

BASIC: MEMO, GHQ, SCAP, File AG 004.01 ( 11 Oct 46 )PH, dtd  
subject: "Information of General Application Pertaining to  
Memorandum Number (SCAPIN- 1261), 11 October 1946, subject:  
"Production and Distribution of Supplies and Equipment for Disease  
Control Purposes", to the Imperial Japanese Government"

5. Before this plan is placed in operation it will be necessary that adequate stocks be furnished Japanese agencies. The effective date will be announced later. In the meantime these supplies will continue to be distributed through Occupation Forces supply channels, in accordance with existing procedures.

*R. G. Hersey*  
R. G. HERSEY  
Lt. Col. AGD,  
Asst. Adj. Gen.

DISTRIBUTION:

same as (SCAPIN- 1261 )  
less Imperial Japanese Government

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 441.1 ( 30 Sep 46 )PH

APO 500  
30 September 1946

## MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Memorandum Number (SCAPIN- 1240 ), 30 September 1946, subject: "Custody and Distribution of Japanese Military Medicinal Narcotic Stocks", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN- 1240 ) GHQ, SCAP, to the Imperial Japanese Government, the following is published for the information of all concerned.
2. The memorandum approves the request of the Japanese Government to add Shionogi Pharmaceutical Company, Ltd. 12, 3-chome, Doshu-machi, Higashi-ku, Osaka City, to the list of SCAP-approved wholesale drug houses to have custody and distribution of Japanese Military Medicinal Narcotics as directed in Memorandum Number (SCAPIN 913), file AG 441.1 (1 MAY 46)PH, subject: "Custody and Distribution of Japanese Military Medicinal Narcotic Stocks".
3. Command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:
  - a. Determine that narcotic stocks are kept under proper custody.
  - b. Maintain periodic surveillance to assure that stock records are being properly prepared and forwarded as required.
  - c. Advise GHQ, SCAP, of any corrective action that should be taken at the national level.

*R. G. Hersey*  
R. G. HERSEY  
Lt. Col. AGD,  
Asst. Adj. Gen.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 441.1 ( 30 Sep 46 )PH

APO 500  
30 September 1946

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Memorandum Number (SCAPIN- 1240 ), 30 September 1946, subject: "Custody and Distribution of Japanese Military Medicinal Narcotic Stocks", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN- 1240 ) GHQ, SCAP, to the Imperial Japanese Government, the following is published for the information of all concerned.
2. The memorandum approves the request of the Japanese Government to add Shionogi Pharmaceutical Company, Ltd. 12, 3-chome, Doshu-machi, Higashi-ku, Osaka City, to the list of SCAP-approved wholesale drug houses to have custody and distribution of Japanese Military Medicinal Narcotics as directed in Memorandum Number (SCAPIN 913), file AG 441.1 (1 May 46)PH, subject: "Custody and Distribution of Japanese Military Medicinal Narcotic Stocks".
3. Command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:
  - a. Determine that narcotic stocks are kept under proper custody.
  - b. Maintain periodic surveillance to assure that stock records are being properly prepared and forwarded as required.
  - c. Advise GHQ, SCAP, of any corrective action that should be taken at the national level.

*R. G. Hershey*  
R. G. HERSEY  
Lt. Col. AGD,  
Asst. Adj. Gen.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 430 (17 Sep 46)PH

APO 590  
17 September 1946

## MEMORANDUM:

SUBJECT: Information of General Application Pertaining to Memorandum, Number (SCAPIN-1207), 17 Sep 1946, subject "Ration for United Nations' Nationals, Neutral Nationals and Stateless Persons."

1. With reference to Memorandum for the Imperial Japanese Government, AG 430 (17 Sep 46)PH, (SCAPIN-1207), 17 Sep 1946, the following is published for the information of all concerned.

2. The purpose of this Memorandum is to call the attention of the Japanese Government to the fact that no effort has been made by them to comply with Supreme Commander for the Allied Powers Memorandum for the Imperial Japanese Government (SCAPIN-1143), file AG 430 (20 Aug. 46)PH, subject as above.

3. The Japanese Government is required, by 18 Sep 1946, to submit to the Supreme Commander for the Allied Powers, English translation of all instructions they have issued to implement this Memorandum.

4. The Japanese Government is directed to make available at once the Japanese official ration and the supplementary ration according to the terms of the Memorandum.

5. The Supreme Commander for the Allied Powers, has no objection if the Japanese Government desires to increase the rice dietary, but this increase will in no way affect the choice by the individual of selecting either the rice or non-rice dietary.

6. Command instructions pertaining to the execution of surveillance required in connection with Memorandum mentioned in paragraph 1 above, have been dispatched through command channels. The following is a general statement regarding the Occupation Force Commander's responsibility for surveillance of the Memorandum.

a. The Occupation Force Commander will:

(1) Cause an inspection of Foreign Nationals' ration points as soon as practicable after 18 September 1946, to ascertain if the supplementary ration has been made available to Foreign Nationals.

(2) Make inquiry to ascertain if the individual Foreign National has been given his individual choice of ration.

AG 430 (17 Sep 46)PH

- (3) Make inquiry to ascertain if the rice dietary has been increased voluntarily by the Japanese Government.
- (4) By inspection, ascertain if the food being issued to Foreign Nationals is of suitable quality and the quantity the same as contained in letter to the Commanding General, Eighth Army, file AG 430, 20 August 1946, subject as above.

7. When violations of paragraph 6 a above are observed, the Occupation Force Commander will report the circumstances to General Headquarters, Supreme Commander for the Allied Powers, without delay, to enable the Supreme Commander for the Allied Powers, to take further corrective action.

*R. G. Hersey*

R. G. HERSEY,  
Lt Col., AGD,  
Asst Adj Gen.

DISTRIBUTION

Same as SCAPIN-1143  
less Imperial Japanese Government

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 710 (5 August 46)PH

APO 500  
5 August 1946

## MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN 1102 ) File AG 710 ( 5 August 46)PH, General Headquarters, Supreme Commander for the Allied Powers, dated 5 August 1946, subject: "Prevention of Introduction of Cholera into Japan".

1. With reference to Memorandum Number (SCAPIN 1102 ), General Headquarters, Supreme Commander for the Allied Powers, to the Imperial Japanese Government, the following is published for the information of all concerned.
2. Cholera is present in Manchuria in epidemic proportions.
3. Every effort is to be made to erect a barrier to the introduction of this disease into Japan. At present the only traffic from Hulutao is repatriation. To attain this end:
  - a. The principle of allowing no case or carrier ashore will be applied by transferring such cases or carriers to hospital ships at the port of entry.
  - b. Allowing only ports where quarantine facilities are adequate to be used by ships with cholera. These ports at present are Uraga, Sasebo and Hakata.
  - c. On ships which have cholera aboard all personnel will be quarantined on the vessel for fourteen days after the removal of the last case or carrier. All personnel except cholera cases will be immunized with 1.5 cc. of cholera vaccine. Stool examinations made on all personnel to determine carriers. Surveillance will be exercised to assure that these procedures are carried out. Ships will be anchored at a sufficient distance from shore so that personnel cannot swim ashore. Excreta from all personnel is to be disinfected before discharge into sea.
  - d. On ships which do not have cholera aboard, no personnel will be allowed to leave the vessel until six full days have elapsed since the vessel has departed from Hulutao. All personnel will then be immunized with 1.5 cc. of cholera vaccine, unless they have had such immunization within the previous 90 days, have their stool examined for cholera organisms, be given a physical examination for quarantinable communicable disease and offloaded for processing.

BASIC: AG 710 ( 5 August 46)PH

4. The passengers and crews of all vessels from Hulutao will be treated in the same manner.

*R. G. Hersey*

R. G. HERSEY  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN 1102  
Plus SCAJAP  
less Imperial Japanese Government

BASIC: AG 710 (21 Jul 46)PH

5. The provisions of (SCAPIN - 1074) do not apply to U. S. Army or Navy vessels.

/s/ R. G. Hersey  
R. G. HERSEY  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN - 1074)  
plus SCAJAP  
less Imperial Japanese Government.

Inclosure 2.

Reproduced by Hq I Corps,  
5 August 1946.



GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 710 (21 Jul 46)PH

APO 500  
21 July 1946

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN - 1074) File AG 710 (21 Jul 46)PH, General Headquarters, Supreme Commander for the Allied Powers, dated 21 July 1946, subject: "Prevention of Introduction of Cholera into Japan".

1. With reference to Memorandum Number (SCAPIN - 1074), General Headquarters, Supreme Commander for the Allied Powers to the Imperial Japanese Government, the following is published for the information of all concerned.
2. Cholera is present in Korea in epidemic proportions.
3. Every effort is to be made to erect a barrier to the introduction of this disease into Japan. To attain this end:
  - a. The principle of allowing no case or carrier ashore will be applied by transferring such cases or carriers to hospital ships at the port of entry.
  - b. Allowing only ports where quarantine facilities are adequate to be used by ships with cholera.
  - c. On ships which have cholera aboard all personnel will be quarantined on the vessel for fourteen days after the removal of the last case or carrier. All personnel except cholera cases will be immunized with 1.5 cc of cholera vaccine. Stool examinations made on all personnel to determine carriers. Surveillance will be exercised to assure that these procedures are carried out. Ships will be anchored at a sufficient distance from shore so that personnel cannot swim ashore. Excreta from all personnel is to be disinfected before discharge into sea.
  - d. On ships which do not have cholera aboard, no personnel will be allowed to leave the vessel until six full days have elapsed since the vessel has departed from Korea. All personnel will then be immunized with 1.5 cc of cholera vaccine, unless they have had such immunization within the previous 90 days, have their stool examined for cholera organisms, be given a physical examination for quarantinable communicable disease and off-loaded for processing.

BASIC: AG 710 (21 Jul 46)PH

4. The passengers and crews of all vessels from Korea will be treated in the same manner.

5. The provisions of (SCAPIN - 1074) do not apply to U. S. Army or Navy vessels.

/s/ R. G. Hersey  
/t/ R. G. HERSEY  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN - 1074)  
plus SCAJAP  
less Imperial Japanese Government.

GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC

AG 210.01 (24 Jun 46) MD

APO 500  
24 June 1946

SUBJECT: Classification of Medical Department Officers.

TO

- Commanding General, Eighth Army, APO 343.
- Commanding General, Pacific Air Command, United States Army, APO 925.
- Commanding General, XXIV Corps, APO 235.
- Commanding General, United States Army Forces, Western Pacific, APO 707.
- Commanding General, United States Army Forces, Middle Pacific, APO 958.
- Commanding General, Headquarters and Service Group, General Headquarters, United States Army Forces, Pacific, APO 500.

1. This letter supersedes letter, General Headquarters, United States Army Forces, Pacific, AG 210.01 (20 Jun 45) MD, dated 1 July 1945, subject: "Classification of Medical Corps Officers." Addressees of this letter will be referred to hereinafter as major commanders.

2. Purpose. The instructions contained herein relate to the implementation within this theater of War Department Technical Manual 12-406, dated February 1946, and in particular Appendix II, dealing with classification of Medical Corps officers.

3. Standards of Classification. War Department Technical Manual 12-406 (Appendix II) contains instructions specifically governing classification of Medical Corps officers. Military Occupational Specialty codes (SSNs), as revised in the cited edition, will be used when submitting re-evaluation recommendations. An extract copy of the latest edition of Technical Manual 12-406 is being published separately, and will be distributed to units at an early date.

4. Authority for Classification. Final authority to classify and to change classifications of Medical Corps officers in this theater is centralized in this headquarters. All data relative to final authorization for such classification will be forwarded to the Commander-in-Chief, United States Army Forces, Pacific, APO 500 (Attention: Chief Surgeon).

5. Responsibility of Major Commanders. Responsibility for institution of suitable methods for maintenance of accurate and current classifications of Medical Corps officers under their respective assignment jurisdictions is delegated to major commanders. (Classification procedure for officers on duty with attached units is the responsibility of the major command to which the officer is permanently assigned and not of the major command to which the officer or unit is attached.)

AG 210.01 (24 Jun 46) MD

6. Method of Classification.

a. Initial Classification. Ordinarily, initial classification will have been accomplished upon arrival of an officer in the theater. Procedure for verification or correction of classification and completion of records of newly arrived officers is set forth in paragraph 8a.

b. Reevaluation. Major commanders will be responsible for continuous reassessment of the professional and administrative abilities of each Medical Corps officer under their respective assignment jurisdictions, and for submission to the Commander-in-Chief, United States Army Forces, Pacific, APO 500, of recommendations for indicated changes in classification in accordance with the procedure outlined in paragraph 7b (2). Each commander concerned will insure that recommendations for changes in classification are not submitted without the indorsement of expert professional opinion, as defined in Appendix II of the extract copy of Technical Manual 12-406.

7. Classification Records: WD AGO Forms 178-2, 178-3, 66-1 and 66-3.

a. WD AGO Form 178-2. This form will be used as the standard classification questionnaire for Medical Corps officers. For officers on duty with elements of the Army Air Forces, it will be executed in addition to WD AGO Form 66-3. The following distribution is prescribed for the completed WD AGO Forms 178-2.

- (1) The original WD AGO Form 178-2 for each Medical Corps officer in the theater will be maintained in the Office of the Chief Surgeon, General headquarters, United States Army Forces, Pacific, APO 500.
- (2) A copy will be maintained in the offices of the surgeons of the major commands, except that the Air Surgeon, Pacific Air Command, United States Army, APO 925, may maintain WD AGO Form 66-3 in lieu of WD AGO Form 178-2.
- (3) A copy will be maintained in the Office of the Surgeon of each intermediate command having authority to transfer Medical Corps officers, except that WD AGO Form 66-3 may be used for officers assigned to elements of the Army Air Forces in lieu of WD AGO Form 178-2.
- (4) A copy will be attached to and kept permanently with each officer's WD AGO Form 66-1. WD AGO Form 178-2 need not be attached to or kept permanently with WD AGO Form 66-3 at the unit level.

AG 210.01 (24 Jun 46) MD

b. WD AGO Form 178-3. All recommendations for changes in classification will be submitted on WD AGO Form 178-3. This form will be executed in sufficient numbers to provide for the permanent attachment of one copy of the form to each copy of WD AGO Form 178-2 and WD AGO Form 66-3 maintained within the major commands, and for the retention of two (2) copies of the form by the Chief Surgeon, General Headquarters, United States Army Forces, Pacific, APO 500.

- (1) Additional Information Required. Each copy of WD AGO Form 178-3 (or AFPAC MD Form No. 1) prepared in this theater will include additional information to be entered at the foot of the page in the blank space on the back of the form. This information will be provided in ten columns on two lines, labeled with symbols as shown in parentheses below. Columns 1 to 5 inclusive will be entered on the first line; columns 6 to 10 inclusive will be entered directly below. Care will be taken to use no more than two inches of the bottom of WD AGO Form 178-3. The following information will be supplied:
  - (a) Column 1. (ASR) Indicate Adjusted Service Rating as of 2 September 1945.
  - (b) Column 2. (EADDEM) Day, month, year entered active duty as enlisted man.
  - (c) Column 3. (EADCO) Day, month, year entered extended active duty as commissioned officer (not date commissioned).
  - (d) Column 4. (DEPUSPAC) Day, month, year departed United States for duty this theater.
  - (e) Column 5. (OSOTHER) Length of service in months in other overseas theaters since 7 December 1941. Indicate names of theaters and length of service in each separately. Indicate year in which service was performed.
  - (f) Column 6. (INTERZI) Length of service in months in a Zone of Interior assignment intervening between overseas assignments. Indicate year in which service was performed.
  - (g) Column 7. (WD 383) Date of completion of thirty (30) months overseas duty as defined in War Department Circular No. 383, dated 22 December 1945.

AG 210.01 (24 Jun 46) MD

- (h) Column 8. (Category) Indicate by Roman numerals category signed in accordance with War Department Circular No. 366, dated 7 December 1945. In the case of Category IV, expiration date of agreed term of service will be shown.
  - (i) Column 9. (ASTP) Indicate by YES or NO whether officer received training under Army Specialized Training Program.
  - (j) Column 10. (MOSASTP) Total period in months as Army Specialized Training Program student.
- (2) Origination and Disposition of Forms. WD AGO Forms 178-3 will be originated by any echelon which considers a change in classification indicated. All forms will be submitted to the Commanding General of the major command concerned (Attention: The Surgeon), who will take the action indicated in paragraph 6b and will forward all forms to the Commander-in-Chief, United States Army Forces, Pacific, APO 500 (Attention: Chief Surgeon). Upon final determination of authorized classification, the Commander-in-Chief, United States Army Forces, Pacific, APO 500, will return the proper number of forms to the appropriate major commander, who will effect further distribution to each echelon maintaining WD AGO Forms 178-2 or 66-3. Upon receipt of authorized classification on WD AGO Form 178-3, each echelon will effect correction of classification entries on WD AGO Forms 178-2, 66-1 and 66-3, and will attach a copy of WD AGO Form 178-3 to WD AGO Form 178-2, 66-1 and 66-3. Until existing stocks are exhausted, AFPAC MD Form No. 1 (USAFPE MD Form No. 1) may be used in lieu of WD AGO Form 178-3.
- c. WD AGO Form 66-3. WD AGO Form 66-3 will be executed and distributed as prescribed by the Commanding General, Pacific Air Command, United States Army, APO 925.
  - d. Transfer of Records. Upon reassignment of an officer from one major command to another, the first commander will effect transfer of all records to the second commander. Upon reassignment of an officer from Pacific Air Command, United States Army, APO 925, to another major command, the Commanding General, Pacific Air Command, United States Army, APO 925, will effect conversion of WD AGO Forms 66-3 to WD AGO Forms 178-2, and preparation of a copy of WD AGO Form 66-1 prior to transfer of records.
8. Forwarding of Records and Authorization of Classification.
- a. For Newly Arrived Officers. Upon arrival of a casual Medical

AG 210.01 (24 Jun 46) MD

Corps officer in his command, the major commander will insure that action is taken as follows.

