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# 結核予防対策細案

- A. 結核予防指導施設、シテ、保健所、業務:
- 1) 結核蔓延、実状及原因調査
    - a 担当地区人口調査 (総数、性年令別、職業別、地域別)
    - b 原因別死亡調査 (最近、10ヶ年間)
      - 目的: 各死亡原因、結核、占、割合
      - 結核死亡率、値及年次変動
      - 全日本都道府縣ト、比較
  - 2) 結核罹病調査 (患者調査)
    - 精密調査票、作成、全保健所ニ拡大
  - 3) 結核感染状況調査
    - 反応、兩対別、職域別、性年令別、陽性率
    - 担当地区結核死亡状況 (市町村別)
    - 患者所在状況
    - 反応検査成績
  - 4) 学校、事務所、工場等調査
    - 配置状況
    - 天、予防施設、状況
    - 予防事業実施状況
  - 5) 産業及交通、状況
  - 6) 地区、経済力、調査
  - 7) 住宅形式調査

結核蔓延主要点把握

地図内ニ明示



① 食生活形式調査  
② 地方民、習慣  
③ 衛生知識、程度

④ 結核予防対策 = 関スル施設

- 地方、病院、療養所、診療所、所在
- X線装置、所在
- 人工氣胸療法実施、有無、所在
- 医師、救急医師、治療 = 関スル技量、熱意
- 保健婦、救急活動状況
- 工場、学校、予防対策 = 必要 + 物的要素、人的要素、調査

⑤ 集団検診

- A ①、基礎調査 = 依ル対策指向重点対象ヲ明カニスル
- B 業務見本トシテ、保健所運営指針 = 準據セシム
- C 集団検診報告ト提呈、勵行 (様式列紙等)

⑥ 被検者、處理

a ① 判定ト B、C、G 按種ヲ同時 = 実施

b ① 別の指導、徹底

c ① 集団の指導、X 養護施設、設置 (養護學級等)

d ① 人工氣胸療法受療指導

e ① 療養所、入所指導

f ① 家庭、養護指導

g ① 社会事業団体、連絡

保施者料  
建設ト  
折並、ス  
ノ = 勘、  
地関力  
区保負

陽転者

要注意者

要休養者

要療養者



(一) 健康相談

- A. 個人、健康相談
- B. Aに附帯トシテ、患者家族指導
- C. 家庭訪問

未感染者予防接種

- A. 河入河幹旋
- B. 家庭療養者ニ対スル消毒隔離食生活住生活指導
- C. 経清保護

(二) 予防思想の普及

- A. 集団、結核予防事業ヲ通ジテ、対象ニ正シイ予防診断治療ノ手段ヲ指示
- B. 地域の職員の集団ニ対スル予防思想ヲ普及
- C. 宣傳技術

- 演 演
- 映 出
- 幻 燈
- 展 會
- 紙芝居班巡回

- 公報課ト協調シ公報委員会、積極的利用
- 保健所ニ於ケル結核予防放映、整備
- 新聞社ト、協調 特筆事項、掲載
- 地方有力者ト積極的交誼ヲ結ブ

(三) 結核予防生活指導



① 実生活 → 結核予防目的 = 台致セシメタキ、指導(生活指導)、展開  
 ② 食生活指導  
 ③ 食品製造法  
 ④ 調理法  
 ⑤ 蛋白質、脂肪、糖質の工夫  
 } 現実 = 即ツク指導、強化  
 C. 住居指導  
 開放性患者、屋内感染防止  
 学校工場、採光 通風設備指導  
 (1) 診療水準、向上  
 a 担当管内、醫師 保健婦 看護婦 予防 診断 治療技術、向上ヲ  
 計ル研究会開催  
 b 保健所、有 X線 顕微鏡検査 = ツキ地方医師ヨリ、可検物送付ヲ受  
 ケルメウニスル  
 C. 保健所施設、医師、ノ利用途、開拓  
 ① 一般医師 = 保健所人工氣胸療法ヲ充分 = 利用セシム  
 (2) 結核予防施設、拡充  
 a 保健所、設備、改善並拡充  
 b 結核患者療養施設 養護施設、新設拡充  
 (3) 結核予防指導者、育成  
 a 医師、保健婦、市町村要員、飯職員、工場衛生管理者、育成  
 b 療養所退所者又家庭療養患者中健康回復者ヲ指導者トシテ利用、夕  
 ×、連絡



(X) 対策、成績批判

a 事業成績、正確、記録

b 衛生統計員、訓練

c 結核予防事業成績、一般人特 = 指導層へ、批評

B 工場結核対策

(1) 労務者受入時、措置

a 全員、結核 = 対スル健康相談

b 未感染者へ、BCG、接種

c 結核要注意者、採用見合セ 又保護条件 = 台致スル者、採用

d 活動性結核患者、採用見合セ

e 採用後2~4ヶ月、観察期、設定

(2) 定期集団検診

a 正規、方法 = ヨシ検診、実施

b 以反應、検査

採用後第一年間、1~2ヶ月 = 一回

c 従業員5,000名以上工場、責任医ヲ設置

d 初感染2年以内、セ、依リ、全員X線検査実施

e 初感染后一年以内、セ、並 = 結核病変、アルモノ = 頻回 = 精密検査

実施

f 喀痰、集団培養検査

(3) 結核要注意者、保護

a 自然感染強陽性者

集団検診 = 予見サレタ活動性患者、要注意者トスル



休養治療 = 3ヶ月恢復 患者  
就業時間 / 日 時間制 厳守  
夜間就業 残業 禁止

C 作業種目, 適正配合

d 休養  
休憩時間, 増加  
長距離通勤者, 就業時間特別短縮

e 健康監視  
赤況検査 } 毎月 / 回以上  
体重測定 }

X線検査 3ヶ月 = 一回

保健婦 = 依り指導  
健康管理票, 作成

f 保健教育

(一) 患者, 治療並 = 生活保護

a 早期人工気胸実施, 奨励

b 健康保険給付 (治療費)

c 健康保険, 傷病手当金 (平均収入 60%)

(二) 病氣欠勤者, 指導

a 診断書, 形式主義廃止

b 正確, 病状の診断

c 保健婦の派遣, 療養及ビソ, 状況, 指導並増大

d 遠隔地所在者 = 対スル保健所ト, 連絡



〔療養施設〕、連絡

(A) 作業環境、整備

(1) 寄宿舍

a 開放性患者並ニ治療ヲ要スル患者、寄宿舍ニ留メテト

b 要注意者、隔離静養室ヘ、收容

c 100名以上、寄宿舍ニ保健婦一名

d 寄宿舍、1人当面積、1.5坪以上トシ採光通風清潔ニ心掛ケルフト

(2) 厚生施設

a 浴場

b 農園

c 海浜山地、ホ一ム設置又ハ静養施設

(3) 診療施設

a 血液検査 BCG接種 赤血測定設備

b X線 顕微鏡

1,000名以上、工場、専有

1,000名以下、工場、若干ニ共有

保健所設備、利用

保健所ヨリ可搬式間接撮影装置、出張検査ヲ需メルフト

c 治療設備

人工氣胸器 (X線ト同一規準)

療養施設

1,000名当 1病床0.1割

作業療養施設



療養所 輕快 退院 患者  
 人工 胸部 實施 中 恢復 期 患者 対策  
 特別 保護 作業 場 設置  
 医务 並 = 保健 指導 職員  
 a 醫師 從業員 1000名 = 1名 責任 医 一名  
 中小 工場 各 1名 勤務 醫師 嘱託  
 b 保健 婦 從業員 500名 = 1名  
 中小 工場 100名 = 1名 専任  
 (醫師 1名 場合)  
 c 學校 結核 対策  
 1 教員 / 結核 対策  
 他 / 學級 1 / 以 反應 陽性 率 比較 = 3.0 罹 患 放 官 / 發 見  
 2 學生 生徒 = 對 策  
 a 空 期 健 康 診 斷  
 b 學 生 生 徒 = 對 策 健 康 管 理  
 (1) 年 三 回 / 以 反應 檢 查  
 (2) 以 反應 陰 性 者 / B C G 接 種  
 (3) 要 注 意 者 / 体 育 作 業 / 抑 制  
 c 活 動 性 患 者 / 休 學 療 養  
 3 予 防 施 設  
 a 保 養 施 設 (全 生 徒 数 / 5% 目 標)  
 4 予 防 職 員



A 保健婦 (養護教官)

生徒 1000名 = ツキ 1名 / 割

女 醫師 / 専任

予 防 教 育

D 農 村 結 核 対 策

A 結 核 / 実 状 調 査

女 健 康 診 断

1. 結 核 被 害 = 多 イ 地 / 重 兵 的 撲 滅

2. 全 村 民 / ツキ 反 應 X 線 検 査

要 領 / ① 先 ツ 小 学 児 童 ヲ 先 = 実 施

次 = 部 落 別 = 反 応

ツキ 反 應 陽 性 児 童 家 族 検 査

② ツキ 反 應 家 族 陽 性 率 真 キ 家 族 / 検 査 (平 均 以 上)

結 核 概 観 圖 / 作 成 / 死 亡 患 者 感 染 状 況 記 入

町 村 列

C 検 査 后 / 處 理

1. 未 感 染 者 / B C G 接 種 反 應 ツキ 反 應 反 覆 検 査

2. 初 感 染 者 / 注 意 患 者 / 養 護

3. 要 休 養 / 要 療 養 = 対 スル 指 導

携 行 人 二 氣 胸 器 = ヨル 巡 回 施 療

療 養 所 入 所 勧 告 斡 旋

T ツキ 帰 郷 者 対 策

1. 町 村 転 入 后 健 康 診 断 / 実 施 (ツキ 反 應 赤 沈 X 線)



c. 通勤者対策

- 1. 通勤手段 先 事業場、結核管理状況調査確認
- 2. 反応 検査(3ヶ月) BCG接種
- 3. 初感染 要注意患者、家庭生活指導
- 4. 家庭期健康診断

d. 結核患者対策

- 1. 家族 = 対策
  - 1) 傳染、防止
  - 2) 傳染源、検出
  - 3) 初発結核患者、病状
  - 4) 咳痰中結核菌検索、徹底
  - 5) 全家族、健康診断
  - 6) 反応陽性者 = 対策 X線咳痰検査
  - 7) 未感染者、確認
  - 8) 傳染源、未感染者、接觸遮断
  - 9) 患者病室、専用
  - 10) 療養所入所、厳重
  - 11) 小児、依託保育
  - 12) 患者、咳痰 含嗽物、處理、適正
  - 13) 患者使用物(寝具食器)、専用並消毒

2. 家族 = 対策 疾病防止

- 1) 予防接種
- 2) 反応陰性 既陽性者全員、BCG接種反覆実施
- 3) 反応検査班 BCG接種班、編成 = 巡回実施



- ① 初感染期、早期確認
- ② 強後陽転者指導
- ③ 自然感染後、看護
- ④ 發病、早期発見、早期治療
- ⑤ 早期発見
  - (1) 初感染後6ヶ月、
  - ⑥ 初感染後7ヶ月～12ヶ月 2ヶ月 间隔赤次検査
  - (2) X線検査(初感染後 3ヶ月後 6ヶ月後 12ヶ月後)
  - (3) 不異常、アル場合 X線検査
  - (4) 毎日午後一回、検温
  - (5) 患者指導票、使用 (別紙表)
- ⑦ 早期治療
  - (1) 早期人工氣胸実施
  - (2) ストレプト マイシン治療
- ⑧ 患者、結核教育
  - (1) 家族、結核被害調査(同病者續々、戒メトスル)
  - (2) 家族生活調査
  - (3) 住定、職業、習慣、視更シ、栄養指導
  - (4) 知識、啓蒙
  - (5) 結核、本態
  - (6) 予防治療、方法
  - (7) 結核蔓延ト公衆衛生知識



書物, 紹介  
①生活指導  
②患者指導ト法的措置  
(i) 医師ヨリ, 届出, 勵行  
(ii) 医師ニヨル, 結核予防ニ関スル注意, 指示  
③保健所運営指針, 勵行



各事業場ニ於ケル疾病欠勤率(1000対率)  
(昭和25年度資料)

病名別	工場別	工場規模別			
		勤勞者1000以上工場	勤勞者500~999工場	勤勞者300~499工場	勤勞者300未満工場
呼吸器、結核					
胃腸病、炎					
感冒					
脚氣					
肋膜炎					
気管炎					
結核					
神経痛					











昭和二十三年中間に於ける結核死亡退職の年齢別

種別 性別	死		計	退		計
	男	女		男	女	
年齢別						
16 ~ 20						
21 ~ 25						
26 ~ 30						
31 ~ 35						
36 ~ 40						
40 →						
計						



# 學校別罹患狀況調查

學校名	性別	被檢 兒童數	反應 陽性率	罹病者			計 %
				要注意 %	要休養 %	要療養 %	
	男						
	女						
	男						
	女						
	男						
	女						
	男						
	女						



學童之反應、家族、結核病歷、關係

家族結核患者	陽性者、家族患者及陰性者、家族患者數
父	
母	
兄	
姊	
他、同居者	
計	
百分率	



養職員検査成績

学校名	被検人員	結核検査者		結核性肺病者	
		実数	百分比	実数	百分比

本調、過去=実施セル成績、以テ、ソノ成績ヲ計ニスル  
 卜ト



放職員轉歸調  
(集團名)

	總人員	處置	轉歸
要休養者 名		外來=人工氣胸實施 自宅休養 療養所入所	輕快復職
要療養者 名		療養所入所	輕快復職 入院中
		療養不入	他=斷勤 增患死亡



工場従業員 = 発見セラルシ結核患者

工場名	被検人員	結核患者数 (開放結核)	被検人員に対する百分比







乙 年令階級別結核死亡

年令別	種別 性別	總死亡數			結核死亡數			總死亡千対人口一万一対入 心死死亡、心結核死亡			結核死亡年令別		
		男	女	計	男	女	計	男	女	計	男	女	計
0~4													
5~9													
10~14													
15~19													
20~24													
25~29													
30~34													
35~39													
40~44													
45~49													
50~54													
55~59													
60→													
全年令											100	100	100

(昭和10年以降ニツキ年度毎市町村別ニ各葉作成、ト)







市町村別三次階級別以反應陽性率

年令	検査数	陽性数	陽性率	平均誤差
0~4				
5~9				
10~14				
15~19				
20~24				
25~29				
30~34				
35~39				
40~44				
45~49				
50~54				
55~59				
60~64				
65~69				
70~				
計				







教職員罹患調  
(昭和22.23年調)

	結核性疾患						その他疾患	合計
	肺 結 核	結 核 浸 潤	肋 膜 炎	胸 膜 炎	小 計			
死 亡								
退 職								
休 職								
一月以上 長期欠勤								
合 計								

退職後死亡は退職欄=括弧で数字ヲ記入ノト。例へば退職者12中  
ノ名が退職後死亡シタ時ハ12(1)ト記入スル



集団検診成績

集団別	検診人員	実施日	陽性者数		結核患者発見	
			実数	%	実数	%

3



SHIME MILITARY GOVERNMENT TEAM  
APO 1060, U. S. ARMY

HC/RBK/ma

25 February 1949

SUBJECT: Tuberculosis Bed Survey

TO : Public Health and Welfare Section  
GHQ, SCAP, APO 500, U.S. Army

THROUGH: Channels

In compliance with Ltr AG 710-BA, Hq I Corps dated 17 February 1949  
subject: "Tuberculosis Control" the following report is submitted for  
Shime Prefecture:

Tuberculosis Beds in Shime Prefecture

<u>Place</u>	<u>Excellent</u>	<u>Good</u>	<u>Fair</u>	<u>Total</u>
Sanatorium	54	639	--	723
Government Hospitals	85	160	--	245
Private Hospitals	85	214	--	299
Isolation Hospitals	<u>95</u>	<u>524</u>	<u>572</u>	<u>1191</u>
TOTALs	299	1587	572	2458

FOR THE COMMANDING OFFICER:

REGINALD B. KEATING  
Major, Inf.  
Adjutant



HEADQUARTERS I CORPS  
APO 301 (Kyoto, Honshu)

L'H/tn

AG 710 - BA

17 February 1949

SUBJECT: Tuberculosis Control

TO: See Distribution

1. Japanese production of streptomycin will not be adequate to meet all needs for the use of this drug in the treatment of tuberculosis among the Japanese until the end of 1949.

2. In the meantime, available streptomycin will be allocated by the Welfare Ministry to those sanatoria where close surveillance can be kept over its use. Since a broad-scope program is being planned, a substantial increase in the number of beds available for tuberculosis patients will be necessary.

3. It is desired that the appropriate Japanese agency in each prefecture conduct as soon as possible a numerical survey of presently available beds and bedspace for this purpose. Private institutions, communicable disease hospitals, national and prefectural hospitals should be included so that the count will be maximum, regardless of staff and personnel facilities. The report is to be detailed and is to show by category available beds in private, governmental, or incorporated institutions. A report of this survey will be sent through military government channels to Public Health and Welfare Section, GHQ, SCAP.

4. In order to insure correct and efficient utilization of streptomycin, military government teams will institute a program to enlighten the Japanese officials of the medical profession in the latest, most up-to-date methods in its use. This program should consist of information as to proper indications, administration, toxicity and clinical evaluation. It is to begin without delay.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER  
Colonel, AGD  
Adjutant General

DISTRIBUTION:

- 2 ea MG Region & Team
- I Corps 4/R
- 3 AG Rec, I Corps



Talk on Control of Tuberculosis

1. It is absolutely necessary that Japan controls the spread of tuberculosis because it is one of the important steps in their national recovery. Without health, the nation does not have the vitality and stamina to meet and face this problem.

2. Up to October 1946, the Control of acute diseases was of primary importance. At that time the opportunity to study the control of tuberculosis presented itself and SCAP developed an emergency plan. This was put in effect at once coordinating this program with the Ministry of Health and Welfare.

The first important step was the return to the sanatoriums of all open cases of tuberculosis, who had left those institutions and returned to their own homes because of the lack of food in those hospitals. These people became a constant source of infection in their homes because there was inadequate knowledge concerning the control of this disease. In an effort to encourage the return of these patients, an extra ration was obtained for all patients in the national tuberculosis sanatoriums.

The second step in the SCAP plan was to establish a common knowledge of the diagnosis, treatment and control of tuberculosis among the Public Health Officials in both the Military Government & Japanese groups. A manual on this subject was written and sent out to the Military Government Health Officers and the same material was translated into Japanese and sent to every prefectural health officer so that it might be available for all individuals concerned with the control of tuberculosis.

The third step in SCAP's emergency program included a continuation of the mass examinations for tuberculosis of all individuals, with particular emphasis upon those groups between six and twenty-nine years of age. Particular attention was to be paid to the 15 to 20 year old group where the mortality from tuberculosis is highest in Japan.

As an adjunct to this examination, the school lunch programs developed

27 Nov  
5 Dec



in order to improve, as much as possible, the resistance of the Japanese children to this infection.

The final step was to include in this mass type of examination, individuals belonging to various groups throughout Japan such as employees in factories, business organizations, unions and et cetera.

Using these ideas as a basis, a program for tuberculosis control was developed by the Japanese Ministry of Health and Welfare, containing six important phases:

- a. Strengthening the system of tuberculosis control.
- b. The improvement of the sanatoriums & their facilities
- c. The improvement of the technique of the individuals related to the tuberculosis control and treatment.
- d. Publicity and public education in the control of tuberculosis
- e. The immunization with BCG
- f. Revision and amendment of the anti-tuberculosis act.

This program of course, depended upon the budget, allocated to the Ministry of Health and Welfare by the Finance Ministry. However, because of the state of the national economy, many of these steps have had to be postponed or markedly reduced in their extent.

To return to the first point,--the strengthening of the source of tuberculosis control,--it was hoped that both in the central and local governments the number of members in charge of the tuberculosis control could be increased. This had not been possible due to lack of finances. Therefore increased effort by these authorities is necessary to carry on this work.

An advisory council, both in the central and local governments, was to be established. In the central government, this central committee for tuberculosis control was to be composed of the authorities on tuberculosis in Japan. In the local government committee, the same type of individuals were to be selected. Between these two committees there was to be a liaison committee to coordinate the work between the central and local committees. The members had been selected



for the advisory council and in some prefectures the local committees have been started.

The third phase in strengthening the system of tuberculosis control was to expand and improve the various functions in the community for the control of tuberculosis. The improvement in the functions of the health centers is vitally important. The Health and Welfare Ministry was anxious to station full time employees in charge of tuberculosis control in all health centers and their branches.

These employees were to consist of one physician, one x-ray technician and three public health nurses for every 50,000 population. This would have required 1400 physicians, 1400 x-ray technicians, and approximately 4200 nurses in the 675 Health centers. However, due to the cut in the budget it has been necessary to reduce these numbers, so that there will be 775 physicians, 536 x-ray technicians, and 1156 nurses in only 200 of the total number of health centers in Japan.

An entirely new approach to the control of tuberculosis in Japan is the establishment of the tuberculosis care committee in every city town and village. The formation of these committees is, under the direction of the health centers and an allocation of funds has been made to establish 100 such committees in Japan.

