsukasa's Office	No.16, Yawatahama	Seno Shimotsukasa
Dr. Nishikawa's Office	Ebisaki-cho, Yawatahama	Hiroshi Nishikawa
Dr. Tamai's Office	No.1653 Omachi, Saijo	Saburor Suzuki
Dr. Kimura's Office	Matsuno-mura, Onsen-gun	Sakujiro Kimura
Dr. Kuwabara's Office	Takai, Kume-mura, Onsen-gun	Kanichi Kuwabara
Dr. Yamamoto's Office	Kawakami-mura, Onsen-gun	Fusaji Yamamoto
Dr. Takeyasu's Office	Hojo-machi, Onsen-gun	Tomoichi Takeyasu
Dr. Hamada's Office	Takubo, Minami-yoshii mura, Onsen-gun	Yoshifumi Hamada
Dr. Sugihara's Office	Oura, Nakajima-mura, Onsen-gun	Katsumi Sugihara
Dr. Wada's Office	Sarukawa, Tateiwa-mura Onsen-gun	Tetsuya Wada
Dr. Murayama's Office	Hashihama, Ochi-gun	Shizuo Yoshimi
Dr. Tafusa's Office	Sakurai-machi, Ochi-gun	Matsutarou Tafusa
Dr. Hida's Office	Hashihama-machi, Ochi-gun	Makijirou Hida
Dr. Suga's Office	Amasaki, Setosaki-mura Ochi-gun	Yoshirou Suga
Dr. Hoshino's Office	Nishi-Hakata-mura, Ochi-gun	Takamoto Hoshino
Dr. Toyoda's Office	Kikuma-machi, Ochi-gun	Nakayoshi Toyoda
Dr. Miyaura's Office	Miyaura-mura, Ochi-gun	Ji Miyaura

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Appellation of Office	Location	Doctor's Name
Dr. Watanabe's Office	No.177 Niugawa-machi, Shuso-gun	Hirohama Watanabe
Dr. Moriyama's Office	No.219 Niyugawa-machi, Shuso-gun	Fumio Moriyama
Dr. Kurata's Office	No.779 Izumigawa-mura, Nii-gun	Kiyoshi Kurata
Dr. Kato's Office	No.3365 Izumigawa-mura, Nii-gun	Masafumi Kato
Dr. Yamauchi's Office	Doi-mura, Uma-gun	Shigeo Yamauchi
Dr. Moriya's Office	No.1417, Mishima-machi, Uma-gun	Mamoru Moriya
Dr. Takahashi's Office	Shimobun Kinsei-mura Uma-gun	Chusaku Takahashi
Dr. Yoshimura's Office	Yanagiya-mura, Kamiukina-gun	Yakichi Yoshimura
Dr. Takemura's Office	No.339, Kuma-machi Kamiukina-gun	Nobujiro Takemura
Dr. Murakami's Office	Tobe-machi, Iyo-gun	Nakataro Murakami
Dr. Shirakata's Office	Morozu, Hirota-mura Iyo-gun	Sadaya Shirakata
Dr. Yano's Office	Ozu-machi, Kita-gun	Tsutomu Yano
Dr. Kamada's Office	Ozu-machi, Kita-gun	Goro Kamada
Kosei Iin (Public Welfare Clinic)	Uematsu, Hijikawa- mura Kita-gun	Kumazo Nakasu
Dr. Doi's Office	Uematsu, Hijikawa-mura, Kita-gun	Chizai Doi
Dr. Nakamura's Office	Asadate, Mikami-machi Minamiuwa-gun	Jinpei Nakamura
Dr. Wada's Office	Azuchi, Mikame-machi Minamiuwa-gun	Yoshijiro Wada
Kawanoishi Hospital	Kawanoishi, Nishi-uwa-gun	Issaku Abe
Ikata Clinic	Uchiminatoura, Ikata-mura, Nishiuwa-gun	Kiyonaga Ikeuchi
Dr. Ida's Office	Machimi-mura, Nishi uwa-gun	Yoichi Ida
Dr. Kitamura's Office	Kamo, Nakagawa-mura, Higashiuwa-gun	Yoneso Kitamura
Dr. Ninomiya's Office	Onikubo, Uwa-machi, Higashiuwa-gun	Miwao Ninomiya
Dr. Izeki's Office	Nomura, Nomura-mura Higashiuwa-gun	Mitsuru Izeki
Dr. Goi's Office	Doi, Doi-mura, Higashiuwa-gun	Tetsuo Goi