- (1) The depot commander (or other appropriate commander) will cause all records to be checked and will provide for execution of sufficient additional copies of WD AGO Forms 178-2 and 178-3 to permit the distribution outlined in paragraph 7a and the retention by the Chief Surgeon, General Headquarters, United States Army Forces, Pacific, APO 500, of two (2) copies of each WD AGO Form 178-2 and two (2) copies of each WD AGO Form 178-3. Each WD AGO Form 178-2 will be combined with a WD AGO Form 178-3. One copy of WD AGO Form 178-2 will be attached to WD AGO Form 66-1. The copy of WD AGO Form 178-3 combined therewith will be detached and will be forwarded with the remaining combined forms to the headquarters of the major command. For officers assigned to elements of the Army Air Forces, WD AGO Form 178-2 need not be attached to WD AGO Form 66-3.
- (2) The major commander will enter provisional classifications in the box provided in the upper right hand corner of WD AGO Form 178-2 and will forward two (2) copies of WD AGO Form 178-2 by air mail to the Commander-in-Chief, United States Army Forces, Pacific, APO 500 (Attention: Chief Surgeon). Remaining WD AGO Forms 178-2 will be dispatched to lower echelons or retained in the Surgeon's Office in accordance with the distribution plan outlined in paragraph 7a. All copies of WD AGO Form 178-3 will be completed by the major commander and will be forwarded by air mail to the Commander-in-Chief, United States Army Forces, Pacific, APO 500 (Attention: Chief Surgeon). Where information is not available to complete the items in WD AGO Form 178-3 requiring observation of performance, the term "unknown" will be entered.
- (3) Upon final determination of authorized classification by the Commander-in-Chief, United States Army Forces, Pacific, APO 500, WD AGO Form 178-3 will be returned to the appropriate major commander, who will attach one copy of WD AGO Form 178-2 or 66-3 to his headquarters copy and will forward the remaining copies to lower echelons for attachment to WD AGO Forms 178-2, 66-3 and 66-1. Upon receipt of WD AGO Form 178-3, all classification entries on WD AGO Forms 178-2, 66-3 and 66-1 will be corrected in accordance with the classification authorized by the Commander-in-Chief, United States Army Forces, Pacific, APO 500. No other classification will be shown.

AG 210.01 (24 Jun 46) MD

b. For Assigned Officers. When loss of records necessitates completion of new forms, procedure outlined in paragraph 8a will be followed except that forms will be initiated by the unit commander.

9. Annual Review of Classification. The annual review of classification required by paragraph 6, Appendix II, Technical Manual 12-406 will be conducted in this theater as follows: Between 1 January and 1 March of each year, each major commander will accomplish an annual review and evaluation of the classification of each Medical Corps officer over whom he has jurisdiction. This review will be conducted by preparation and submission to the Commander-in-Chief, United States Army Forces, Pacific, APO 500 (Attention: Chief Surgeon), of the proper number of copies of WD AGO Form 178-3 as outlined in paragraph 7b. Forms will be submitted so as to arrive in General Headquarters, United States Army Forces, Pacific, APO 500, not later than 15 March of each year.

10. Procedure for classification of all other officers of the Medical Department will be prescribed by the major commander concerned, in accordance with the provisions of Technical Manual 12-406.

BY COMMAND OF GENERAL MacARTHUR:

*John B. Cooley*  
JOHN B. COOLEY,  
Colonel, AGD,  
Adjutant General.



GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC  
OFFICE OF THE CHIEF SURGEON

GHQ

11 June 1946

INSTRUCTIONS ON PROCEDURES FOR DIAGNOSIS OF JAPANESE B ENCEPHALITIS

These instructions supersede those on same subject dated 17 May 1946.

I. Education Program for Medical Personnel, TB MED 181 and 212 will be read by all medical officers and they will be carefully briefed on the urgent necessity for detecting and reporting the earliest cases of this disease in order that all major commands in Japan, the Ryukyus, and Korea may have ample warning to take immediate protective measures, inasmuch as the disease occurs during the months of July, August, and September, and generally appears first in areas farthest south, medical personnel stationed in such areas will maintain particularly close watch, not only in occupational personnel and their dependents, but also in the civilian population, particularly the younger age groups, through liaison with local Military Government units, and transmit such information without delay, through proper channels, to the Office of the Chief Surgeon.

The greatest stress will be given to (1) the serious nature of this disease (case fatality rates have been as high as 40-75 percent), (2) the high susceptibility of non-natives contrasted with the native population which has long been exposed to the disease and, (3) the fact that this disease is the most serious mosquito-borne disease of Japan and Okinawa.

10

Instructions on Procedures for Diagnosis of Japanese B Encephalitis Cont'd.

II. Instructions to Medical Officers for Diagnosis of Japanese B Encephalitis: Suspected cases of encephalitis will be transferred immediately to a general or station hospital for a complete diagnostic work-up. Drowsiness, lethargy, mental confusion, and disorientation, and semi-coma or complete coma in the more severe cases, occurring in association with high fever, nuchal and spinal rigidity, leukocytosis and pleocytosis constitute the most important manifestations for diagnostic purposes. Purposeless movements, athetosis, tremors, incoordination, difficulties in speech ranging from slurring to complete aphasia, may also be seen. Lumbar puncture will be performed in all febrile cases with any manifestation suggestive of involvement of the nervous system. Pleocytosis, ranging from 22 to 660 white cells per cu. mm., was found in the cerebrospinal fluid of all serologically proved cases of Japanese B Encephalitis previously encountered in American military personnel. The cells are usually predominately mononuclear, but in the first few days after onset a predominance of polymorphonuclears may occur. The sugar in the cerebrospinal fluid is within normal limits, and the protein which as a rule is only slightly increased early in the disease, is usually present in greater concentration during convalescence. It should be borne in mind that poliomyelitis and other syndromes, of as yet unknown etiology, exhibiting fever, nuchal and spinal rigidity, and pleocytosis may also be encountered, and the clinical diagnosis of encephalitis shall be made only in patients with signs suggestive of cerebral or cerebellar involvement. However, all suspected virus diseases of the nervous system will be investigated by serological methods.

Instructions on Procedure for Diagnosis of Japanese B Encephalitis, Cont'd.

III. Specific Diagnosis: A specific diagnosis of Japanese B Encephalitis virus infection can be made only in the laboratory. For practical purposes the diagnosis will be based on the demonstration that complement fixing or neutralizing antibodies for the virus, which were either absent or present in low concentration during the early stage of the disease, have developed or appeared in sufficiently increased titre during later stages of convalescence. Blood will be taken on all cases of suspected virus infection of the nervous system, including suspected poliomyelitis, at the following intervals:

1. As soon after onset as possible.
2. 14 days after onset (or if the patient is in a terminal state just before death).
3. 28 days after onset.
4. Other specimens upon request of the Virus Commission Laboratory.

IV. The procedure for collecting and shipping specimens will be as follows:

1. 20 to 30 cc of blood will be drawn in a dry syringe under sterile precautions and allowed to clot in a sterile container.
2. If the hospital is in the immediate vicinity of Tokyo, the clotted blood should be obtained early in the morning and sent by special messenger to the Virus Commission Laboratory, 42nd General Hospital, Tokyo. If for any reason the clotted blood cannot be sent immediately it should be stored in an ordinary refrigerator (not dry ice).
3. At hospitals from which specimens cannot reach the Virus Commission Laboratory, Tokyo, within 24 hours, the blood should be kept

#  
10

Instructions on Procedure for Diagnosis of Japanese B Encephalitis, Cont'd.

in a refrigerator until the serum can be drawn off and centrifuged under sterile conditions. Blood or serum should be placed in a sterile screw capped bottle or tube and properly labeled with the patient's name, ASN, hospital and date blood was drawn. Where screw capped containers are not available the container should be stopped with a rubber stopper held tightly in place with adhesive tape. For transmittal the bottle or tube should be placed in a condom and the latter tied in a knot at the top to keep out water after which it will be placed in a thermos bottle or other closed container filled with cracked ice.

4. The first blood specimen will be accompanied by an abstract of the history, clinical findings, laboratory data, dates and type of encephalitis vaccination if any, and any other data which may be pertinent. Subsequent blood specimens will be accompanied by a summary of the progress notes. No serological work will be done on specimens which are not accompanied by such notes.

5. The staff of the Virus Commission Laboratory will carry out virus isolation studies on cerebrospinal fluid, blood, stools, nasopharyngeal washings, saliva, etc., but such specimens should not be forwarded except when specifically requested by the Virus Commission Laboratory.

V. Autopsy Material: Autopsy will be performed as soon after death as possible. If the hospital is in the immediate vicinity of Tokyo request should be made to the Office of the Chief Surgeon, GHQ, AFPAC, for a representative of the Virus Commission Laboratory to be present at the autopsy. This representative will arrange for obtaining suitable specimens for virus isolation. The following technique

Instructions on Procedure for Diagnosis of Japanese B Encephalitis, Cont'd.

will be used in obtaining suitable pieces of brain tissue for animal inoculation;

1. After reflecting the scalp, towels or gauze will be used to cover and tie back the hair to keep it out of the operating field.
2. The calvarium will be thoroughly washed with alcohol, as will the instruments used in sawing through it and removing it.
3. The dura will be washed with alcohol and sterile scissors and forceps will be used to reflect it.
4. Approximately one cubic centimeter pieces of gray matter will be taken with the sterile scissors and forceps from the frontal, parietal and occipital regions of the cortex of both sides and put into a sterile container.
5. Using the same sterile scissors and forceps to cut nerve trunks, tentorium, etc., the entire brain will be removed and placed on a sterile towel with the ventral surface facing up. Using the sterile instruments the following additional pieces of brain tissue will be obtained: Cerebellar cortex from each side, thin slices from one or the other side of the midbrain, pons, and medulla, and a piece of the cervical cord. These pieces will be added to the others in the sterile container.
6. If dry ice is available, the pieces of nervous tissue thus removed should be put in a sterile, tightly-rubber-stoppered (held in place with adhesive) or screw cap, thick glass bottle or tube, and no liquid of any kind should be added. The bottle is to be surrounded by dry ice and immediately sent by courier to the Virus Commission

Instructions on Procedure for Diagnosis of Japanese B Encephalitis, Cont'd.

Laboratory. If there is no dry ice, the tightly closed bottle or tube should be put in a condom which will be tied in a knot to keep out water, surrounded by cracked ice and forwarded immediately by courier as above.

The presence of multiple lesions in all parts of the gray matter of the cerebral cortex (not only the motor area as in poliomyelitis) and in the purkinje cell and molecular layers of the cerebellar cortex in cases of Japanese B Encephalitis and their absence in cases of bulbar poliomyelitis, governs the selection of pieces for rapid preliminary histological examination. The entire remaining brain and spinal cord should be fixed in a large quantity of 10 percent formalin (at least 5 to 10 times the volume of tissue to be fixed). Both olfactory bulbs should also be included. The brain should be sliced in a number of different areas (without completely severing continuity) and pieces of paper should be inserted in the cuts to permit better fixation.

Incl 1 to Weekly Bulletin, GHQ, SCAP,  
Public Health and Welfare Section for  
Period 16 June to 22 June 1946.

Reproduced by:  
HQ I Corps,  
25 July 1946

GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC

CIRCULAR)

NO. 49)

APO 500  
7 June 1946

## MEDICAL DEPARTMENT PERSONNEL REPORTS

1. General. a. The instructions contained in War Department Circular 286, 10 July 1944, are modified for use in this Theater as prescribed herein.

b. WD AGO Forms will be used as follows:

<u>TITLE</u>	<u>REPORTS CONTROL SYMBOL</u>	<u>WD AGO FORM NUMBER</u>
Report of Medical Department Personnel	MCM-101	8-19
Roster of Commissioned Personnel Assigned to Medical Department	COM-102	8-164

c. The Statistical Report, 3d section (WD AGO Form 86 C) will not be used.

d. WD AGO Form 8-164 will be prepared as of midnight the last day of the months of March, June, September, and December and WD AGO Form 8-19 will be prepared as of midnight the last day of each month by the senior officer of the Medical Department of each medical unit, installation, detachment, or overhead element to which Medical Department personnel are assigned, including medical detachments on duty with other arms or services, even though they are not responsible for treatment of the sick and do not render WD AGO Form 8-122.

e. Forms will be dispatched by War Department Essential Air Mail to the proper headquarters not later than the second day of the month following the period covered by the report. Copies of reports destined for the Chief Surgeon, General Headquarters, United States Army Forces, Pacific, will be forwarded direct to this headquarters by the medical officer rendering the report. These copies will not be forwarded to intermediate echelons for consolidation. Copies of reports destined for the surgeons of major commands will be forwarded direct to the appropriate major command headquarters. Copies of reports destined for intermediate headquarters will be forwarded through channels.

f. Reports will be unclassified.

g. The original and first copy of WD AGO Form 8-19 and WD AGO Form 8-164 will be forwarded direct to the Chief Surgeon, General Headquarters, United States Army Forces Pacific. Additional copies will be prepared and distributed as prescribed by the major command concerned.

(Cir 49)

2. Modifications of Instructions on WD AGO Forms 8-19 and 8-164.

a. WD AGO Form 8-19.

- (1) The Table of Organization and Equipment under which the unit is operating will be shown in the upper left hand corner of the page.
- (2) The major command to which the unit is currently assigned will be shown in the upper right hand corner of the page.
- (3) Under "Name of unit and location" both the physical location and the APO will be shown.
- (4) In Table VII, SSN 657 will be added to the printed list.
- (5) Remarks - Number of beds authorized and average bed occupancy, when applicable, will be reported under "remarks" section for any month in which WD AGO Form 8-164 is not being submitted.

b. WD AGO Form 8-164. WD AGO Form 8-164 will be submitted as of the last day of the month for the months of March, June, September, and December except upon inactivation of the unit or return to the Continental United States when final report will include WD AGO 8-164 as required in paragraph 2 b (12), below.

- (1) Item 1.- self-explanatory.
- (2) Item 2.- self-explanatory.
- (3) Item 3.- self-explanatory.
- (4) Item 4.- The bed capacity authorized by the Table of Organization under which the unit is operating will be shown. Expansion capacity will not be included. If the Table of Organization of the unit does not call for beds, state "none".
- (5) Item 5.- Average bed occupancy daily for the month will be reported by all general and station hospitals, and by field and evacuation hospitals operating as fixed installations. Field and evacuation hospitals operating as mobile units, air evacuation squadrons, convalescent hospitals and convalescent camps will indicate in Item 5 the total number of admissions for the month covered by the report. All units not actually operating will make a statement to that effect in Item 5.



(Cir 49)

- (6) Column 6.- Medical Department officers assigned for duty will be grouped according to functional division of the installation (not by grade within the unit). Functional divisions include: Administrative, Medical Service, Surgical Service, Roentgenological Service, Dental Service, Nursing Service, Physical Therapy and Dietetic Services, in that order, when applicable.

Additional columns will be added in column 6 as follows:

- (a) Column 6A: ASRS - This information will be supplied for each officer, computed as of 2 September 1945 with the following exceptions:

1. For Regular Army personnel the letters "RA" will be placed in the space instead of the ASRS.
2. For Army Specialized Training Program graduates the letters "ASTP" will be placed in the space instead of the ASRS.

- (b) Column 6B: The category designation required by Section IV, paragraph 4, War Department Circular 366, 7 December 1945, will be expressed in Roman numerals. In case of Category IV the last month and year of agreed active duty will be shown immediately below the Roman numeral.

- (c) Column 6C: The number of months of active duty since 16 September 1940 to date of current report will be shown. For Army Specialized Training Program graduates only active commissioned service will be shown.

- (d) Column 6D: The number of months of oversea service since 7 December 1941 to date of current report will be indicated. Reporting of the number of months overseas will be in accordance with War Department Circular 383, 22 December 1945 as amended by War Department Circulars 9, 40, 66, and 74, current series. A major fraction of a month will be counted as a month served.

- (7) Column 7.- self-explanatory.

- (8) Column 8.- self-explanatory.

- (9) Column 9.- Professional Classification. Indicate for Medical Corps officers the classification and degree of ability as authorized by this headquarters on AFPAC MC Form 1. Where authorized classification is not known, the unit classification will be indicated in parentheses and communication with the next higher echelon will be instituted in order to ascertain the authorized classification. Other Medical Department Corps will be classified in accordance with TM 12-406.

(Cir 49)

- (10) Column 10. One of the following symbols will be entered after each name as applicable:
- (a) "FD" indicating Full Duty.
  - (b) "LOS" indicating Limited Service, but qualified for overseas duty.
  - (c) "LUS" indicating Limited Service, qualified for duty only within the continental limits of the United States.
- (11) Column 11.- Indicate only the principal assigned duty of each officer. If the officer is absent from his station, the fact should be noted following the name of the duty assigned. Note should be made of the reason for the absence, such as: (Abs Sk in Gen Hosp), (TDY Hq AFWESPAC), (DS Hq PACUSA), etc.
- (a) Column 11A: An additional column will be added in column 11 to show the age of the officer to the nearest birthday.
- (12) Final reports showing the disposition of personnel will be submitted by all units upon inactivation or return to the continental United States. These reports will be conspicuously marked with the caption "FINAL REPORT" at the top and in the Remarks section at the bottom of WD AGO Form 8-19.

## c. Supplementary reports required.

- (1) A numerical recapitulation of Medical Department enlisted personnel arranged according to months of service will be attached to WD AGO Form 8-19. This will indicate the number of enlisted men by MOS, broken down into groups as follows: 1 to 12 months, inclusive; 13; 14; 15; 16; 17; 18; 19; 20; 21; 22; 23; and 24 months and over.