These committees will take charge of the following matters:

- a. Diffusion of knowledge of tuberculosis control
- b. Guidance in the mode of living for tuberculosis control
- c. Help for entering sanatoriums.
- d. care of tuberculosis cases at home and supply of nutrition to these patients.
- e. After care for tuberculosis cases released from sanatorium.
- f. The protection of livelihood of tuberculosis cases, following their return.

It will be noted that these procedures require a community responsibility in the control of tuberculosis. In the past, responsibility has ended with the



immediate family. But tuberculosis recognizes no such limitations and when this infection is present in the community it now invades the home.

Further expansion of the system of tuberculosis control consists of strengthening the activities already present in every community throughout Japan.

It is necessary to establish a close contact between the health center and the sanatoriums and to encourage the individuals who are working in the sanatoriums health centers and to do field work in tuberculosis control. Previously interest in tuberculosis was begun and ended with the patient himself in many instances. There is no better place for the discovery and control of contact cases than thru the work in the health centers and sanatoriums.

It is also necessary that there be close cooperation with the physicians sacrifice to have the children between six and ten years associations, dentist associations, pharmacists associations and the public financially possible for them to do so. That older groups, between 24 and 29 nurse associations with the health centers and the sanatoriums. To these groups, can also be added the national health insurance association, and the various unions, farmers, laborers and miners unions etc. As an example, it is, from the druggist, so many of the Japanese people obtain drugs to control the cough and these people should be encouraged to be checked in the health centers for possible active tuberculosis.

An extremely vital procedure in the improvement and expansion in tuberculosis control is to continue the mass examinations. It was hoped that all young persons between the ages of 6 and 29 years of age inclusive could be examined. The tuberculin test should be done; and if positive, an x-ray examination procured. If signs of active tuberculosis were found, a closer examination be carried out.

However, with the cut in the budget, these studies had to be limited to a group of individuals between 10 to 24 years of age. It is felt, however, that there is no reason that the important years should be lost.

It may be possible that families may be encouraged to make a voluntary sacrifice to have the children between six and ten years examined if it was financially possible for them to do so. That older groups, between 24 and 29



5

years are, as a rule, young working adults who might be able to finance their own examinations.

It has also been possible to subsidize mobile units so that x-ray examinations can be carried into areas which are without such equipment..

The health centers will assist in the guidance and supervision of tuberculosis cases at home, they will encourage medical examinations and provide instructions for the protection of the families in which there is tuberculosis.

The government is now being notified of all tuberculosis cases seen by the physicians.

There is, at this point, the need of a word of warning: because of this more accurate reporting, more cases of tuberculosis will be reported in Japan than in the past years. This does not mean that there is actually more cases of tuberculosis in Japan but that more cases are reported, because in the past, a case was not reported unless it became a public nuisance.

A closer contact between the physicians associations and the health centers was suggested earlier in this discussion. The facilities of these health centers should be made available to the general practitioner in the community. There is no reason that the physicians should be required to purchase and maintain expensive x-ray equipment and laboratories when such equipment is already available in a health center in a community. The health centers could and should cooperate with the physicians by doing such necessary examinations, and refer such patients, and the reports of these examinations to the physicians ~~for~~ who has referred them to the centers, for further care.

The second important phase includes the improvement and increase of sanatoriums and their accommodations. The Ministry of Health and Welfare reports that 80,000 beds are necessary to care for tuberculous patients. However, the Finance Ministry granted in the budget for 1947, moneys to care for 48,050 beds. This figure was based upon the number of empty beds which were present in the sanatoriums during the past winter when patients had returned to their homes because of the lack of fuel and food. At the present time, however, in



certain prefectures there are no empty beds and waiting lists for admission have been established.

The second point in the improvement of the sanatoriums is the matter of nutrition. This situation has been somewhat variable from time to time, depending upon the harvest and various other factors. The bureau of chronic diseases is anxious that 2400 calories should be granted per day for each patient, containing about 90 grams of protein and about 30 grams of fat. At the present time, however, the patients are averaging about 2000 calories a day with one half the necessary quantity of protein and fat. An effort will be made, as soon as the food is again available, to establish the figures which are considered necessary.

Sanatoriums are striving to improve the patients daily life and interests during their stay, thus the use of radio, talks, gardening--if the patient is ambulatory. Transportation to the national sanatoriums has been obtained so that patients can be transported from their homes to the sanatoriums. Each national sanatorium should be thus provided.

The third phase is the improvement of the technic of persons relating to tuberculosis control and treatment. The first plan was to establish, in Tokyo at the Institute for Tuberculosis Research under the anti-tuberculosis Association, a group for the investigation of tuberculosis.

Under this heading, the following subjects were to be studied:

- a. Fundamental investigation of tuberculosis
- b. Investigation of the methods of tuberculosis control
- c. Investigation of tuberculosis treatment
- d. Investigation of nutrition for tuberculosis
- e. Study of social and economic problems of tuberculosis
- f. Establishment of model districts of tuberculosis control
- g. Study of management of sanatoriums

However, with the marked cut in the budget, none of these investigations



can be carried out, at the present time.

To assist and improve the technic of those individuals who are working in the control and treatment of tuberculosis, a manual was prepared. This has been printed and is now in the hands of both the Military Government Health Officers and the Japanese prefectural health officers.

A course for the retraining of the prefectural medical officers in charge of tuberculosis control has been given in Tokyo, under the supervision of the central government. The administration and method of tuberculosis control was the subject of this course of retraining. These prefectural medical health officers returned to their local governments where some of the retraining has been given to prefectural members including the physicians in the community.

This same prefectural medical officer in charge of tuberculosis control will hold courses in the health centers for the tuberculosis care committees.

The central government has also given courses to representatives of the physicians from the principal sanatoriums in each prefecture, and these representative physicians have given courses for the physicians and nurses in the sanatoriums upon their return. Such courses were given in six cities throughout Japan. These particular individuals, having had this training are to give courses for members engaged in tuberculosis control which include the physicians.

The physicians association is expected to give courses for practitioners in the community and it was hoped that lecturers would be sent out from the central government. The retraining of these groups should result in the formation of strong teams of leaders in the tuberculosis control.

The fourth important phase in the control of tuberculosis is a matter of publicity and public education. There has been a marked cut in the budget for this particular phase of the work. However, while this cut has occurred in finances, there is no reason that the education of the people should not continue in the control tuberculosis by the health authorities.

The first important point is to stress the function of the anti-tuberculosis



associations: The Japanese anti-tuberculosis association has been very active throughout Japan and does have the necessary information to assist in the control of this disease.

The formation of women's anti-tuberculosis committees in the central and local levels was a part of this plan. Local women's anti-tuberculosis committees in every prefecture and branches in cities, towns, and villages were to be established. The aim of this group was the diffusion of anti-tuberculosis knowledge and, more important, the application of that knowledge. They were also expected to help the tuberculosis care committee in their phases of the work.

It is upon the woman in the home that the burden of the care of tuberculosis falls and it is their knowledge of the simple basic principles of control which will be the greatest aid in this problem.

It is within the household that such simple procedures as the isolation of a patient with ~~an~~ open tuberculosis must be done. He should have his own room, or at least be screened from the other members of the family. He definitely must have his own bed.

The training of the patient to use only his own toilet articles, eating utensils, bed linen, clothes, and toys and never to share them is a home training problem. These articles and linen should be washed separately from the family.

Moist cleaning of any house in which there is a patient with tuberculosis is a necessity so that the dust is thereby collected and not spread.

Education of the patient in the protection of the family from himself by avoidance of intimate contact, and also education of the family in methods of protection from the patient's infection are a part of the home-maker's duty.

The isolation of infants and young adolescents from dangerous contact with the patient:--the proper and complete collection of all sputum in covered cups and the careful washing of the patients hands before eating.



All these points depend on the knowledge and the entire family must know that this infection is air-borne and is vitally important.

The control of tuberculosis should be included in the instruction in schools, and families are educated in the control of tuberculosis through the school children. The first grade child can be taught the simple principals of "don't spit" and to use only his own cup and Hashi (chop sticks). Older children can be taught the basic principals mentioned above.

The fifth phase deals with the continuation of inoculation with BCG. It was hoped that all individuals between the ages of six years and 29 years who showed a negative tuberculosis reaction would be immunized with BCG. However, with the decreased budget, it has been necessary to include only those individuals between 10 years and 24 years of age. This leaves two important groups again uncovered: Those from birth to 10 years and those 24 to 29 years of age. The situation with these individuals has already been discussed.

It is interesting to note that, in 1944, all persons in Japan between 10 years and 19 years of age and all contacts were inoculated with BCG there being over five and one quarter million people immunized. In 1945 over three million were so treated, in 1946 six and one quarter million, and 1947, it is hoped that over eight and one half million will be so protected. This material is produced in Japan and can be produced in quantities to meet this situation.

The final step is the revision and amendment of the anti-tuberculosis act. This is, at present, a law which requires a patient with tuberculosis to exercise care. This law is, however, too weak for adequate control and it is being revised and amended to give it force to protect the nation at large from this infection.

Most of the material presented in this paper is a matter of information and education. Every individual in the community must assume the role of a teacher. The physicians particularly, must live up to the real meaning of the Japanese word "sensei"--because a physician is a teacher. Despite the fact that Japanese economy may be facing difficulties at the present time, the



control of tuberculosis shall continue, thru public education, cooperation and a unity of effort to stamp out this condition, which has reached such a peak because of the ignorance and superstition. One always fears the unknown, and the days of superstition and fear of tuberculosis is gone. Japan can know what to do to prevent this spread, and Japan is willing and anxious to do it.



KAGAWA

Ken

TB

Study

24 MAR 49



## TUBERCULIN TEST AND B.C.G. INOCULATION

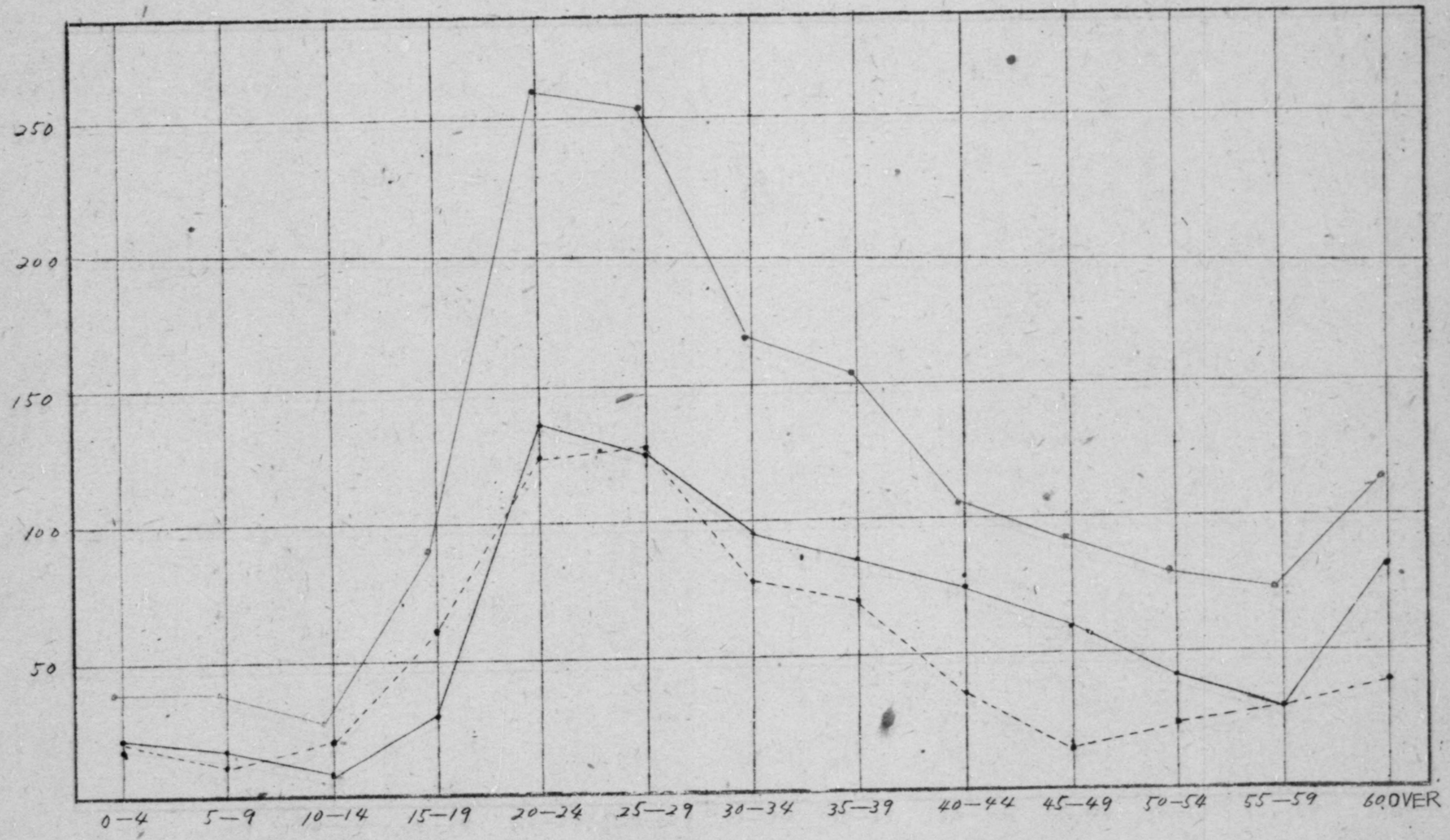
HEALTH CENTRE	MONTH	APR.	MAY	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL
		KANONJI	TUB. TEST	46	43	68	2,964	46	46	1,775	30,544
	B C G	10	8	16	719		101	461	18,093	1,712	21,120
MARUGAME	TUB. TEST	195	354	492	2,617	443	43	254	1,408	3,613	9,399
	B C G	33	828	120			131	26	937	2,022	4,107
KOTOHIRA	TUB. TEST	80	17,357	62	578	253	112	643	25	100	19,208
	B C G		11,454	26			222				11,702
SAKAIDE	TUB. TEST	29	1,269	2,498	52	65	66	3,609	4,087	2,324	14,002
	B C G		955	971				2,386	3,288	1,685	9,285
TAKAMATSU	TUB. TEST		1,110	6,960	1,600	3,235	2,134	18,055	8,473	3,678	44,245
	B C G		776	3,500		3,128		12,837	8,123	1,386	29,750
HIRAI	TUB. TEST		98	3,039	255		3,477	8,104	3,196		18,169
	B C G		86				3,205	5,525	2,688		11,504
NIBU	TUB. TEST	15	422	2,267	489	40	4,860	6,305	2,301	1,449	18,148
	B C G		218	687	821			6,810	2,559	915	12,010
TONOSHO	TUB. TEST	597	821	902	1,059	131		1,019	2,762	1,057	8,348
	B C G		205					673	845	361	2,084
TOTAL	TUB. TEST	962	21,440	16,288	8,414	4,243	10,768	39,744	52,796	15,450	170,135
	B C G	43	14,530	5,320	1,540	3,128	3,659	28,918	36,533	8,091	101,562



# DEATH RATE

— 1948 —

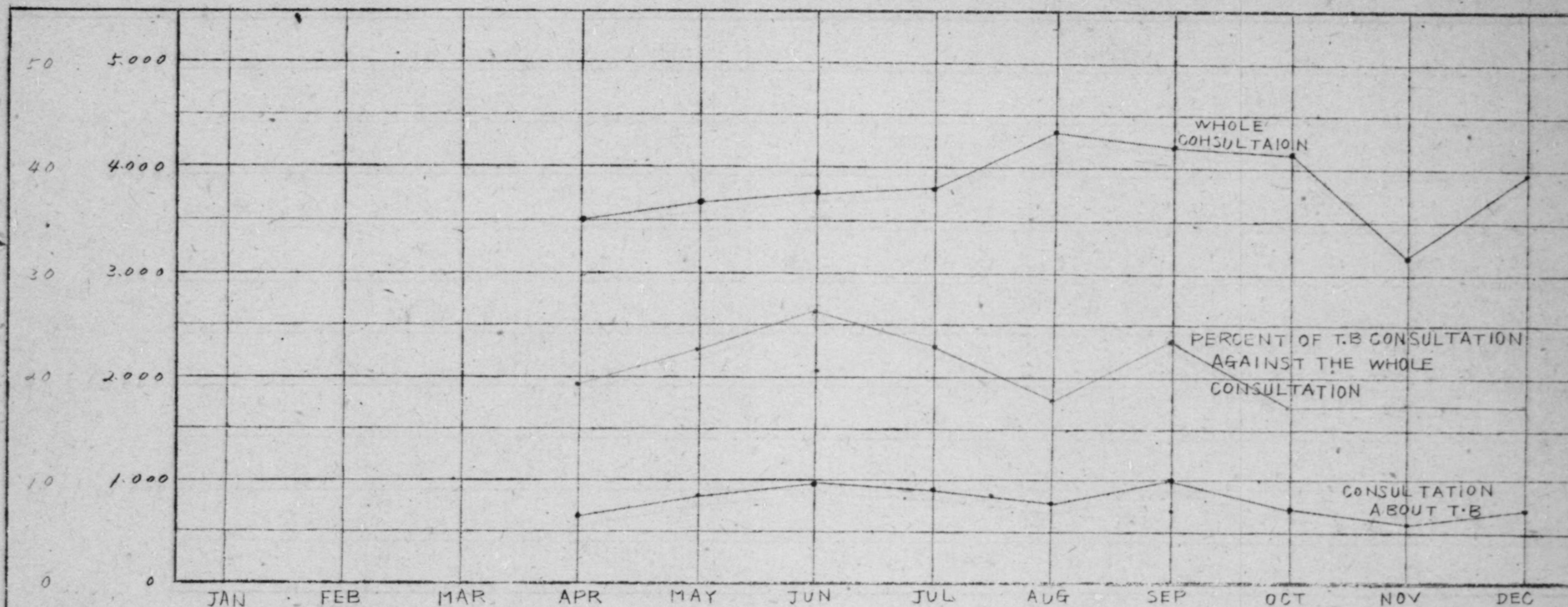
— THE WHOLE NUMBER  
— MALE  
- - - FEMALE





# CONSULTATION ABOUT T.B

- 1947 -

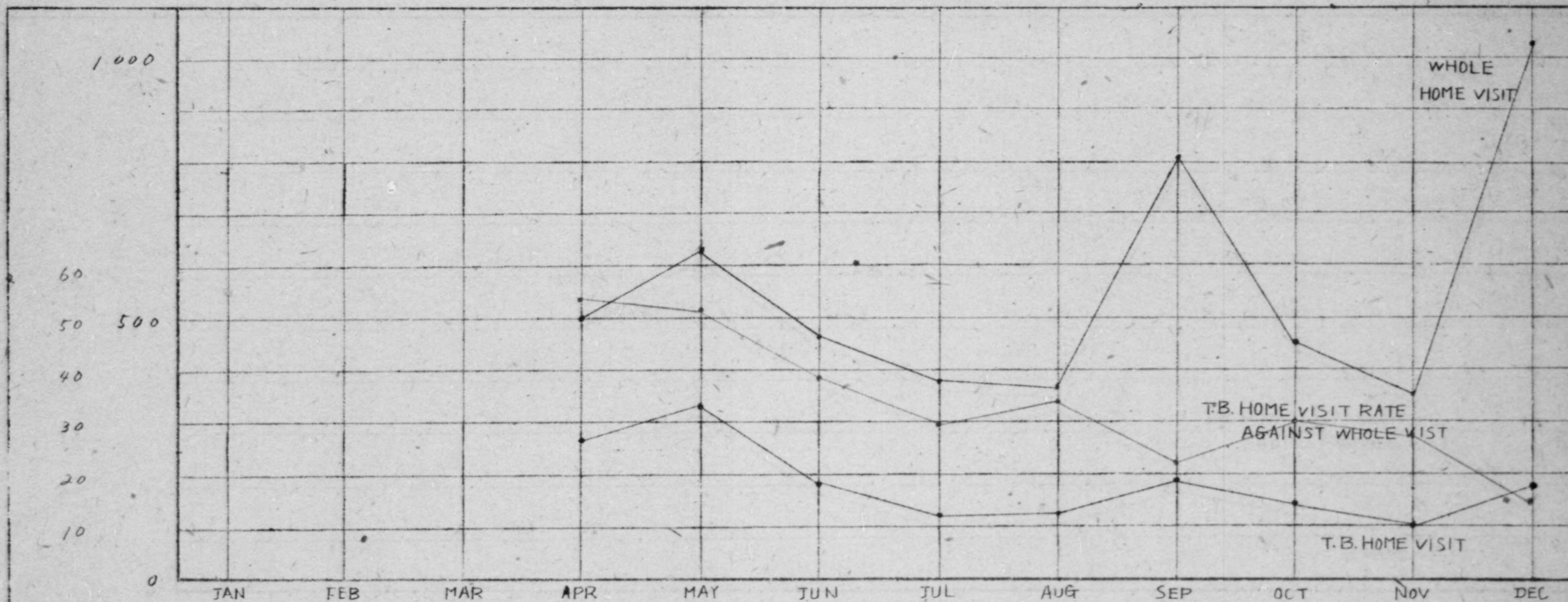


	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
KAGAWKEN				3290 685	3680 844	3932 983	3818 895	4352 781	4200 1002	4149 729	3164 577	3960 706
NIBU H.C.				709 88	647 106	632 95	504 93	644 95	571 116	447 117	313 49	349 130
HIRAI H.C.				166 32	154 30	220 103	218 22	199 22	250 36	326 14	72 6	95 3
TONOSHOM.C				161 8	174 19	194 11	166 8	164 18	174 11	133 9	95 4	105 12
TAKAMATSU H.C.				179 -	267 -	333 -	308 -	325 1	61 1	614 -	546 8	491 -
SAKAIDE H.C.				424 41	310 102	464 153	448 114	520 54	619 101	466 61	515 45	456 47
MARUGAME H.C.				467 111	582 152	512 101	435 62	580 77	676 149	1540 93	451 53	451 41
KOTOHIRA H.C.				749 225	945 170	933 194	889 153	868 86	986 165	930 142	790 271	1565 352
KANONJI H.C.				635 180	601 265	621 326	750 443	1052 406	863 423	693 293	402 141	448 121