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Appellation of Office	Location	Doctor's Name
Dr. Mouri's Office	Takayama, Takayama-mura, Higashiuwa-gun	Kazuo Mouri
Yoshida Hospital	Kitakouji, Yoshida machi, Kitauwa-gun	Masahiko Kagawa
Dr. Nakanose's Office	Mimaki-mura, Kitauwa-gun	Umizou Nakanose
Chikanaga Hospital (Branch Office of Japan Medical Corporation)	Chikanaga-machi, Kita-uwa-gun	
Minamiuwa Hospital (branch Clinic of Japan Medical Corporation)	Omori, Misho-machi, Minamiuwa-gun	
Dr. Okada's Office	Hirajou, Misho-machi, Minamiuwa-gun	Shigeo Okada
Dr. Okamura's Office	Hirajou, Misho-machi, Minamiuwa-gun	Kyou Okamura
Dr. Oida's Office	No.8 Higashi-Sotomi-mura, Minamiuwa-gun	Masamoto Oida
Red Cross Hospital	Dogo, Matsuyama	
National Hospital	Dogo, Matsuyama	
Branch Clinic of Japan Medical Corporation	No.131 Mochida-machi, Matsuyama	
Branch Clinic of Japan Medical Corporation	No.107, Hiyoshi, Imabari	
Bessi Hospital	Niihama	

e. Classification of Disease.

Gonorrheo	Old Cases	New Cases (Oct. 46)
Acate	0	142
Chronic	595	24
"Beside other two"	0	18
g.c. Optholmia	0	1
Total	595	185

Syphilis	Old Cases	New Cases (Oct. 46)
Primary		69
Secondary		70
"Third Period"		21

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	Old Cases	New Cases (Oct. 46)
Early latent		32
Late latent		33
Late		8
"Coming under none of above categories"		9
Total	652 (unclassified)	242

Lymphogranuloma	Old Cases	New Cases (Oct. 46)
Venereum	0	19
Granulomo Venereum	9	5
Chancroid	74	19
Total	83	42
TOTAL CASES CURING MONTH	1330	451

f. Number of male patients 1163
Number of female patients 618

The occupations of 444 patients were given as follows:

Occupation	Number
Farming	137
Industry	53
Commerce	33
Fishing	9
Traffic	4
Unemployed	124
Employees of company	22
Prostitutes	29
Service women	6
Seamen	11
Others	16
Total	444

g. The main source of infection in this area as reported by patients.

Source	Percent
Commercial prostitutes	20.0%
Clandestine prostitutes	12.0%
Friends	2.6%
Husbands	19.0%
Wives	.2%
others	23.7%
Unknown sources	22.5%

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h. Case finding (of 451 New cases of October 46)

Those who came voluntarily	0
Through police authorities	1
Contact tracing by Japanese Health authorities	64
Referred by private physicians	386
Other routes	0

i. Case holding: According to the Japanese figures 19.3% of the patients get complete treatment. They state that there are no lapsed cases.

j. Contact tracing: The Health Section has no system of contact tracing at the present time.

k. The revised record form shows the following:

(1) Number
(2) Date of outbreak
(3) Date of diagnosis
(4) Diagnosing doctor
(5) Name of patient
(6) Name of disease
(7) Occupation of patient
(8) Age
(9) Sex
(10) Incipient or lapsed case
(11) Source of infection
(12) Date when completely cured
(13) Danger of infection

l. Supply Situation:

During the month of October 367 blood tests were done in the four prefectural laboratories. Routinely the Murata and Kobayashi tests are done on each specimen. If the report is questionable, a wasserman is done. No dark fields are done. There is no record of the number of smears.

m. Clinical standards:

A limited supply of sulfonamides, arsenicals and bismuth has been obtained in the past from Japanese sources. Additional supplies will be requisitioned by the Military Government Health Officer and turned over to the Japanese. The standards of diagnosis, they have been observed in the V.D. clinics do not seem to be adequate. The procedure usually takes about one minute for each

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patient and consists of a quick urethral and cervical smear. The duration of the treatment for syphilis is inadequate, according to American standards.

n. Special problems at the present time are lack of sufficient number of clinics to examine and treat additional cases, lack of properly trained doctors to head the clinics and inadequate methods of diagnosis, in general, among the Japanese doctors.

o. Movement has already been started for improvement of the service. Arrangements are being made so that the V.D. control officer can devote all of his time to this function. The Health Section seems interested in a more wide-spread program, but seems to be at loss as to how to go about it. A conference will be held in December with the doctors in the Uwajima area, and at this time the problem will be discussed. Additional supplies of drugs will be requisitioned and turned over to the Japanese by the Military Government Health Officer.