Example:

MOS	1-12	13	14	15	16	17	18	19	20	21	22	23	24-Over	Total
*067	2									1	1			4
120	1										1			2
149										1				1
Totals	3									2	2			7

\* Only those specialties on hand need be listed.

(Cir 49)

- (2) A numerical recapitulation of enlisted men now in specialist training giving present and future MOS with approximate date of completion of training.
- (3) (a) An additional report attached to WD AGO Form 8-164 for any Nurse, Hospital Dietician or Physical Therapist married during the period covered by the current report will include maiden name, rank, serial number, and husband's name, rank, and serial number if applicable. Upon authority for change of name from War Department, the maiden name, rank, serial number, new name, and authority for change will be shown.
  - (b) Any Nurse, Hospital Dietician or Physical Therapist evacuated for medical reasons will be listed showing the cause and date of evacuation.

3. Report of Medical Department Personnel changes, (Report Control Symbol (MD-07) on AFPAC Form 75 will be prepared as of midnight for any day Medical Department officer personnel changes have occurred within any medical unit, installation, detachment or overhead element to which Medical Department officer personnel are assigned, including medical detachments on duty with other arms or services, even though they are not responsible for treatment of the sick and do not render WD AGO Form 8-122.

a. Reports will be dispatched by War Department Essential Air Mail to the Chief Surgeon, Army Forces, Pacific, within 24 hours of any Medical Department Officer personnel change. These copies will not be forwarded to intermediate echelons for consolidation, but a copy will be submitted to the major command for information. Multiple changes occurring for any one day may be submitted by letter in roster form.

b. Instructions for preparation:

- (1) Information on name of reporting unit, APO, command, date, name, rank, Corps, ASN and EDCMR - self-explanatory.
- (2) ASR, SSN, age and category will be reported in the same manner as in paragraph 2 b, above.
- (3) Active Duty (A/D) will show the number of months of active duty since 16 September 1940 to last day of current month. For Army Specialized Training Program graduates show only active commissioned service.
- (4) Oversea Duty (O/S) will show the number of months of over-sea service since 7 December 1941 to last day of current month.
- (5) Any officer recently assigned to the reporting unit or returning from detached services or temporary duty will

(Cir 49)

be indicated under "Transfer from," listing the officer's previous organization and major command.

- (6) Any officer leaving the reporting unit on detached service or temporary duty, or permanent change of station will be so designated under "assigned to", listing the officer's new organization and major command. An officer returning to the continental United States will be so designated by "Returned to U.S.", giving the name of debarkation point and authority thereof.
- (7) Any Medical Department Officer carried under Detachment of Patients will be reported on AFPAC Form 75 on evacuation to the United States or reassignment to a medical installation.

4. The following reports are discontinued:

<u>TITLE OF THE REPORT</u>	<u>REPORTS CONTROL SYMBOL</u>
Report of Regular Army and Army Specialized Training Program Graduate, Medical Department Officers	QMD-05
Report of Medical Department Officer Personnel Returned to the United States	QMD-06
Monthly Report of Marriages (Required by AFPAC Radio ZX 28988, 2 November 1945)	

5. AFPAC Circular 96, dated 19 October 1945, is rescinded.

By command of General MacARTHUR:

PAUL J. MUELLER,  
Major General, General Staff Corps,  
Chief of Staff.

OFFICIAL:

/s/ John B. Cooley  
/t/ JOHN B. COOLEY  
Colonel, AGD  
Adjutant General.

Reproduced by Hq I Corps  
18 November 1946.

GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC

CIRCULAR )  
: )  
NO....91 )

APO 500  
1 October 1946

	<u>Section</u>
Medical Department Personnel Reports.....	I
Control of Malaria and Insect-Borne Diseases.....	II
Immunization.....	III

\*\*\*\*\*

E X T R A C T

1. MEDICAL DEPARTMENT PERSONNEL REPORTS. 1. So much of paragraph 1d, Circular 49, General Headquarters, United States Army Forces, Pacific, 7 June 1946, as reads "WD AGO Form 8-184 will be...." is amended to read "WD AGO Form 8-164 will be...."

2. Paragraph 2b (6) (a), Circular 49, General Headquarters, United States Army Forces, Pacific, 7 June 1946, is deleted and the following substituted therefor:

"Column 6A. Volunteers for Further Overseas Service. Information will be supplied for each officer and, if applicable, one of the following entries will be made:

1. No entry to be made if officer is not a volunteer for further overseas service.
2. VOS Dep. Signifies officer has volunteered for further overseas service for a period ending one year after the arrival of dependents, but month and year unknown at present since dependents have not arrived in theater.
3. VOS M/Yr. Signifies volunteer for further overseas service for a period ending during month (shown by first numeral) and year (shown by last two numerals of the year). (Example: "VOS 6/47" indicates officer volunteered for period of overseas service ending in June 1947.)"

\*\*\*\*\*

E X T R A C T

BY COMMAND OF GENERAL MacARTHUR:

PAUL J. MUELLER,  
Major General, General Staff Corps,  
Chief of Staff

Extract, GHQ US Army Forces, Pacific, Circular No. 91, dtd 1 Oct 46.

OFFICIAL:

s/ John B. Cooley  
t/ JOHN B. COOLEY  
Colonel, AGI  
Adjutant General

Certified True  
Extract Copy

*James W. Lane*  
JAMES W. LANE  
1st Lt. CAV  
Asst. Adm. Officer

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

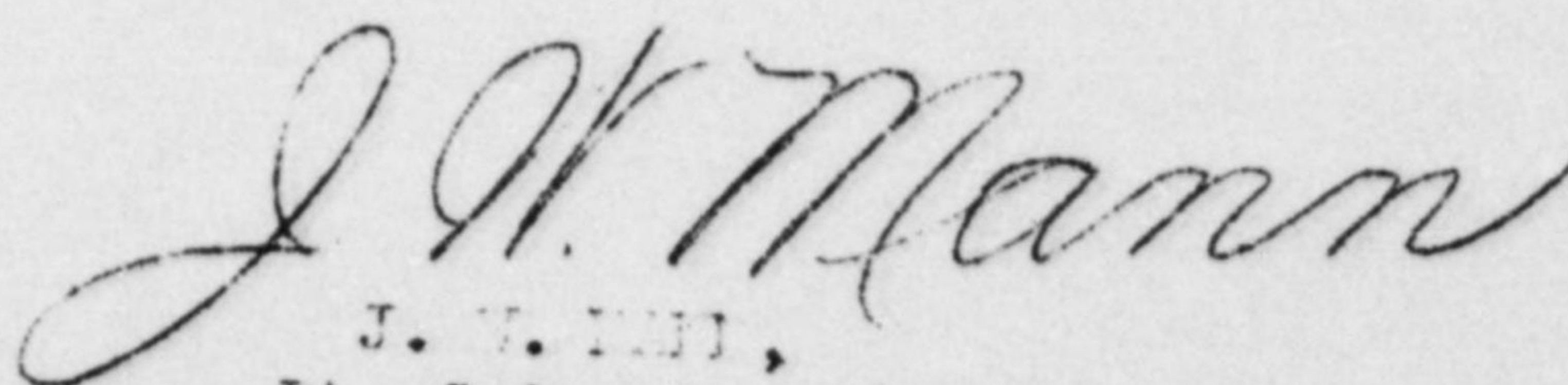
AG 441.1 ( 23 May 46 )PH

APO 500  
23 May 1946

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN- 1319-A ), file AG 441.1 ( 23 May 46 )PH, GHQ, SCAP, 23 May 1946 , subject: "Establishment of an Effective System for Narcotic Control in Japan", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN 1319-A ) GHQ, SCAP, to the Imperial Japanese Government, the following is published for the information of all concerned.
2. The memorandum approves ministry regulations embodying the provisions contained in memorandum number (SCAPIN 644), file AG 441.1 (22 Jan 46)PH, subject: "Establishment of an Effective System for Narcotic Control in Japan", to the Imperial Japanese Government.
3. Command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:
  - a. Maintain periodic surveillance to assure compliance with the provisions regarding registering, licensing, rendering of periodic reports, sales of narcotics, possession of narcotics, and maintaining adequate security for narcotics to prevent thefts and burglaries.
  - b. Advise GHQ, SCAP, of any corrective action that should be taken at the national level.



J. W. MANN,  
Lt. Colonel, 30,  
Asst Adjutant General.

## DISTRIBUTION:

Same as (SCAPIN 1319-A )  
less Imperial Japanese Government.

C O P Y

GENERAL HEADQUARTERS  
UNITED STATES ARMY FORCES, PACIFIC  
OFFICE OF THE CHIEF ENGINEER

GE 671.1 (23 May 1946)0

APO 500  
23 May 1946

MEMORANDUM FOR: Engineer, Eighth Army, APO 343

SUBJECT : Remarks on Water Supply of Sakai.

1. The waterworks installations at Sakai have been visited by Mr. Blach of this office. The following suggestions for possible discussion with the waterworks officials seem appropriate.
2. Personnel. Although the management's ability is adequate for handling routine matters, it may be advisable to have Mr. H. Shimomura of the Osaka prefecture join discussions of a more important nature. He is consulting engineer for the Sakai waterworks and his technical experience is superior to that of the municipal waterworks officials.
3. The Yamatogawa, through an infiltration gallery, is the normal source of supply. In summertime, the river's water level is very low in some years for as long as three months. The yield of the infiltration gallery is reduced correspondingly during such periods. Auxiliary sources i.e. the 2 wells at the waterworks plant and pipelines from the municipal supply system of Osaka, cover only about  $\frac{1}{2}$  of Sakai's demand. Limitation of supply to certain hours was frequently necessary during such periods. Conditions will be especially difficult this summer since it is highly doubtful whether Osaka is able to supply as much water as it did before (about  $\frac{1}{3}$  of Sakai's demand was Osaka's peak supply). It may be advisable to inform the waterworks management of the areas in which the army has the greatest interest in water supply, and of the hours of the day when the supply is especially important for the army.
4. Leakage in pipenetwork and former connections of destroyed buildings is very large. Loss of water, amounting to 23.6% in 1944, has more than doubled since then. The limited supply, described in paragraph 3, makes restoration of rather normal conditions especially urgent in Sakai. Therefore, the management must continue to search for leaks in the pipenetwork. Use of listening apparatus is recommended. House connections with buildings, destroyed or damaged, have to be disconnected. Especially in dealing with house connections, the management has been rather negligent.
5. Analyses are made only twice monthly and, for bacteriological tests, only of 1 cu cm of water. They should be made twice weekly for quantities of 1 and 10 cu cm and less frequently for 50 cu cm. At present, only colonies of bacteria are counted and the Endo test is made. In addition, colon bacteria analyses are necessary.

The work is done by a municipal employee. Use of an independent agency, e.g. the prefecture, would be preferable.



C O P Y

BASIC: Memo for: Engr, 8th Army, by Col. K.F.Eklund, subj: "Remarks on Water Supply of Sakai." file CE 671.1 (23 May 1946)0

6. The following repair work was pending when the plant was visited:
  - a. Since both chlorinators were out of order beyond repair, the management has applied for permission to purchase a new chlorinator (capacity 700 gph). Permission was not yet granted at that time.
  - b. A booster pumping station at the site of the Tenno reservoir was normally served by three (3) pumping sets which were destroyed in an air-raid. At present, one other set pumps the water to a high level district. Provision of a reserve set may be desirable.
7. The above information is furnished to you for such action as you deem appropriate.

For the Chief Engineer:

/s/ Karl F. Eklund  
/t/ KARL F. EKLUND  
Lt.Col. C.E.  
Executive Officer

cc: Office of Public Health  
and Welfare.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 400 (11 May 46)PH

APO 500  
11 May 1946

MEMORANDUM.

SUBJECT : Information of General Application Pertaining to Directive Number (SCAPIN 1205 -A) 11 May 1946, subject: "Incomplete Report Submitted in Compliance with Existing Directive Regarding Reserve Supplies Held for Relief Distribution".

1. With reference to Memorandum for the Imperial Japanese Government, File AG 400 (11 May 46)PH, (SCAPIN 1205 -A), 11 May 1946, the following is published for the information of all concerned.

2. The monthly report submitted by the Imperial Japanese Government and Prefectural Governments failed to furnish the information required in previous directives.

3. Food from reserve supplies held for relief was reported distributed in one prefecture. The distribution of food has not been authorized by the Supreme Commander for the Allied Powers except in cases where there is danger of spoilage or deterioration.

4. Command instructions pertaining to the execution of surveillance required in connection with Memorandum mentioned in paragraph 1, above, have been dispatched through command channels. The following is a general statement regarding Occupation Force responsibility for surveillance of the directive.

- a. Inspections made of the reporting procedure to insure that reports contain accurate information and are submitted at the time required.
- b. Inspections to insure that food from reserve supplies held for relief are not distributed until authorized by the Supreme Commander for the Allied Powers except in cases where there is danger of deterioration or spoilage.

*J. W. Mann*  
J. W. MANN  
Lt Col, AFM  
Asst Adj Gen

## DISTRIBUTION:

Same as (SCAPIN 1205 -A)  
less Imperial Japanese Government.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 450 (10 May 46 )PH

APO 500  
10 May 1946

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN - 942), file AG 450 (10 May 46 )PH, GHQ, SCAP 10 May 1946, subject: "Supply of Smallpox Vaccine to Repatriation Ships Leaving for Netherlands East Indies".

1. With reference to Memorandum Number (SCAPIN - 942), GHQ, SCAP to the Imperial Japanese Government dated 10 May 1946, the following is published for the information of all concerned.

2. The Japanese Government has been directed to place sufficient smallpox vaccine aboard each repatriation ship leaving for the Netherlands East Indies to vaccinate the repatriates carried on the return voyage. This means that each vessel should be provided with 5,000 doses of vaccine which is available in reception centers at all repatriation ports in Japan.

3. Military surveillance in connection with this directive will involve:

- a. Checking the reception center to see that vaccine is available.
- b. Verifying that each ship has the required amount of vaccine aboard before sailing and that it is stored under refrigeration.

*J. W. Mann*  
J W MANN  
Lt Col, AGD  
Asst Adj Gen

## DISTRIBUTION:

Same as (SCAPIN - 942 )  
less Imperial Japanese Government

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

PO 500  
4 May 1946

AG 725.11 ( 4 May 46)PH

MEMORANDUM:

SUBJECT : Information of General Application Pertaining to Memorandum Number (SCAPIN - 920) file AG 725.11, ( 4 May 46) PH, GHQ, SCAP, 4 May 1946, Subject: "Appointment of Insect and Rodent Control Officers."

1. With reference to Memorandum Number (SCAPIN - 920 ), GHQ, SCAP, to the Imperial Japanese Government, the following is published for the information of all concerned.
2. The Memorandum directs the appointment of permanent Insect and Rodent Control Officers in each prefectural health department and directs further the establishment of an organization for insect and rodent control along the lines laid down at the school held at Kyoto from 22 April to 27 April 1946.
3. Command instructions relative to the execution of supervision will follow through command channels. It is suggested that:
  - a. Liaison be established between prefectural health departments and the public health and sanitary officers of the respective Military Government Companies to expedite the organization, training and supervision of subject units.
  - b. Periodic field inspections be made by officers of the Public Health and Welfare Section to observe the progress of insect and rodent control activities and to give necessary technical advice.

*W. Mann*  
for W MANN  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN - 920 )  
less Imperial Japanese Government

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 435 ( 9 April 46)PH

APO 500  
9 April 1946

MEMORANDUM.

SUBJECT : Information of General Application Concerning Memorandum for the Imperial Japanese Government AG 435 ( 9 Apr 46)PE, (SCAPIN - 871) subject: Control of Traffic in Poisonous Beverages, dated 9 April 1946.

1. With reference to the above numbered memorandum, the following is published for the information and guidance of all concerned.
2. The purpose of this Directive is to establish a vigorous penalty for the illicit possession, sale or barter of beverages containing methyl alcohol (methanol) in dangerous concentrations. Its particular targets are those individual black market operators who trade or sell untaxed liquors with high methyl alcohol or other poisonous content. The memorandum is not intended to cause prosecution of authorized bona fide distillers or manufacturers whose beverages contain innocuous concentrations of methanol unavoidable in the manufacturing or distilling methods employed.
3. The standard Japanese test for the presence of methanol in beverages differs from the more sensitive USP test which the Japanese are not equipped to perform. Where the standard Japanese test gives a negative result, the USP test of the same sample will frequently show a small amount of methanol. Such an amount, however, will not be toxic except in amounts of the beverage which are prohibitively large for human consumption.
4. Commanders will be guided by the following considerations in enforcing the terms of the memorandum above referred to and in the control of the manufacture and sale of beverages containing methanol:
  - a. All alcoholic beverages manufactured and sold will contain not over 1 mg. of methyl alcohol per cc. Where the methyl alcohol content exceeds 0.2 mg. per cc, such content will be stated in English and Japanese on a label affixed to each bottle or other container.
  - b. Where the beverage in question contains a greater quantity of methanol than 1 mg. per cc of beverage, it will be destroyed.
  - c. Unauthorized or illicit distilleries or manufacturing facilities and those of individuals, companies or associations failing to conform to the above standards will be closed and may be destroyed.

DISTRIBUTION:

Same as (SCAPIN - 871)  
less Imperial Japanese Government.

/s/ J. W. Mann  
/t/ J. W. MANN  
Lt Col, AGD  
Asst Adj Gen

Reproduced by Eq. 94th Eq & Hq Det Mil Govt Gp, APO 660, 22 Apr 46

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 441.1 ( 1 May 46)PH

## MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN 913 ), file AG 441.1 (27 Apr 46)PH, GHQ, SCAP, 27 April 1946, subject: "Custody and Distribution of Japanese Military Medicinal Narcotic Stocks", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN 913 ) GHQ, SCAP to the Imperial Japanese Government, the following is published for the information of all concerned.

