Details for Carrying Out

1. Strengthening maternal and child health network.

a. Establishment of Maternal and Child Health Committee.

Maternal and Child Health Committee will be established as a subcommittee of Central Child Welfare Board for the study of permanent plans for decreasing death rates and improving health conditions of pregnant and nursing mothers, infants, and preschool children, and promoting maternal and child health services.

b. Strengthening administrative organization.

Maternal and Child Health Section will be established in every Prefectural Health Bureau, where officials in charge of health for pregnant women, nursing mothers, infants and preschool children and a physician for crippled children shall be staffed.

c. Expansion and adjustment of the network for maternal and child health guidance (to be accomplished in three years).

(1) Expansion of maternal and child health services in each public health center.

(a) Personnel for maternal and child health services.

Following members are to be staffed in each public health center: two second-class technical officials - obstetrician and pediatrician (now being one in number), two third-class clerical officials (now being zero in number, so far as maternal and child health services are concerned), and two midwives in charge of child health guidance (now being two) and two midwives in charge of health guidance for pregnant women and nursing mothers (now being one).

(b) Adjustment of equipment and personnel necessary for visiting services in health centers.

Equipment and personnel readjustments for workable plan shall be made for health centers to carry out visiting services of health examinations and health guidance for pregnant women, infants and preschool children in the given areas.

2. Thoroughgoing health guidance for mothers and children.

a. Thoroughgoing health guidance for pregnant and nursing mothers, infants and preschool children by means of the Maternal and Child Handbooks. For this purpose Maternal and Child Handbooks will be distributed for all infants and preschool children up to six years of age during 1948 and 1949.

b. Compilation of a manual for health guidance of pregnant and nursing mothers, infants and preschool children.

Manual for health guidance of pregnant and nursing mothers, infants and preschool children will be made and health guidance will be carried out as follows:

(1) Pregnant women

Complete medical examinations shall be given twice for a pregnancy - at an early and a late stage. Any finding at the first examination shall be followed up by monthly or more often examinations by physicians.

In addition to the above, health guidance by midwives once a month during pregnancy shall be encouraged.

(2) Nursing mothers

Besides health guidance by a midwife in the post-partum period, an examination and guidance by physicians shall be given for each nursing mother within two months after delivery.

(3) Infants and preschool children.

(a) Health guidance by visiting nurses shall be given for each infant of less than one month of age.

(b) General Examinations shall be given to all the infants and preschool children twice a year, and any finding shall be followed up by monthly or oftener examinations done by a physician.

(c) For the prevention of special diseases, preventive injections and other necessary measures shall be taken for infants and preschool children.

Methods to carry out.

(1) The health guidances as mentioned above are to be carried out chiefly by public health centers; but, in order to fill in the gaps visiting services as mentioned in paragraph 1, Item c, (b) will take an active part.

(2) Cooperation of private physicians and midwives will be secured in each local community through Medical Association and Midwife Division of the National Association for Midwives, Public Health Nurses and Clinical Nurses, etc.

3. Agencies for Maternal and Child Health (five year program)

a. Lying-in Agencies - approximately 22,000 beds.

Lying-in agencies with 23,500 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established at the rate of 30 beds for each 100,000 population, so as to meet the need of pregnant women with abnormal delivery (20 percent) and those who are in need of public aid (11 percent), (total estimated number of these pregnant women are 730,000).

b. Infant homes - approximately 25,000 beds.

Infant homes with 26,500 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established, at the rate of 35 beds for each 100,000 population, so as to meet the need of the infants in need of special care with medical, social or economical reason.

c. Homes for weak children- approximately 18,600 beds.

Homes for weak children with 22,000 beds (out of which total number of existing beds is deducted) in the whole country. A home with 100 beds at least shall be established in each prefecture.

d. Homes for crippled children - approximately 11,000 beds.

Homes for crippled children with 11,700 beds (out of which total number of existing beds is deducted) in the whole country are planned to be established, at the rate of 15 beds for each 100,000 population, so as to meet the need of crippled children in need of special care.

4. Measures for the improved nutrition of pregnant and nursing mothers and infants and children.

These measures aim at the promotion of secretion of breast milk, the reduction of infant and child death caused by gastric disturbances and the promotion of development by better nutrition.

a. Establishment of the committee for the nutrition of mothers and children.

Adequate supply of protein, fat and calcium for pregnant and nursing mothers shall be planned and carried out and discussions on the plan for the problems of the production, quality and distribution of food for infants and children shall be made.

b. Perfect rationing of cow's milk products for artificially and mixed fed infants.

c. To bring up the rationing of food for the infants at weaning period (6 - 12 months after birth) adequate in kind and quantity.

d. To provide a complete supply of protein, fat, calcium and vitamins for preschool children.

5. Improvement of maternal and child health technique.

For the purpose of improving the maternal and child health technique, the following training courses will be given for the workers concerned;

a. Health administration officials (central and prefectural).

(1) Central - (a) Training courses for prefectural officials in charge of maternal and child health. One week course in Tokyo (in the fiscal year of 1948).

Central - (b) Training course for health center officials in charge of maternal and child health. In each block, one week course (in the fiscal year of 1948).

(2) Prefectural- (a) Training courses for the workers concerned with maternal and child health, such as private physicians and midwives. In each prefecture (these courses are to be consigned with the National Association of Midwives, P.H.N. and Clinical Nurses) (In the fiscal year of 1949).

(a) Training courses for child welfare workers and others concerned in each prefecture. (The course will be consigned with Minsei-iin Association) (In the fiscal year of 1949).

b. Technical officials concerning maternal and child health service in health centers.

(1) Training courses for the physicians in charge of maternal and child health service in health centers.

Training courses of special technique are to be given. Three-month course for maternal health and three-month for child health.

(2) Training courses for the public health nurses and midwives in charge of maternal and child health services. Three-month course for each.

The training courses mentioned in 5b are to be consigned with the Aiiku-Kai, and are to be completed in three years after 1949.

6. Diffusion of maternal and child health thoughts.

a. Maternal and child health care.

A car loaded with educational materials for maternal and child health is planned to go around in each village or town.

The whole country is to be divided into eight blocks; one car is allotted for each block.

Motion pictures and lantern slides.

b. Production of motion pictures and lantern slides for maternal and child health.

c. Radio and press, etc.

Maternal and child health education through radio and papers in central and local districts.

d. Printed materials for health guidance.

Printed materials for the education of maternal and child health such as advice cards for babies in weaning period, and other leaflets, pamphlets and posters are to be distributed through health centers, schools and women's organizations.

8. Public Health measures for the special problems of mothers and children to be considered.

In order to take necessary steps for the prefectures with high mortality like Aomori and ten other prefectures, investigations on the actual conditions will be made and measures necessary will be acted upon.