WILLIAM E. LAWRENCE
1st Lt., MC
Public Health Officer

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Clinic
診斷所 No.

Welfare Ministry
厚 生 省

V.D. Case Report Card
性病患者届出票

Health Center
保健所 No.

衞生課 No.
Pref. Health Section

（此ノ届出票ハ患者診斷後記入ノ上直チニ都道府縣衞生課ニ提出スルコト）

患者氏名 Patient's Name
感染日 Infection 昭和 Date 年 月 日
患者住所 Patient's Address
發病日 Outbreak 昭和 Date 年 月 日
性 sex 別 Male 男、Female 女 年 齢 Age 歳 years old 職 業 Occupation

以前治療、有、無、 時、昭和 年 月 日 場所.
Was patient taken ill with V.D. before? If so, when and where?

診斷 Diagnosis

梅毒 Syphilis	淋病 Gonnorhea
□ 初期 Primary	□ 急性（三ケ月以内ノモノ）Acute — Less than 3 months duration
□ 第二期 Secondary	□ 慢性（三ケ月以上ノモノ）Chronic — More than 3 months D.
□ 早期潜伏 Early latent	□ 眼疾 Gonnorheal Opthalmia
□ 後期潜伏 Late latent	□ 軟性下疳 Chancroid
□ 晩期（型ヲ記載スルコト）Late (what sort of?)	□ 淋巴肉芽腫症（フライ反應陽性ノモノ）Lymphogranuloma Venereum (Frei Test Positive)
□ 先天性 Congenital	□ 鼠蹊肉芽腫症 Granuloma Inguinale

注意。診斷名ハ該當病名ノ□印ニ記號スルコト

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検査成績 Labaratory Procedure	血液検査(種類ヲ記スコト) Blood Test (what sort of?)	陽性 Positive	陰性 Negative	臨床所見 Clinical Opinions
		□	□	
		□	□	
		□	□	
		□	□	
		□	□	
		□	□	
		□	□	

患者接觸者調査 Contact Trace

氏名 Name　　　住所 Address

氏名 Name　　　住所 Address

通報セル保健所名 Health Center tracing contact of patient

調査結果 Result of contact tracing

届出醫師氏名 Doctor who submits report of V. D. case ㊞　　　届出日. 昭和　年　月　日

住所 Address　　　公私立診療所別. 公立□ 私立□ Private Agency or Public Clinic

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ACCESS RESTRICTED

The item identified below has been withdrawn from this file:

File Designation RG331 Box 3063 Folder: 3006 JAPAN. VD CONTROL REPORTS

Date 8 DEC. 47

~~From~~ HEALTH EXAM. of CLANDESTINE PROSTITUTES

To

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FOIA 6 — Authority

2/15/80 — Date

MJS
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WITHDRAWAL NOTICE

GENERAL SERVICES ADMINISTRATION

GSA FORM 7117 (2-72)

GPO : 1973 O - 503-659

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GENERAL SERVICES ADMINISTRATION GSA FORM 7117 (2-72)

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		Dōgo V.D. Clinic	Mishima Jap. Medical Treat. Corp. Hosp	Dr. Yamanouchi's Office (Niihama)	Dr. Imai's Office (Imabari)	Muni[illegible] V.D. C[illegible] (Uwa[illegible]
			Geisha-girls only			
February Distribution	Penicillin	14 ampls				1
	Sulfathiazole	4000 Tab.	200 "	200 "	200 "	20
	Maphersen	200 ampls	50 "	50 "	50 "	2
	Bismuth	10 Bottles	1 "	1 "	1 "	
Special Distribution	Penicillin	5 ampls				
	Sulfathiazole					
	Maphersen					
	Bismuth					
April Distribution	Penicillin	10 ampls		4	3	
	Sulfathiazole	900 Tab.		500	500	2
	Maphersen			100	50	2
	Bismuth			2	1	
Special Distribution	Penicillin	5 ampls				
	Sulfathiazole	1100 Tab.				
	Maphersen					
	Bismuth					

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Mishima Exp. Medical Treat. Corp. Hosp	Dr. Yamanouchi's Office (Niihama)	Dr. Imai's Office (Imabari)	Municipal V.D. Clinic (Uwajima)		Mishima Health Center	Niihama Health Center
Geisha-girls only						
			10 "			
200 "	200 "	200 "	2000 "			
50 "	50 "	50 "	200 "		50	20
1 "	1 "	1 "	3 "		1	1
	4	3				
	500	500	2500			
	100	50	200			
	2	1	3			
			10			

These 5 clinics are V.D. clinics for Geisha-girls only; 4 of them can be available for ordinary V.D. patients, However, these drugs are used for Geisha only.