2. The memorandum directs the Imperial Japanese Government to designate a government agency to receive, receipt for and deliver former Japanese military medicinal narcotics into the custody of approved wholesale drug houses for further distribution as required in paragraphs 4 and 5 of memorandum number (SCAPIN 384) file AG 441.1 (4 Dec 45)PH, subject: "Custody and Distribution of Japanese Military Medicinal Narcotics". The approved wholesale houses are as follows:

- a. Hokkaido - Hokkaido Local medicine Distribution Company, N. 8, 2-chome, Minami Ichijo, Sapporo City.
- b. Miyagi Ken - Sennando Wholesale Drug House, No. 32, Kawara-machi, Sendai City.
- c. Niigata Ken - Niigata Local medicine Company, No. 1718, Furucho, Torijubancho, Niigata City.
- d. Tokyo To- Sankyo Company, Ltd., No. 888, 1-chome, Nishishinagawa, Shinagawa Ku, Tokyo.
- e. Tokyo To - Takeda Pharmaceutical Industries Ltd., No. 1, 1-chome Gofukubashi, Nihonbashi, Tokyo.
- f. Osaka Fu - Gohei Tanabe and Company, Ltd., No. 21, Doshumachi, Higashiku, Osaka.
- g. Osaka Fu - Dai Nippon medicine manufacturing Company, No. 23, 3-chome, Doshumachi, Higashiku, Osaka.
- h. Osaka Fu - Takeda Pharmaceutical Industries, Ltd., No. 27, 2-chome, Doshumachi, Higashiku, Osaka.
- i. Okayama Ken - Okayama medicine manufacturing Company, Soshamachi, Kibigun.
- j. Kagawa Ken (Shikoku) - Kagawa Local medicine Distribution Company, No. 3233, I Arai, Hachiokamura.

BASIC: Memo, GHQ, SCAP, File AG 441.1 (1 May 46)PH, dtd 1 May 1946,  
subject: "Information of General Application Pertaining to Memorandum  
Number (SCAPIN 913 ), etc.

k. Fukuoka Ken (Kyushu) - Fukuoka Medicine Distribution Company,  
No. 8, Kitafunemachi, Fukuoka City.

3. The former Japanese military medicinal narcotics to be released to the Imperial Japanese Government have been concentrated and inventoried in the 9th Medical Depot, Kobe, and the 29th Medical Depot, Yokohama. Direct communication with the Narcotic Control Officer, GHQ, SCAP, is authorized to effect transfer of custody from United States Forces.

4. When the transfer of custody is effected, command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:

- a. Determine that narcotic stocks are kept under proper security.
- b. Maintain periodical surveillance to assure that stock records are being properly prepared and forwarded as required.
- c. Advise GHQ, SCAP, of any corrective action that should be taken at the national level.

*J. W. Mann*

J W MANN  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN 913 )  
less Imperial Japanese Government.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 441.1 (13 Apr 46)PH

APC 500  
13 April 1946

MEMORANDUM.

*Public Health*  
4/46

*Security of Heroin*

SUBJECT: Information of General Application Pertaining to Memorandum Number (SCAPIN 229), File AG 441.1 (2 Nov 45)PH, GHQ, SCAP, 2 November 1945, subject: "Disposition of Heroin in Japan", to the Imperial Japanese Government.

1. With reference to Memorandum Number (SCAPIN 229), GHQ, SCAP, to the Imperial Japanese Government, dated 2 November 1945, the following is published for the information of all concerned.
2. The Memorandum prohibits the possession, use, sale, purchase, gift, receipt, distribution or transportation of heroin or any salt, compound, preparation or combination thereof and orders all heroin in Japan delivered into the custody of United States Forces, place and date of delivery to be as designated by the appropriate Army Commanders.
3. In a letter from GHQ, SCAP, File AG 441.1 (2 Nov 45)PH, subject: "Security of Certain Narcotic Products in Japan", United States Forces records had been made for forwarding to GHQ, SCAP. Reports received to date indicate only twenty prefectures have delivered the heroin to appropriate Army Commanders. It is considered sufficient time has elapsed for the accomplishment of the objective of the directive. Action is desired to expedite delivery of the heroin to the custody of United States Forces in the remaining prefectures.
4. Command instructions will follow through command channels pertaining to the execution of surveillance. The following procedure is suggested:
  - a. Determine that prefectural authorities are cognizant of directive, and have confiscated and collected all heroin in each prefecture.
  - b. Establish liaison between prefectural officials and tactical units to facilitate delivery of the heroin.
  - c. Determine that all heroin has been taken into custody by United States Forces.
  - d. Advise GHQ, SCAP of any corrective action that should be taken at the national level.

/s/ J. W. Mann  
/t/ J. W. MANN  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN 229)  
less Imperial Japanese Government.

Reproduced by Hq, 94th Hq & Hq Det Mil Govt Gp, APC 660, 22 Apr 46

KYOTO



GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 435 ( 9 April 46)PH

APO 500  
9 April 1946

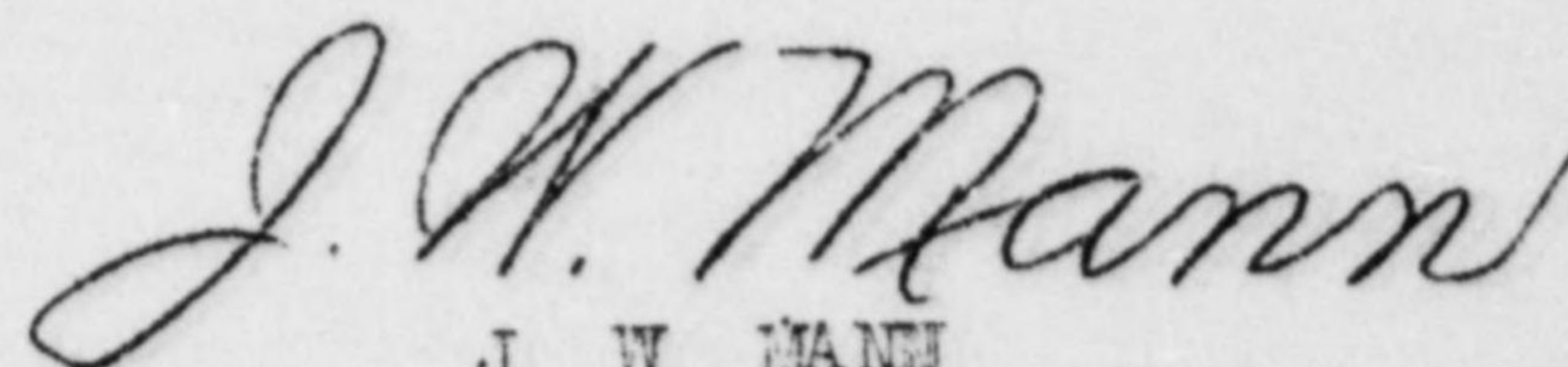
MEMORANDUM.

SUBJECT : Information of General Application Concerning Memorandum for the Imperial Japanese Government AG 435 ( 9 Apr 46)PH, (SCAPIN - 871) subject: Control of Traffic in Poisonous Beverages, dated 9 April 1946.

1. With reference to the above numbered memorandum, the following is published for the information and guidance of all concerned.
2. The purpose of this Directive is to establish a vigorous penalty for the illicit possession, sale or barter of beverages containing methyl alcohol (methanol) in dangerous concentrations. Its particular targets are those individual black market operators who trade or sell untaxed liquors with high methyl alcohol or other poisonous content. The memorandum is not intended to cause prosecution of authorized bona fide distillers or manufacturers whose beverages contain innocuous concentrations of methanol unavoidable in the manufacturing or distilling methods employed.
3. The standard Japanese test for the presence of methanol in beverages differs from the more sensitive USP test which the Japanese are not equipped to perform. Where the standard Japanese test gives a negative result, the USP test of the same sample will frequently show a small amount of methanol. Such an amount, however, will not be toxic except in amounts of the beverage which are prohibitively large for human consumption.
4. Commanders will be guided by the following considerations in enforcing the terms of the memorandum above referred to and in the control of the manufacture and sale of beverages containing methanol:
  - a. All alcoholic beverages manufactured and sold will contain not over 1 mg. of methyl alcohol per cc. Where the methyl alcohol content exceeds 0.2 mg. per cc, such content will be stated in English and Japanese on a label affixed to each bottle or other container.
  - b. Where the beverage in question contains a greater quantity of methanol than 1 mg. per cc of beverage, it will be destroyed.
  - c. Unauthorized or illicit distilleries or manufacturing facilities and those of individuals, companies or associations failing to conform to the above standards will be closed and may be destroyed.

## DISTRIBUTION:

Same as (SCAPIN - 871 )  
less Imperial Japanese Government.



J W MANN  
Lt Col, AGD  
Asst Adj Gen

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 720.4 ( 6 Apr 46)PH

APO 500  
6 April 1946

MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN - 865) File AG 720.4 ( 6 Apr 46)PH, this Headquarters, dated 6 April 1946, subject: "Quarantine Procedures for Cholera in Repatriates.

1. With reference to Memorandum Number (SCAPIN - 865) this Headquarters to the Imperial Japanese Government, the following is published for the information of all concerned.

2. Cholera is reported aboard incoming repatriation vessels from China. This is the beginning of the epidemic season for intestinal diseases and sanitary conditions in Japan are very poor at present. This makes a sweeping epidemic of cholera a real possibility.

3. Every effort is to be made to erect a barrier to the introduction of the disease to Japan. To attain this end:

a. The principle of allowing no case ashore will be applied by transferring cases from passenger vessels to hospital ships except initially before hospital ships can be anchored at the two ports of Uraga and Sesabo. It will be necessary to use the most rigid isolation technique at the shore hospitals where cases will be brought before the arrival of hospital ships. Most careful surveillance of this procedure is essential.

b. Allowing only ports where the quarantine facilities are adequate to be used by ships with cholera. At present these are Uraga and Sesabo. It is anticipated that within a month the port of Hakata will be available.

c. Ships from China without cholera may use the ports of Kagoshima, Kure and Hakata.

d. On ships which have cholera aboard, all personnel will be quarantined on the vessel for fourteen days after the appearance of the last case. All personnel immunized with 1.5 cc of cholera vaccine. Stool examinations made to determine carriers. Surveillance to be exercised to assure that these procedures are carried out, that the ship is anchored at a sufficient distance from the shore so that personnel cannot swim ashore, that discharges from the vessel are not washed ashore and that all personnel are physically examined for cholera before disembarking. The vibrio of cholera will live in sea water.

e. The passengers and crew of these vessels will be treated in the same manner.

4. The most critical points in this program are:

BASIC: Memo, AG 720.4 ( 6 Apr 46)PH, Info of General Application Pertaining to Directive Number (SCAPIN 865 ), File AG 720.4 ( 6 Apr 46)PH, subject: "Quarantine Procedures for Cholera in Repatriates", dated 6 April 1946.

- a. Strict isolation technique of the cholera cases which must be brought ashore before hospital ships can be made available.
- b. The detection of carriers.
- c. The prohibition of persons from visiting cholera ships while anchored in quarantine or from personnel escaping from quarantine.

*J. W. Mann*

J W MANN,  
Lt Col, AGD  
Asst Adj Gen

DISTRIBUTION:

Same as (SCAPIN - 865 )  
plus SCAJAP  
less Imperial Japanese Government.

BASIC: Ltr. AG 720.4 (6 April 46)PH, this Headquarters to Imperial Japanese Government, subject: "Quarantine Procedures for Cholera in Repatriates" 6 April 1946.

d. All personnel (except cholera patients) will be inoculated with 1.5 cc of cholera vaccine.

e. During the quarantine period the feces and urine of all personnel will be treated with a two percent cresol solution before being discharged into the sea.

f. A stool examination will be performed on all personnel to detect carriers. All carriers discovered will be isolated in the same place as cholera cases and kept until three negative stool specimens have been obtained at two day intervals.

g. A hospital ship will be anchored off shore at the ports of Uraga and Sasebo to receive and treat cholera cases among the repatriates.

FOR THE SUPREME COMMANDER:

/s/ B. M. Fitch  
B. M. FITCH,  
Brigadier General, AGD  
Adjutant General.

Incl 1 to OD No. 42/2, Hq Eighth Army,  
11 May 1946.

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

CFS/GFP/jgh  
27 March 1946

## MEMORANDUM

TO : Military Government Companies and Groups In Japan.

ATTENTION: Public Health and Welfare Officers.

1. For your information and convenience you will find the following attached .

a. Index of Public Health and Welfare Section directives to the Imperial Japanese Government as compiled in volume form by The Adjutant General's Office and now in your possession.

b. General Order #7, Establishing the Public Health and Welfare Section, Supreme Commander for the Allied Powers.

c. Brief summary of Public Health and Welfare activities as of 15 January 1946.

Incl. 1. Index  
2. G.O. #7, SCAP  
3. Summary PH&W

*for Crawford F. Sams*  
CRAWFORD F. SAMS,  
Colonel MC,  
Chief, Public Health and Welfare Section.

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

Index of  
 Directives to The Imperial Japanese Government  
 10 March 1946

SUBJECT	DATE	VOL	SCAPIN
<u>Administration:</u>			
Public Health Measures ✓	22 Sep. 45	I	48
Information on Japanese Public Health ✓	6 Oct. 45	I	98
Request for Issuance of Certificates of Birth and Death of Japanese under Control of United States Forces	5 Feb. 46		700
<u>Diseases:</u>			
Control of Venereal Disease ✓	16 Oct. 45	II	153
Information on Japanese Animal Disease Control ✓	30 Oct. 45	III	214
Prevention and Control of Typhus Fever in Japan ✓	21 Nov. 45	IV	331
Prevention and Control of Typhus Fever in Japan ✓	29 Nov. 45	IV	368
Small-pox Vaccination of Japanese Civilians	16 Jan. 46	VII	610
Diphtheria Control	4 Feb. 46		698
<u>Education:</u>			
Request for Naval Medical School as Training Center for Health Officers	28 Sep. 45		
<u>Foods:</u>			
Public Assistance	27 Feb. 46		775
<u>Hospitals:</u>			
Imperial Japanese Army and Naval Hospitals	19 Nov. 45	IV	304
Use of Japanese Red Cross Hospitals by Allied Forces	19 Nov. 45	IV	316
<u>Liquor-Poisonous:</u>			
Control of Traffic in Poisonous Beverages	18 Dec. 45	V	457
<u>Medical Supplies:</u>			
Maintenance of Artificial Limb Factory ✓	20 Sep. 45		
Release of Surplus Japanese Army and Navy Medical Supplies for Civilian use ✓	6 Oct. 45	I	97
Manufacture of DDT in Japan ✓	8 Oct. 45	II	106
Supply of Biologicals	12 Oct. 45	II	129
Distribution and Use of Medical, Dental and Veterinary Supplies Issued by the Occupation Forces to Civilian Agencies.	27 Nov. 45	IV	355
Japanese Military and Naval Medical Supplies Received by Home Ministry from Occupation Forces ✓	20 Dec. 45	V	465
Manufacture of Medical Supplies and Equipment	28 Jan. 46	VII	665
Disposal of Medical Apparatus and Materials Preserved in Palau	4 Feb. 46		697

SUBJECT	DATE	VOL.	SCAPIN
<u>Narcotics:</u>			
Control of Narcotic Products and Records in Japan	12 Oct. 45	II	130
Disposition of Heroin in Japan ✓	2 Nov. 45	III	229
Violation of Directive Prohibiting Manufacture of Narcotics	12 Nov. 45	Ref. II	130
Custody and Distribution of Japanese Military Medicinal Narcotic Stocks ✓	4 Dec. 45	IV	398
Violation of Directive Prohibiting Manufacture of Narcotics	7 Dec. 45	V	401
Custody and Distribution of Japanese Military Medicinal Narcotic Stocks ✓	3 Jan. 46	VI	546
Establishment of an Effective System for Narcotic Control in Japan	22 Jan. 46	VII	644
<u>Population:</u>			
Nutrition Surveys of Civilian Population ✓	11 Dec. 45	V	422
Control of Population Movements ✓	8 Jan. 46	VI	563
Control of Population Movements ✓	2 Mar. 46		651-A
<u>Prostitution:</u>			
Abolition of Licensed Prostitution in Japan	21 Jan. 46	VII	642
<u>Quarantine:</u>			
Quarantine and Screening of Formosan Repatriates ✓	9 Mar. 46		866
<u>Relief:</u>			
Relief of Hiroshima	6 Sep. 45		
Relief Board for Veterans	13 Nov. 45	III	273
Reserve Supplies held for Relief Distribution	26 Nov. 45	IV	352
Relief and Welfare Plans	18 Dec. 45	V	404
Relief of Nationals of Countries with which the United Nations have been at War	19 Dec. 45	V	459
Reserve Supplies Held for Relief Distribution	21 Dec. 45	V	473
Distribution of Winter Clothing Held for Relief Purposes ✓	21 Feb. 46		763
<u>Repatriation:</u>			
Medical and Sanitary Procedures for Debarkation and Port Sanitation in Repatriation ✓	20 Oct. 45	II	167
Medical Supplies for Repatriation Program ✓	3 Mar. 46		791
Medical Supplies for Repatriation Program ✓	7 Mar. 46		803
<u>Societies:</u>			
Dojinkai (Dojin Medical Society)	31 Oct. 45	III	216

Note:

Omitted Volume numbers are now being compiled by A. G. O.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
PUBLIC HEALTH AND WELFARE SECTION

*Copy from  
file copy.*

## ABSTRACT

from

WEEKLY BULLETIN  
For Period24 March to 30 March  
1946

Translations of Orders to Prefectures. The following are translations of instructions that were given by the Ministry of Health and Social Affairs to prefectural officials. In some instances the translation is not satisfactory, particularly in paragraph 2 b (2). It is suggested that Military Government Units contact prefectural and local health enforcement authorities to see that they have received these instructions and to exercise surveillance over their execution.