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apm

HEADQUARTERS
TOKYO MILITARY GOVERNMENT TEAM
APO 181

Aug. - Dec. 1948.

Post-graduate Nurses Course

Group I

Schools of Nursing selected by Welfare Ministry:

1. Keio University Hospital
2. Hirro Municipal Hospital
3. Tokyo Railway Hospital
4. Tokyo University Hospital
5. First Tokyo Hospital (National)
6. Second Tokyo Hospital (National)

Group II

Schools of Nursing and Nurses selected by Tokyo-To with assistance of M. G. Nurse:

1. Keio University Hospital
2. Hirro Municipal Hospital
3. Toshima Municipal Hospital
4. Komagome Municipal Hospital
5. First Tokyo Hospital (National)
6. Second Tokyo Hospital (National)

Nurses:
- Miss Kaoru Chino
- Miss Etsuko Takanano
- Miss Shizu Yamanato
- Miss Shisa Ishiuhara
- Miss Namiko Yoshida
- Miss Nujima Kishi

The hospitals in group I were notified by Welfare Ministry to select a nurse for the course. The selections were made and the names were submitted to the Ministry. Four in group I are in group II. Therefore, Tokyo Railway Hospital and Tokyo University Hospital shuuld be notified by the Welfare Ministry not to send a nurse. Toshima Hospital and Komagome Hospital should be sent the necessary information regarding the course.

The first selection made by Keio University Hospital, Hirro Municipal Hospital, and the Second Tokyo Hospital were nurses who had previously taken a course. They were told to appoint others and those names appear in group II.

It appears to me, that in order to avoid the confusion that may arise from this exchange of hospitals, that the perfecture people should be permitted to make the original selection of hospitals. Also that the final decision as to who should take the course rests with Military Government and not the labor Unions.

Anne Panessa

8 File under Technical procedures 8

IAG

MEDCE

26 March 1948

SUBJECT: Rh Testing in Pregnancy

TO : Commander-in-Chief
Far East
APO 500, c/o Postmaster
San Francisco, California
ATTENTION: Surgeon

1. A number of inquiries from the field have indicated that there is some confusion as to the type and application of Rh testing which should be done on pregnant women. The complexity of the whole Rh problem as well as the fact that many problems connected with it have not been solved add to the confusion. Nevertheless, a number of rules may be laid down which should be followed in every case. It should be understood that these rules are minimum requirements and that if indicated, the patient should be promptly referred to a general hospital for more detailed work up.

a. Every pre-natal patient should be Rh tested at time she first reports for examination. The test should be performed with standard anti-Rh_o serum (Item #1-598-610). (*) (See Footnote).

(1) If the patient is RH_o positive, no further testing will ordinarily be required. However, if there is a history of previous erythroblastotic infants further testing is mandatory and may be indicated if there is a history of transfusions particularly if reactions occurred.

(2) If the patient is Rh_o negative, her serum should be stored in the refrigerator (preferably frozen) and the test performed on the patient's husband.

(a) If he is Rh negative, all samples may be discarded and no further action is necessary.

(b) If the husband is Rh_o positive, the patient's serum must be examined for Rh antibodies at once and at monthly intervals until the sixth month of pregnancy. From the sixth month on, the examination should be done at intervals of two weeks until labor is established.

b. At any time that antibodies are found or whenever there is an increase in titer, the test should be repeated at weekly intervals and if the rise is sustained or a further increase occurs, the patient should be referred to a general hospital or for expert consultation.

Incl 1 to Ltr Hqs Eighth Army, Office of the Surgeon, APO 343, Med 201.1(NC), 12 May 48, subj: "Rh Testing in Pregnancy"

c. A patient who is expected to deliver an erythroblastotic infant should not be delivered at installations not prepared to administer Rh negative blood transfusions to either the baby or the mother. Such patients should be delivered only at hospitals so equipped. A pediatrician should be immediately available to assume charge of the infant.

d. All testing beyond the standard Rh_o test should be performed at Army Area or general hospital laboratories. Five to ten cc. of clotted blood in sterile containers should be forwarded to the nearest laboratory equipped to perform the testing. Send by air mail if more than 24 hours by ordinary transportation from the laboratory.

e. It is requested that all bloods found to contain Rh antibodies be forwarded to the Blood and Blood Products Section, Army Medical Department Research and Graduate School, AMC, Washington 12, D.C., for confirmation and detailed study, accompanied by a history of all pregnancies and transfusions.

2. For further information on the subject of Rh nomenclature and application in blood transfusion, reference should be made to TB Med 204, "Complications of Blood Transfusion" dated 24 October 1945 and SCIENCE, Vol. 107, pages 27-31, 9 January 1948.

FOR THE SURGEON GENERAL:

H. W. DOAN
Colonel, M.C.
Executive Officer

(*) Note: Item 1-598-610 Blood Typing Serum, Anti-Rh_o, 20 tests: Unit, Bottle, is stocked in Japan by the 406th Medical General Laboratory, APO 500. All requisitions for this item should be submitted direct to the laboratory.

Reproduced Headquarters Eighth Army, Office of the Surgeon, APO 343, 12 May 48.

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Surgeon
APO 343

Med 291.1(NO) 12 May 1948

SUBJECT: Rh Testing in Pregnancy

TO : SEE DISTRIBUTION

1. Inclosed herewith are copies of a letter from The Surgeon General, Department of the Army, Washington 25, D.C., subject: "Rh Testing in Pregnancy."

2. It is desired that this letter be brought to the attention of all Medical Corps officers.

FOR THE SURGEON:

A. H. Thompson
A. H. THOMPSON
Lt Colonel MC
Executive Officer

1 Incl:
Copies of ltr, from the Surgeon General, DA, Washington 25, D.C.

DISTRIBUTION:
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Surgeon, IX Corps, APO 309 (100)
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Surgeon, Eighth Army Sp Trps, APO 343 (2)
Surgeon, 753d AAA Bn, APO 503 (2)
Surgeon, 933d AAA Bn, APO 503 (2)
Surgeon, Eighth Army Stockade, APO 343 (2)

NURSING 2 April 47
Miss Collins, SCAP

Summary: Few notes on status NURSES TRAINING

Miss Collins is soon to leave. Miss Pickens will take her place. Today they asked us to get them a guide for Suginami H.C. so we called C.O. and a guide from there took them & Mrs. Allen to Suginami H.C. (See filles for report)

Talked with Miss C. re the various nursing courses offered during the past year and found that most of the courses have been refresher for head nurses of hospitals (130); 37 more thru nursing assoc. for supts.; 50 of St. Luke's NS (4 yr.) finish; some from 2 yr course at Red Cross Hosp.; 80 - college of Nursing. So most refreshers thus far have either been for grads. or to finish some who did not want to complete full courses.