# HOME VISIT BY PUBLIC HEALTH NURSE

— 1948 —



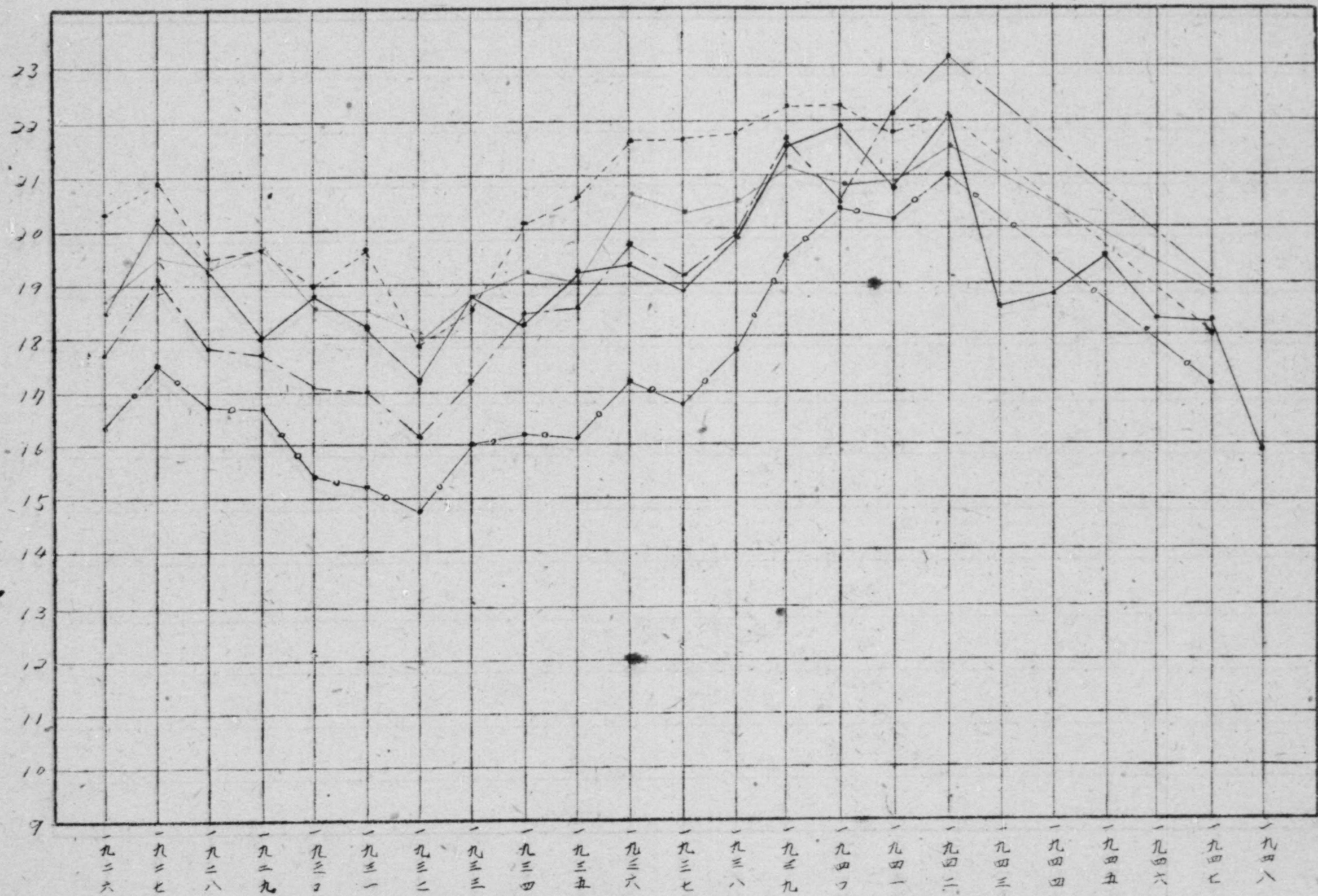
	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
KAGAWAKEN				504	631	461	380	366	813	447	355	1027
NIBU H.C				77	80	65	40	105	34	80	91	103
HIRAI H.C				98	96	49	56	-	50	138	38	221
TONDSHO H.C				124	134	84	95	36	7	19	91	91
TAKAMATSU H.C				14	60	110	67	114	542	51	15	15
SAKAIDH H.C				86	129	34	23	13	36	70	37	257
MARUGAME H.C				12	32	22	9	45	68	25	15	8
KOTOHIRA H.C				55	66	49	40	14	24	29	54	204
KANDONJI H.C				38	34	48	50	32	52	35	14	128



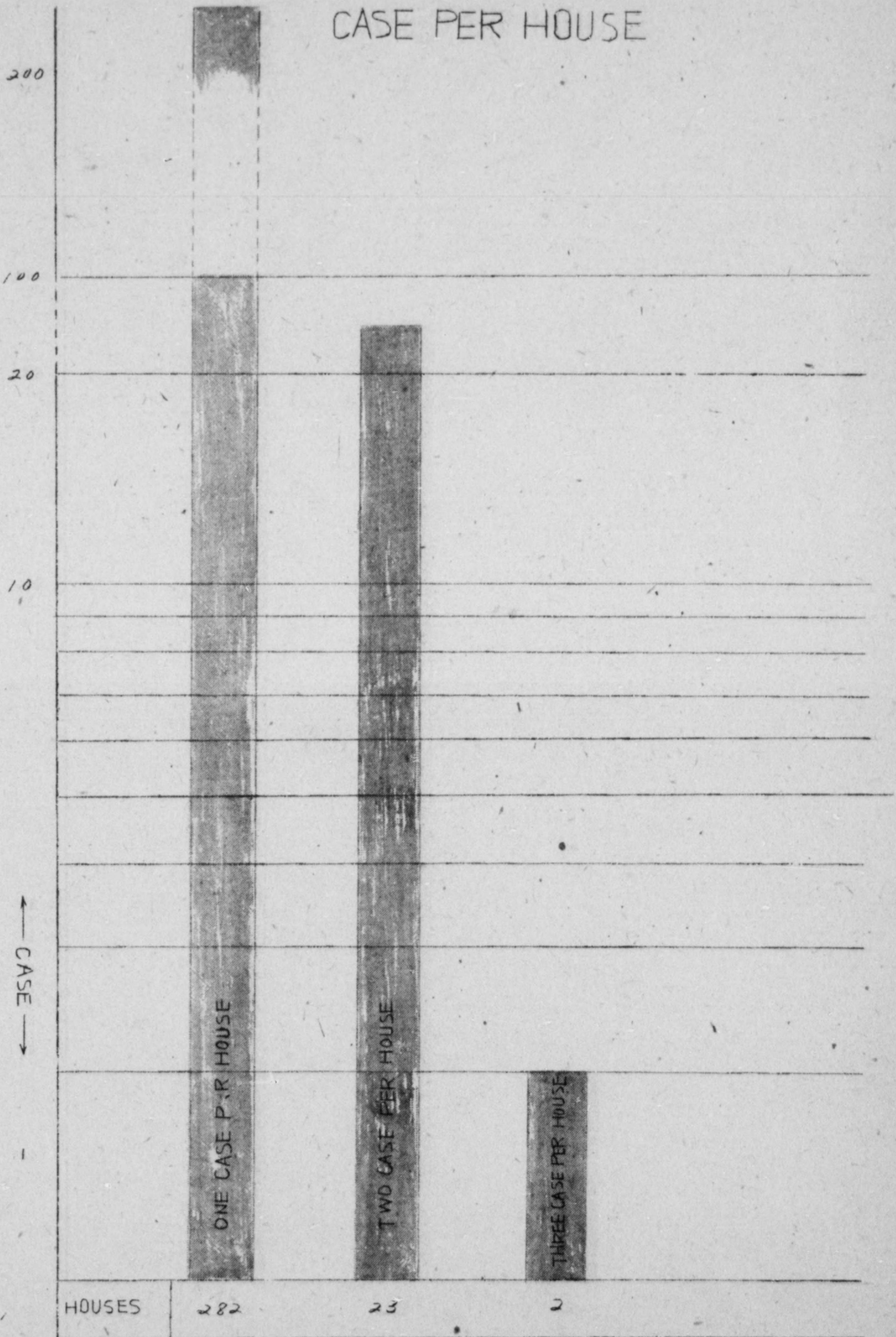
# T.B. DEATH RATE

— RATE PER 10,000 —

— JAPAN      - - - - HIROSHIME  
 — KAGAWA    - o - o - OKAYAMA  
 - - - - EHIME







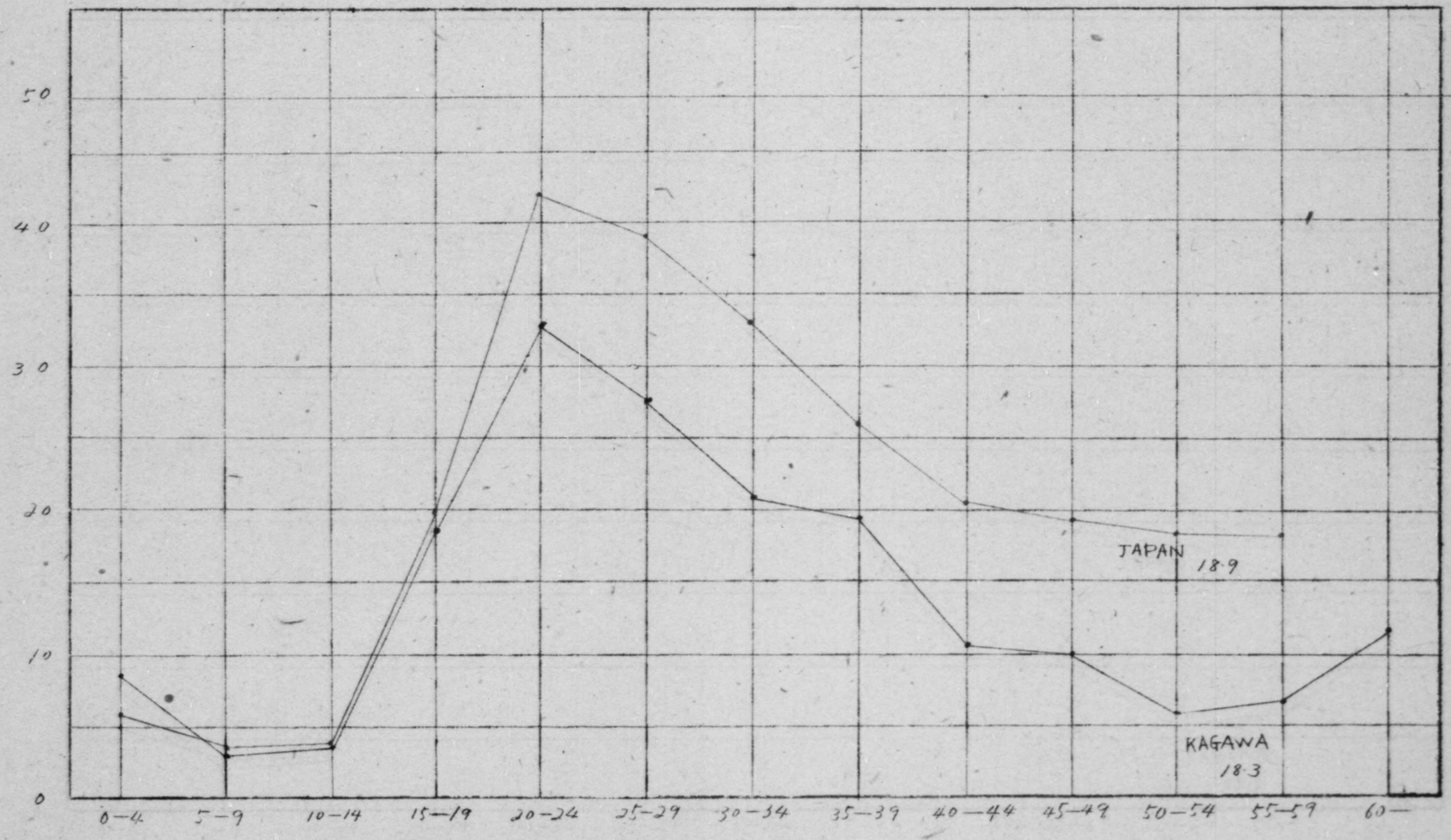


# DEATH RATE OF T.B. CASES IN KAGAWAKEN

RATE PER 10,000

— 1947 —

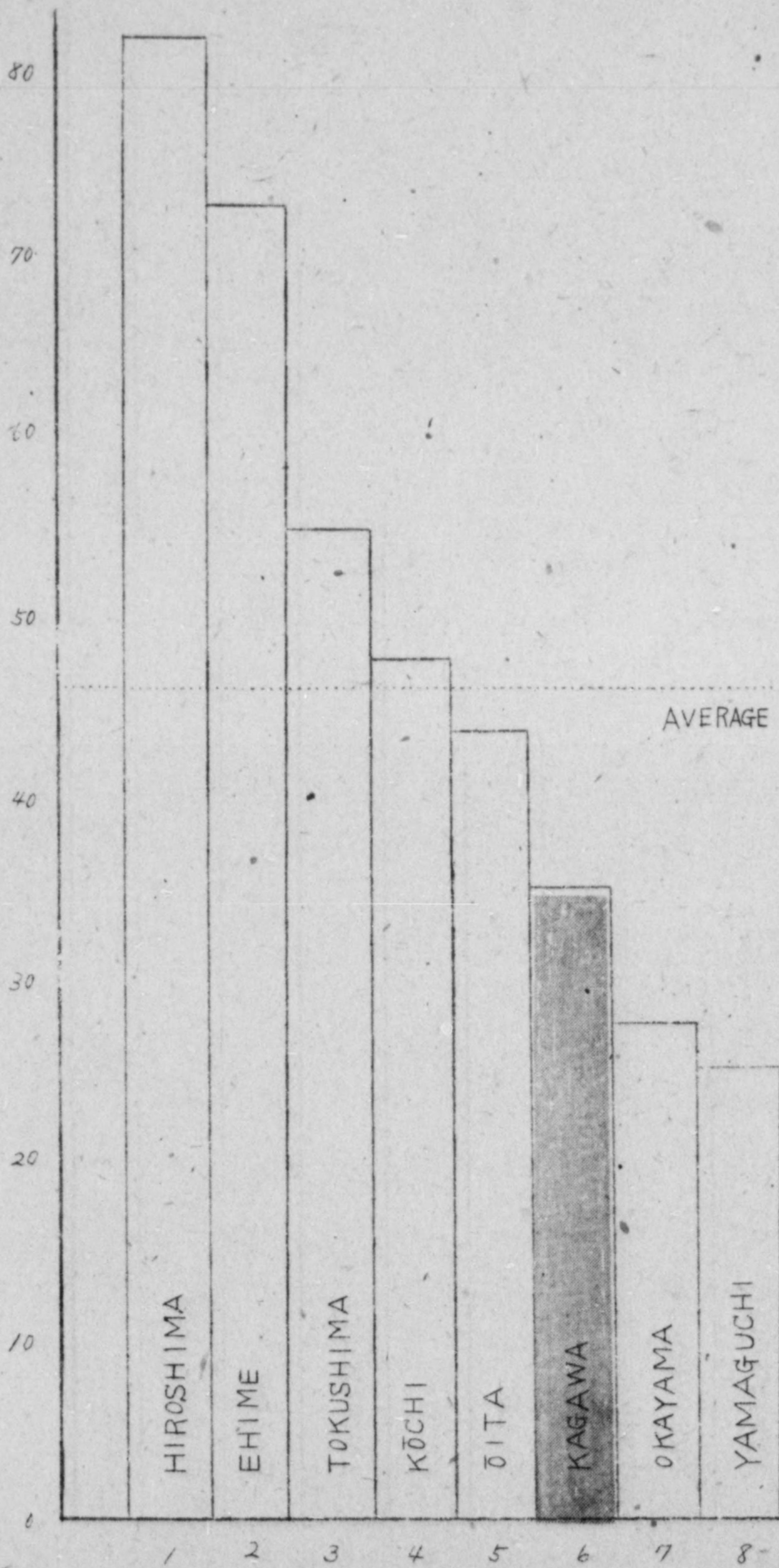
—— JAPAN  
—— KAGAWA





REPORTED T.B. CASES

RATE PER 10,000



	NUMBER OF CASES	RATE PER 10,000
1 HIROSHIMA	16,496	82.0
2 EHIME	10,641	73.2
3 TOKUSHIMA	4,667	54.6
4 KŌCHI	4,045	47.7
5 ŌITA	5,350	43.4
6 KAGAWA	3,287	35.0
7 OKAYAMA	4,487	27.7
8 YAMAGUCHI	3,739	25.3
JAPAN	357,395	45.8