Translation of Order for Improvement of Sanitation  
from Ministry of Health to Prefectures

- I -

Director of Health Bureau.  
Director of Prevention Bureau  
for Infectious Diseases.

TO: Prefectural Governors.

Notification to Improve the Sanitation of Cities and Towns for the Prevention of Diseases.

Various measures recently taken for the clean-up of towns and cities are not satisfactory. This is regrettable not only from the point of view of beauty of the community, but also because of the present danger from diseases being brought to this country by repatriates. The season is close at hand when the dangers from mosquito-borne and enteric diseases will be very great. Therefore:



RESTRICTED

it is necessary to take preventive measures at once and enforce all sanitary laws immediately that living conditions may be improved and everything possible be done to prevent disease.

- II -

Chief of Health Division.  
Chief of Prevention Section  
for Infectious Diseases.

TO: Director of Public Welfare of Tokyo;  
Chief of Home Division of Prefectures;  
Education and Welfare;  
Metropolitan Police.

Improvement of Sanitation of Cities and Towns.

As notified this day by Directors of the Bureau of Health and Prevention Bureau of Infectious Diseases, all laws regarding the above subject shall be enforced. The following items are noted for carrying out the public health and sanitation program in all cities and towns:

1. Arrangements shall be made for the complete collection and transportation of nightsoil, rubbish, and other waste products.

a. Although a complete sewerage system is the ideal aim, for the time being every public organization will strengthen personnel, transporting equipment, and other facilities as necessary to remove night soil, garbage, and refuse.

b. Every town assembly, neighborhood association, and similar organization will clean their environs, drains, and graveyards. This will be done thoroughly in accordance with the laws for the prevention of infectious diseases. Every public agency will enforce these laws explicitly.

c. Those who use the nightsoil and other waste products will be required to properly store and distribute this material in a sanitary manner so as not to cause fly breeding or pollution of streams.

d. Latrines and nightsoil storage vaults will be so constructed as not to provide a place for fly breeding. Petroleum emulsion will be used as required to prevent fly breeding. Adequate storage will be provided in all vaults and they will be constructed so as to be fly tight.

e. (Not translatable)

f. Public agencies will provide for an adequate number of public latrines in suitable locations.

2. Proper care will be taken or disposition made of all water tanks and containers for fire protection, and other standing water.

a. In so far as possible all existing collections of water will be eliminated, leaving only minimum number necessary for fire protection. Where

- 4 -

RESTRICTED

RESTRICTED

possible fire water holes will be filled or drained so as not to collect rain water.

b. The remaining necessary collections of water for fire protection will be treated to prevent mosquito breeding by the responsible individuals or agencies in the following manner:

- (1) Change the water periodically (generally once a week) using care that larvae do not remain on the inside surface of the container.
- (2) Treat the water with larvicide.
  - (a) Petroleum or petroleum emulsion; 10 grams per square meter, or enough to form an oil film on the surface. (Heavier oils will require a larger quantity.)
  - (b) Paris green or Phenothiazine; Dilute 1:50 with rice-bran or dust, using 1 cc for 10 sq. meters of surface area.
  - (c) Pyrethrum: Use 2 grams once or twice a month on 10 square meters surface area.
  - (d) Bleaching powder: At least 40 grams for 10 square meters surface area.
  - (e) Bleaching powder: At least 100 grams for 10 square meters surface area.
  - (f) 3% liquid kresoleum mykosol may be used as a substitute for the above.
- (3) Fish may be used in basins and pools, gibel, goldfish, killifish, top minnow, etc., 2 killifish or 1 gibel to 1 liter of water.

c. Town Assemblies and Neighborhood Associations will clean and grade drains as required to remove all stagnant water.

d. Town Assemblies and Neighborhood Associations, with the cooperation of school boy and young men's associations if required, will pump out standing water, fill, grade, and ditch as necessary to eliminate collections of water.

e. The cemetery is an important breeding place for mosquitoes, Temples or shrines or public bodies responsible for them, will clean vases, offering tables, etc. Where possible it is desirable to fill these with sand to eliminate these mosquito breeding places.

Laboratory Service

Reform of Medical Education. The fifth formal meeting of the Council on

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 334 (19 Mar 46) PH

APO 500  
19 March 1946

## MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN 273), AG 334 (13 Nov 45) PH, dated 13 November 1945, subject: "Relief Board for Veterans".

1. With reference to Memorandum Number (SCAPIN 273) AG 334 (13 Nov 45) PH, this Headquarters to the Imperial Japanese Government, the following is published for the information of all concerned.
2. At the time of surrender, the Relief Board for Veterans had under its control thirty-eight tuberculosis sanatoria, twelve mental hospitals and one leprosarium.
3. The purpose of the directive referred to in paragraph 1 above, is to remove control of the above mentioned facilities from quasi-military agencies and to broaden the base so that medical treatment and hospital care may be made available to civilians.
4. Actual transfer of these facilities from the Relief Board for Veterans to the Japanese Ministry of Health and Social Affairs will be made through the Home Ministry.
5. Responsibility that the provisions of the above mentioned directive are carried out rests with the Civil Affairs Teams.
6. Instructions pertaining to the execution of surveillance will follow through command channels.

## DISTRIBUTION

Same as SCAPIN 273  
less Imperial Japanese Government.

/s/ Harold Fair  
/t/ HAROLD FAIR  
Lt Col, AGD,  
Asst Adjutant General

Incl #2 to Operational Directive No. 43,  
Hq Eighth Army, 16 Apr 46

Reproduced by 94th Hq & Hq Det Mil Govt Gp, 26 Apr 46

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 440 (16 Mar 46)PE

16 March 1946

## MEMORANDUM.

SUBJECT: Information of General Application Pertaining to Directive Number (SCAPIN 465), file AG 440 (20 Dec 45)PH this Headquarters, 20 December 1945, subject: "Japanese Military and Naval Medical Supplies Received by Home Ministry from Occupation Forces."

1. With reference to Memorandum Number (SCAPIN 465), this Headquarters to the Imperial Japanese Government, dated 20 December 1945, the following is published for the information of all concerned.

2. It was intended that the returned Japanese Military medical supplies be utilized to support the civilian health program until such time as civilian economy is geared to post-war needs. The Japanese were to inventory the stocks returned and report same to the Ministry of Health and Social Affairs. The Ministry was to immediately authorize a distribution of twenty percent of the stocks in the prefecture wherein the supplies were located. Upon completion of this preliminary distribution; stocks were to be balanced between prefectures in order to equalize available stocks by population, and at the same time to authorize the distribution of an additional fifty percent. The remaining thirty percent is to be held as a reserve for possible emergencies. The balancing of stocks between prefectures and the authorization of the second distribution will be completed by 15 March.

3. The subject memorandum was released directing more vigorous efforts on the part of the Japanese authorities in not only accomplishing the necessary procedures involving the returned supplies but more important, to move the stocks from depots, dumps and collecting points to the consumers.

4. Command instructions pertaining to the execution of surveillance will follow through command channels. As a guide for exercising proper surveillance the following check points are suggested:

- a) Determine that prefectural authorities (Prefectural Health Officer) has taken possession of all returned Military medical supplies.
- b) Determine that the supplies have been properly inventoried by the Japanese and that reports of same have been sent the Ministry of Health and Social Affairs.
- c) Determine that the prefectural health officials have received authority from the Ministry to make distribution to doctors, hospitals and other consumer agencies.

BASIC: Memo, GHQ, SCAP, file AG 440 (16 Mar 46)PH, dtd 16 March 1946,  
subject: "Information of General Application Pertaining to  
Directive Number (SCAPIN 465), etc.

- ✓ d) Determine that distribution plans are formulated and that the supplies are actually moved to the consumers.
- e) Ascertain that the prefectural health officials have a copy of memorandum, subject: "Transport of Medical Materials", 9 January 1946, Automobile Bureau, Ministry of Transportation to Governors of Prefectures. This Memorandum authorizes necessary transportation facilities to accomplish the movement of medical supplies.
- f) Investigate storage points and ascertain that storage is adequate for the safeguarding of the medical supplies.
- g) Advise this headquarters through channels of any corrective action that should be taken at the national level.

/s/ Harold Fair  
/t/ HAROLD FAIR  
Lt Colonel, AGD,  
Asst Adjutant General.

DISTRIBUTION:

Same as (SCAPIN 465)  
less Imperial Japanese Government.

Reproduced by 94th Hq & Hq Det Mil Govt Gp, APO 660, 29 Apr 46

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

15 January 1946

MEMORANDUM.

SUBJECT: Brief Summary of Activities of Public Health and Welfare Section,  
GHQ, SCAP.

1. The following is a brief summary of a conference held on 15 January 1946 for the Far East Commission when the functions and organization of the Public Health and Welfare Section was outlined. The functions of the Section are:

- ✓ a. To prevent disease and unrest in civil population.
- ✓ b. To expedite the establishment or reestablishment of normal civil health control measures to prevent the spread of disease.
- ✓ c. To provide early establishment of essential medical and welfare activities to meet minimum humanitarian requirements of civil population.
- d. To require establishment of standards of health, sanitation and quarantine in connection with repatriation of displaced persons so as to prevent danger to occupation forces.
- e. To dispose of existing stocks and control the production and traffic in narcotics in Japan and Korea.
- ✓ f. To conduct surveys of health and welfare activities to keep the Supreme Command informed and to use as a basis for plans.
- g. To maintain liaison with non-military organizations such as the International Red Cross, American Red Cross and the Japanese Red Cross.

2. The health and welfare situation was discussed under three phases, first, conditions found on arrival on August 31st; second, actions taken by this Section; third, the current situation as a result of these actions.

3. Preventive Medicine. Disease reporting by the Ministry of Health and Welfare practically ceased in 1942. The system was reestablished by this Section and is now operating in a satisfactory manner, reports being rendered on a weekly basis.

a. Intestinal Diseases, Dysentery, Paratyphoid, Typhoid Fever. The principle diseases which would be of danger to the occupation forces were the intestinal diseases, dysentery, paratyphoid and typhoid fever which reach annual peaks each summer and since the beginning of the war had increased until the highest peak was reached in the summer of 1945. The occupation forces arrived too late in the epidemic season to be affected materially by these

diseases which have shown a marked drop since the occupation began and will not be a problem until next summer when a fly control program will be initiated.

b. Meningitis. There was a large epidemic of meningitis in March and April of 1945 which subsided, the incidence of that disease now being down to normal.

c. Diphtheria. A constant increase in diphtheria has been shown in Japan, but it is now decreasing as a result of an effort to increase the production of toxoid for immunization of civilian personnel.

d. Venereal Disease. Venereal disease has been, as the result of activity by this Section, classed as a communicable disease, and hospitalization and treatment required. A program has been established for training the Japanese in the diagnosis and treatment of venereal disease which will reduce the reservoir of infection to which our troops may be exposed.

e. Smallpox. Smallpox has shown a progressive increase but is now being brought under control by a widespread program of vaccination of civilian personnel, particularly those in contact with military forces, both in Korea and in Japan.

f. Typhus. The principal disease of greatest importance to troops was typhus, which we know had become epidemic last year in Japan, and which was confirmed upon our arrival, to be widespread among the Korean coal miners in Hokkaido. Plans had already been made prior to occupation to bring this disease under control by arranging for DDT and typhus vaccine to be secured from the United States since they were not available in Japan. An explosive outbreak of typhus would have endangered the occupation forces, and created panic and unrest, however, Japanese trained under American supervision are now carrying out delousing procedures and immunization in the Korean groups in Hokkaido. Barriers have been established between Hokkaido and Honshu and at all reception stations into and out of Korea and Japan, to which repatriates are moving in order to prevent the spread of typhus. As a result of these activities which have now been in effect for approximately one month, the incidence of typhus has dropped, and although this is the season when we could have expected an explosive outbreak we have, we believe, the situation under control.

g. Quarantine. Quarantine procedures, including delousing for typhus and vaccination for smallpox and typhoid and paratyphoid fever, and for cholera when indicated, have been established at the border between northern Korea and the U. S. zone in southern Korea for Japanese moving from the northern zone down into southern Korea, and between the repatriates moving between Japan and Korea and for all Japanese repatriates coming into the Homeland from China and the South Seas.

h. Sanitary Engineering. Water supplies in the principal cities are adequate in quantity. Distribution systems were slightly damaged and chlorination was not being carried out. The production of chlorine, dependent on the import of salt, has been reestablished and chlorination in water purification plants is now being done. As soon as repairs have been made in distribution systems, the water supply will be satisfactory within the

next few months, so far as quality is concerned. ~~Sewage disposal systems~~ were not badly damaged and are in operation. Railroad stations in the principal cities were filled with vagrants and the stations were filthy and a potential source of the spread of disease. As a result of activities of this Section, these vagrants have been housed elsewhere, are being fed, and have medical attention provided for them, and the stations have been cleaned up.

i. Nutrition. In order to determine the facts as to the actual state of nutrition, and in view of reports current when occupation forces arrived, that large numbers of people were dying of starvation, procedures have been established for determining the cause of death of all persons found dead who have not had medical attention, such reports having been used as a basis for rumors of widespread deaths from starvation. These procedures have failed to show any number of deaths from starvation. A nutritional survey has been completed in Tokyo and a corresponding survey is being made on the nutritional status in rural areas, and thus far no evidence has been found to indicate any marked clinical malnutrition or starvation. Preliminary figures of the nutritional survey conducted in Tokyo in December and January of food intake of 33,000 Japanese civilians from all strata are as follows: Average intake per capita for all Tokyo area was 1,971 calories. Average intake per adult male was 2,252 calories which was obtained from the following sources: 1,232.8 calories from legal ration; 900.0 calories from black market; 26.3 calories from gardens; 93.1 calories from gifts of relatives in the country.

4. Veterinary. The veterinary service has been reestablished to prevent the outbreak of epidemic diseases among animals, particularly horses, cattle, swine, sheep and goats. In order that the animal population may be used as a source of food, and the horses and oxen be available for draft purposes.

5. Nursing. Nursing standards during the war years had been lowered. Public Health Nursing programs have been reestablished.

6. Medical Service. Early reports of inadequacy of the number of hospitals and doctors have been found to be inaccurate although 983 hospitals have been destroyed by air raids. There were, in August, 2,567 hospitals with a bed capacity of 155,654, of which only 101,508 were occupied. The number of hospitals has been increased by the opening up for civilian use, of 234 army hospitals and 58 navy hospitals with a capacity of 155,828 beds of which only 100,000 were occupied by former soldiers and sailors. At present there are 3,178 hospitals available for civilians with a capacity of 366,174 beds, of which only 53% are occupied. There are adequate hospitals available in Japan at present. The number of doctors available to staff these hospitals has been increased by approximately 20,000, they having been formerly in the military and naval service. There is an adequate number of doctors in the hospitals.

7. Supply. In August it was found that the civilian population was short of medical supplies for use in hospitals and for general medical care. The Japanese Army and Navy had taken approximately two-thirds of the production of these supplies and had accumulated approximately a 2 years' supply for the Japanese Army and 5 years for the Japanese Navy. Approximately 50% of the drug manufacturing industries which were concentrated largely in Tokyo and Osaka, had been destroyed by air raids. As a result of the action taken



by this Section the large stocks of medical supplies in the hands of the Japanese Army and Navy are now being distributed under American supervision, to the civilian population and the hospitals. Effort is being made now to increase the production capacity of the medical supply industry.

a. Narcotics. Japan was the source of approximately 90% of the illicit narcotic traffic of the world. Her capacity for producing narcotics was approximately three times her legitimate needs. Large stocks of crude and finished narcotics have been uncovered in Japan and Korea and the growth of poppies and the production of narcotics have been prohibited. An adequate system of control is being established for the distribution of narcotics required for legitimate medical needs.

8. Welfare. The Japanese Government has never had an organized welfare program to provide for destitute personnel. It has not previously been faced with the problem of unemployed such as is now being experienced. It is estimated that approximately 6,000,000 unemployed will in the future require some form of direct relief. A plan for an organization has been established under the supervision of this Section to provide for direct relief of destitute and unemployed who may require it, utilizing initial reserve stocks of food and clothing accumulated by the Japanese Army and Navy.

9. Repatriation. In August we found that the estimated 3,000,000 Koreans and 37,000 Formosan Chinese who had been brought into Japan as slave laborers had been turned loose and were traveling through Japan in an effort to return to their homeland. This repatriation is now organized and being carried out under American supervision. The Japanese Government has been required to provide adequate food and clothing and medical service for the foreign nationals during their repatriation. These facilities are in operation under American supervision.

*Grantford Sams*  
GRANTFORD SAMS,  
Colonel, Medical Corps  
Chief, Public Health and Welfare Section

TO: GENERAL HEADQUARTERS OF THE SUPREME COMMANDERS FOR THE ALLIED POWERS.  
THROUGH: Central Liaison Office, Tokyo.  
SUBJECT: Relief and Welfare Plans.

C.L.O. No. 1484 (1.1)

December 31, 1945

Receipt is acknowledged of the Memorandum AG 044 (8 Dec 45) GD., dated 8 December of the General Headquarters of the Supreme Commander for the Allied Powers on the above subject.

Pursuant to the above directive, the Japanese Government herewith submits the following plans of relief and welfare.