Postgrad. N school is under contemplation in connection with Keio or Women's Med. College;

In mid June the present Nat - course should be ready for demonstrations in Tokyo HC.
The centers will be Edogawa, Suginami, Tokyo Central, Tachikawa, Setagaya (Not too cooperative); Tokorozawa,
20 N from Tokyo in school.

Pote

Some Goals for Midwives to Work toward in 1948

The best means of making advancement or of raising standards is to decide upon definite goals which will be reached within a certain time. This year we are going to strive very hard to improve the type of care given to every maternity patient in Japan. There are a few definite goals which we should be able to reach if every midwife understands what we wish to accomplish and will make a conscientious effort to do her part in helping to realize these goals. The following brief outline of the things we hope to do are being listed so that each midwife may know exactly what it is she is to work toward:

I. Two complete physical examinations by a doctor during each pregnancy.
   a. The first examination should be done as early in pregnancy as possible. Much can be done in the early months to make the prenatal period a safer and more comfortable one.
   b. The second examination will come two or three weeks before the baby is expected. This is to make sure that everything has gone well throughout pregnancy and that the mother is in good condition to go through the labor, delivery and recovery period.

II. Every normal patient will be seen by the midwife once each month during the first eight months and every two weeks after that time.

III. The midwife will have detailed discussions with each one of her patients when she sees her for the monthly supervisory visit.
She will explain to the patient the physical and emotional changes that take place during pregnancy, and tell her about the things that she can do to make the time a safer and a happier time. There are two things that the midwife should <u>always</u> keep in mind when talking with her patients, they are:

1. Always give the patient a reason for doing the things you ask her to do.
2. Never ask a patient to do something unless you know that it is possible for her to do it. Frequently the midwife will be able to suggest ways or means whereby the patient can do the things that she is asking her to.

IV. The midwife will make each patient responsible for supplying the following information, and specimen, at each supervisory visit.
1. Her weight, gotten the day previous to visit.
2. The exact amount, in figures, of urine passed in a twenty-four hour period the day before visit and - also a small amount of urine from the twenty-four hour specimen for the midwife to examine.

V. One or more conferences should be held with the husband of each patient- definite suggestions will be made as to what he may do toward making the maternity period a safer and happier experience for his wife.
The following suggestions may be made to the patient as to where she may get her complete physical examinations:
1. Her own private physician
2. The health center nearest her home
3. The out-patient department of a hospital
4. The local physician in smaller villages.

(A committee of midwives may request this physician to cooperate in the program for improving maternity care by making special rates for all patients referred by them - using standard referral form.)

VI. A special affort will be made to get all patient to report for a postpartum examination.

PH Nursing- Digest SCAP Tech Bull on Nursing
1 Raise educational standards & training prof & in service

a. Standardize training
b. Model Demonstration School-Tokyo - 3 yr.

2. Aim -
Teach people prevention of disease, correct health information
a. teach health practices
b. demonstrate home nursing care

3. Min of W & prefectural O. establishes local public health nursing services

4. Trng. from trs. & medically sound
5. Scope of work
all economic levels home, school, clinic, factories
a. CD - Nursing care & isolation demonstration
b. TB - instruct pts in care & isolation; case findings, rehabilitation & follow up of recovered pts. as well as active cases at home;
c. VD - assist in clinics; contact tracing

d. Maternal health
teach prenatal hygiene; assist in preparing for deliveries, demonstrate medical ~~training~~ treatment ordered by physicians; provide or supervise nursing care mother & infant during & after deliveries;

e. Infant - preschool hygiene
assist with program of community (supervise or teach) nutrition, habit training, gen. hygiene, sanitation, immunization,

f. school hygiene
correction physical defects; coordination with CD services

g. Adult hygiene
aiding in bridging the gap between medical need & medical service

i. Morbidity service
home nursing and demonstration

j. ~~suppl~~ crippled children's service
instructions - appliances, physiotherapy

k. Nutrition
special medical Needs
l. Mental hygiene

m. Home environment.
home hygiene, sanitation, safety

n. coordination with welfare - welfare can report suspects,
disseminate enough seeking health guidance.
explain health programs
approved ph information, report any cases needing care; aid in providing funds, supplies, assist the p h nurse in understanding the social, financial problems; collaborate with school programs, parents,

check error in midwife

HYPODERMIC INJECTIONS

Set of nursing procedures by Sch

I. Aim
   1. To administer medicines when it is impossible or inadvisable to give them by mouth or rectum.
   2. To secure rapid action of the drug.

II. General instructions
   1. Aseptic technique must be observed throughout the procedure.
   2. The site of injection may be almost any of the muscular and less sensitive areas of the body where bones and large blood vessels are not near the surface, the outer aspects of the arms and thighs are most frequently selected.
   3. When a patient is getting repeated injections, use first the right and the left arm, the right and left thigh and back to right arm. Select a new area each time.
   4. Insert needle quickly and introduce the fluid slowly.
   5. Be sure to introduce all of the solution.
   6. Before administering the drug, observe the condition of the patient to detect any symptom that may contraindicate giving the injection.
   7. Adjust the care of patient's needs according to nature of drug to be administered.

CAUTION: MEASURE DOSE ACCURATELY -- READ LABEL THREE TIMES.

III. Necessary articles
   1. covered receptacle for hypos and needles
   2. jar with alcohol and cotton sponges
   3. forceps in antiseptic solution
   4. container for waste
   5. petri dish for medicines
   6. tray to contain all the above.

IV. Technique
   1. Read order carefully
   2. Fill drug memo with patient's name, room number, physician's drug, dose, time and your signature.
   3. Wash hands
   4. Remove hypo and needle from container with forceps. Push air, or remove water from inside the hypo by pulling the plunger several times.
   5. Check drug with drug slip, three times.
   6. If drug is in solution
      a. Sterile top of ampoule with alcohol sponge
      b. File off top of ampoule with file
      c. Draw in desired amount of drug from ampoule.
   7. Insert needle on alcohol sponge, place hypodermic in tray. Bring tray with slip to patient's bedside.
   8. Explain procedure to patient
   9. Expose site of injection and support part. Cleanse area with alcohol sponge, place sponge between first and second finger. Either grasp flesh firmly so the cleansed area bulges slightly, or grasp firmly from below so that the skin is drawn taught.
   10. Expel air from syringe, holding it in a straight verticle position.

11. Insert needle quickly at a 45 degree angle, withdraw piston slightly to determine if you are in a vein or not. If not inject solution.
12. Release flesh gradually and remove needle quickly and place alcohol sponge over site of injection and massage gently for one minute.
13. Separate syringe and rinse in water.
    Boil in designated basin for 5 minutes.
    Remove and place in sterile container with other sterile hypo syringes.
14. Chart drug immediately after administration. Hour, drug, how administered, reaction and signature.