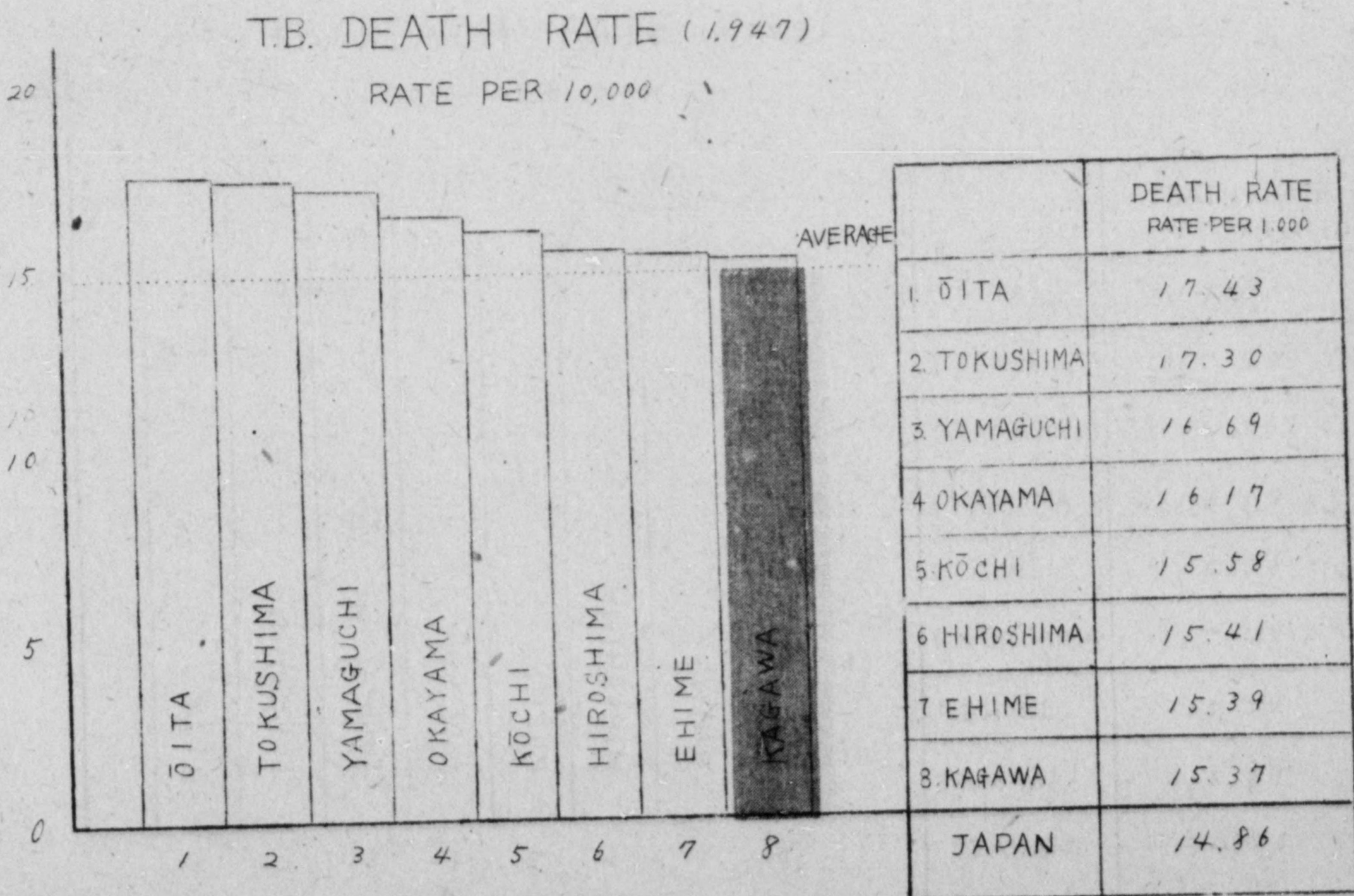
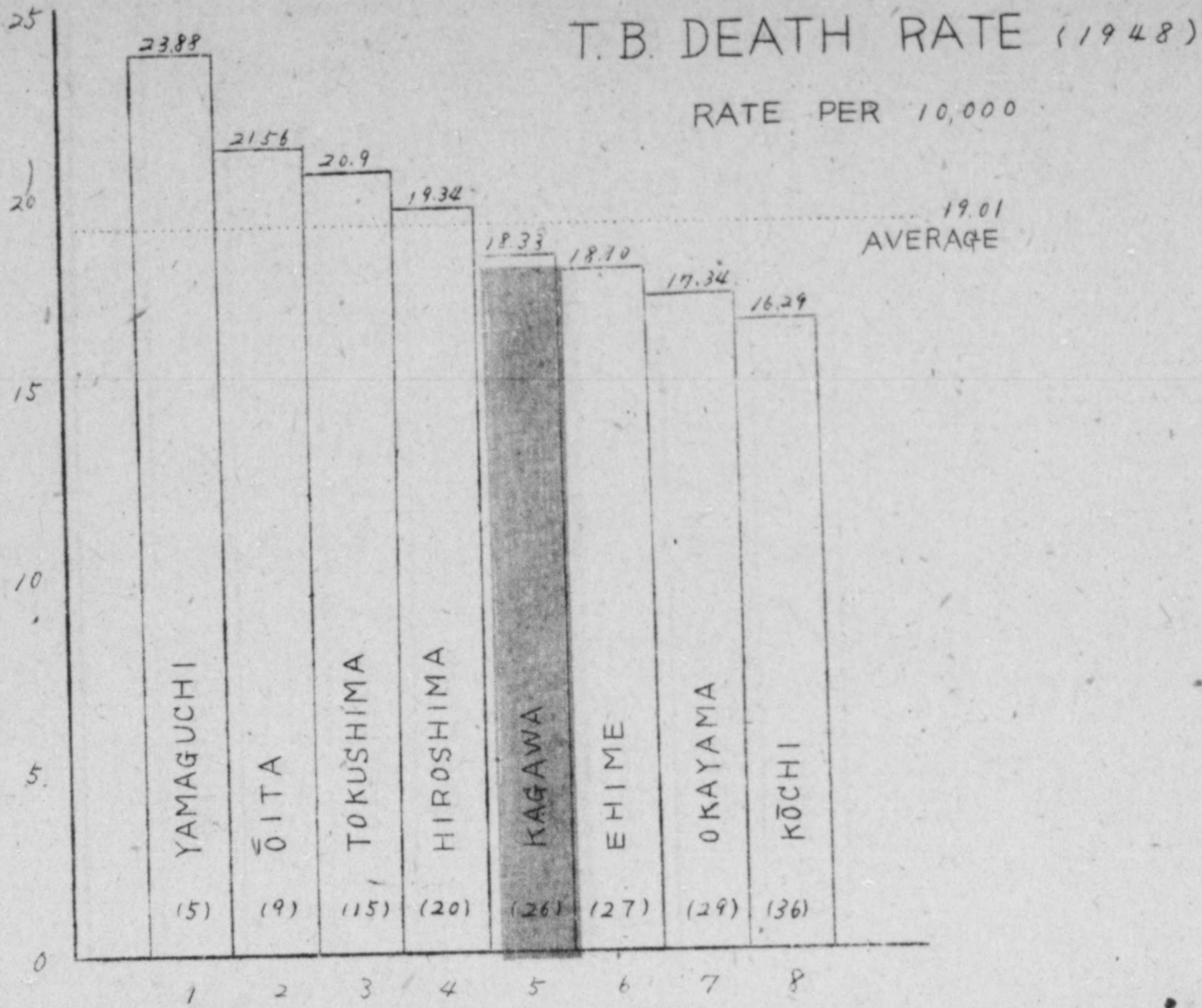


STATE OF TREATMENT



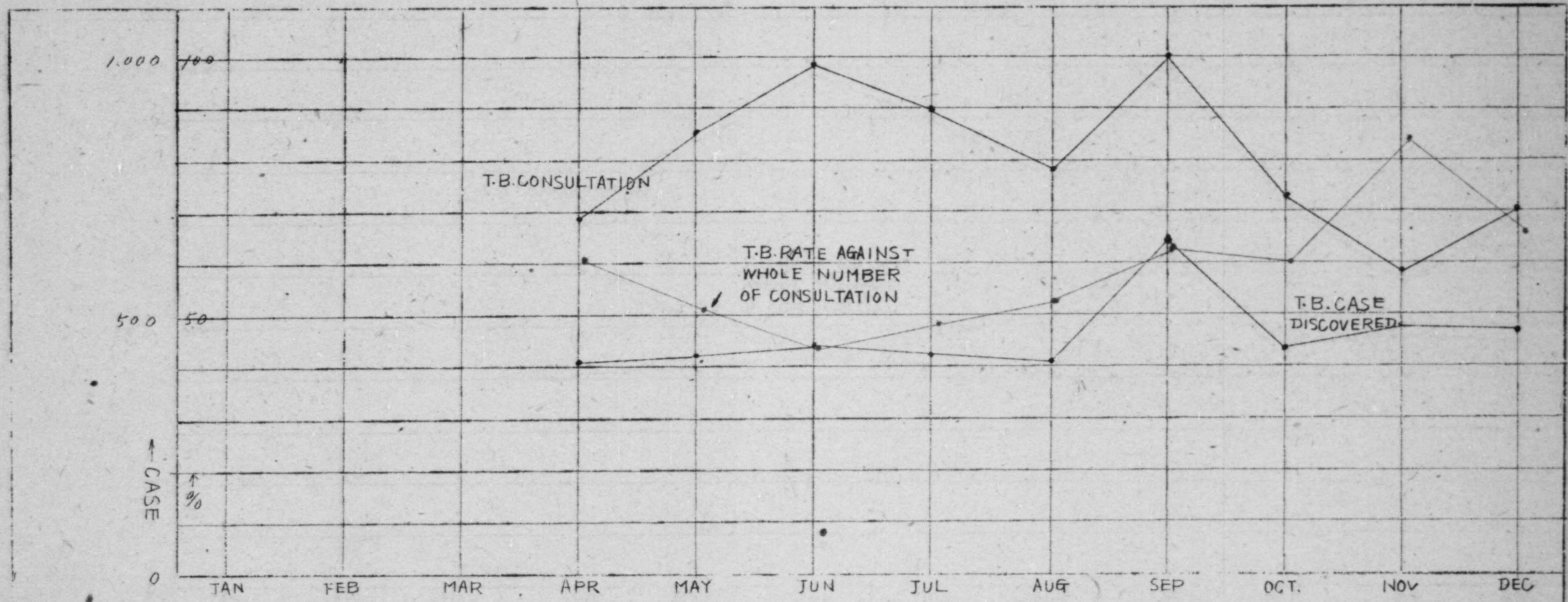
CASES	208	114	16
%	70% (P <sub>1</sub> = 0.148%, P <sub>2</sub> = 0.15%)	24% (P <sub>1</sub> = 0.25%, P <sub>2</sub> = 0.14%)	5.4% (P <sub>1</sub> = 0.62%, P <sub>2</sub> = 0.105%)







### T.B. CASES FOUND OUT FROM T.B. CONSULTATION

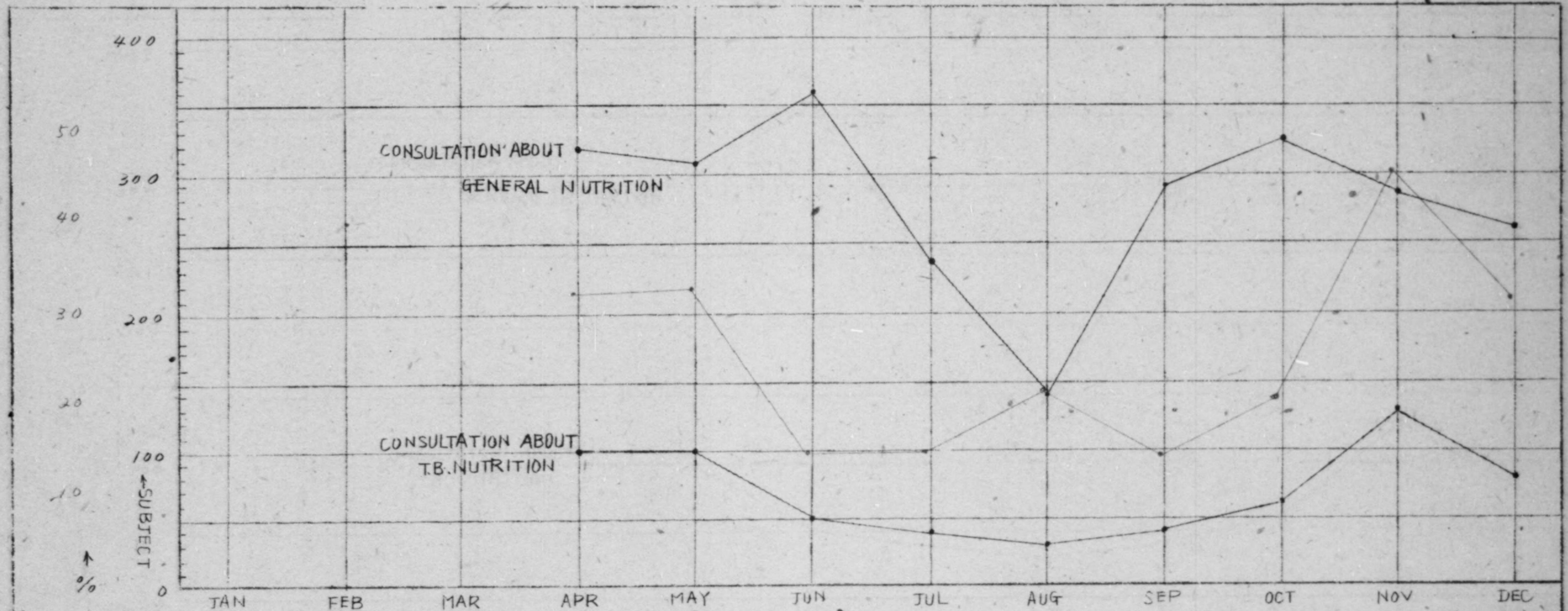


	TAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT.	NOV	DEC
KAGAWAKEN				685 408	844 421	983 438	895 425	781 408	1002 639	729 436	577 482	406 469
NIBU H.C				88 39	106 45	95 43	93 42	95 31	116 85	117 48	49 22	130 10
HIRAI H.C				32 25	30 28	103 21	22 17	22 19	36 21	14 5	6 2	3 2
TONOSHO H.C				8 8	19 19	11 11	8 8	18 18	11 11	9 9	4 4	12 12
TAKAMATSU H.C				- -	- -	- -	- -	1 1	1 1	- -	8 4	- -
SAKAIDE H.C				41 21	102 34	153 51	114 40	54 54	101 68	61 61	45 42	47 39
MARUGAME H.C				111 52	152 44	101 26	62 21	99 47	149 95	93 44	53 45	41 34
KOTOHIRA H.C				225 225	170 170	194 194	153 153	86 86	165 165	142 142	271 271	352 285
KANUNJI H.C				180 38	265 81	326 72	443 144	406 152	423 193	293 127	141 92	121 87



# CONSULTATION ABOUT GENERAL NUTRITION AND T.B. NUTRITION

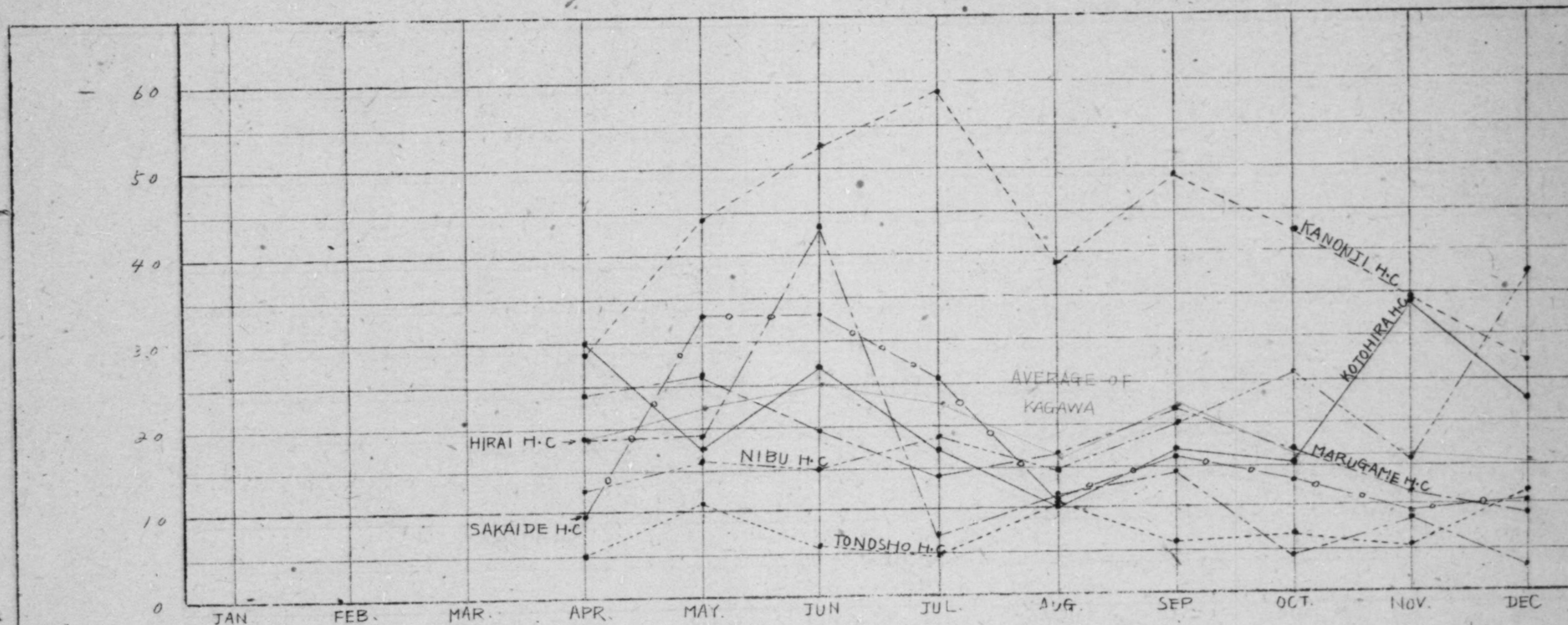
— 1948 —



KAGAWAKEN				316	99	311	99	365	51	239	39	141	31	291	39	324	63	286	107	256	79
NIBU H.C				29	4	19	2	36	5	28	6	63	-	42	5	78	48	71	45	87	52
HIRAI H.C				118	68	120	73	160	24	39	14	-	-	105	11	126	9	26	2	52	2
TONOSHO H.C				110	17	104	14	75	2	89	1	-	-	-	-	-	-	-	-	-	-
TAKAMATSU H.C				-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-
SAKAIDE H.C				2	-	2	-	4	-	9	1	45	21	28	2	42	3	69	32	2	-
MARUGAME H.C				31	-	44	-	55	-	35	-	9	-	78	-	75	-	54	-	64	-
KOTOHIRA H.C				26	10	22	10	35	20	37	17	24	10	31	21	-	-	28	17	28	10
KANONJI H.C				-	-	-	-	-	-	-	-	-	-	7	-	3	3	38	31	23	15



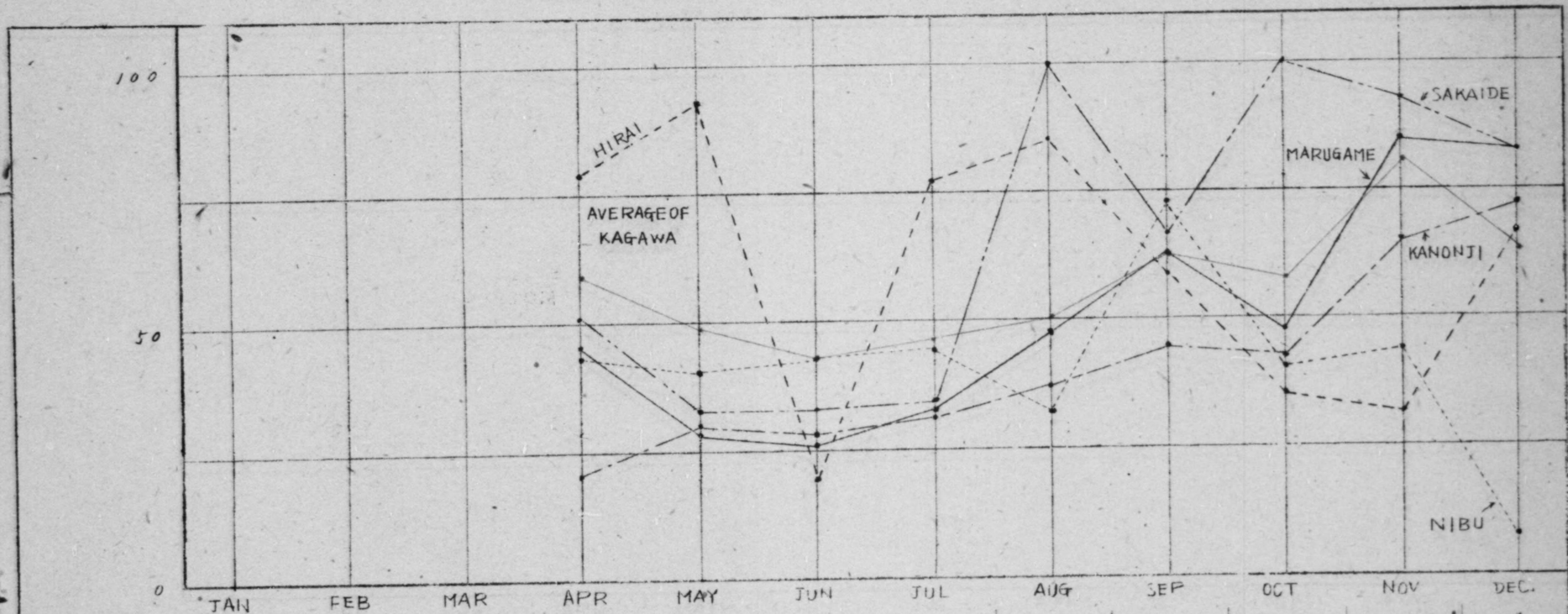
T.B. CONSULTATION RATE AGAINST THE WHOLE CONSULTATION  
CARRIED ON — 1947 —



KAGAWAKEN			19.6	22.9	26.3	23.4	17.9	23.8	17.6	18.2	17.8
NIBU H.C.			12.4	16.4	15.0	18.4	14.8	20.3	26.2	15.7	37.3
HIRAI H.C.			19.3	19.5	42.9	6.9	11.0	14.4	4.3	8.3	3.2
TONDSHO H.C.			5.0	10.9	5.7	4.8	11.0	6.3	6.8	5.3	11.4
TAKAMATSU H.C.			-	-	-	-	0.3	1.6	-	1.5	-
SAKAIDE H.C.			9.7	32.9	33.0	25.4	10.4	16.3	13.1	8.7	10.3
MARUGAME H.C.			23.8	26.2	19.7	14.3	17.1	20.0	17.2	11.7	9.1
KOTOHIRA H.C.			30.1	18.0	26.2	17.2	9.9	16.7	15.3	34.3	22.5
KANONJI H.C.			28.4	44.1	52.5	59.1	38.5	49.0	42.2	34.4	27.0