1. With a view to maintaining the minimum living standards of the people who need relief, irrespective of its cause, the people's living is to be firmly secured by enacting a new law, effecting an overall adjustment of the current laws and ordinance relating to relief such as Relief Law for the Poor and Disabled (Law No. 39, 1929), Law for the Protection of Mothers and Poor Children (Law No. 19, 1937), Law for the Medical Care of the Poor and Disabled (Law No. 36, 1941), War Casualties and Damages Protection Law (Law No. 71, 1942), Law for the Aids to Deceased Soldiers' Families (No. 1, 1917) etc.

Furthermore preparations are speedily made to set up a new non-governmental body of relief in order to enlarge the governmental activities of relief under the new law, with the understanding that the establishment of such organization will abolish or amalgamate existing various associations of relief such as Association of Relief for War Refugees, Association of Relief for the Nationals Abroad, Association of Relief for Veterans etc.

2. Pending the embodiment and execution of the preceding plan, emergency measures of relief and welfare based on the Cabinet decision on 15 December 1945, as shown in Enclosure No. 1, will be put into effect in the following manners:

(1) Relief is to be given to needy persons because of unemployment, mental or physical incapacity, or other cause of dependency. Their number is now being investigated but the maximum number is estimated approximately at 8,000,000, as shown in Enclosure No. 2. (The actual number will be available by the investigation to be completed at the end of January 1946.)

(2) Relief shall not exceed Yen 200 a month in the case of a standard household (consisting of five members). This amount will be increased or decreased according to the number of a household, (as shown in Enclosure No. 3).

(3) Relief will be given in one or more of the following ways as will fit the actual conditions of each household (Enclosure No. 4):

- a. Supplying the deficiency of food.
- b. Providing clothing and other necessities of life.

- c. Providing housing.
- d. Medical aid.
- e. Guidance and good offices in obtaining employment.
- f. Financial assistance.

Under the preceding Paragraph the relief will be made as far as possible in kind. Regarding foodstuff, other essential commodities and housing, it is impossible to provide for the whole nation in adequacy, as the present overall ability of this country to supply them is unfortunately extremely limited.

However, faithfully observing the principle to treat the whole nation in distress as fairly and equitably as possible, the Government proposes to adopt such special measures on behalf of the needy persons as shown in Enclosure No. 5.

(4) On behalf of the repatriates from abroad (including the veterans repatriated) following special measures will be taken, in addition to the relief based upon the preceding paragraph, in view of the special situation confronting them:

Temporary relief measures at debarkation points and during their travel to their home.

Providing of minimum household effects in order to enable them to settle down.

3. With a view to insuring the effectiveness of relief work, the following steps will be taken to meet the immediate needs of the situation in order to improve and enlarge relief institutions:

- (a) To enlarge the central and local administrative machinery concerned with relief work, and to install an increased staff of officials charged exclusively with the duty of giving guidance in connection therewith.
- (b) To form a Committee of experienced persons in each Prefecture, in order to ensure that relief work shall be properly carried into effect.
- (c) To enlarge and consolidate the system of "Homen Iin" (Social Welfare Commissioner), in order to ensure their full activity and to promote positive activity on the part of the social welfare machinery.

4. With regard to the expenditure necessary for relief the sum of Yen 300,000,000 will be appropriated provisionally in accordance with the provisions of the aforementioned apart from the current expenditure and the expenditure arising from the provisions of Paragraph 2, (4) of the present plan. The estimate of general expenditure for relief will be submitted for the approval of the Supreme Commander for the Allied Powers.

Data Submitted

1. An Outline of Urgent Relief Measures for Needy Persons.
2. The Estimated Number of Persons Requiring Relief.
3. Limits of Monetary Grants.
4. An Outline of Details of Relief and Welfare Plans.
5. Method of Securing Foodstuff, Other Essential Commodities, and Housing.

NOTE: 1. The estimated number of persons requiring monthly and direct relief by Prefecture because of unemployment, physical incapacity or other cause of dependency is now being concretely investigated and will be reported when the investigation is completed.

2. The estimated monthly cost of relief by Prefecture will also be reported after the completion of investigation.

ENCLOSURE L. Outline of the urgency measures for the relief of needy persons. (Decided on by the Cabinet Council, Dec. 15, 1945).

In view of the postwar conditions in the country, for those who are especially in needy circumstances, urgency relief measures will be taken as follows to meet the immediate needs of situation:

1. The present relief shall be extended to the needy persons in general and those who are included in the following categories and are in needy conditions.

1. Unemployed.
2. War sufferers.
3. Repatriates.
4. Families whose heads are abroad.
5. Wounded and disabled ex-servicemen and their families and bereaved families.

2. The relief will be administered in the following ways according to the actual living conditions of those in need of relief.

1. Expansion of facilities for lodging, food supply, and medical aids.
2. Supplying of clothing, bedding, and daily necessaries.
3. Supplying of foodstuffs.
4. Vocational guidance.
5. Supply or loan of materials for the production of consumers goods for home consumption.

3. The relief shall be administered by the mayors of cities, the chiefs of towns, villages, or wards on the programme made by each prefectural government, with the cooperation of the chief of town council, the community council, social Welfare commissioners and social welfare organizations.

4. Relief expenditure.

The fund already in existence will be appropriated in accordance

with the provisions of the present decision, and additional expenditure will be paid from other sources specially to be instituted.

Remarks.

- (1) In the execution of the provisions of the present decision, emphasis will be laid, for the present, on the six big cities and localities where large numbers of repatriates are residing.
- (2) In the execution of the provisions of the present decision, social welfare commissioners throughout the country will be especially instructed to give their full and positive co-operation, in order to see their object effectively carried out.

ENCLOSURE II Number of persons expected to require relief Basic.

<u>Class</u>	<u>Number of Persons</u>	<u>Relief Ratio</u>	<u>Persons Required Relief</u>	<u>Remarks</u>
Incapacities for living	760,000		760,000	(1)
Unemployed	8,666,116	0.50	4,340,000	(2)
Repatriates	900,000	0.95	860,000	
Others	<u>2,040,000</u>		<u>2,040,000</u>	
Total	12,366,116		8,000,000	

- (1) 15 per cent, increase over 658,863 persons, the figure at the end of the fiscal year 1941.
- (2) Addition of one family number on an average as against 4,333,058 persons, expected to be unemployed on the investigation made in September 1945.

ENCLOSURE III Limits of allowances

- (1) Relief allowances for household numbers

<u>Class</u>	<u>Household Numbers</u>				
	<u>1 person</u> (yen)	<u>2 persons</u>	<u>3 persons</u>	<u>4 persons</u>	<u>5 persons</u> (Additional for each one Increase)
Blackmarket prices	2.90	5.38	7.62	9.44	11.15 .80
Authorized prices	2.18	4.02	5.73	7.08	8.35 .60
Average of black- market and Author- ized prices	2.52	4.70	6.66	8.24	9.75 .70
Estimates Allowances	1.73	3.22	4.56	5.64	6.67 .50

Remarks: Progressive rate of increase is based on the ration provided in the laws relating to relief now in operation.

- (2) Minimum of living expenses of a standard family.

(Estimate made by the Institute for Research in the Livelihood Problems of the Japanese, representing the state as it was in November 1945.)

Consumption unit for married couple and three children: 3.8.

	<u>Blackmarket prices (yen)</u>	<u>Prices</u>	<u>Standard expenses for allowances</u>
1. Food and drinks	152.40	102.90	127.65
2. Residence	50.00	30.00	40.00
3. Water supply and lighting and heating	25.69	11.72	18.70
4. Clothing and personal output.	21.53	21.53	21.53
5. Insurance and sanitation	15.30	15.30	15.30
6. Education of children	8.24	8.24	8.24
7. Public dues	27.58	27.58	27.58
8. Transit and communication	8.10	8.10	8.10
9. Social intercourse	5.15	5.15	5.15
10. Recreation	2.00	2.00	2.00
11. Insurance	8.00	8.00	8.00
12. Others	10.00	10.00	10.00

- Notes: 1. Black market prices are based on those of the latest free markets.  
 2. Authorized prices are those presumed on the basis of the authorized prices.  
 3. Standard expense for allowances are the average of the blackmarket and authorized prices.

#### ENCLOSURE IV An Outline of Details of Relief and Welfare Plans.

1. Relief is to be given, as a rule, at the home of a family requiring relief, but, in the case of a person who requires accommodation and protection he will be given access to a housing establishment run by a social welfare enterprise or to other institution intended for such accommodation.

2. To persons requiring additional supplies of food, substitute food and such subsidiary food as fresh fish and vegetables, will be provided free of charge or at reduced prices, with a view to ensuring to them the calories necessary for maintaining the minimum standard of living.

This supplementary distribution of food is to be made at places of work by way of encouraging work, as well as at homes.

3. With regard to persons who require the provision of cooked food, those who dine at eating-houses by dint of "dining-out tickets" will be enabled to dine free of charge or at reduced prices. Steps will also be taken to encourage communal feeding at the places where persons requiring relief live in a body and at the employment houses or similar institutions maintained for the sake of such persons.

4. Persons requiring relief in the form of clothing, bedding, cooking

utensils and other articles necessary for living will be provided with them free of charge or at reduced prices. Such articles are to be obtained by purchasing on the general market or in the locality concerned. In the dispensation of the relief, priority will be given to the more needy of repatriates and war victims.

5. Persons requiring housing accommodation will be accommodated in public housing establishments or similar institutions. In the case of persons who require monetary aid in regard to house-rent, such will be given within the limits of a reasonable house-rent.

6. Persons requiring medical treatment (including maternity care) will be given the benefit of hospitals, medical practitioners, pharmacutists, midwives, etc., and traveling clinics will be made available to them, so that they may obtain medical treatment free of charge or at reduced cost. Arrangements will also be speedily made for the distribution of home-use medicines.

7. In order to enable persons requiring relief to engage in work, the following steps will be taken:

(1) In the case of persons suitable for engagement in agriculture, coal digging, public works, etc., the necessary funds and articles will be given, so that they may be enabled, either single or in a body, to engage in work.

(2) To persons requiring aid in the procurement of vocational tools and instruments, minor capital funds, etc., such will be given or lent.

(3) In addition to the above, efforts will be made to utilize and increase establishments for giving vocational guidance, employment houses, co-operative workshops, etc. Sidework at home will also be encouraged.

8. In the case of persons with mental or physical incapacity, there will be established vocational guidance institutions, employment houses, co-operative workshops, etc. of a special character, and special protection will be afforded them in regard to their engagement in work.

9. Monetary grants will be made to supply the deficit when the measures mentioned under the preceding paragraphs are not sufficient to meet the required cost of living.

10. With a view to ensuring the effectiveness of relief work, the following measures are to be taken to meet the immediate needs of the situation:

(1) Enlargement of the central administrative machinery.

(a) To attach to the Social Affairs Bureau of the Ministry of Welfare an increased staff of officials charged exclusively with giving guidance in connection with relief, in order further to increase the effectiveness of the planning and guiding of relief work.

(b) To renovate and consolidate the structure and personnel of the existing central organizations interested in social welfare enterprises, with a view to making their activities more positive.

(c) To carry out investigations and researches relating to relief work, and to improve and enlarge establishments for the training and re-education of persons concerned with relief work.

(2) Enlargement of the local administrative machinery.

(a) To assign full-time guidance officials to each Prefecture to direct and supervise relief work, and also to increase other necessary officials to improve and enlarge the structure and personnel of the administrative machinery.

(b) To assign full-time guidance officials to Local Offices and Municipalities to deal with liaison and guidance concerning relief affairs on the first line.

(c) To form a Committee of experienced persons in each Prefecture to ensure a proper execution of relief enterprises.

(3) Improvement and enlargement of the first-line machinery.

(a) To obtain more capable persons as Social Welfare Commissioners, to increase their number, and, what is of particular importance, to increase the proportion of women members of the Social Welfare Commissioners.

(b) To enlarge social welfare establishments, to give them utmost assistance and encouragement, and to promote their positive activities.

(c) To hold lectures, to make inspection trips and to take other necessary steps for the benefit of the persons concerned, in order to activate relief enterprises in local communities.

#### ENCLOSURE V Method of Securing Supplies, Materials and Housing.

##### 1. Food.

Staple food and substitute food will be distributed through the general ration system to needy persons who will be given the same opportunity of purchasing food as that of the general consumers.

No measures will be taken in order to secure articles especially for needy persons.

##### 2. Clothing.

General ration will be equally given to needy persons, and moreover for war refugees and repatriates, from abroad a suit of clothes, an underwear and an undershirt will be secured for each person preferentially from the clothes secured for relief among the special articles and from newly produced clothes.

The other kind of clothes will be given from the special articles for relief.

Regarding bedding, 200,000 pieces of blankets or quilts will be secured.



### 3. Housing.

67,000 houses will be built and secured for needy persons who have families, and for single persons existing buildings and others will be accommodated to house 169,000 persons.

### 4. Medical treatment.

Sick persons who can be treated by home-use medicines will have them through the distribution of general ration and the necessary amount will be preferentially secured for them from the present stock of medicines.

Firstly public hospitals and sanatoria run by municipalities, trade unions etc., secondly the rest of medical institution will be available for those who need the medical treatment by specialists, and beds and other accommodation will be secured for them.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 44C (27 Nov 45)PH

27 November 1945

MEMORANDUM FOR: THE IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo

SUBJECT : Distribution and Use of Medical, Dental and  
Veterinary Supplies Issued by the Occupation  
Forces to Civilian Agencies.

1. It may become necessary at certain times to release limited quantities of above mentioned items, from stocks of occupation forces, for emergency use in the treatment and control of diseases which might affect the health of occupation troops. In such event it will be the responsibility of the Imperial Japanese Government to distribute the supplies expeditiously and to exercise necessary supervision to insure use for the purpose for which released. Re-sale price will not exceed original cost, plus actual cost of distribution.

2. The Chief Health Officer of the area in which the supplies are released will advise the Occupation Force Commander as to the agency authorized to receive and receipt for the supplies and will exercise supervision over the distribution and use thereof. Records will be maintained by each agency or individual engaged in the distribution, showing for each item:

- a. Amount received.
- b. Date of receipt and source.
- c. Amount disposed of.
- d. Date of disposition and recipient.
- e. Cost and sale price.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen  
/t/ H. W. ALLEN  
Colonel, A. G. D.  
Asst Adjutant General

INCL TO OPNL DIR 37, HQ EIGHTH ARMY, 17 DEC 45.

C O P Y

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

APO 500  
27 november 1945

SUBJECT: Outlines of Technical data on the Treatment and  
Diagnosis of Venereal Diseases.

TO : Surgeon, Sixth Army, APO 442.  
Surgeon, Eighth Army, APO 343.  
Surgeon, Far East Air Forces, APO 925.  
Senior Medical Officer, Fifth Fleet.

1. Reference is made to the following publication:

- a. Letter, this Headquarters, File AG 720 (22 Oct 45)PH, dated 22 October 1945, subject: "Public Health and Welfare Procedure in Japan" (Copy attached).
- b. Memorandum to the Imperial Japanese Government, this Headquarters, subject: "Control of Venereal Diseases" dated 16 October 1945 (Copy attached).

2. Outlines of technical data on the diagnosis and treatment of syphilis, gonorrhoea and chaneroid have been prepared for the guidance of the Japanese Government in the establishment of "minimum and uniform technical standards and procedures" by local Japanese public health officials. These outlines are inclosed for the guidance of military commands concerned.

CRAWFORD F. SAMS,  
Colonel, Medical Corps,  
Chief, Public Health and Welfare Sect.

Inclosure: Outline of Technical Standards and Procedures  
in the Diagnosis and Treatment of the Venereal

Outline of Technical Standards and  
Procedures in the Diagnosis and Treatment  
of the Venereal Diseases.

1. Minimum standards for the health examination of females required by the Law for the Prevention of Venereal Diseases.

a. The health examination will be made at least once each week by a competent physician working under the supervision of the local health officer.

b. The examination will include:

- (1) An inspection of the clothing, hair and skin for parasitic infestations.
- (2) Complete examination of the skin and mucous membrane for evidence of venereal or other communicable disease.
- (3) A microscopic examination of properly prepared cervical and urethral smears for gonococci.
- (4) Dark-field examination of all ulcerative lesions of the genitalia.
- (5) A standard serological test for syphilis at least once each month.
- (6) Such other examinations and tests as may be required to exclude other suspected communicable disease.

2. Diagnosis of Syphilis.

a. The diagnosis of syphilis should rest upon:

- (1) Medical history with special attention to possible exposure, history of previous diagnosis or treatment results of previous blood tests and symptoms and signs of primary or secondary syphilis.
- (2) Complete examination of the skin, including scalp, palms and soles, mouth, genitalia and anus for ulceration, rash, mucous patches, fissures, condylomata, gumma, alopecia, etc.
- (3) Inspection of the cervix uteri for early lesion.
- (4) Dark-field examination of any ulcerative lesion of the genitalia (the delayed dark-field technique may be used).
- (5) Examination of the eyes, lymph glands, nervous system, bones, viscera, heart and great vessels for syphilitic pathology.

- (6) Standard serological tests for syphilis. (The diagnosis of syphilis should not be made on the basis of a single positive or any number of doubtful reports in the absence of other evidence of syphilis.)
- (7) Examination of the cerebrospinal fluid except in the presence of early lesions.

### 3. Treatment of Syphilis.

a. Treatment should be instituted only after the diagnosis has been firmly established.