INTRAMUSCULAR INJECTIONS

I. Aim
   1. To administer a drug that is irritating to the tissues and not readily absorbed.
   2. To administer a drug that is not suited for IV or subcutaneous injection or when intravenous injections is not practical.

II. Necessary articles
   1. Same as hypo with exception of needle. Intra-muscular needles required.
   2. Size of hypo syringe dependent upon drug given, amount given.

III. Technique
   1. Same as for hypodermic technique steps 1 to 8.
   9. Place patient in prone position if possible, otherwise instruct to lie on side with buttocks exposed.
   10. Cleanse an area about 2 inches in diameter near inner angle of upper outer quadrant of the buttocks.
   11. Hold the syringe in right hand between middle and index finger and thumb with the little finger resting on the skin. With left hand placed flat on buttocks make pressure toward the patient's thigh.
   12. Insert needle, remove left hand from buttocks and hold syringe with left hand while piston is gently pulled upward with left hand.
   13. If blood appears, withdraw needle and introduce it about 3 to 4 cm. from original point.
   14. If blood is not aspirated, inject contents of syringe slowly. Needle should be injected in vertical position.
   15. Remainder of procedure same as for hypo injection.

ARTIFICIAL PNEUMOTHORAX

I. Aim:

Induction of air into pleural cavity to compress the lungs

II. General instructions:

1. It is important that the patient does not cough while the needle is in the chest. If he is unable to suppress cough, instruct him to warn the physician so that the needle may be removed when he coughs.
2. Usually a sedative to control cough is given before the treatment is carried out.
3. After the treatment the cough should be controlled.
4. Watch the patient closely after the treatment for symptoms of spontaneous pneumothorax, dyspnea, cyanosis, and a rapid pulse. Report at once if this occurs.
5. Two nurses assist with the procedure (ideal) as it is usually done on patients who are isolated. One nurse remains clean and handles the materials from the tray. The other nurse gowns, prepares, and holds the patient.

III. Necessary articles:

1. Tray
   - Pneumothorax pack
   - medicine glass
   - hypo syringe and needles--large and small
   - rubber tubing 15 cm. with glass adaptor
   - 4 cotton balls
   - 1 2x2 gauze sponge
   - sterile towel
2. Skin tray with
   - iodine
   - alcohol
   - Yodochinki
   - novocaine
   - towel (for the doctor's hands)
3. Pneumothorax machine
4. Extra table for machine

IV. Technique

1. Assemble articles and take to bedside.
2. Explain procedure to patient and screen completely.
3. Place tray on one table, machine on other--in place.
4. Nurse A gowns and prepares patient:
   a. Remove kimono from affected side.
   b. Fold bedding to expose chest.
   c. Place patient on edge of bed on non-affected side.
   d. Remove all but one pillow.

This should be under head but not shoulders.

e. Ask patient to raise hand over head so that the intercostal space will be widened.

f. A rolled bath towel may be placed beneath side selected for induction of the needle so that the intercostal space will be widened, if patient cannot do "e".

5. One nurse B remains clean:
   a. Opens pack - places table half way towards foot of bed. With sterile forceps from skin tray, try to get things in order for the doctor to use.
   b. Open disinfectant bottles on skin tray.
6. Doctor prepares skin at site of induction of needle.
7. Nurse assists doctor (nurse B)
8. Doctor drapes patient.
9. Nurse pours novocaine into medicine glass (3 grams)
10. Doctor draws up novocaine with syringe and anesthetizes the area, introduces the needle.
11. Nurse operates pneumothorax apparatus under the direction of the doctor. Nurse A holds the patient.
12. Needle is withdrawn and puncture covered with 2x2 gauze, and adhesive.
13. Nurse A replaces kimono, brings up bedding, makes patient comfortable.
14. Nurse B:-
    a. Takes pack and tray to service room.
    b. See that needles and syringes are clean. Wash with cold water then soak all used equipment in 2% lysol solution for 15-20 minutes.
    c. Go back to the room, return furniture to proper place.
    d. After equipment cleaned, soaked, rinsed, and dried--scrub hands for 2 minutes.
    e. Wrap pack and take to CSR to be sterilized.

V. Chart:
   1. Hour treatment was administered and by whom.
   2. Side of chest treated.
   3. Amount of air introduced.
   4. Reaction of patient during and after treatment.

BED BATH

I. Aim:
   1. To cleanse and give comfort.
   2. To refresh the patient mentally and physically.

II. General Instructions:
   1. The procedure should be modified to suit the condition of the patient.
   2. Work quickly, quietly, smoothly and wash with firm even pressure. A bath given slowly exhausts the patient.
   3. Unnecessary exposure or chilling must be avoided; keep the body sufficiently covered; keep the bath water warm, shut off all drafts from windows and doors and keep the room temperature at about 23.8 degrees C.
   4. Do not allow the ends of the wash cloth to dangle.
   5. Expose and finish one part at a time, wash and dry each part separately and thoroughly.
   6. Be sure all soap is removed as it is drying to the skin.
   7. Pay special attention to region behind the ears, the umbilious, pubic region, between toes, and area where 2 skin surfaces contact.
   8. While bathing the patient observe condition of skin, such as rashes, swelling, burns, bruises, abrasions, pressure sores. Report and record findings when of sufficient importance.
   9. All treatments such as enemas and douches should be given before the bath if possible.
   10. Use sufficient water and change it sufficiently often to keep temperature comfortably warm and to make the procedure a cleansing process.

III. Necessary articles:
   1. Wash basin of warm water.
   2. Soap
   3. Talcum powder (or alcohol)
   4. Kidney basin
   5. Tooth brush, dentifrice
   6. Tooth mug
   7. Bath blanket (if available)
   8. Laundry bag (if available)
   9. Face and bath towel
   10. Wash cloth
   11. Linen as needed.

IV. Technique:
   1. Screen patient
   2. Offer bed pan
   3. Ventilate room for few minutes if necessary after patient has used the bed pan.