DISCOVERY RATE OF T.B. CASES AGAINST  
WHOLE SUBJECTS OF T.B. CONSULTATION

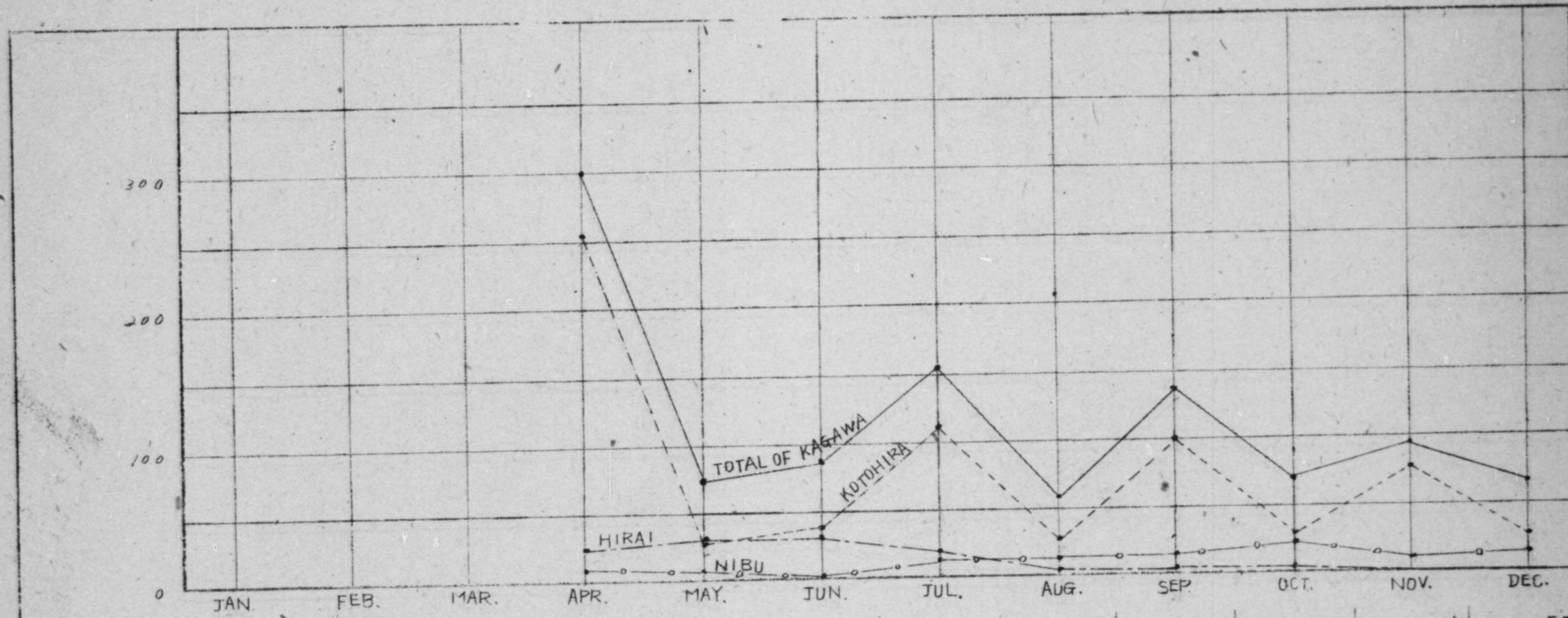


	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC.
KAGAWAKEN				59.6	50.0	44.6	47.5	52.3	63.9	59.8	83.6	66.3
NIBU H.C				44.3	42.5	45.2	45.2	32.6	73.2	41.0	44.9	7.7
HIRAI H.C				48.2	93.3	20.4	77.3	86.4	58.4	35.7	133.3	66.7
TNOSHOH.C				100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
TAKAMATSU H.C				-	-	-	-	100.0	100.0	1	50.0	-
SAKAIDE H.C				51.2	33.4	33.3	35.1	100.0	67.3	100.0	93.3	83.0
MARUGAME H.C				46.8	28.9	25.8	33.8	47.5	63.8	47.3	24.8	20.9
KOTOHIRA H.C				100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	20.9
KANONJI H.C				21.1	30.6	28.2	32.5	37.2	45.6	43.3	65.2	71.3



# EXAMINATION OF SPUTUM

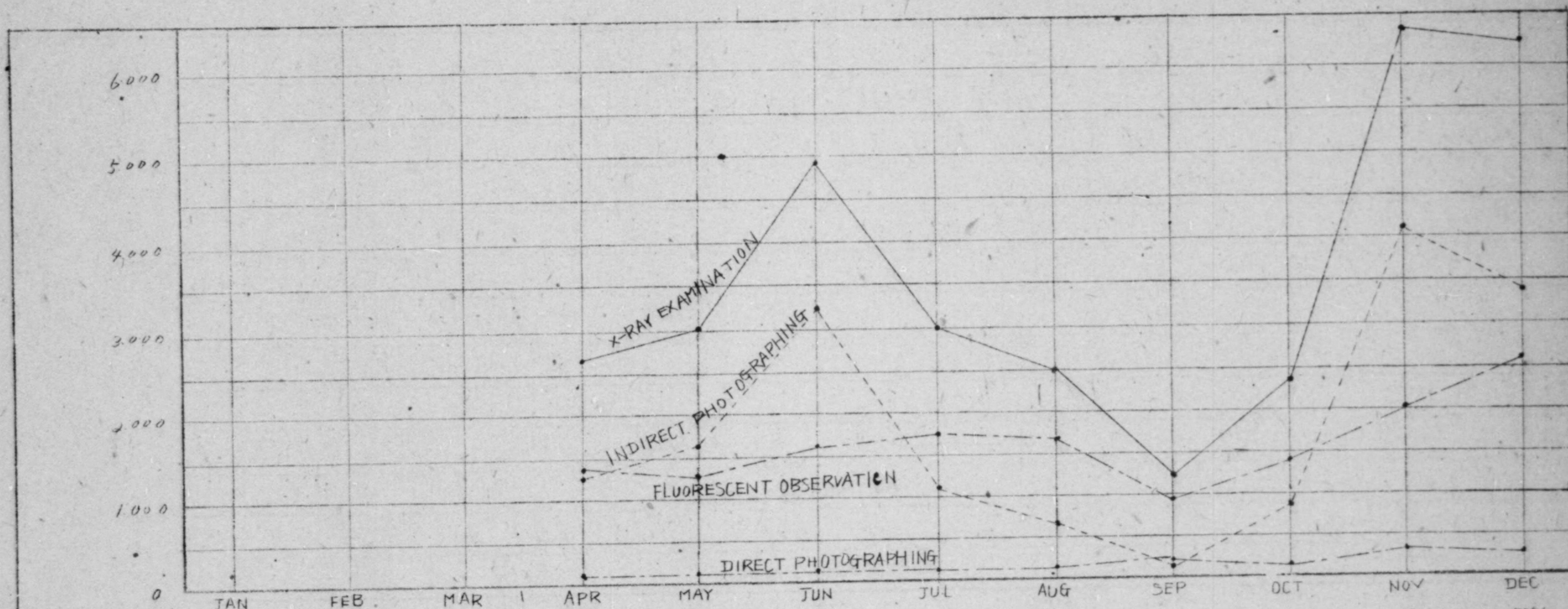
— 1948 —



	JAN.	FEB.	MAR.	APR.	MAY.	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.
KAGAWAKEN				299	98	91	155	56	137	69	95	57
NIBU H.C.				7	5	-	13	13	12	23	7	9
HIRAI H.C.				25	28	29	21	4	3	4	-	-
TONDSHO H.C.				3	5	-	7	3	-	2	1	-
TAKAMATSU H.C.				-	-	-	-	-	4	-	2	2
SAKAIDE H.C.				4	5	4	2	5	13	10	5	4
MARUGAME H.C.				1	5	4	1	3	-	-	1	11
KOTOHIRA H.C.				254	26	46	109	26	100	27	77	26
KANONJI H.C.				5	4	8	2	2	5	3	2	5



# X-RAY EXAMINATION



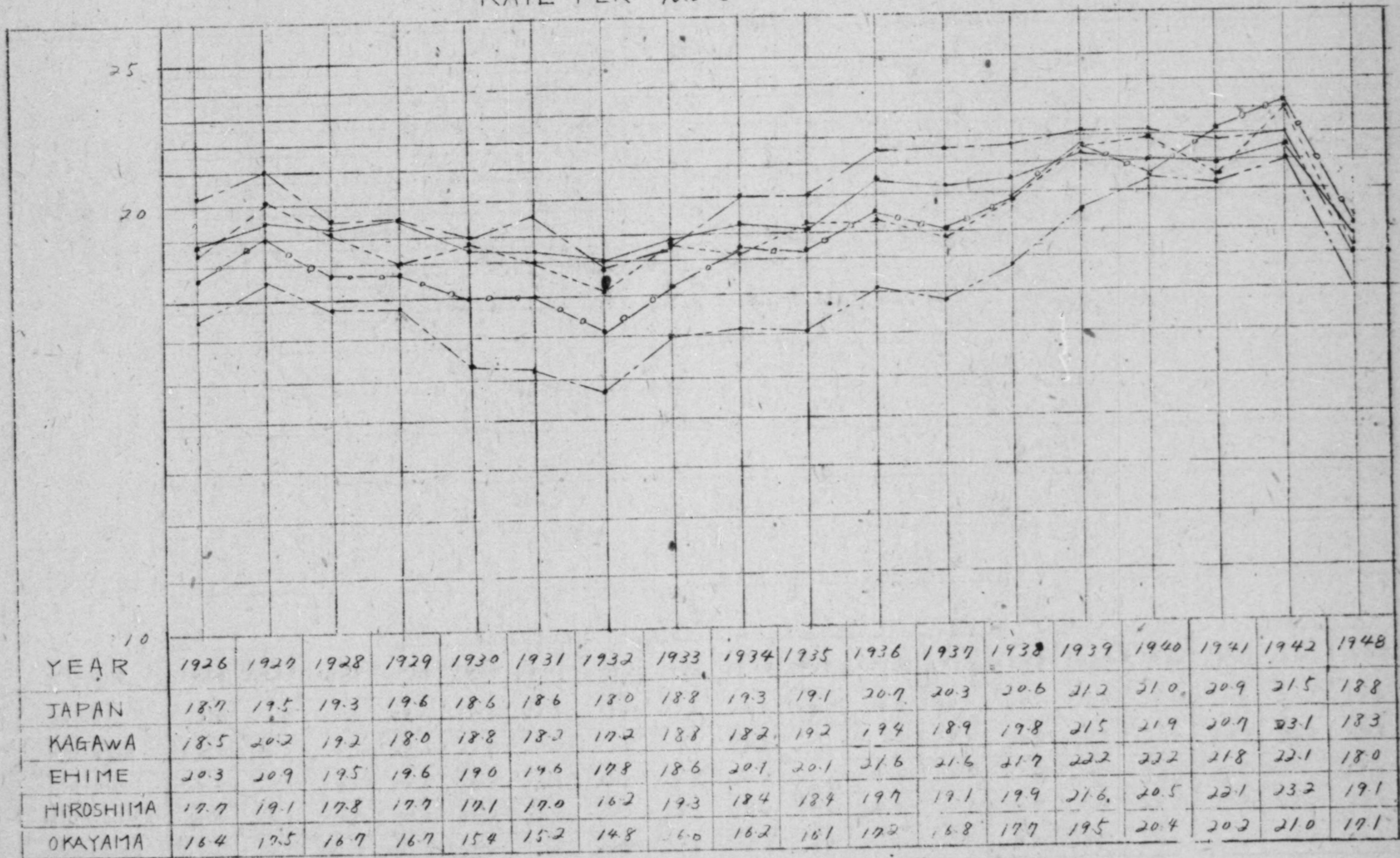
	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
KAGAWAKEN	1384	1303	1613	1817	1992	2314	2392	2035	2611
NIBU H.C	189	283	299	209	276	227	316	995	897
HIRAI H.C	162	12	254	177					
TONDSHO H.C	330	93	204	334	156	175	54	131	64
TAKAMATSU H.C			1100	365					
SAKAIDE H.C	63	110	159	399	76	117	329	261	539
MARUGAME H.C	101	29	52	34	6	41	180	154	90
KOTOHIRA H.C	297	492	323	476	782	92	254	264	619
KANDONJI H.C	242	234	309	322	412	83	265	200	442



# DEATH RATE BETWEEN KAGAWA AND OTHER FOUR PREFECTURES

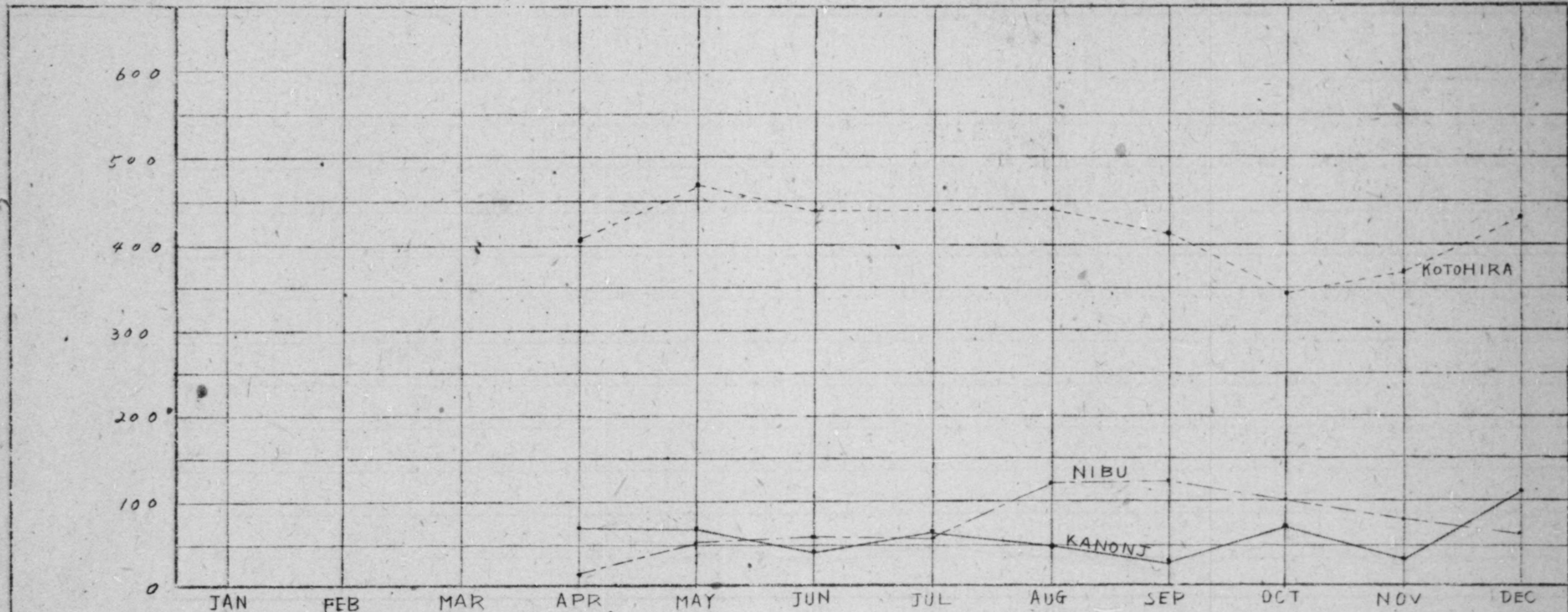
RATE PER 10,000

— JAPAN    —○— HIROSHIMA  
 - - - KAGAWA    - · - · - OKAYAMA  
 - · - · - EHIME





# PNEUMO THORAX

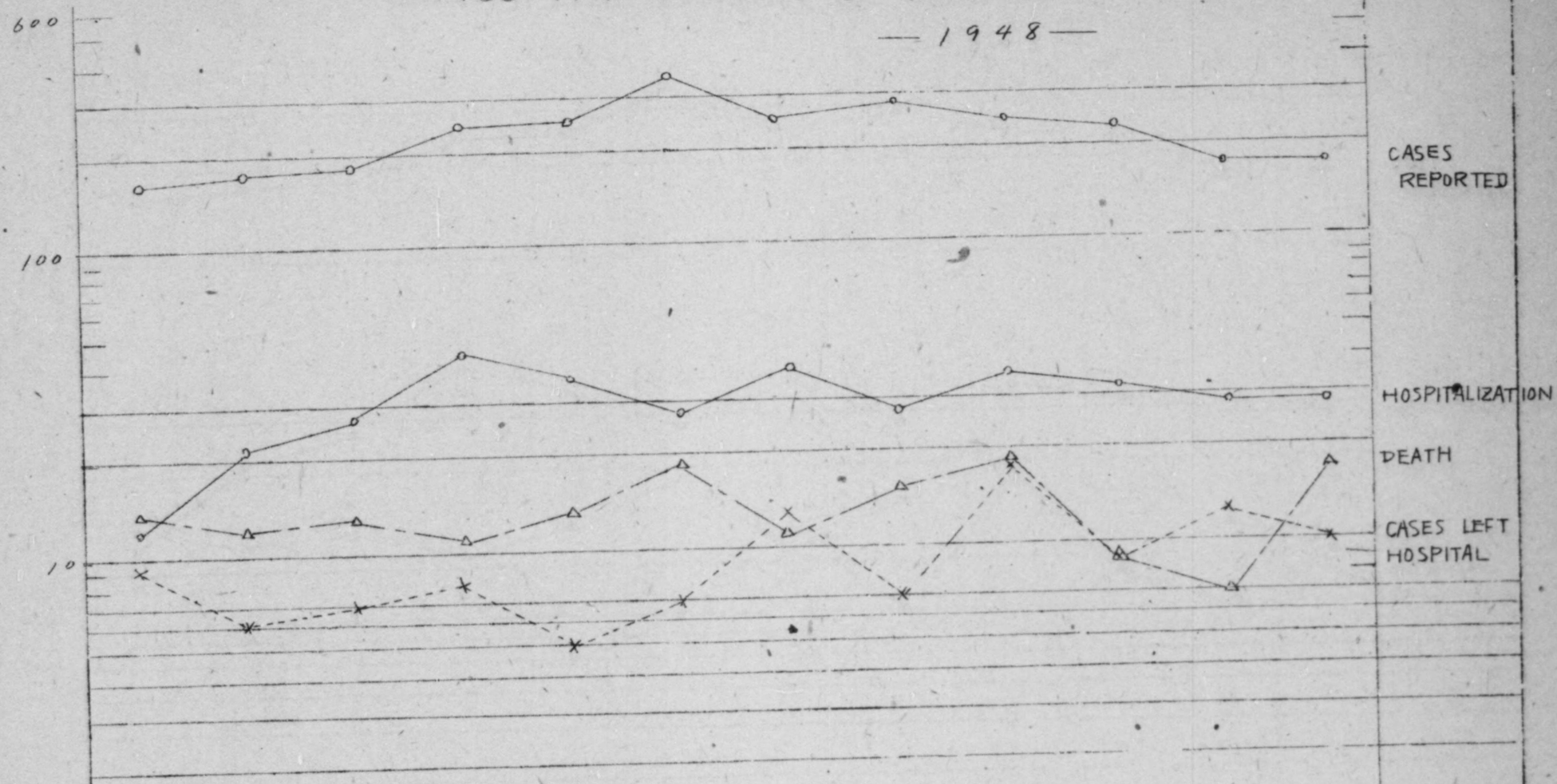


	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC
KAGAWAKEN				502	597	546	569	613	594	518	482	616
NIBU H.C				67	68	43	65	52	31	69	31	112
HIRAI H.C				-	-	-	-	-	-	-	-	-
TONDSHO H.C				-	-	-	-	-	-	-	-	-
TAKAMATSU H.C				-	-	-	-	-	-	-	-	-
SAKAIDE H.C				3	4	6	5	2	4	2	3	7
MARUGAME H.C				16	5	-	-	-	-	-	-	-
KOTOHIRA H.C				404	468	439	442	441	416	344	367	431
KANONJI H.C				12	52	58	57	118	119	103	81	66



# HOSPITALIZATION OF T.B. CASES

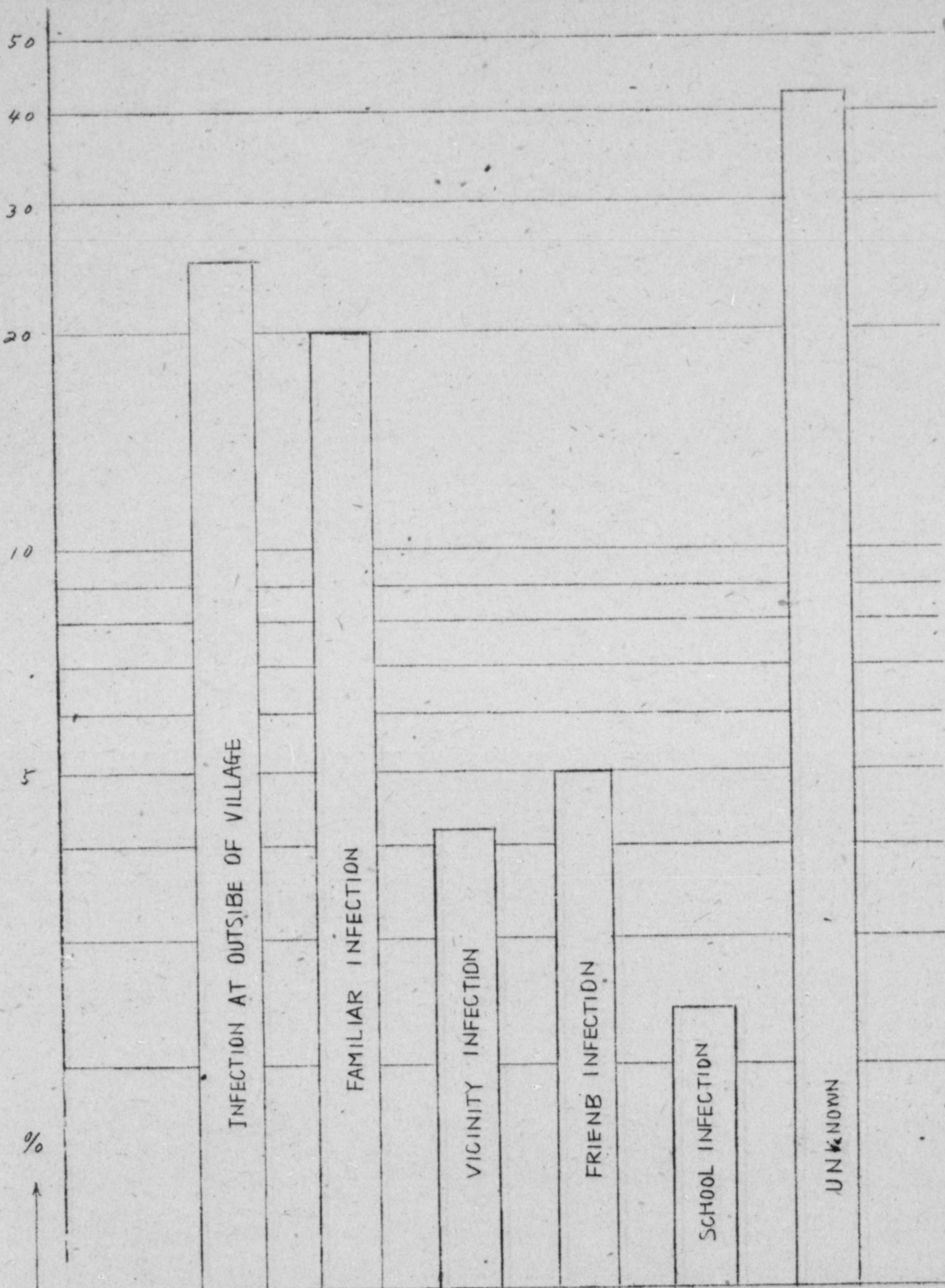
— 1948 —



	JAN.	FEB.	MAR.	APR.	MAY.	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL
HOSPITALIZATION	12	23	27	44	35	28	37	27	34	31	28	28	354
LEAVING HOSPITAL	9	6	7	8	5	7	13	7	18	9	12	10	111
DEATH	14	12	13	11	14	19	11	15	16	9	7	17	158
CASES REPORTED	169	178	199	255	256	358	266	298	238	233	168	164	2982