#### b. Arsenical - Bismuth Therapy -

An acceptable schedule for early and latent syphilis should provide for the administration of a minimum of 20 intravenous injections of an effective arsenical and 20 intramuscular injections of an insoluble bismuth preparation over a period of not more than 40 weeks. Mapharsen and bismuth subsalicylate in oil are drugs of choice. An effective schedule:

Mapharsen	Bismuth Subsalsicylate in oil
0.04 gm per does administered twice a week.	130 mg per does administered once a week.
Injections:	Injections:
1st to 10th week inclusive.	1st to 14th week inclusive
15th to 24th week inclusive.	19th to 24th week inclusive

c. Examinations should be made at least once a month during the course of treatment for treatment reactions, serological response, treatment resistance and the healing of lesions. An examination of the cerebrospinal fluid should be made at the end of the treatment course unless the fluid has been examined earlier and found negative.

d. The treatment of the late syphilis and of complicated syphilis should be individualized. The use of arsenicals in such cases should be undertaken only on expert advice.

e. Under continuous treatment, syphilis may be considered noninfectious in ordinary contacts when all skin and mucous membrane lesions have healed and three doses of arsenical and two of bismuth have been administered.

### 4. Technique of the Examination for Gonorrhoea.

a. Inspect external genitalia for evidence of inflammation.

b. Palpate Bartholin's and Skene's glands for tenderness, swelling, induration and presence of pus.

c. Expose cervix uteri using bivalve speculum. Remove cervical plug of mucus with cotton applicator. Massage cervix between blades of speculum. Insert a small cotton applicator into cervical canal, remove and roll gently on a clean glass slide.

d. Insert a finger into the vagina and milk the unurethra toward the urethral orifice against the pubis. Insert a small cotton applicator into urethra, press against the walls, remove, and roll gently on a clean glass slide.

e. Make a slide from any secretion obtained from Skene's or Bartholin's glands.

f. Fix the slide, stain with fresh Gram's stain and examine for intr-cellular Gram negative diplococci.

#### 5. Management of Gonorrhoea.

##### 1. Diagnosis:

The diagnosis of gonorrhoea should rest upon the finding of Gram-negative intracellular diplococci in a smear of secretions from the genital or urinary tract. Culture methods should be employed where available.

##### 2. Treatment:

a. Penicillin therapy is the treatment of choice - 200,000 units in four doses of 50,000 units each given intramuscularly at intervals of 2 hours has been found a highly effective regimen. This may be given on an ambulatory or out-patient basis.

b. Sulfathiazole or sulfadiazine in one gram doses per oz. 4 or 5 times a day for 5 days. If cure is not obtained repeat course after an interval of 2 or 3 days. Patient should be hospitalized for this therapy.

c. The use of parenteral sulfonamides, vaccines, etc. is not recommended.

##### 3. Tests of cure:

Gonorrhoea shouldn't be considered cured until all signs and symptoms have disappeared and smears and/or cultures have been negative on three successive days.

4. Individuals treated for gonorrhoea should be followed with serological tests for syphilis at least once a month for 3 months. The possible masking effects of penicillin upon syphilitic infection during its incubation period must not be overlooked.

#### 6. Management of Chancroid.

a. The diagnosis of chancroid should be made only after dark-field examination of the lesion on three successive days has failed to reveal *Treponema pallidum*. No local treatment should be applied during this period. Oral therapy need not be delayed.

b. Fluctuant buboes may be aspirated.

c. All cases diagnosed as chancroid should have a serological test for syphilis at least once a month for three months.

d. Treatment with Sulfonamides is usually effective. Three to four grams a day of sulfathiazol by mouth until the lesion is healed is acceptable therapy. Local therapy in the form of mild washes or sulfonamide powder may be administered.

e. Penicillin has been found ineffective in the treatment of chancroid.

7. Technique for delayed dark-field examination.

a. Cleanse the lesion with a pledget of gauze dry or moistened with Saline.

b. Abrade the surface of the lesion with dry gauze sufficient to cause an exudation of clear serum.

c. Collect a drop of serum in a capillary by inserting into bee's wax and transmit specimen by the most rapid means available to the laboratory.

d. Dark-field examination of suspicious lesions should be repeated daily for at least three days.

e. Gland puncture: Satellite buboes will frequently yield spirochetes by the following technique: Put a small amount of sterile saline in a small syringe bearing a fairly long, slender needle. Fixing the gland between the fingers of one hand insert the needle into the gland. Inject the saline into the gland and with the needle in place forcibly withdraw the plunger several times. Transfer any fluid aspirated to a slide for immediate dark-field examination or to a capillary to be transmitted to the laboratory. A similar technique may be employed to examine material from the base of ulcerative lesions if surface material is not satisfactory for any reason.

f. The application of medicaments in any form may cause temporary disappearance of spirochetes. A lesion under study for spirochetes should not be treated with anything stronger than water or saline until all dark-field examinations have been completed.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 728 (30 Oct 45) PH

APO 500  
30 October 1945

MEMORANDUM FOR: IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo.

SUBJECT : Information on Japanese Animal Disease Control.

1. The Supreme Commander for the Allied Powers directs that the Imperial Japanese Government will:

a. Inaugurate or re-establish measures for:

- (1) The control of animal diseases which might seriously affect the health of the personnel of the Occupation Forces, or the civil population, or which might reduce the livestock population resulting in impairment of local sources of meat or dairy products or of draft animals.
- (2) The inspection of meat, meat food, or dairy products.

b. Preserve all statistical records on animal diseases, and meat, meat food, or dairy inspection.

c. Prepare and submit to this headquarters:

- (1) An immediate report of each initial case of the following animal diseases, to include location and control measures in effect; Anthrax, Blackleg, Foot and Mouth Disease.
- (2) A monthly statistical report of the following animal diseases by prefecture, to include number of cases, deaths, destroyed and redovered:
 

Anthrax	Swine Erysipelas
Infectious Abortion	Texas Fever
Blackleg	Fowl Pest
Glanders	White Diarrhea of Chickens
Foot & Mouth Disease	Rabies
Scabies	Swine Cholera
Swine Plague	Miscellaneous
- (3) An annual report on the results of examination for bovine tuberculosis.
- (4) A monthly meat inspection report by prefecture.
- (5) A monthly milk inspection report by prefecture.
- (6) An annual report on the preparation and distribution of veterinary sera, vaccine and biologicals.

Incl 1



BASIC: Memorandum for: THE IMPERIAL JAPANESE GOVERNMENT, File AG 720 (20 Oct 45) PH, dd 20 October 1945. Subject: Medical and Sanitary Procedures for Debarkation and Port Sanitation in Repatriation.

which repatriates will travel during the possible incubation periods. Notification should include cases of significant communicable disease, the institutionalization of which is not immediately practicable (i.e., leprosy, tuberculosis, etc).

- (4) Disinfestation, by methods approved by this headquarters of all persons arriving from Sakhalin (Karafuto), Kurile Islands (Chishima Retto), Russia, Manchuria, Korea, China, and other areas in which louse-borne typhus is known to be occurring; also of all persons found infested with lice upon arrival from other areas or who have been in contact enroute with persons from the above designated areas. Disinfestation will include the clothing of such persons, and other articles susceptible to infestation.
- (5) Such additional protective measures with respect to contacts with quarantinable disease, as for instance immunization against smallpox, as are applicable and feasible to diminish likelihood of transmission of disease.
- (6) Appropriate modification of the ~~above~~ requirements, when approved by this headquarters, in consideration of administration of approved immunogens, or of disinfestation by approved methods, before departure from abroad or enroute, providing these procedures are acceptably certified. Immunizations will be considered valid for this purpose not to exceed the following periods: smallpox, 1 year; louse-borne typhus, 6 months; cholera, 4 months; yellow fever, 5 years.
- (7) Maintenance of records required to comply with international quarantine procedure.

b. Procedures with respect to Japanese vessels only will provide for:

- (1) Inspection for rodent infestation aboard vessels arriving from areas in which plague is known to be occurring or is considered endemic, including the Asiatic mainland (including Korea) Formosa, Dutch East Indies, Burma, India, Thailand, Malay States, Singapore, French Indo-China.

MEMORANDUM FOR: THE IMPERIAL JAPANESE GOVERNMENT, file AG 720 (20 Oct 45) PH, dtd 20 October 1945. Subject: Medical and Sanitary Procedures for Debarkation and Port Sanitation in Repatriation.

- (2) Fumigation, by cyanide, sulphur dioxide, or other method submitted to and approved in advance by this headquarters, of those Japanese vessels indicated in par. 1-b (1) in which there is an excessive rodent colony as determined by international quarantine standards or which have had contact with shore likely to permit access of rodents in ports in which plague is known to be occurring; also of vessels in which rodent plague has occurred since last previous fumigation.
  - (3) Rat-trapping in all vessels in which the rodent colony is excessive in accordance with international quarantine standards and in which fumigation is not carried out.
  - (4) Appropriate examination for infection with plague of all rodents recovered after fumigation or by trapping aboard vessels.
  - (5) Those additional measures which are applicable to prevent spread of plague, including anchorage in stream with debarkation by lighter, fending off from wharves, application of effective rat-guards to lines, policing of gang-planks and cargo nets, necessary precautions with respect to cargo which have harbor rats or fleas from areas infected with plague, and appropriate disinfection or disinfestation of personal effects, linen, or other articles which may be infected or infested through contact with persons or rodents infected with quarantinable disease, and of parts of vessels or aircraft which may be similarly affected.
  - (6) Other sanitary measures approved by this headquarters as appropriate for control of disease aboard conveyances, including assurance of safe drinking water and proper disposal of wastes.
  - (7) Maintenance of records required to comply with international quarantine procedure.
- c. Procedures with respect to ports:
- (1) A continuing program of rodent control and sampling autopsies of rodents for detection of rodent plague in harbors used in repatriation movements, especially in traffic from areas

BASIC: Memo to Imperial Japanese Government, File AG 728  
(30 Oct 45) PH Subject: Information on Japanese  
Animal Disease Control, dtd 30 October 1945.

d. Report to this headquarters by 30 November, on  
steps taken to comply with this directive.

FOR THE SUPREME COMMANDER:

/S/ H.W. Allen  
H.W. ALLEN,  
Colonel, A.G.D.,  
Asst. Adjutant General.

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 720 (22 Oct 45) PH

APO 500  
22 October 1945

SUBJECT: Public Health and Welfare Procedure in Japan

TO: - Commanding General, Sixth Army, APO 442  
Commanding General, Eighth Army, APO 343  
Commanding General, Far East Air Forces, APO 925  
Commander, Fifth Fleet1. General Considerations.

a. Object. This outline is published for the information and guidance of personnel concerned with Public Health and Welfare functions in Japan related to the prevention of disease and distress among the civil population. The primary purpose is to insure that the health of our forces is not endangered by disease among civilians in the occupation areas.

b. Method of Operation. All health and welfare programs will be predicated upon the assumption that Japanese medical and welfare personnel, equipment and supplies are adequate to establish and maintain civilian health standards necessary to meet the minimum requirements of the occupying forces. Occupational personnel will be employed in a supervisory capacity only. Except in emergencies, U.S. Army equipment and supplies will be used only when specifically authorized by the Supreme Commander for the Allied Powers.

c. Basic Policy. The basic policy, which is to make the Japanese public health and welfare personnel self-sufficient by the effective use of their own equipment and supplies, will be adhered to by all concerned.

d. Miscellaneous. Civilian health, medical care and welfare activities will include, among other measures, the following for civilian health protection and welfare purposes, based on directives of this headquarters to the Imperial Japanese Government:

- (1) Immediate survey by agencies of the Japanese Ministry of Health and Welfare to determine disease prevalence, available local personnel and equipment, hospital facilities, medical, veterinary and sanitary supplies and adequacy of laws and regulations of the indigenous Japanese authority to meet current problems. Initial and periodic reports will be prepared as required by the Supreme Commander for the Allied Powers.

BASIC: Ltr, GHQ SCAP, file AG 720 (22 Oct 45) PM, dtd 22 October 1945, subject: "Public Health and Welfare Procedure in Japan", to CG, 6th A, CG, 8th A, CG, FEAF and Comdr, 5th Fleet.

- (2) Immediate inauguration by Japanese agencies of such measures as communicable disease reporting, examination, detention or hospitalization of cases or suspects of communicable disease, immunization, disinfestation, control of any disease likely to interfere with the success of the occupation mission or seriously affect civilian health.
- (3) All public water supply, sewerage system and other human waste disposal means will be restored by the Japanese to maximum civilian capacity with the least practicable delay, through the use of civilian resources. Resources of occupation forces will be used only for restoration of emergency service.
- (4) Civilian hospitals, sanatoria, leprosaria and clinics in Japan will be reopened for civilian use as rapidly as conditions permit or require. Such installations will be used by the armed forces only when absolutely necessary. Where civilian hospital space is inadequate, a survey of schools and other buildings will be made to locate buildings that are suitable for emergency hospital services and will be so utilized by the Japanese.
- (5) All civilian (wholesale) and Japanese military medical, dental, veterinary, sanitation supplies will be distributed through indigenous Japanese agencies, in accordance with occupational control plans previously published.
- (6) Japanese maritime quarantine laws will be reestablished and enforced at all ports.
- (7) Civilian laboratory facilities for public health and clinical diagnosis, manufacturing of sera and vaccines in Japan, will remain in operation.
- (8) Steps will be taken to expedite the reporting and analysis of vital statistics data in Japan, in accordance with instructions previously issued.
- (9) Special emphasis will be placed on adequate measures for the control of venereal disease, utilizing existing Japanese agencies.

BASIC: Ltr, GHQ SCMP, file AG 720 (22 Oct 45) PH, dtd 22 October 1945, subject: "Public Health and Welfare Procedure in Japan", to CG, 6th A, CG, 8th A, CG, FEAF and Comdr, 5th Fleet.

- (10) Immediate survey and report upon the number of Japanese civilians in each prefecture and city requiring direct relief, emergency food supplies or emergency shelter, and the quantities of supplies and facilities currently available therefor.

## 2. Duties of Occupation Force Commanders.

a. Commanding Generals, Sixth and Eighth Armies, and Commander, Fifth Fleet, will institute a general checking system and will supervise the execution of the instructions issued by the Supreme Commander for the Allied Powers by Japanese agencies on the regional, prefectural and local levels. They are authorized to issue such additional instructions of a detailed nature, in accordance with the general directives issued by the Supreme Commander, as are necessary to cover details of local execution.

b. The following general instructions, relative to operational technique, are set forth for the information and guidance of all concerned.

### (1) Operating Technique.

(a) In conjunction with the deployment of occupational troops into any areas in Japan, occupation force commanders will require general inspections to be made to determine the health and welfare status of the civilian population and make reports to this headquarters at the earliest practicable date as to the general condition of health and welfare in the various areas concerned. As soon as practicable thereafter, a more detailed check of the area will be made to determine the status of compliance of local officials with the instructions of the Supreme Commander for the Allied Powers to the Imperial Japanese Government. Thereafter, continued inspections will be made at such times as is necessary to insure compliance with instructions. Periodic reports will be rendered at such intervals as is necessary to keep the Supreme Commander for the Allied Powers informed of the general condition of health and welfare in Japan.

(b) Commanding Generals of occupation forces in Japan may issue such additional instructions, in line with directives of this Headquarters, as are necessary to insure compliance in

BASIC: Ltr, GHQ SCAP, file AG 720 (22 Oct 45)PH, dtd 22 October 1945, subject: "Public Health and Welfare Procedure in Japan", to CG, 6th A, CG, 8th A, CG, FEAF and Comdr, 5th Fleet.

detail on the regional, prefectural and local levels. In the exercise of authority by occupation commanders, a minimum of interference with existing Japanese health and welfare agencies is desirable, and the standards to be maintained will be those which are sufficient only to protect the welfare of the occupation forces.

(2) Other considerations.

(a) Program requirements.

1. A satisfactory public health service in Japan will include:

- a. Adequate organization of all available civilian health and medical care resources at the national, prefectural and local levels.
- b. Proper supervision (without interference with functioning of the agency) of Japanese civilian staffs by Occupational Forces personnel.
- c. Application of sound technical policies, enforced by direction of the Supreme Commander for the Allied Powers, of measures for health protection and medical care services.

2. A satisfactory public welfare program in Japan will include:

- a. Adequate organization and integration of all available public and private welfare, social insurance and relief agencies at the national, prefectural and local levels.
- b. Proper supervision (without interference with functioning of the agency) of Japanese civilian staffs by Occupational Forces personnel.
- c. Application of sound technical and administrative procedures, prevention of discriminatory practices and establishment of adequate financial and case

BASIC: Ltr, GHQ SCAP, file AG 720 (22 Oct 45)PH, dtd 22 October 1945, subject: "Public Health and Welfare Procedure in Japan", to CG, 6th A, CG, 8th A, CG, FEAF and Comdr, 5th Fleet.

load reporting procedures enforced by direction of the Supreme Commander.

(b) Personnel requirements.

1. Military occupational force units are furnished to the Occupation Force Commanders and will be utilized within their capacities for the above purposes. Those will be supplemented as necessary by military personnel. The action of this personnel will be indirect and supervisory. Direct civilian services will be provided from military resources only when it becomes apparent that civilian resources are inadequate or ineffective for the necessary handling of civilian public health, medical care and welfare problems necessary to accomplish the occupation mission, and then only on approval of the Supreme Commander for the Allied Powers.
2. In general, public health and welfare rules, regulations and laws of the Japanese Government authorities will be utilized. Such additional instructions as are necessary for Occupation Force Commanders to publish will be given generally to the highest authority in the area, with the requirement that that authority is responsible to its own superior agency. In cases of inadequate public health and welfare rules and laws of general application, appropriate reports will be made to this headquarters with recommendations for general instructions to be issued to the Japanese Government.

(3. Supply.

Medical, dental, veterinary, sanitary and welfare supplies from United States sources will be used only when Japanese supplies are not available or procurable and only upon orders of the Supreme Commander for the Allied Powers.



BASIC: Ltr, GHQ SCAP, file AG 720 (22 Oct 45)PH, dtd 22 Oct 45,  
subject: "Public Health and Welfare Procedure in Japan",  
to CG, 6th A, CG, 8th A, CG, FEAF and Comdr, 5th Fleet.