4. Place chair at bedside parallel with foot of bed.
5. Assemble necessary articles and take to patient's room.
6. Care for mouth and teeth.
7. Arrange articles ready for use: laundry bag over back of chair
8. Place clean linen and bath blanket on seat of chair (put <u>clean</u> towels and wash cloth in proper place)
9. Loosen upper bedding on all sides from head to foot of bed.
10. Fold spread from top to bottom and then in half; place over back of chair.
11. Fold blanket same as spread.
(Note: blanket may be retained during bath if it is cold)
12. Place fresh sheet, then fresh draw sheet over back of chair.
13. Replace top sheet with bath blanket (when available). Then, fold top sheet in center lengthwise, then from top to bottom. Place over back of chair. (This is done only if bottom sheet is to be changed.) Place fresh gown over back of chair.
14. Arrange equipment (soap dish, talcum powder, bath and face towels) on bedside stand--conveniently for use.
15. Remove all but one pillow, if patient permits - place on chair.
16. Remove gown. (If gown is to be worn again, place over back of chair. If it is soiled, be sure it belongs to the hospital before placing it in the laundry bag.)
17. Bring bath water to bedside.
18. Wash and dry neck and ears.
19. Remove bath towel from under head and place under arm and shoulder furtherest away from you. Expose arm and axilla and hands; wash with soap and warm water, dry and cover with bath blanket.
20. Repeat procedure for arm, axilla, and hand on side closest to you.
21. Place bath blanket below abdomen parallel to pubic area.
22. Expose chest and abdomen; wash and dry. Cover with bath blanket.
23. Change water and rinse wash cloth.
24. Expose leg and thigh opposite and place bath towel lengthwise on bed under thigh and foot.
25. Wash and dry thigh and leg and foot. Put foot in basin only if feet are very dirty. If this is done, be sure the bed is protected.
26. Expose leg and thigh on side closest to you and do as in 24 and 25.
27. Change water and rinse wash cloth.
28. Place patient in lateral position, expose shoulders, back and buttocks.
29. Protect bed by placing bath towel parallel with patient's back.
30. Wash and dry back, shoulders, buttocks.
31. Massage back well with powder (see procedure for back care).
32. Turn patient on back. Prepare equipment and place within easy reach of patient, then allow patient to finish bath. If patient is not able, nurse bathes genitalis of patient.

33. Replace gown or kimono, and make foundation of bed according to type of bed to be made.
34. Pull up mattress.
35. Change pillow slips and replace pillows.
36. Place face towel over pillow lengthwise and comb hair.
37. Empty bath water, clean basin, place in proper place.
38. Place all soiled linen in laundry bag.
39. Make top of bed, leaving finished fold nine inches of sheet over spread at top.
40. Remove screen, ventilate room, leave unit in complete order, see that the patient is comfortable.

V. Chart:

1. Type and time of bath
2. Condition of patient
3. Unusual observations

DIRECT BLOOD TRANSFUSION (SYRINGE METHOD)

I. Aim
   1. To supply blood when the patient has lost whole blood. Through disease or hemorrhage.
   2. To raise pressure by increasing blood volume.

II. General Instructions
   1. Wash blood from all articles immediately after use.
   2. After and during transfusion, watch the patient closely for chills, headache, dizziness, pain about the heart, change in rate and character of pulse and respirations, short sharp cough and pain in legs.

III. Necessary articles
   1. Direct transfusion pack
      Syringe - 5cc and large (50-100 cc)
      needles - donor and recipient
      gauze sponges
   2. Skin tray
   3. Intravenous tray - pillow, rubber sheet, tourniquet
   4. 10% sodium citrate

IV. Technique
   1. Explain procedure to both recipient and donor
   2. Screen between whenever possible
   3. Both, donor and recipient resting in dorsal recumbent position.
   4. Assemble articles and bring to bedside.
   5. Place arm in position using rubber pillow, sheet, and tourniquet.
   6. Get syringe ready for doctor to use.
   7. Doctor will go to donor first, nurse assists with sponging area, tourniquet and instructing donor.
   8. When amount desired is obtained from donor, syringe removed, needle replaced with recipient needle, and same procedure as IV used with nurse assisting.
   9. Watch patient closely, face, lips, and pulse.
   10. After blood is given, usually 5 to 10 minutes, 100 cc., receive syringe from doctor, separate barrel and plunger, rinse in cold water, soak in soda bicarbonate.
   11. Make patient comfortable and leave room in order.
   12. Instruct donor to lie down for several minutes, offer him a drink of water.
   13. Clean and return all equipment to CSR.

V. Chart
   1. Time
   2. Amount of blood given and by whom
   3. Untoward reactions if any.

TO CHANGE THE GOWN

I. Hospital gown (Kimono)

1. Loosen the obi
2. Remove from one arm and one side
3. Roll gown under patient
4. Slip exposed arm into clean gown.
5. Roll remaining part of clean gown under patient.
6. Slip off old gown from other side.
7. Roll out clean gown from other side and slip in other arm.
8. Put obi in place and tie.

Note: In removing a gown, remove sleeve nearest you first. If patient has an injured arm, remove the sleeve from the uninjured arm first. When putting gown on, put the sleeve on the injured arm first.

II. Closed gown

1. To remove gown
   a. Flex patients knees and raise buttocks.
   b. Draw gown from under buttocks up to waist.
   c. Raise shoulders and head with one arm and with other draw gown about shoulders.
   d. Remove one sleeve, raise head and slip gown off over the head.
   e. Remove other sleeve

2. To put on Gown
   a. Crush sleeve and slip on as with hospital gown.
   b. Crush back of gown, raise head, and slip gown over head.
   c. Raise head and shoulders and draw gown to waist.
   d. With knees flexed and body raised, draw gown below hips and over legs.

ASSISTING WITH PHYSICAL EXAMINATION

I. Aim
   1. To assist in the examination of the different parts of the body.
   2. To make the patient as comfortable as possible physically and mentally before, during and after the examination.

II. General Instructions
   1. Anticipate the physician's needs before and during the examination in order to save time and unnecessary conversation in the presence of the patient.
   2. Provide adequate covering in order to insure effective drapping and give sufficient warmth.
   3. Explain the object of the examination in order to relieve embarrassment and prevent hesitancy on the part of the patient.
   4. The envirenment should be quiet, the lighting good, and the temperature of the room comfortable.
   5. Always remain with female patients during an examination.

III. Necessary articles
   A. Examination tray
      a. sterile tongue depressors
      b. flash-light
      c. head-light
      d. stethoscope
      e. percussion hammer
      f. tape measure
      g. hand towels (2)
      h. hand pump
      i. applicator with pin
      j. glass slides
      k. sphygmomanometer (if not on wards)

   B. Bath blanket

   C. Screen

Note: For pelvic and rectal examination, provide a specula, rubber gloves and lubricant.

IV. Positions

   A. Dorsal
      1. Patient flat on back, one pillow under head.
      2. Knees separated and flexed.

   B. Knee chest
      1. Small pillow under head
      2. Patient rests on knees and chest, knees slightly separated, face turned to one side resting on the pillow, thighs perpendicular, arms free at both sides.

   C. Sims (either right or left, usually left)
      1. Patient on left side, right knee flexed and drawn up nearly to abdomen, left knee slightly flexed, left arm drawn under side of back, right arm free in front.