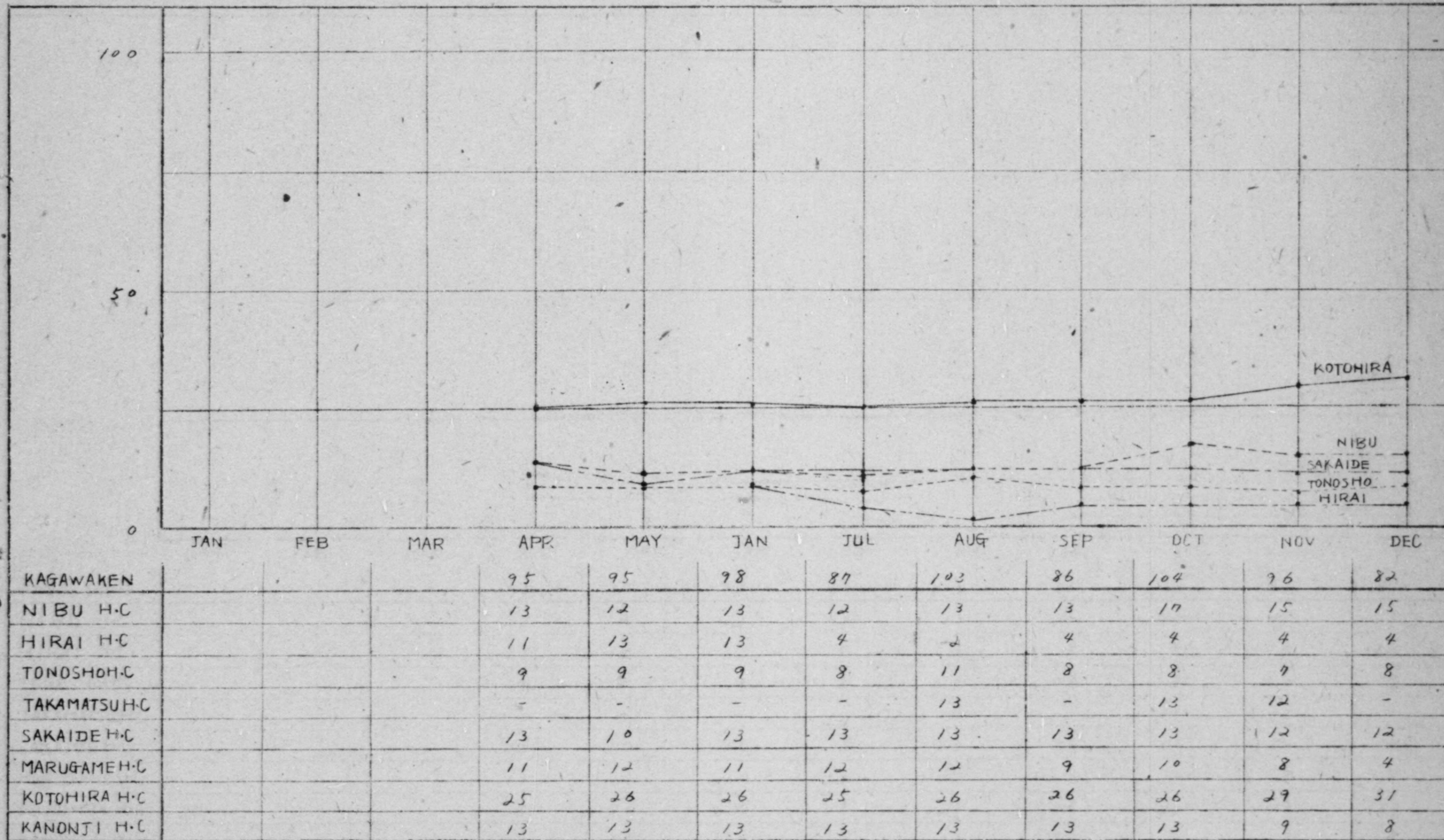
# INFECTION CAUSE



%	24.7	20.2	4.2	5.2	2.4	40.15
REAL FIGURE	91	58	12	15	7	119

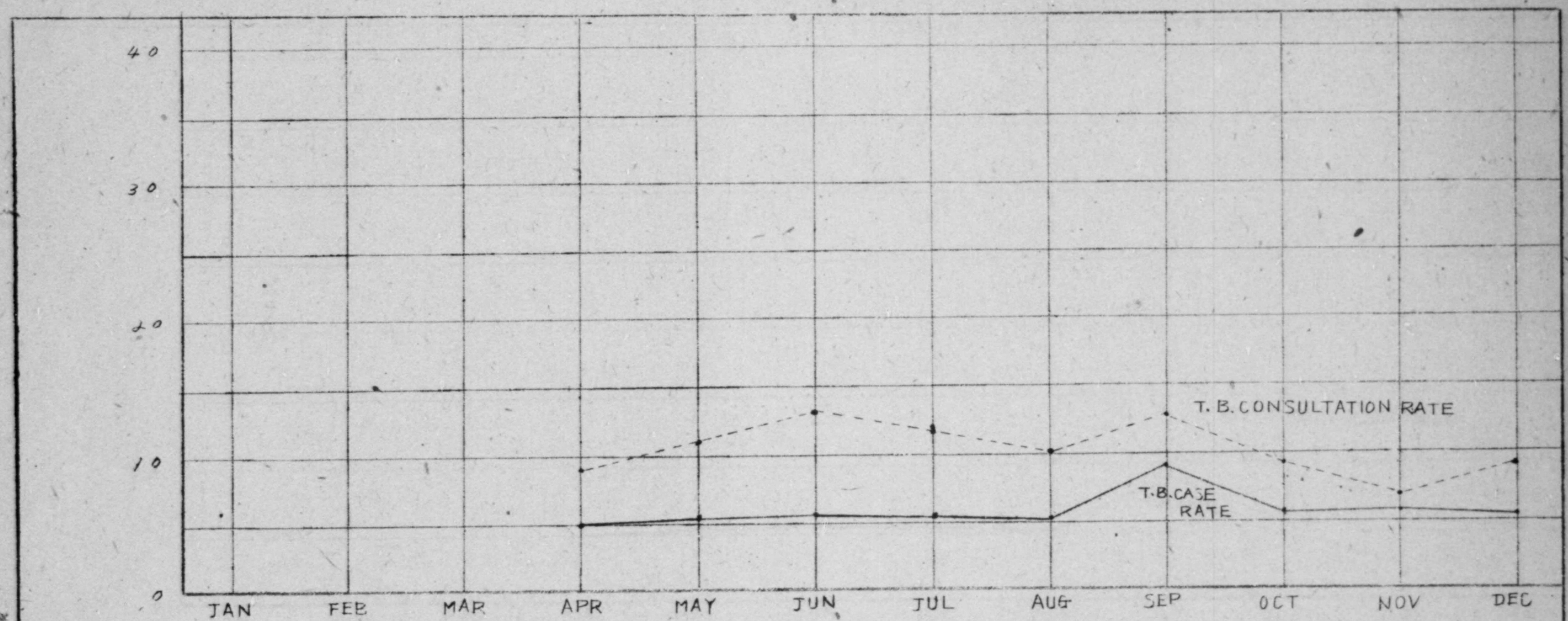


T.B. CLINIC OPENED AT EACH  
HEALTH CENTERS —1948—





T.B. CONSULTATION AND T.B. CASE RATE  
 — RATE PER 10,000 — — 1948 —

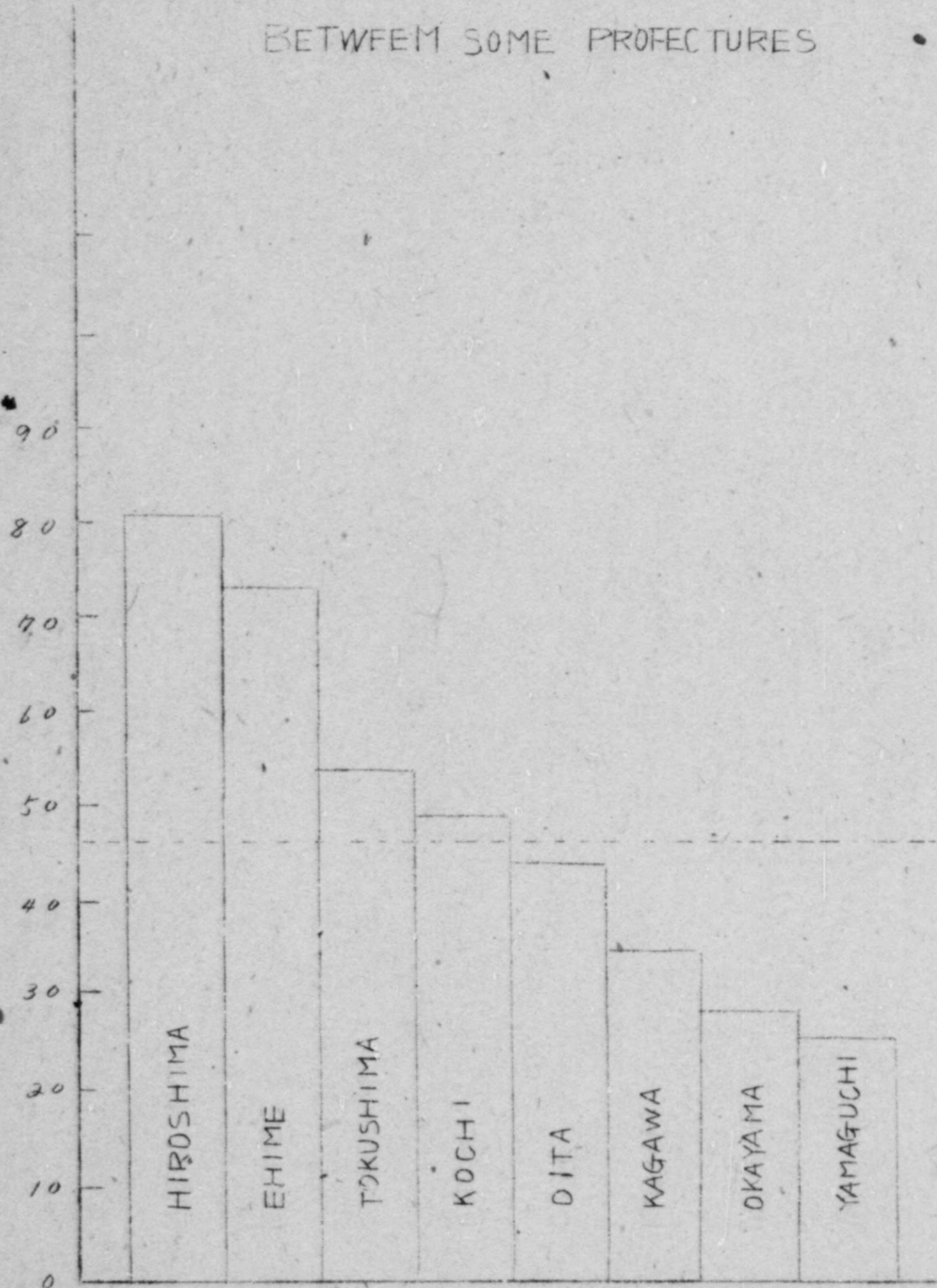


	JAN	FEB	MAR	APR	MAY	JUN	JUL	AUG	SEP	OCT	NOV	DEC									
KAGAWAKEN				9.0	5.3	11.0	5.5	12.9	5.7	11.7	5.6	10.2	5.3	13.1	8.4	9.5	5.7	7.6	6.3	9.2	6.1
NIBU H.C				10.8	4.8	13.0	5.5	11.7	5.3	11.4	5.2	11.7	3.8	14.3	10.5	14.4	5.7	6.0	2.7	16.0	1.2
HIRAI H.C				5.3	4.1	4.9	4.6	16.9	3.5	3.6	2.8	3.6	3.1	5.7	3.5	2.3	0.8	1.0	0.3	0.5	0.3
TONOCHOH.C				1.5	1.5	3.6	3.6	2.1	2.1	1.5	1.5	3.5	3.5	2.1	2.1	1.7	1.7	0.8	0.8	2.3	2.3
TAKAMATSUHC				-	-	-	-	-	-	-	-	0.1	0.1	0.1	0.1	-	-	0.5	0.2	-	-
SAKAIDE H.C				3.4	1.8	8.6	2.9	12.9	4.3	7.6	3.4	4.5	4.5	8.5	5.7	5.1	5.1	3.8	3.5	4.0	3.3
MARUGAMEH.C				22.5	10.5	30.9	8.9	20.5	5.3	12.6	4.3	20.1	7.5	30.2	17.2	18.8	8.7	15.4	9.1	8.3	6.9
KOTOHIRA H.C				25.6	25.6	17.3	19.3	22.1	22.1	17.4	17.4	9.8	9.8	18.8	18.8	16.2	16.2	30.8	30.8	40.0	32.4
KANONJI H.C				12.8	2.7	18.9	5.8	23.2	6.6	31.6	10.3	29.0	10.8	30.2	13.8	20.7	7.1	10.0	6.6	8.6	6.2



# COMPARISON WITH CASES REPORTED

BETWEEN SOME PREFECTURES



# CASES REPORTED

1947, FEB. 23 ~ 1948 FEB. 21.

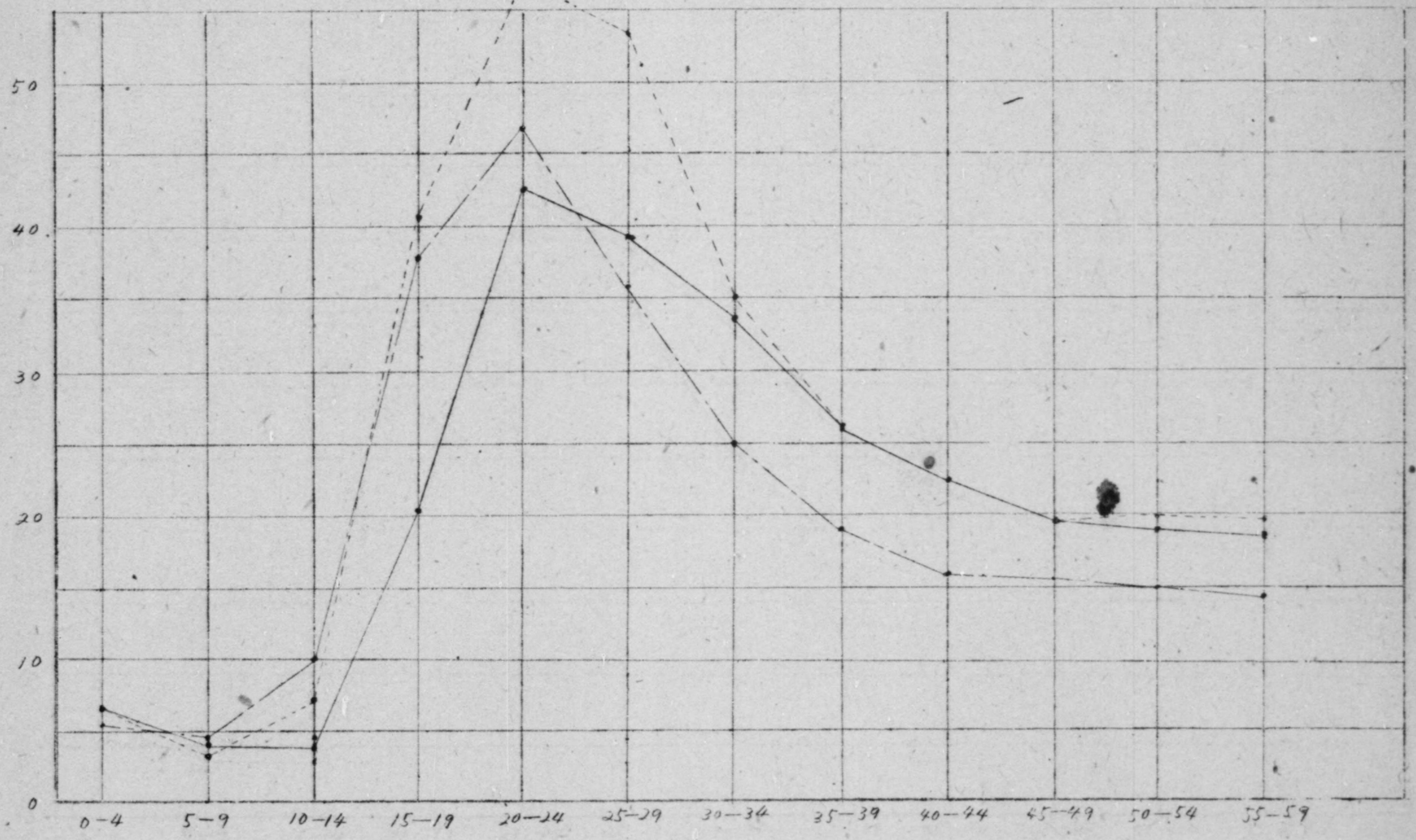
PREFECTURE	RATE PER 10,000	REAL QUANTITY
HIROSHIMA	82.0	16,496
EHIME	73.2	10,641
TOKUSHIMA	54.6	4,667
KOCHI	47.7	4,045
OITA	43.4	5,350
KAGAWA	35.0	3,237
OKAYAMA	27.7	4,427
YAMAGUCHI	25.3	3,739
JAPAN	43.7	357,395