4. Other considerations.

a. Supplemental instructions covering specific aspects of preventive medicine, hospital and medical care, dental, veterinary, sanitary engineering, medical supply service and welfare will be issued later.

b. Attached hereto are copies of directives referred to above, previously issued to the Imperial Japanese Government.

BY COMMAND OF GENERAL MACARTHUR:

H. W. ALLEN,  
Colonel, A.G.D.,  
Asst Adjutant General.

11 Incls: As indicated.

AG 720-N  
(22 Oct 45)

1st Ind

HEADQUARTERS SIXTH ARMY, APO 442, 10 November 1945

TO: Commanding General, I Corps, APO 301

For your information and guidance.

BY COMMAND OF GENERAL KRUEGER:

/s/ Robert E Quinn  
/t/ ROBERT E QUINN  
1st Lt, A.G.D.  
Asst. Adj. Gen.

3 Incls:

Incl 1 - Public Health Measures

Incl 2 - Information on Japanese  
Public Health

Incl 3 - Control of Venereal Diseases

8 Incls w/d

**COPY****GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS**

AG 720 (20 Oct 45) PH

APO 500  
20 October 1945**SUBJECT: Basic Quarantine Policies Governing Japanese Traffic.****TO :** Commanding General, Sixth Army, APO 442.  
Commanding General, Eighth Army, APO 343.  
Commanding General, XXIV Corps, APO 235.

1. The return of repatriate Japanese military and civilian groups to Japan from Pacific, Asiatic and other areas requires the immediate establishment or reestablishment of marine quarantine facilities by the Japanese Government. The Imperial Japanese Government has been instructed to assume all functional responsibility for this service under supervision of the Occupation Force command concerned.

2. An Army Quarantine Liaison Officer from this headquarters, acting for the Chief Surgeon, AFPAC (Adv) and for the Chief, Public Health and Welfare Section, will proceed immediately in a technical advisory capacity to contact the United States military commands concerned and pertinent Japanese officials regarding the establishment of facilities required to prevent the introduction of the internationally quarantinable diseases into Japan.

3. The United States Occupational Force commands will assume functional responsibility for quarantine service required for Japanese nationals only when specifically directed by GHQ, SCAP for protection of the health of the Occupation Forces.

4. United States equipment and supplies required for the processing of Japanese nationals will be made available to Japanese authorities only by command of the Supreme Commander for the Allied Powers.

5. Army and Navy commands concerned will assume responsibility for the sanitation of United States vessels in their respective ports of jurisdiction.

6. Attached hereto for your information and guidance is a copy of Memorandum to the Imperial Japanese Government outlining medical and sanitary requirements in the debarkation of Japanese Repatriates.

7. It is desired that the Commanding General concerned, conduct necessary supervision to carry out the basic quarantine policies contained in attached Memorandum to Japanese Government insofar as those policies are applicable to him.

By Command of General MacARTHUR:

1 Incl: as indicated

/s/ H. W. Allen,  
/t/ H. W. ALLEN,  
Colonel, A.G.D.,  
Asst. Adj. General

Reproduced Eq Sixth Army, 2 November 1945.

**COPY**

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERSAPO 500  
20 October 1945

AG 720 (20 Oct 45) PH

MEMORANDUM FOR: THE IMPERIAL JAPANESE GOVERNMENT  
THROUGH : Central Liaison Office, Tokyo  
SUBJECT : Medical and Sanitary Procedures for De-  
barkation and Port Sanitation in Repatri-  
ation.

1. The Supreme Commander for the Allied Powers directs the Imperial Japanese Government to carry out the following medical and sanitary procedures as a minimum upon the arrival in Japan from abroad of any Japanese repatriate.

a. Procedures with respect to all repatriates will provide for:

- (1) Physical inspection for detection of louse-infestation and of cases and suspects of quarantinable disease (cholera, plague, smallpox, louse-borne typhus, yellow fever) or of communicable disease which might prejudice the health of subsequent contacts.
- (2) Hospitalization or other effective segregation of persons known or suspected to be infected with quarantinable or significant communicable disease, until communicability has passed.
- (3) Appropriate measures for continued observation of persons known to have had contact with quarantinable disease of a type liable to convey infection. Observation will continue during the incubation period of the disease concerned, calculated from the day of last possible contact. For purposes of this requirement the following incubation periods will be observed: smallpox, 14 days; louse-borne typhus, 12 days; plague, 6 days; yellow fever, 6 days; cholera, 5 days. In accordance with risk involved the appropriate measures may vary from detention under observation to notification to and surveillance by responsible public health officials in areas to

BASIC: Memorandum for: THE IMPERIAL JAPANESE GOVERNMENT, File  
AG 720 (20 Oct 45) PH, dtd 20 October 1945, Subject:  
Medical and Sanitary Procedures for Debarkation  
and Port Sanitation in Repatriation.

specified in par. 1-b (1), with maintenance  
of appropriate records.

2. Additional measures of port sanitary control, including  
in particular, investigation of enteric infections not includ-  
ing cholera, or of malaria, venereal disease, etc., may be  
carried out by the Imperial Japanese Government as desired and  
feasible, providing at all times the flow of repatriation is  
not thereby impeded.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen  
H. W. ALLEN  
Colonel, A.G.D.,  
Asst Adjutant General

## GENERAL HEADQUARTERS

## SUPREME COMMANDER FOR THE ALLIED POWERS

AG 726.1 (16 Oct 45)PH

APO 500  
16 October 1945

MEMORANDUM FOR : IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo

SUBJECT : Control of Venereal Diseases

1. Reports submitted by representatives of the Imperial Japanese Government and observations by personnel of the occupation forces show that measures now in operation are inadequate to prevent the spread of Venereal Disease in the population of Japan.

2. The Supreme Commander directs that the Imperial Japanese Government put into effect immediately the following measures:

a. The designation of syphilis, gonorrhoea and chancroid as infectious diseases under the terms of Article I of the Law for the Prevention of Infectious Diseases (Law No. 36, 1897, as amended).

b. The reporting of all syphilis, gonorrhoea and chancroid cases by name, age, sex and full address of the individual concerned, on a basis similar to that in effect for the reporting of other notifiable infectious diseases.

c. Rigid enforcement of the Law for Prevention of Infectious Diseases, the Law for the Prevention of Venereal Diseases (Home Department Ordinance No. 44, 1900, as amended) and all laws, ordinances, regulations and instructions issued thereunder which relate, directly or indirectly, to the prevention and treatment of the venereal diseases.

d. Bringing under the examination, treatment and health provisions of these laws, ordinances, regulations and instructions all individuals whose occupations or activities subject them to serious hazard of venereal disease transmission.

e. Provision of the hospitals, clinical and laboratory facilities, personnel, equipment and drugs necessary to ensure the required examinations, isolation, hospitalization and treatment.

f. The establishment of minimum and uniform technical and administrative standards and procedures for the guidance of operating agencies in connection with all phases of this program.

BASIC: Memo to Imperial Japanese Government, dated 16 October 1945,  
Subject: Control of Venereal Diseases.

3. The Imperial Japanese Government will report within thirty days after the receipt of this memorandum the action taken thereunder, including in such report copies of ordinances, regulations, directives and instructions issued, and the names and addresses of agencies of the central government responsible for their enforcement.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen  
/t/ H. W. ALLEN,  
Colonel, A.G.D.,  
Asst Adjutant General.

C O P Y

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 4/1.1 (12 Oct 45)PH

APO 500  
12 October 1945

MEMORANDUM FOR: IMPERIAL JAPANESE GOVERNMENT

THROUGH : Central Liaison Office, Tokyo

SUBJECT : Control of Narcotic Products and Records in Japan

1. The planting, cultivation, or growth of narcotic seeds or plants is prohibited. All narcotic seeds or plants which are now planted, being cultivated or grown will be destroyed immediately. The quantity so destroyed, date and method of destruction, location and ownership of the fields or areas will be reported to the Supreme Commander for the Allied Powers within thirty days.
2. The importation of narcotics by any person is prohibited except as authorized by the Supreme Commander for the Allied Powers.
3. The exportation or manufacture of narcotics is prohibited.
4. All stocks of crude, semi-processed or smoking opium; crude or semi-processed cocaine; heroin and marijuana (Cannabis Sativa L) are hereby frozen and the removal, destruction, use or sale thereof or of any books or records thereof is prohibited except as authorized by the Supreme Commander for the Allied Powers.
5. All existing records of narcotic transactions in narcotics shall be maintained.
6. Definitions:
  - a. Narcotic or Narcotics shall include Opium, Cocaine, Morphine, Heroin, Marijuana (Cannabis Sativa L), their seeds and plants, and every substance in any way derived therefrom, or any mixture or preparation thereof.
  - b. Heroin shall include any derivative, compound, salt, mixture, or preparation thereof.

I

Incl 4

C O P Y

BASIC: Memo to Imperial Japanese Government, file Ag 441.1  
(12 Oct 45) PH, subject: "Control of Narcotic Products  
and records in Japan", dtd 12 October 1945.

c. Person shall include physicians, dealers, apothecaries, government monopolies, and all other individuals, depositories, partnerships, corporations, unincorporated business firms or associations, and all responsible members thereof.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen,  
/t/ H. W. ALLEN,  
Colonel, A. G. D.,  
Asst Adjutant General

C O P Y



GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 440 (8 Oct 45)PH

APO 500  
8 October 1945

MEMORANDUM FOR: IMPERIAL JAPANESE GOVERNMENT  
THROUGH : Central Liaison Office, Tokyo  
SUBJECT : Manufacture of DDT in Japan

1. Reference is made to informal request by Dr. Shinohara, Central Liaison Office and a representative of the Ministry of Public Health and Welfare on 11 September 1945 for information on possibilities of manufacture of DDT in Japan.

2. The manufacture of DDT in Japan is not authorized at this time due to the fact that it would be necessary to import certain critical materials. Any DDT required for disease control purposes will be imported, under direction of this headquarters.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen  
/t/ H. W. ALLEN  
Colonel, A. G. D.,  
Asst Adjutant General

Reproduced by:  
Hq Sixth Army APO 442  
15 November 1945

Reproduced by 94th Mil Govt Gp, 26 Mar 46

66  
11 APR Rec'd

GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS

AG 720 (6 Oct 45)PH

6 October 1945

MEMORANDUM FOR: IMPERIAL JAPANESE GOVERNMENT.

THROUGH : Central Liaison Office, Tokyo.

SUBJECT : Information on Japanese Public Health.

1. The Supreme Commander for the Allied Powers directs that the Imperial Japanese Government shall, within fifteen (15) days, report to this headquarters all measures which have been inaugurated for:

a. Controlling any disease which might seriously affect the health of the personnel of the Occupation Forces or the civil population.

b. Furnishing medical and hospital care for nationals of the United Nations and displaced persons.

2. The Imperial Japanese Government shall preserve all vital statistical records and prepare such additional records as may be prescribed, and submit to this headquarters such reports of communicable disease, medical, dental, veterinary and sanitary supplies, personnel and hospital bed status as may be requested by the Allied Representative.

3. The Imperial Japanese Government, insofar as present records permit, shall submit to this headquarters, within fifteen (15) days after receipt of this directive:

a. Lists, by prefectures and cities, of:

(1) The number of Japanese persons requiring medical care or hospitalization.

(2) The number of Japanese persons requiring direct relief, emergency food supplies or emergency shelter.

(3) The quantities of supplies and facilities currently available for civilian relief.

b. Reports containing:

(1) A summary statement with statistical tables showing the number of individuals in the four main islands of Japan who

Incl 5

## MEMORANDUM FOR IMPERIAL JAPANESE GOVERNMENT (Cont'd)

are receiving food, clothing, fuel, or other emergency relief; a description of the welfare organization being used to administer relief; specifications of the areas of greatest need; and a general statement summarizing the entire relief program.

(2) A copy of all relief, welfare and social insurance laws currently in force.

4. The Imperial Japanese Government shall submit to this headquarters within fifteen (15) days:

a. An itemized statement of all stocks of seed, raw, semiprocessed and processed narcotic drugs in Japan, showing type, location and ownership.

b. The location, ownership, type of narcotic processed and capacity of each plant which processes narcotic drugs.

c. A statement of the manufacture and consumption of narcotic drugs within Japan, showing the total amount of each type manufactured and consumed in each year for the years 1930 to 1945, inclusive.

FOR THE SUPREME COMMANDER:

/s/ H. W. Allen  
H. W. ALLEN  
Colonel, U.S.A.,  
Asst Adjutant General.

R E S T R I C T E DGENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERSAPO 500  
2 October 1945GENERAL ORDERS )  
: )  
NO.....7 )PUBLIC HEALTH AND WELFARE SECTION

1. The Public Health and Welfare Section is established as a Special Staff Section to advise the Supreme Commander for the Allied Powers on policies relating to Public Health and Welfare problems in Japan and Korea.

2. The functions of the Section are:

a. Make recommendations to:

- (1) Prevent disease and unrest in the civilian population in accordance with objectives of the Allied Powers.
- (2) Expedite the establishment or reestablishment of normal civil health control procedures, in order to prevent the spread of any disease likely to interfere with the success of the occupation mission.
- (3) Provide for the early establishment of the essential public health and welfare activities to meet the minimum humanitarian requirements of the civil population and to protect the health and welfare and to further the accomplishment of the mission of the Occupation Forces.
- (4) Require the various interested governments to establish such standards of health, sanitation and quarantine in connection with repatriation of displaced persons as will prevent danger to Occupation Forces.

b. Make recommendations for the disposal of existing stocks and for the control of production and traffic in narcotics in Japan and Korea.

c. Make recommendations relative to, and to direct the conduct of such surveys of public health and welfare activities as are essential:

- (1) To keep the Supreme Commander for the Allied Powers factually informed on public health and welfare conditions in Japan and Korea.
- (2) To insure a factual and dependable basis for progressive formulation and modification of policies and plans

- 1 -

R E S T R I C T E D

R E S T R I C T E D

(G.O. No. 7)

pertaining to public health and welfare requirements and activities.

d. Prepare instructions for the initiation, coordination and development of such plans and programs as are required to meet the public health and welfare objectives of the Supreme Commander in preventing serious diseases and distress in the civil population.

e. Coordinate such reports on the public health and welfare situation and activities in Japan and Korea as are required.

f. Conduct all liaison with and coordinate the activities of all non-military missions, commissions, or agencies concerned with public health and welfare problems in Japan and Korea.

3. Liaison will be maintained with:

a. The Japanese Ministry of Health and Social Affairs (Welfare).

b. International Red Cross.

c. American Red Cross.

d. Japanese Red Cross.


e. Chief Surgeon.

f. The Economic and Scientific Section for the purpose of coordinating matters pertaining to the production and distribution of Japanese and Korean medical, dental, veterinary and sanitary supplies and equipment.

By command of General MacARTHUR:

R. K. SUTHERLAND,  
Lieutenant General, United States Army,  
Chief of Staff.

OFFICIAL:

  
B. M. FITCH,  
Brigadier General, U. S. Army,  
Adjutant General.

- 2 -

R E S T R I C T E D

OFFICE OF THE SUPREME COMMANDER  
FOR THE ALLIED POWERS

AG 710 (22 Sep 45) MG

APO 500,  
22 September 1945

MEMORANDUM FOR: THE IMPERIAL JAPANESE GOVERNMENT.

THROUGH : Central Liaison Office, Tokyo.

SUBJECT : Public Health Measures.

The Supreme Commander for the Allied Powers directs that the Imperial Japanese Government take the following action:

1. An immediate survey by agencies of the Japanese Ministry of Health and Welfare to determine:
  - a. Disease prevalence in each prefecture.
  - b. Medical, dental, veterinary and public health personnel available in each prefecture.
  - c. Hospital facilities, medical, veterinary and sanitary supplies present in each area with a comment in each instance as to its adequacy.
  - d. The adequacy of laws and regulation of the indigenous Japanese Public Health and Welfare authorities to meet current requirements.
2. Immediately inaugurate such measures as:
  - a. Weekly reports of communicable diseases by prefecture.
  - b. Examination, detention or hospitalization of cases or suspected cases of communicable disease.
  - c. Immunization, disinfection and control of any disease which would be likely to seriously affect civilian health.
3. Restore all public water supply, sewerage systems and other human waste disposal means to the maximum civilian capacity with the least practicable delay through the use of civilian resources and labor.
4. Reopen or continue in operation civilian hospitals, sanatoria, leprosaria and clinics for use of indigenous population as rapidly as conditions permit or require. Where civilian hospital space is inadequate, a survey of schools or other buildings will be made to locate facilities which are suitable to be used as emergency hospitals and these buildings so designated.

BASIC: Ltr, SCAP, File AG 710 (22 Sep 45)MG, dtd 22 Sep.45, Subj: "Public Health Measures."

5. All civilian (wholesale) and Japanese Military and Naval medical dental, veterinary, sanitation supplies and military foodstuffs will be distributed through indigenous Japanese agencies in accordance with Military Occupational control plans on recommendation to the Supreme Commander for the Allied Powers for their conservation and distribution.

6. Inaugurate port quarantine control in cooperation with United States Naval Forces. Port quarantine will be established by Japanese civilian control.

7. Reopen or continue in operation civilian laboratory facilities for public health work, for clinical diagnosis, and for the manufacture of sera and vaccines.

8. Expedite the reporting and analysis of vital statistics data in accordance with policies established by the Supreme Commander for the Allied Powers.

9. Place special emphasis on adequate measures for the control of all venereal diseases occurring in indigenous Japanese personnel. This will be accomplished by using existing Japanese agencies.

FOR THE SUPREME COMMANDER:

/s/ Harold Fair  
/t/ HAROLD FAIR  
Lt. Col., AGD  
Asst. Adjutant General