D. Lithotomy
   1. In bed -- patient on back across bed with buttocks slightly over edge of bed, hips elevated with pillows, knees flexed an abdomen and held in position with a strap or sheet passed upward over one shoulder, back of neck and down over opposite shoulder and pinned about flexed knees.
   2. On examining table -- patient in dorsal position with knees flexed. The feet are placed in stirrups at foot of table.

E. Abdomen
   1. Patient puts both arms in back and supports self with palms of hands, fingers pointed towards top of bed.
   2. Legs straight.

F. Kidney exam.
   1. Patient turns on side of examining kidney, and lies at a forty five degree angle.
   2. Knees both flexed.

V. Technique
   1. Assemble necessary articles and take to bedside,
   2. Explain the procedure to the patient and screen adequately.
   3. Place patient in dorsal recumbent position, remove all but one pillow.
   4. Fan fold upper bedding to foot of bed and replace with bath blanket.
   5. Undo obi on patients' kimono.
   6. Stand on side of bed opposite the doctor and hand articles as needed, anticipate his needs if possible.

The examination is usually done as follows:

a. Head (including eyes, ears, nose, throat, mouth and neck)
   1. Have patient in position so that light is adequate
   2. Hold tongue depressor in middle so that fingers do not touch portion that goes into the patient's mouth. Break used tongue depressors (if made of wood) and wrap in the paper they have been taken from or throw in waste receptacle.
   3. Draw shades during an eye examination if ophthalmoscope is used.

b. Chest (including heart and lungs)
   1. Turn patient's head away from doctor. Hold a folded towel between patient's face and examiner's head.
   2. Draw bath blanket to waist line for examination of anterior chest, covering chest with face towel. Raise pendulous breasts under towel for auscultation.
   3. To examine posterior chest -- draw bath blanket over chest and shoulders and assist patient to a sitting position. Place pillows at lower back of necessary.
   4. If patient is not able to sit up for examination of posterior chest, turn on his side away from examiner and drape as for anterior chest.

c. Abdomen
   1. Place patient in dorsal position with knees slightly flexed.
   2. Turn bath blanket back to pubes and cover chest with towel.

d. Extremities
   1. Bring bath blanket between extremities. Draw side edge well under thigh to be examined so that when the knee is flexed there is no exposure.
   2. Replace gown, to cover chest
   3. Try not to expose the patient unnecessarily
   4. Place towel under buttocks and bring up over genitals until ready for examination
   5. Hand examiner necessary articles as needed
   6. After examination remove drape

e. At end of physical examination
   1. See that the physician doing the examination is provided with hand towel and convenient place to wash hands.
   2. Replace patient's gown
   3. Remove bath blanket and adjust upper bedding
   4. Remove screen
   5. Clean equipment and return to proper place

VI. Chart

   1. Hour of examination
   2. By whom performed

GOWN TECHNIQUE

1. Aim:

1. To prevent the transmission of infection from one person to others by interrupting contact, both direct and indirect.

II. General Isolation Precautions:

I. Anything that comes in direct or indirect contact with a patient who has a communicable disease or any infected area is considered contaminated.

2. The most vehicles of indirect transmission of the common communicable disease are the hands. Atmospheric transmission may take place when the patient coughs or sneezes.

3. The causative organism is most virulent while secretions and exeretions are fresh, therefore, they would be destroyed bpromptly. Their most natural habitat is the human body and for themost part die very quickly once they leave it.

4. Scap, water, air and sunshine are the heatmeans of disinfection.

5. Explain isolation technique as necessary to visitors, Protect them with gowns, and place their chairs at a safe distance from the patient or contaminated unit.

6. Make isolation technique as simple and as pleasant as the safety of others and mediately from the hospital.

7. Cases definitely diagnosed as acute communicable diseases are removed immediately from the hospital.

III. Necessary articles:

Mask
Gown
Standard for gown
Basin for disinfectant

IV. Gown Technique:

A. To put on gown

1. Enter unit but do not come in contact with anything in the unit
2. Place palms of hands together and slip hands into gown-finger tips and shoulder seams, thumbs on outer corner of neck bands.
3. Force hand through sleeves without touching the outside of the gown and without the outside of the gown contaminating the uniform.
4. Lift up the cblar of the gown using the second finger...sliding finger along the edges of the neck band from the midline(middle) towards the back opening.
5. Tie strings of neck band in back.
6. Grasp edges of gown in back..bring left side towards right, right side over Left Hold temporarily with right hand.
7. Grasp strings on left side with left hand, hold gown in place:
8. Grasp string on right side with hand: quickly switch, or transfer strings. Left to right, bring Borward in front, and tie securely
8. Pull up sleeves so cuffs will not slip down.

GOWN TECHNIQUE--continued

NOTE: Keep gown free from contamination six inches below shoulders and upward six inches along either side in the back.

B. To remove the gown.

1. Untie strings at waist. (You may bring forward and loop in front, or let fall to sides)
2. Pull sleeves up about an inch..wash hands for 2 minutes.
3. Unite strings at the neck b\and, letting them hang down center of back.
4. Place foregfinger of right hand under cuff of left sleeve and pull down over hand.
5. Through sleeve of left hand, grasp the outer part of right cuff and work it off over right hand.
6. Continue removing gown, working hands up to neck and bringing two edges of neck band together.
7. Grasp back of gown, including the strings in one hand, and the neck band in front in the other hand.
   Fanfold neck down to schoulder seems with back of hems of gown together and facing outwards.
8. Upon leaving room, scrub for 2 minutes.

Note: If the gown is hung inside the contaminated room or unit, the gown is to be hung contaminated side out, clean in.

If the gown is hund outside the contaminated unit, it is to be placed contaminated side in, clean out.

Note: If a mask is required, be sure and put mask on BEFORE putting on gown Discarding of the mask should conform to rules and regulations of the communicable disease unit.

TAKING TEMPERATURE, PULSE AND RESPIRATION

I. Aim
   1. To aid in making a diagnosis or determining the prognosis of a disease.
   2. To obtain objective criteria of the physical condition of the patients.

II. General Instructions
   1. Stay with the patient while the thermometer is in place.
   2. Children, delirious, unconscious, uncooperative, or mentally ill patients should not have their temperature taken by mouth.
   3. Rectal temperature is contraindicated when the rectum is inflammed or inpacted with faces, or after rectal operations.
   4. Thermometer should not be held under hot water.
   5. Thermometer and container is kept on patient's dresser unless patient is mentally ill and ambulatory.