### T.B. DEATH RATE IN JAPAN

— RATE PER 10,000 —

— 1947  
- - - 1943  
- · - 1935



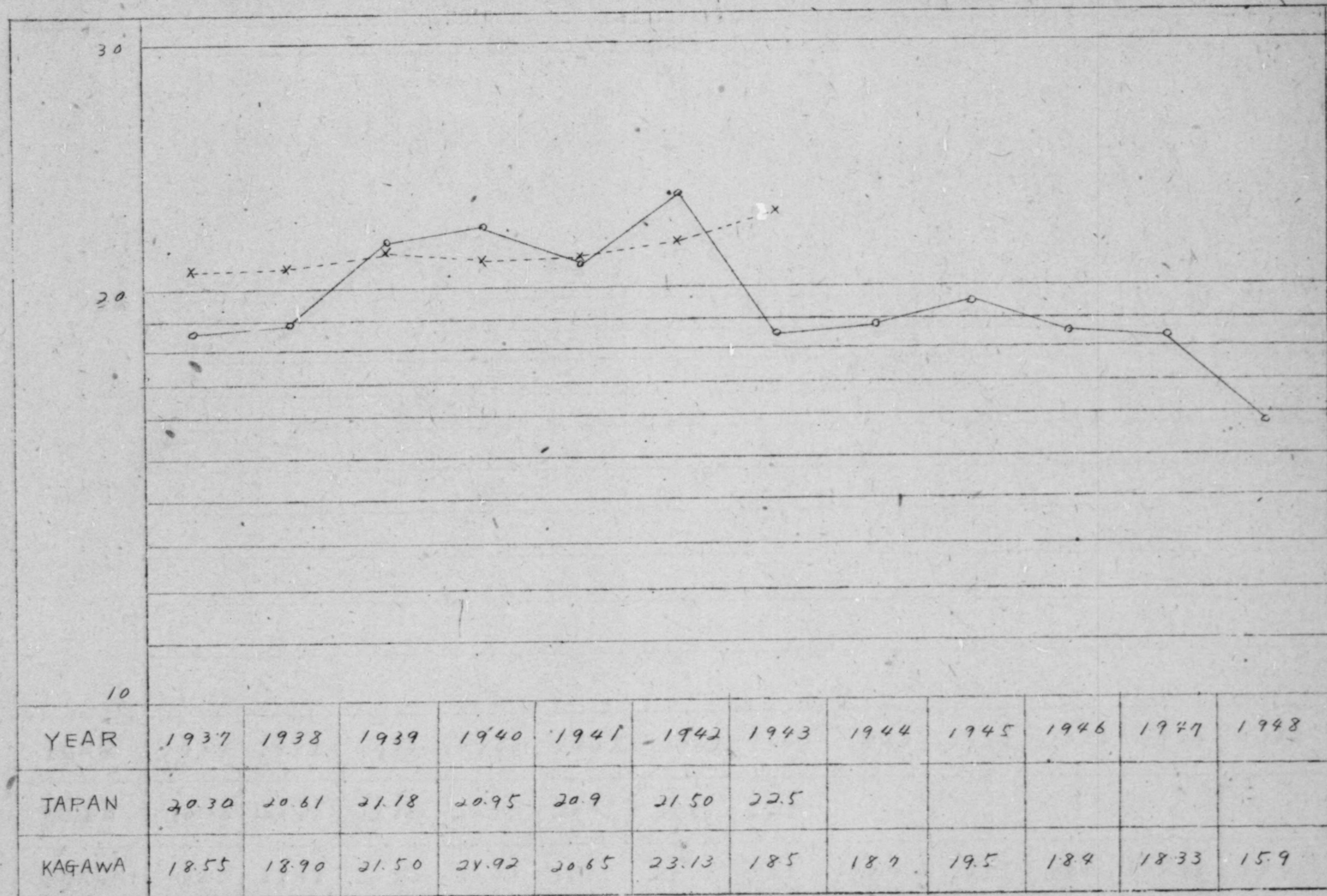


# TUBERCULIN TEST AND B.C.G. INOCULATION

HEALTH CENTRE	MONTH	APR.	MAY.	JUN.	JUL.	AUG.	SEP.	OCT.	NOV.	DEC.	TOTAL
		KANONJI	TUB. TEST	46	43	68	2,264	76	76	1,775	30,544
	B C G	10	8	16	719		101	461	18,093	1,712	21,120
MARUGAME	TUB. TEST	195	354	492	2,617	443	43	254	1,408	3,613	9,399
	B C G	33	828	120			131	26	937	2,032	4,108
KOTOHIRA	TUB. TEST	80	17,357	62	578	253	112	643	25	100	19,206
	B C G		11,454	26			222				11,702
SAKAIDE	TUB. TEST	29	1,269	2,498	52	65	66	3,609	4,084	2,327	14,002
	B C G		955	971				2,386	3,288	1,685	9,285
TAKAMATSU	TUB. TEST		1,110	6,960	600	3,235	2,134	18,055	8,473	3,678	44,245
	B C G		7,76	3,500		3,128		12,837	8,123	1,386	29,750
HIRAI	TUB. TEST		98	3,037	255		3,477	8,104	3,196		18,169
	B C G		86				3,205	5,525	2,688		11,504
NIBU	TUB. TEST	15	422	2,267	489	40	4,860	6,305	2,301	1,477	18,748
	B C G		218	687	821			6,810	2,559	915	12,010
TONOSHO	TUB. TEST	577	821	902	1,059	131		1,019	2,762	1,057	8,348
	B C G		205					673	845	361	2,084
TOTAL.	TUB. TEST	962	21,440	16,288	8,414	4,243	10,768	39,744	52,796	15,450	170,135
	B C G	43	14,530	5,320	1,540	3,128	3,657	28,718	26,533	8,071	101,562

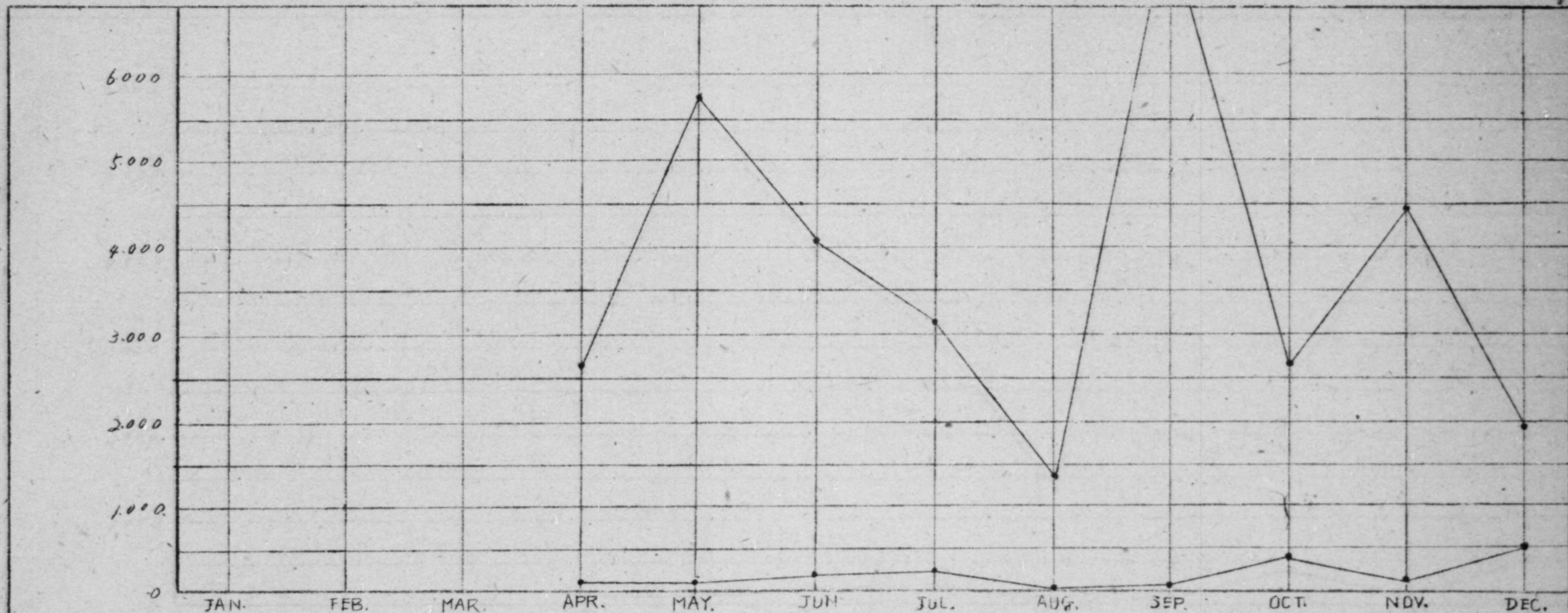


DEATH RATE OF T. B.  
RATE PER 10,000





# X-RAY MASS EXAMINATION AND T.B. CASES DISCOVERED

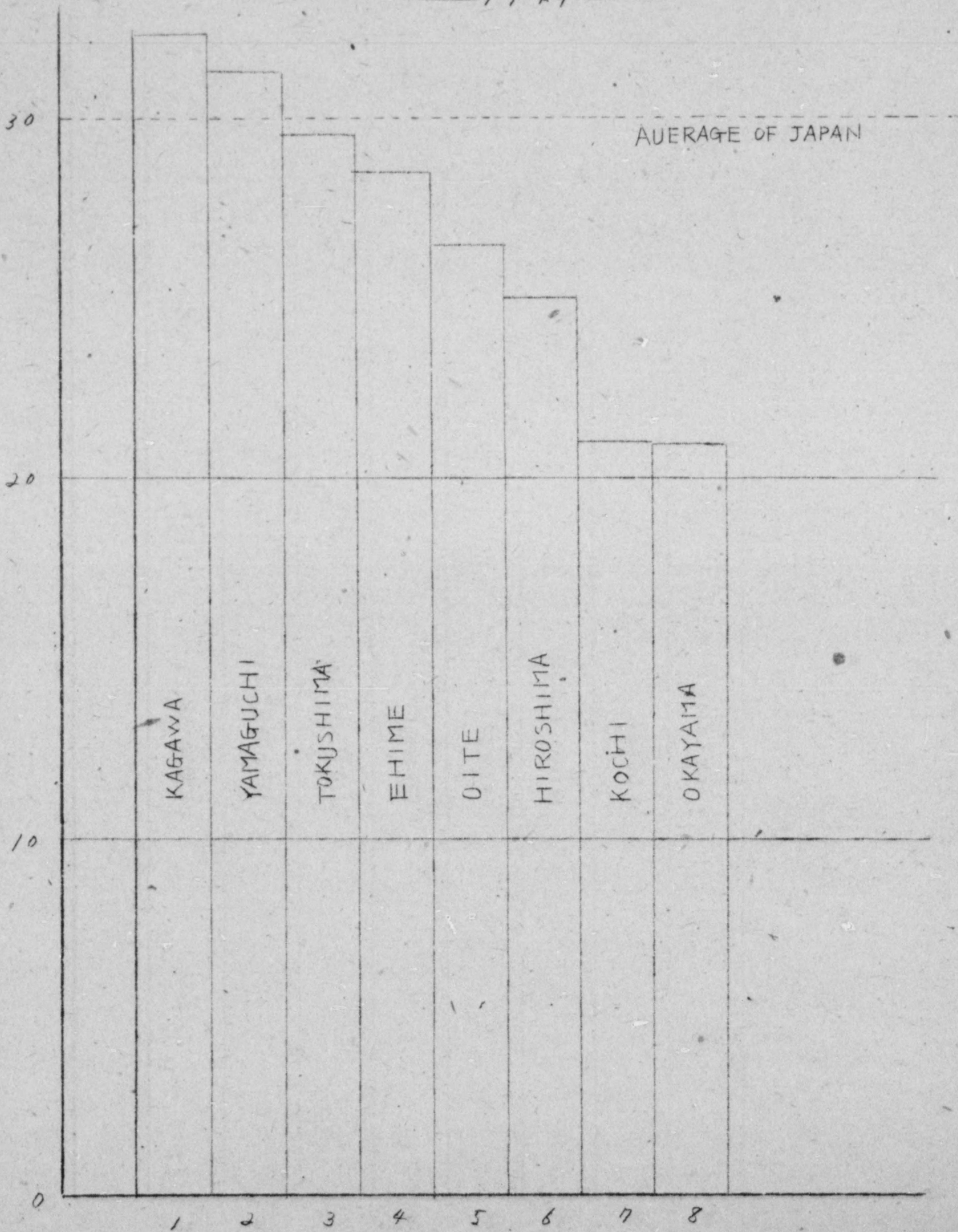


KAGAWAKEN				2164	49	5790	42	4119	129	3182	192	1379	7	7760	42	2684	357	4454	95	1908	513
NIBU H.C				-	-	128	9	247	9	9	3	14	4	44	5	150	9	-	-	-	-
HIRAI H.C				414	21	1250	7	148	47	258	51	-	-	2217	10	1097	290	1200	11	130	10
TONDSHU H.C				142	6	-	-	120	6	247	5	-	-	85	4	-	-	-	-	15	-
TAKAMATSU H.C				-	-	6	-	3	-	1	-	-	-	4612	-	-	-	-	-	-	-
SAKAIDE H.C				41	7	18	6	314	41	287	56	-	-	46	14	204	44	228	27	323	44
MARUGAME H.C				995	2	522	-	34	9	-	-	599	-	70	-	-	-	-	-	-	-
KOTOHIRA H.C				-	-	3000	-	1360	-	1300	47	650	-	630	-	570	14	674	-	1307	926
KANONJI H.C				502	13	866	20	1893	17	1080	30	116	3	56	9	663	-	2352	57	133	33



# POSITIVE RATE OF TUBERCULIN TEST BETWEEN EIGHT PREFECTURES

— 1941 —





## RULES OF THE TUBERCULOSIS PREVENTION COMMITTEE OF KAGAWA

- Article 1. This committee is to be called the Kagawa-ken T.B. prevention counter measures committee hereafter, and will be located in the public health section, Kagawa Prefecture government.
- Article 2. The purpose of this committee is, to study and adjust the realization of the synthetic plan of the anti-T.B. system of this prefecture and to promote the execution and permeation of the counter measures, by the mutual connection and cooperation between the organizations concerned.
- Article 3. This committee is to manage the following items for attaining the purpose of the preceding article.
- (1) To complete the anti-T.B. system.
  - (2) To connect mutually organizations concerned in anti-T.B..
  - (3) To permeate the diffusion of anti-T.B. thought.
  - (4) To collect the materials for research and study and to make printed matters for anti-T.B..
  - (5) Other necessary items for attaining the purpose.
- Article 4. The committee is composed of a chair-man and a certain number of committees.
- Article 5. The committee has the following officers.
- |                    |           |
|--------------------|-----------|
| The chair-man      | 1 person  |
| The vice-chair-men | 2 persons |
- Article 6. The chair-man is to be elected at the committee meeting. One of the vice-chair-men shall be the chief of education and welfare section, and the other is to be appointed by the chair-man.
- The committee-men are to be entrusted by the chair-man out of those who have knowledge and experience in prevention of tuberculosis.
- The secretaries are to be entrusted by the chair-man out of public officials concerned in prevention of T.B..
- Article 7. The chair-man supervises the business of the committee and represents the committee.
- The vice-chair-men assist the chair-man and when he is absent, one of them, appointed by the chair-man takes his place.



The secretaries can be present at the committee meeting and can express their opinions.

Article 8. The terms of office of the chair-man, the vice-chair-men and the committeemen are two years each, however, those of public officials are same as the period of their office, and those of the persons who took up their post for filling up vacancy, are the remainder of the formers' terms of office.

Article 9. The chair-man calls up the committee meeting and he can call a sub-committee meeting according to the subjects, in this case, he calls some members of committee he finds necessary.

The proceedings of the committee meeting or the sub-committee meeting to be decided by the approval of the majority when the number of the ayes and noes are the same it is decided by the chair-man's decision.

Article 10. The chair-man shall report the details of the opening of the meetings.

Article 11. The chair-man shall have to hold a committee meeting when requested by over two thirds of the members showing the items aimed by a meeting.

Article 12. The committee has a clerk to handle general business. The chair-man entrusts the man out of whom he seems most suitable as the clerk.

Article 13. The operation of the committee depends on the contribution, grant-in-aid and other incomes.



KAGAWA LOCAL GOVERNMENT

19 February 1948

SUBJECT : Activities of the Tuberculosis preventive  
Society, Kagawa Branch (Foundational  
juridical person )

TO : Sgt. Getemy, Kagawa M.G.Team.

I beg to submit you a report on the  
above subject as per attached sheet.

*Shigetada Tada*

CHIEF OF THE TUBERCULOSIS  
PREVENTIVE SOCIETY, KAGAWA BR.



Activities of Kagawa Branch, Tuberculosis preventive Society (Foundational juridical persons)

After the former Kagawa-Ken Tuberculosis preventive corporation was reorganized in May 1940 and is now being operated under the new name of "The Tuberculosis Preventive Society (Foundational Juridical person)

The fund of the society depends upon mainly the contributions from the public body such as city, town and village or other interested persons.

But the expenses for operation has increased remarkably due to the rapid change of Economical situation, so the Society is going to take the steps in order to raise the income by strengthening "The Mass medical inspection" in future.

We are now exerting our efforts to prevent from tuberculosis and the activities in 1922 is as follows.

1. The diffusion and thoroughness of preventive attention against tuberculosis.

It is very important and necessary for every one at present to raise the knowledge for Tuberculosis prevention, so printed matters (Poster, leaflet etc.) were distributed to the mass people and the play by picture, cinema were also carried out.

Further, camp Hospital was set up temporary in the street of city and medical inspection by X-ray test was taken and spoke over the loud speaker on Tuberculosis.

In June last year, official commendation was granted to the winners for poster, compositions concerning prevention against Tuberculosis which were offered by the society, and the said excellent articles were circulated to each local Health Center, where the exhibition was held.

2. **Spray of D.D.T. & Tuberculin Injection.**

In cooperation with the prefectural Health Section and Health Center, close cooperation is now being continuously taken on the re-subject above mentioned.



3. Mass medical inspection of the potential patients.

Extra Tuberculosis medical inspection was carried out in June last year at Takamatsu and Marugame city by using the X-ray test and the mass medical inspection was carried out against the persons of the urban factories plants, and middle school at Takamatsu, Marugame, and Sakaide city from October to December.

4. Guidance of the artificial pulmonic remedy for consumption.

As it is very important to give a guidance for treatment to the potential tuberculosis patients after inspection, the guidance office was established in April 1947 within Kotonira public Health Center to guide the method of the said medical treatment and the number of persons who want to utilize the facilities have gradually been increased.

5. Training course of prevention against consumption.

In cooperation with the prefecture and the public Health Center, the training course was held and the technical staffs of each Health Center and doctors of the public and private Hospitals were attended.

Further, the consumption preventive training course in Factories has been held by calling up the representatives of both heads and workers of the factories or the working places in cooperation with the Labor Standard Bureau.

6. Fostering of the staffs in charge of Consumption prevention work.

To this aim, doctors are despatched to the Tuberculosis Research Institute to receive the special doctor's training course and nurses are sent to the Doin Gakuen which operated by the H.Q. of the Health Center.



7. Official commendation to the meritorious persons for Tuberculosis prevention.

We are now under contemplation to make an investigation on a person who are capable of receiving official commendation for the meritorious services concerning the Tuberculosis Prevention.

As mentioned above, we are doing the variety activities, but our further efforts will be concentrated upon the Tuberculosis test (by X-ray) as well as enlightenment of the Preventive idea to the group workers of the Factories or the working places.

We will do our best to improve this Branch Society and to enlighten the injection of B.C.G.

The object of the Tuberculosis Prevention are to the general persons but especially to the distressed persons and an early discovery of the patient or guidance of the preventive method have to be strengthened strictly, but the operation is facing with the difficulties due to the advancement of the commodity prices and the expenses for operation (personnel's expenses) have increased.

Under such circumstances, I shall be much pleased if your kind support will be given and the appropriate amount of the community chest fund will be granted to us.



Report on Training course which aimed at the  
Persons in factories and working Places  
(Attended by each representative of both  
management and labor's side)

Date & time	Place	Lecturer	Scope	Remarks
Feb.3 10,00-16,00	Kannonji Factory, Kurashiki Spinning Co.	Tada Shigeki, Chief, of Health Section, Chief of Kannonji, Health Center.	The factories & working places in Mitoyo-gun.	The factory, having more than thirty workers.
Feb.5 "	Kurashiki Spinning Co, Marugame Factory, Marugame	Chief of Health Section, Kagawa- ken Dr. Tada Shigeki, director Head of Marugame P.H. Center.	Factory and working place in Marugame and Nakatado-gun.	"
Feb.6 "	Kurashiki Spinning Co. Sakaide Factory, Sakaide	Dr. Tada Shigeki, Head of Sakaide P.H.C.	Factory working place in Sakaide and Ayauta-gun.	"
Feb. <del>13</del> "	Matsushita Electric Co., Takamatsu	Dr. Tada Shigeki. Head of Takamatsu P.H.Center	Factorie's in Takamatsu Kagawa-gun, and Kida- gun.	"
Feb.21 "	Toyo Spinning Co., Fuchisaki Factory, Shozu-gun.	Dr. Tada Shigeki Head of Tonosho Public Health Center	Factorie's in Shozu-gun	"



Feb. 27  
"

Toyo Spinning Co. Ltd.  
Sanbonmatsu Factory,  
Sanbonmatsu-cho  
Okawa-gun.

Dr. Tada Shigeki  
Head of NiKu Public  
Health Center.

Factories in  
Okawa-gun.

"



Staff's list of the Tuberculosis Preventive Society,  
Kagawa Branch ( Foundational juridical Person)

Branch Head	Keikichi Masuhara, Governor	
Vice Branch Head	Makoto Omori, Chief of Health Dep't	
-#-	Masatoshi Tatara, Dr.	
Standing Director	Shigeki Tada, Chief of Public Health Sect.	
Director	Rinzo Inoue, Chief of Medical Sect.	
Secretary	Tsuneichi Asao	
Doctor, Non-regular	Masatoshi Takagi Served the Kotohira R.H.C.	
-#-	Yuriko Ikihara	-#-
Other: Nurses	3	



c-o-p-y

IMPERIAL JAPANESE GOVERNMENT  
SHIKOKU CENTRAL LIAISON OFFICE  
( TAKAMATSU )TO : Commanding officer of the Shikoku Military Govern-  
ment Region Headquarters & Headquarters Detachment

Subject : Control of Tuberculosis

G.L.O.No. 448

24 June 1947.

With reference to your instruction, dated 4 June 1947, subject above, the Shikoku Central Liaison Office begs to submit a report on the measures which have been taken to augment and enlarge the tuberculosis control programs in each prefecture on Shikoku.