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	Bismuth					
June Distribution	Penicillin	34 ampl.	4	20	20	
	Sulfathiazole	3200 Tabl	300	1000	1000	20
	Maphersen	1200 ampl.	300	800	800	.10
	Bismuth	10 bottles.	3	8	8	1
January (new patients treated by U.S. drugs)	Gonorrhoea	26				2
	Syphilis	2				
	Soft Chancroid					
	Lymph Inguinal	24				
February (")	Gonorrhoea	1				2
	Syphilis					
	Soft Chancroid					
	Lymph Inguinal					
March (")	Gonorrhoea	23		2	2	
	Syphilis	3	1	5	2	1
	Soft Chancroid					
	Lymph Inguinal					
April (")	Gonorrhoea	18		1	5	1
	Syphilis	2	1	20	2	2
	Soft Chancroid				1	
	Lymph Inguinal					

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4	20	20	30			1
300	1000	1000	2000			100
300	800	800	1000			150
3	8	8	10			1
26			23	23		
2						
			1	1		
29			28	28		
1			13	13		1
13	2	2	28	28		
1	5	2	17	17		
						2
	1	5	14	14		1
1	20	2	20	20		
		1	1			

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Unomachi Health Center	Nomura Health Center	Uwajima Health Center	Iwamatsu Health Center	Saijo Health Center	Nyūgawa Health Center	Mishima Subd. of Jap. Med. Treat. Corp. Hosp.	B… H…
	400						
	800	100	30			100	
	3	1	1			1	
1 Nothing							
						1	
						200	
						100	
						1	

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...su	Saijo Health Center	Nyūgawa Health Center	Mishima Subd. of Jap. Med. Treat. Corp. Hosp.	Beshi Hospital
			100	500
			1	3
				4
			1	54
			200	500
			100	500
			1	5

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		1		1	1	1
		100		100	100	100
		150		150	150	100
		1		1	1	1
	2					11
						4
						1
	2					11
						4
						2
						8
						1

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1	1	1	10
100	100	100	900
150	150	100	500
1	1	1	5
		11	15
		4	28
			2
		1	
		11	17
		4	19
			1
		2	15
		8	31
			2
		1	31
			38
			1

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Niihama National Health Insurance Clinic	Imabari Subd. Hosp. of Jap. Med. Treat. Corp. Hospital	Matsuyama Subd. Hosp. of Jap. Med. Treat. Corp. Hospital	Matsuyama Brain Diseases Hospital	National Hospital, Matsuyama	Red Cross Hospital. Matsuyama	Communication Dept. Clinic.
				6		
				500		
	100	500	150	160	60	80
	2	2	4	2	1	1
				5		
				200		
				300		
				4		
1	1	2		10	1	
100	200	300		1000	200	
50	100	500	150	500	50	
1	2	4	4	4	1	

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...ama ...Diseases ...l	National Hospital, Matsuyama	Red Cross Hospital. Matsuyama	Communication Dept. Clinic.	Matsuyama Prison Clinic	Yawatahama Municipal Hospital	Uwajima Municipal Hospital	Minami Uwa Subd. of Jap. Med. Treat. Corp. Hospital
	6						
	500						
...0	160	60	80		50	50	10
4	2	1	1		1	1	1
	~~25~~ 5						
	200						
	300						
	4						
	10	1		1	1	2	1
	1000	200		200	200	300	200
...0	500	50		50	50	50	120
4	4	1		1	1	1	2

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	1	3		15	1	1
	100	300		1300	100	100
	100	500	500	800	100	100
	1	5	3	8	1	1
	4	9		2	10	
	7	4	2	1	7	1
		1				
	4	11		4	4	
	9	19		6	2	1
		5				
	1	15		1	6	1
2	2	25			8	
					2	
1	9	15		4	17	
	2	14		8	15	
		1				
		1				

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	15	1	1	3	1	2	1
	1300	100	100	300	100	200	100
0	800	100	100	300	100	200	100
3	8	1	1	3	1	2	1
	2	10		3	2	4	2
2	1	7	1	2	9	7	3
				1			
	4	4		4	13	6	1
	6	2	1			10	1
				2		1	
	1	6	1	3	1	6	
		8			6	6	
		2					
	4	17		13	2	35	2
	8	15			10	24	5
				2			