III. Necessary articles
   1. Clinical thermometer
   2. Bichloride of mercury solution 1:2000 (antiseptic)
   3. Lubricant (for rectal thermometers)
   4. Cotton pledgets
   5. Pencil and temperature record

IV. Technique
   A. Oral Method
      1. Remove thermometer from solution, rinse under cold running water.
      2. Shake thermometer down to 34-35 degrees Centigrade
      3. Place end of thermometer containing the mercury under tongue asking patient to close lips.
      4. Leave thermometer in place two minutes.
      5. Count pulse
         a. Place index, middle and third finger along side of wrist; temporal in front of ear; facial under jaw; earotid on side of neck.)
         b. Make slight pressure and count the beats for one minute at same time note the rhythm and volume of the pulse.
      6. Before taking fingers from the artery, count the respirations for one minute by counting the rise and fall of the chest and abdomen.
      7. At the end of two munutes, remove thermometer, read, shake down to 34-35 degrees C, wash with cold water and replace in thermometer container.
      8. Record temperature, pulse and respirations on memo pad and on temperature record (if such is used)

   B. Rectal Method
      1. Place patient in lateral position if possible. If not, knees are flexed.
      2. Remove thermometer from bottle, shake down to 34 degrees C.
      3. Insert lubricated thermometer slowly, bulb end first. Insert to about 1 inch.
      4. Hold in place three minutes. (You may count respirations during this time).
      5. Remove thermometer, read, shake down to 34 degrees C. and wash with soap and cold water.
      6. Replace in container for thermometer.
      7. Count pulse for one minute.

B. Rectal Method
8. Record temperature, pulse and respirations on memo or temperature record.

C. Axillary Temperature
I. Equipment
1. Tray
2. Enamel container with top
1:2000 Bichloride of Hg.
gauze at the bottom
place thermometers into this solution for sterilization
3. Jar containing cotton filtered with boric acid.
4. 2 glasses
both have gauze on bottom
a. clean--for clean thermometers - contains clear water
b. for used thermometers
5. Refuse jar.
II. Technique
1. Take the enamel containrner from the tray.
2. Place the clean thermometers from the Bichloride into the glass with clean water
3. Be sure and inspect each thermometer to see that themercury is below 35 degrees C.
4. Carry entire thermometer tray to the wards. The enamel tray is left in theutility room.
5. Wipe the axillary region of the patient with the patient's own towel or wipe.
6. Take the thermometer from the clear water.
Wipe of excess water with cotton or paper wipe which is on the tray.
7. Place the thermometer at a 45 degree angle, titling upwards
8. Bend arm at elbow, requesting patient to hold it to his shoulder, or place his hand on his upper arm.
If the patient is unconscious or delirious, the nurse will hold the patient's arm in place.
9. Temperature should be taken for 10 minutes.
10. Count pulse
11. Count respiration
12. Lower arm, take thermometer from axilla, wipe off with cotton or wipe, and read. Place in container for dirty thermometers.
13. Write the temperature down on memo slip.
14. When all temperatures are taken, bring the tray to the utility room.

After care of equipment

1. Rinse out glasses with soap and water, using soap whenever possible.
2. Wash out gauze, dry, place back into proper jars.
3. The bichloride solution should be changed daily.

IV. Charting

A. On graphic
   1. Degree of temperature and method used
   2. Rate of pulse
   3. Rate of respiration

B. Nurse's Record

C.1. Rhythm and quality of pulse if abnormal
   2. Character and type of respirations, if abnormal.

(Translation by Miss Shioko Hayashi)

9:45 - 10:00 J.O.A.K.

Round Table Discussion on "One of the Most Suitable Professions for Girls"

Date: 13 March 1947. At the broadcast office, Tokyo.

Members:

1. Chairman — Mr. Announcer
   Miss Mitsu Kaneko
   Miss Shioko Hayashi
   Miss Hatsue Akiyama
   Mrs. Yoshimi Sugahara
   Miss Setsu Asagoshi
   Miss Tajima

Chairman: According to the newspaper recently the statistics tells us the lowering of health condition, and various kinds of diseases have been increasing. Especially the death rate of T.B. is 23.1 for 10,000. In America it is 4.1 and in any other civilized country it is below 10.0. Comparing with these rates Japan is exceedingly bad condition. I think nurses and public health nurses must be working very hard for these sufferers. This evening we are going to have a meeting with a midwife for the benefit of the young girls who want to take this kind of career. I hope this meeting will be worthy for the girls. I will introduce you the members of the group.

Kaneko: I am Kaneko, a public health nurse. I am in charge of public health nurse in welfare ministry.

Hayashi: I am Hayashi, a nurse, Japanese Red Cross.

Akiyama: I am Akiyama, teacher of the 6th Municipal Girls High School.

Sugahara: I am Sugahara, a midwife in Tokyo.

Asagoshi: I am Asagoshi, fourth year class student of St. Luke's College.

Tajima: I am Tajima, second year class, Red Cross College.

Chairman: Now we begin the round table discussion for the benefit of those who wish to be a nurse, a public health nurse. We expect to hear something profitable from you.

Hayashi: Something profitable? I wonder if we can give you anything useful.

Chairman: You must not think so seriously. It would be helpful to give us some suggestions about the requirement procedure to enter the college or to be a nurse, requirement, and subjects in the school of nursing.

Hayashi: I see. It might be true.

Chairman: Kaneko san. I am a man, so I have no interest in those things, but I heard recently the requirement and procedure have been changed, I suppose.

Kaneko: Yes, they have been and still they are changing.

Hayashi: Mr. Chairman, you are not right to say you have no interest because of a man. I hope men should have more knowledge about that. Nowadays health problem is not only private affairs but also those of community. It is too silly of you, you call "nurse! nurse!" very pitifully only when you are sick.

Chariman: Oh, this is a strong challenge to me. I am only a man here, I am helpless. I hope we change the topic now. How many public nurses are now in Japan, active now, Kaneko san?

Kaneko: Let me see, about 18,000. They are working in cities, villages, fisher villages and in health centers which are about 700 through Japan. Hayashi san, how many nurses are there do you know?

Hayashi: Well, about 160,000, and 55,000 of them were trained in Red Cross. 10,000 of new nurses being made yearly.

Chairman: I see. How many midwives, Sugahara san?

Sugahara: Well, 50,000 and yearly 2,000 are licensed.

Chairman: Then, they are about 220,000 in all. One person may have three licensures, may not she?

Sugahara: Yes, she is.

Chairman: Akiyama san, do your graduates want to become nurses?

Akiyama: Yes, as the schools of nursing gradually have been colleges and standards of education is raised now, our graduates would be nurses, I think.

Chairman: I hope to think this problem concretely. If my daughter wish to be a nurse or public health nurse what she must do? Is there any regulations about that. Kaneko san, will you tell me something about that?

Kaneko: Just now new regulation is going set up. According to the new regulation in future the basic requirement to enter the college of nursing is graduation from High School, and the course is three years.

Akiyama: The standard will be higher. After graduation from the college, she takes examination, does she?

Kaneko: Yes, she does.