FOR THE DIRECTOR:

Nagaharu ODC

Asst. Director  
Shikoku Central Liaison Office



## Kagawa-ken

Outline of counter measures for  
prevention against tuberculosis

1. Counter measures taken hitherto for prevention against tuberculosis.

The principal counter measures taken hitherto for prevention against tuberculosis in cooperation with Kagawa-ken Branch of Tuberculosis Preventive Society, a foundation and the medical corps concerned are as follows:-

- (1) Enlightenment of ideas concerning prevention against tuberculosis.
- (2) Medical examination of those living in groups
- (3) Diffusion of inoculation of BCG (a tuberculosis preventive vaccine)
- (4) Medical examination for tuberculosis by opening tent hospitals in the streets.
- (5) Training of X-rays experts who engage in medical examination for tuberculosis
- (6) Training of doctors and health nurses for prevention against tuberculosis
- (7) Education of prevention against tuberculosis in schools and factories.

Some of the above-mentioned items are outlined as follows:

(a) Enlightenment of ideas concerning prevention against tuberculosis.  
In the past few years, especially since the termination of the war, we have strived to give thorough knowledge (that is recommendation of undergoing an early medical examination, tuberculin injection and BCG inoculation etc. which are all important for prevention rather than treatment) to city, town and village people as well as school and factories through health offices, and this was done by means of circulating bulletins, notice-boards and education and guidance by health personnel of schools and factories.

(b) Medical examination of those living in groups.  
As a tuberculosis preventive measure for those living in groups like schools and factories, X-ray photograph



is made use of in examining them whether they are infected with the disease. And if a man is found infected, he will be examined more minutely and will be taught how to undergo medical treatment.

Result of collective examination of tuberculosis  
(from the record of health offices' work in 1945)

No. of men examined	Tuberculin reaction positive	Tuberculin reaction negative	Healthy	Patients to be careful	Patients to be recuperated	Total	Percentage
9,212	1,365	7,847	8,455	732	25	757	4.67%

(c) Expansion of the use of B.C.G. vaccine  
Under the direction of Welfare Ministry and Anti-tuberculosis Association, B.C.G. vaccine was used for youth from 7 to 19 years of age as a tuberculosis preventive measure. The result is as follows:

Number of men injected with tuberculin			Number of men proved negative			Number of men inoculated with B.C.G.		
Estimated	injected	percentage	Estimated	examined	percentage	Estimated	inoculated	percentage
150,000	145,130	96.75%	118,994	107,439	74.03%	104,819	107,439	97.56%



(D) Opening of tent hospitals in the streets.

As the propaganda and education of anti-tuberculosis should be done at such a place as the general public can easily assemble and make use of them, tent hospitals were opened as follows with X-ray photographic equipment, giving knowledge of prevention besides medical examination.

Time	Place	Number of men examined by x-rays	Tuberculosis patients inclusive pleurisy	Percentage of patients found
Sept. to Oct:46	Takamatsu Marugame Sakaide	1,813	301	16.6 %
8 days in June 47	Takamatsu Marugame	332	86	25.9 %

Remarks: That the percentage of patients found in 1947 is higher by 9.3 % as compared with that of 1946 is due, it is recognized, to the fact that in the former case more men who one experienced tuberculosis were examined than in the latter.

(E) Training of x-ray experts.

X-ray experts of health offices were sent to Tokushima Medical College to study technique necessary for tuberculosis examination by x-rays.

(F) Training of doctors and health nurses in anti-tuberculosis.

In May 1946, the technicians of health offices and some medical practitioners were assembled and taught how to prevent tuberculosis by Dr. Kamebe, Chairman of Planning Committee, Anti-tuberculosis Association.

(G) Anti-tuberculosis education in schools and factories.

Not only in anti-tuberculosis campaign time, but also in ordinary times, hygienic education especially anti-tuberculosis has been given in every way.



2. Outline of anti-tuberculosis measures in future.

(A) Expansion and consolidation of anti-tuberculosis teamwork.

(1) In proportion of the budget allocated by welfare Ministry along the line of its planning, anti-tuberculosis technicians as well as officials and health nurses will be increased in number.

(2) Establishment of a local committee of anti-tuberculosis measures.

Specialists and others from concerned quarters will be appointed to study constantly concrete policy for carrying out the measures.

(3) Establishment of tuberculosis service committees.

A tuberculosis service committee will be established in each city, town or village and will engage in the following items:-

Diffusion of anti-tuberculosis knowledge, Guidance of actual life pursuant to anti-tuberculosis.

Protection of patients at home and medication of supplying them with nutriment.

(4) Encouragement of anti-tuberculosis activity to city, town, and village authorities.

(5) Stimulation of activity by medical association etc.

(6) Carrying out of the work in liaison with national health insurance union, trade union and farmers' association.

(7) Mediation of supply of materials necessary for tuberculosis treatment.

(B) Education of leading personnel for anti-tuberculosis.

(1) For advancement of anti-tuberculosis knowledge, some proficient technicians will be chosen from among the prefectural, health offices and other medical institutes and sent to the Central training institute for study. They will become leaders for all the personnel engaged in antituberculosis business by gradual training.



(2) The tuberculosis technician in charge of health office will train anti-tuberculosis service committee in city, town or village.

(c) Diffusion of anti-tuberculosis knowledge.

(1) Activity by Branch of Anti-tuberculosis Association, a foundation, which will <sup>be</sup> operated efficiently.

(2) Extention of anti-tuberculosis knowledge through medical organizations

(3) Extention of anti-tuberculosis knowledge by Anti-tuberculosis women's association which will be organized.



- (4) Permeation of anti-tuberculosis knowledge by school education

To advance the knowledge at home through students & pupils taught by their teachers who will be given necessary anti-tuberculosis knowledge.

- (5) Repeated carrying out of street tent hospitals.

Seeing conspicuous results of tent hospitals, they will be continued in future.

- (D) Collective medical examination

This year tuberculin reaction examination, B.C.G. inoculation, X-ray photographing and minute examination will be practised for youths from 7 to 29 years of age and health offices will be made to give guidance to patients discovered. This will be carried out in Sept.

- (E) Medical guidance for tuberculosis patients.

- (1) Guidance and control of patients at home.

- (2) Medical examination of patients & their families and guidance.

- (3) Increased distribution of eggs, fish powder and other nutriments as much as possible to tuberculosis.

Patients who are regarded to need them in liaison with the quarters concerned.

- (F) Improvement of tuberculosis sanatorium.

The tuberculosis sanatorium at Shin-tamachi, Takamatsu, run by Kagawa Branch of Japan Medical Cooperation became a national sanatorium in April this year. It is almost completed with 200 sick-beds and will be able to receive patients.

It is intended to leave nothing desired in further improvement in cooperation with that institute besides mediation of admission.

- (G) Enforcement of B.C.G. inoculation and improvement of its manufactory.

As stated in (D), youths who are 7 to 29 will be inoculated with B.C.G. in 1947 in order to prevent tuberculosis. It will be carried out in Sept.



EHIMEKEN

~~xxxx This complies with your letter No. 207 dated June 11, 1942, subject xxx~~

"Tuberculosis Control"

1. ~~2.~~ Since 1942, the connected officials in this prefecture have drafted a 5-year\$ counter-tuberculosis program to be materialized into various forms of tuberculosis control measures. In accordance with the instructions of the Welfare Ministry, however, steps have been taken to draw up another blueprint of antituberculosis campaign to wipe out the diseases, and it is partially put into operation.

2. ~~3.~~ Summeray of program:

a. Reinforcement of counter-tuberculosis institutions in Ehime-ken.

Some 15 health stations are set up in this prefecture, where X-ray apparatus and other diagnosis facilities are expected to be reinforced. To our great regret, however, the two big stations at Matsuyama and Imabari were reduced to ashes due to the airraid. Full equipment of the existing institutes as well as the reconstruction of the burnt down stations is eventually under way.

b. Augmentation of personnel.

Of all activities of health stations, priority has been given to that of counter-tuberculosis. Though we are in preparation for the increased personnel to be assigned to respective institutions, the budget and plan of the Welfare Ministry is not yet fixed against our will.

c. Establishment of working committee cooperative with the Welfare Ministry.

Hitherto, a committee composed of government officials has been organized to cope with the disease. A reorganization program is under way to reshuffle and renovate the committee by mobilizing the brains and faculties of non-official experts. In accordance with the instruction issued by the Welfare Ministry, a counter-tuberculosis service committee is scheduled to be established at each city, town and village.



d. Improvement and expansion of medical, laboratory, nutritional and hospital facilities for the care of tubercular patients.

There are three national hospitals in this prefecture to accommodate some 700 tubercular patients, in addition to the non-official sanatoriums furnished with 50 beds.

At present only three-thirds of those beds are utilized by patients because of the acute shortage of foodstuffs. Improved nutritional supply and ameliorated facilities will make the patients utilize fully these hospitals.

e. Distribution of anti-tuberculosis information throughout the school system.

Short courses re anti-tuberculosis have been held for teachers to disseminate counter-measures against tuberculosis among their pupils. Besides, anti-tuberculosis pamphlets will be distributed among the citizens and ken populace through block and neighbourhood associations.

f. Continued use of B.C.G. vaccine.

Reinforcement of B.C.G. vaccination is slated to be enforced because of the successful result of the inoculation of B.C.G. given to the youth, upon whom the tuberculin vaccine had negative effect since 1942.

g. Diagnosis of tuberculosis.

We are to carry out diagnosis to find out tuberculosis cases as early as possible and eliminate the disease in good time. The greater part of the ken populace have undergone tuberculin test and those who showed positive reaction have been diagnosed by X-rays.

h. Guidance of patients who showed positive reaction against tuberculin test.

For one year after tuberculin test positive, guidance for the suspected patient is given to prevent the attack of the disease. The same guidance will be continued hereafter.

i. Bringing up of experts.

As in the past, short courses will be held to train doctors and nurses and other experts who can manage executive planning of anti-tuberculosis measures.



j. Difficulties in anti-tuberculosis measures.

The following are the main bottleneck of counter-tuberculosis measures and are to be cracked through by dint of the help and assistance of the Military Government as well as our utmost effort.

i. Shortage of material.

Photo materials for X-rays test are wanting due to their diminished output.

ii. No adequate experts.

Counter-measures against tuberculosis are difficult to realize, because of the lack of experienced experts.

iii. Expenditures curtailed too much.

The expenses cut down in extreme cause the unsurmountable obstacles to the anti-tuberculosis drive. Increased budget for the execution of the movement is requested to establish a new civilized Japan thanks to the due consideration of the authorities concerned.

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## Kochi-ken

Tuberculosis Prevention Measures.

1. Increasing in number of staff in charge of Tuberculosis Prevention Measures. Though the budget of Welfare Office has not yet been decided, we expect that the number of special doctors of tuberculosis, public health nurses, and clerks in charge of general affairs will be increased. This year, at five (5) public health officers, we designated each one person in charge of tuberculosis prevention business. At present, there are eight (8) non-regular members in the Tuberculosis Prevention Association. We have two officials in charge of general affairs, and one sanitary expert in Hygienic Section.

2. Tuberculosis Prevention Committee.

In order to form the Committee, preparation is now being done.

3. Improvement and enlargement of various equipments of medical studies, dietetic studies, and hospitals for tubercular patients.

## (1) Medical Treatment.

The first Tuberculosis Sanatorium in this prefecture was opened on May 15, this year, making an epoch for medical treatment. Among medical practitioners, some are practising Artificial Pneumo Thorax (Jinko Kikyo) and phrenicous Crushing (O-kakumaku-shinkei-Atsuza), but they are very rare.

## (2) Studies.

As a subject of study for the members of Medical Association, Artificial Pneumo Thorax (Jinko Kikyo) was picked up at first. About the middle of March, 130 members of Medical Association met together, when explanations, lectures, and discussions were made on the method of Artificial Pneumo Thorax.

## (3) Nourishment.

Special distribution of staple foodstuff for tubercular patients has been enforced since last April. The quantity of distribution is 140 gr. per day per capita. The patients number 126, as of June 1, namely:

Kochi Red Cross Hospital	66
Kochi Central Hospital of Medical Corporation	22
National Kochi Hospital	12
Osata Shoken-Ryō	5
Koryo Hospital	7
Kacho Hospital	6
Usa Kokuhō Hospital	2



Sukumo Hospital	2
Nikko Ryo	2
National Sanatorium	2
Total	126

No food is distributed, at present, except staple food.

(4) Equipment of Hospital

The Urado-sho, national sanatorium, was established as mentioned before. This sanatorium is provided with 100 sick-beds, 50 out of which are un-occupied at present. The rest are occupied by the patients of National Kochi Hospital which were burnt down lately. We have now 73 patients who have applied for entrance into the sanatorium, but the beds available number 50, so that it has been decided to select those patients, first, who are seriously ill, feared of contagion, and are in bad household circumstances, and to accommodate them in the sanatorium by the end of this month.

4. Distribution of "Manual on prevention of tuberculosis".

None.

5. Inoculation with B. C. G.

In the last fiscal year, non-infected persons with tuberculosis, from 10 years old to 20 were inoculated with B. C. G. as same as the demobilized, repatriates and family having tubercular patients.

In this fiscal year, persons concerned from 10 years to 25 or 30 will be inoculated within the limits of financial circumstances and the same action will be taken for the demobilized and others.

Period of inoculation: 4 months from Sept. to Dec.

It will be started serially in the area having patients according to a degree of contagion.



## Tokushima-ken

Matters carried out for preventing the spread of tuberculosis.

## 1. Diffusion of the knowledge of anti-tuberculosis control:

The following matters were carried out to diffuse the proper knowledge of anti-tuberculosis control.

## (1) Opening of a short course:

A short course of anti-tuberculosis control was given to teachers in charge of children's health, or teacher nurses of various schools and health nurses in this Ken.

## (2) Opening of a conversation:

A conversation on the control of tuberculosis was held at middle schools, factories and others in this Ken.

## (3) Propagation by means of newspapers:

The account on the control of tuberculosis appeared in the newspapers with the co-operation of the daily presses.

## (4) Distribution of printed matters:

6,000 leaflets on anti-tuberculosis control was printed for distribution.

## 2. Mass health examination:

Health examination was made to the following objectives in order to prevent and detect early the outbreak of tuberculosis.

## (1) Teachers of various schools:

Number of the teachers examined: 6,234.

## (2) Factory workers and employees of business shops:

Number of workers examined: 5,000.

## (3) Women entertainers such as "geisha girls", waitresses, etc.:

Number of those examined: 1,000.

## 3. Supply of nourishments to the tuberculosis patients:

Special distribution of staple food and <sup>fish</sup> food has been made to the tuberculosis patients in sanitariums of this Ken for the purpose of supplying the patients with better nourishments since March this year.



The condition for the period of a month from April 16 to May 15 is shown on the annexed paper.

4. Inoculation of B.C.G. vaccine:

B.C.G. vaccine inoculation was carried out as follows for the prevention of the outbreak of tuberculosis.

- (1) Tuberculin effect examination was made to 84,770 boys and young men of between 11 and 20 years old. Out of them 30,499 were dormant and had B.C.G. vaccine inoculated.
- (2) Tuberculin effect examination was made to 83,000 of families of tuberculosis patients, demobilized persons and other ordinary persons in this Ken. Out of them 52,809 were found dormant and had B.C.G. vaccine inoculated.



Condition of supply of nourishments.

From : April 16  
To : May 15.

Name of Establishments	Number of beds for patients	Present number of patients	Rice	Flour	Fish	Imported Corn- flour	Sweet- potato flour
Tokushima National Sanitarium	530	237	Kg. 136.5	<del>61.500</del>	Ken 61.500	Kg. 205	Kg. 577.8
Tokushima National Hospital	320	36	92.5	Kg. 61.5	7.400		
Banzai Sanitarium	230	25	53.6		1.500		



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IMPERIAL JAPANESE GOVERNMENT  
SHIKOKU CENTRAL LIAISON OFFICE  
( TAKAMATSU )TO : Commanding officer of the Shikoku Military Govern-  
ment Region Headquarters & Headquarters Detachment

Subject : Control of Tuberculosis

C.L.C.No. 448

24 June 1947

With reference to your instruction, dated 4 June 1947, subject above, the Shikoku Central Liaison Office begs to submit a report on the measures which have been taken to augment and enlarge the tuberculosis control programs in each prefecture on Shikoku.

FOR THE DIRECTOR:

Nagaharu ODO

Asst. Director  
Shikoku Central Liaison Office



## Kagawa-ken

Outline of counter measures for  
prevention against tuberculosis

1. Counter measures taken hitherto for prevention against tuberculosis.

The principal counter measures taken hitherto for prevention against tuberculosis in cooperation with Kagawa-ken Branch of Tuberculosis Preventive Society, a foundation and the medical corps concerned are as follows:-

- (1) Enlightenment of ideas concerning prevention against tuberculosis.
- (2) Medical examination of those living in groups
- (3) Diffusion of inoculation of BCG (a tuberculosis preventive vaccine)
- (4) Medical examination for tuberculosis by opening tent hospitals in the streets.
- (5) Training of X-rays experts who engage in medical examination for tuberculosis
- (6) Training of doctors and health nurses for prevention against tuberculosis
- (7) Education of prevention against tuberculosis in schools and factories.

Some of the above-mentioned items are outlined as follows:

(a) Enlightenment of ideas concerning prevention against tuberculosis.  
In the past few years, especially since the termination of the war, we have strived to give thorough knowledge (that is recommendation of undergoing an early medical examination, tuberculin injection and BCG inoculation etc. which are all important for prevention rather than treatment) to city, town and village people as well as school and factories through health offices, and this was done by means of circulating bulletins, notice-boards and education and guidance by health personnel of schools and factories.

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is made use of in examining them whether they are infected with the disease. And if a man is found infected, he will be examined more minutely and will be taught how to undergo medical treatment.

Result of collective examination of tuberculosis (from the record of health offices' work in 1945)

No. of men examined	Tuberculin reaction		Healthy	to be careful	Patients to be reoperated	Total	Percentage
	positive	negative					
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(c) Expansion of the use of B.C.G. vaccine  
 Under the direction of Welfare Ministry and Anti-tuberculosis Association, B.C.G. vaccine was used for youth from 7 to 15 years of age as a tuberculosis preventive measure. The result is as follows:

Number of men injected with tuberculin			Number of men proved negative			Number of men inoculated with B.C.G.		
Estimated	injected	percentage	Estimated	examined	percentage	Estimated	inoculated	percentage
150,000	145,130	96.75%	118,994	107,439	74.03%	107,439	104,319	97.156%



**(D) Opening of tent hospitals in the streets.**

As the propaganda and education of anti-tuberculosis should be done at such a place as the general public can easily assemble and make use of them, tent hospitals were opened as follows with X-ray photographic equipment, giving knowledge of prevention besides medical examination.

Time	Place	Number of men examined by x-rays	Tuberculosis patients inclusive pleurisy	Percentage of patients found
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Remarks: That the percentage of patients found in 1947 is higher by 9.3 % as compared with that of 1946 is due, it is recognized, to the fact that in the former case more men who one experienced tuberculosis were examined than in the latter.

**(E) Training of x-ray experts.**

X-ray experts of health offices were sent to Tokushima Medical College to study technique necessary for tuberculosis examination by x-rays.

**(F) Training of doctors and health nurses in anti-tuberculosis.**

In May 1946, the technicians of health offices and some medical practitioners were assembled and taught how to prevent tuberculosis by Dr. Kusabe, Chairman of Planning Committee, Anti-tuberculosis Association.

**(G) Anti-tuberculosis education in schools and factories.**

Not only in anti-tuberculosis campaign time, but also in ordinary times, hygienic education especially anti-tuberculosis has been given in every way.



## 2. Outline of anti-tuberculosis measures in future.

## (A) Expansion and consolidation of anti-tuberculosis teamwork.

(1) In proportion of the budget allocated by welfare Ministry along the line of its planning, anti-tuberculosis technicians as well as officials and health nurses will be increased in number.

(2) Establishment of a local committee of anti-tuberculosis measures.

Specialists and others from concerned quarters will be appointed to study constantly concrete policy for carrying out the measures.

(3) Establishment of tuberculosis service committees.

A tuberculosis service committee will be established in each city, town or village and will engage in the following items:-

Diffusion of anti-tuberculosis knowledge. Guidance of actual life pursuant to anti-tuberculosis.

Protection of patients at home and mediation of supplying them with nutriment.

(4) Encouragement of anti-tuberculosis activity to city, town, and village authorities.

(5) Stimulation of activity by medical association etc.

(6) Carrying out of the work in liaison with national health insurance union, trade union and farmers' association.

(7) Mediation of supply of materials necessary for tuberculosis treatment.

(B) Education of leading personnel for anti-tuberculosis.

(1) For advancement of anti-tuberculosis knowledge, some proficient technicians will be chosen from among the prefectural, health offices and other medical institutes and sent to the Central training institute for study. They will become leaders for all the personnel engaged in anti-tuberculosis business by gradual training.



- (2) The tuberculosis technician in charge of health office will train anti-tuberculosis service committee in city, town or village.
- (c) Diffusion of anti-tuberculosis knowledge.
  - (1) Activity by Branch of Anti-tuberculosis Association, a foundation, which will <sup>be</sup> operated efficiently.
  - (2) Extention of anti-tuberculosis knowledge through medical organizations
  - (3) Extention of anti-tuberculosis knowledge by Anti-tuberculosis women's association which will be organized.