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Akiyama: What procedure shall we take to be a midwife or public health nurse?

Kaneko: The basic requirement is a licensed nurse, adding one year course, then take examination of public health nurse and licensed by Welfare Minister.

Chairman: Oh! that is quite different from what I have thought. It requires much study, isn't it? What is present regulation?

Hayashi: Even at present some schools requires High School graduates, but mostly nursing schools have higher primary graduates. Some must take prefectural examination before being licensed. Some school graduates can be licensed without taking examination.

Chariman: I want to know why it is necessary to elevate standard of nurses.

Kaneko: Nurses, public health nurses, and midwives are fine professions. So it is necessary to give them better professional education, and to do so higher basic education is needed.

Akiyama: What is the meaning of the national examination.

Hayashi: It is necessary to recognize nurses nationally to do their work better, as they are properly educated.

Chairman: How about midwives?

Sugahara: It is the same with Public Health nurses.

Chairman: Where are nursing colleges?

Hayashi: There are St. Luke's college and Red Cross college in Tokyo.

Akiyama: What subject are taught in the college?

Hayashi: Miss Asagoshi and Miss Tajima will answer for that as they have fresh experience.

Chairman: That will be fine. Asagoshi san, Tajima san, will you tell me the motives of your being a nurse.

Asagoshi: From my childhood I have been very fond of taking care of the patient and the wounded.

Tajima: When I entered the college it was time of war, and I intended to take care of soldiers.

Chairman: What subject are you taught in college?

Asagoshi: In the first year class we are taught anatomy, pathology, bacteriology, nutrition and nursing arts stressed.

Akiyama: What is the nursing?

Tajima: In learning nursing practice is stressed. At first we learn nursing arts in demonstrated way, then we practice them in classrooms.

Asagoshi: We begin ward practice at the end of the first year after finishing general nursing arts in class. In the second and third year, we study of specialized lessons.

Chairman: You have troubles during your study, haven't you?

Asagoshi: Yes, we have. When being on night duty, as I was very sleepy, I could not keep my head straight when head nurse came to us on her way-round visit.

Tajima: It is too difficult for me to get up for duty at winter night.

Asagoshi: We are very proud of our profession, but sometime I feel very unhappy when some patients have a bad opinion of nurses and think of us as servants, ignore our characters.

Chairman: It is very bad but such kind of people must be very few, I hope.

Akiyama: Some happy news please.

Asagoshi: I was very happy when for the first time I had a uniform on. I felt proud and satisfaction thinking myself completed nurse.

Tajima: I feel very happy when patients trust me, and thankful to me. I was excited and couldn't sleep well night before I went back home for vacation.

Asagoshi: When I am on night duty and visit patients from bed to bed with the candle in my hand, I am very proud of being a nurse, thinking that my responsibility is so great.

Tajima: This is one of the happiest experience. Last Christmas night we invited American nurses. I was almost cry for joy when I was given the cake.

Akiyama: Asagoshi san, you are going to graduate from the college aren't you? What idea have you for your future activities? Will you tell us?

Asagoshi: I wish I could help T.B. patients to recover and teach a mother how to bring up her babies.

Chairman: You might make yourself a very fine mother, I think. How do you think of being yourself a good wife, Tajima san?

Tajima: Now I am only a student.

Chairman: I see. Please study as much as you wish. In the beginning of this discussion we hear about American nurses. I wish to know more.

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Hayashi: Now you have interest in this field, have not you? Miss Kaneko will tell you as she was in America to study before.

Kaneko: In America to be a nurse is an ideal thing for young girls and husbands are proud of having wives who are nurses. In American nurses are respected, and they work in high position. They have high standards of education.

Chairman: I have heard that recently the long-named association that is midwives, nurses and public health nurses association has been organized. What is that will you explain, Sugahara san?

Sugahara: It was organized last year. As the names tells us it is an organ to communicate us, and through this organ we wish to give health teaching to the community.

Chairman: Hayashi san, you look you want to say something, do you? Please tell me anything you want.

Hayashi: Thank you. This round table discussion is also one of the activities of the association. We are wanting many young enthusiastic graduates from Girls' High School would enter the nursing fields which have broad fields of activities in future.

Chairman: Thank you very much to all of you. I have learned much about the nursing. Every one must be healthy to reconstruct our country to be democratic, happy community. For this purpose we hope many young intelligent girls come to this worthy profession. I am closing this round table discussion.

Good bye.

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3.2E
7-2-51

Nursing - Japan Introduction to
Maj. alt remarks on nursing new program.

It is difficult to prepare a manual to guide in the supervision of the nurses and midwives' work here in Japan because the standards thought of are guided by American standards and the difference is very severe. It is far better, therefore, not to try to compare and expect the quality of service and efficiency from these nurses as is found in the states.

First the system under which the Japanese nurse works makes her as a woman only a servant. Second the educational background is low and third the laws under which the nurse enters the medical profession, works, studies and graduates are not only low but are not enforced and hence there are all varieties of standards. Courses are from reading books in the home and taking the prefectural examination, to three or six months in a private clinic or surgical hospital or being "farmed" out by an Association up to a two year formal course in a hospital with one exception, that exception is St. Luke's and is the only hospital in Japan that compares to American standards. Not only will all varieties of schools and methods be found, but each one has different curriculum and way of teaching. There are from 100 hours of stretcher drill, 150 hours of Flower and Tea Ceremony to 10 hours of Anatomy and perhaps 5 hours of Communicable Disease. No special time is given to see that the student gets practical work on various services. No practice rooms, no laboratory and many times only the one lecture room which goes to make up the complete teaching unit even in the larger hospitals. The so-called Government credited schools do not require a prefectural examination, but all others do and all receive the same license and are called graduates, either clinical or public health nurse, or midwives. With this introduction to the nursing situation here in Japan one can understand why it is difficult to tell what the nurse in each prefecture can or should be capable of doing. She may be a St. Luke's

graduate, if she is, she only needs a little guidance and help and she will do a beautiful job. She may be P.N.N. who has no conception of P.H. Nursing, her lack of knowledge of prevention, sanitation and communicable disease may even be startling. But wherever the Japanese nurse is found there will be found an eager personality who is anxious to learn and will do as she is instructed to do with a vim that will also be startling. This lack of training is not the nurse's fault -- it is the custom of the race and the belief of the system under which she lives and has no part in the making.

In the preparation of this paper I have tried to outline what a Public Health nurse should be able to do and some of the jobs the midwife can do. I have also given some extracts from the Imperial Ordinance which governs the midwife. Later as the legislation for nurses and midwives goes before the Diet copies will be sent to all and may be used as an annex to this paper.

All standards will be raised and there will be National Examination for nurses and midwives. Qualifications for entrance into the schools of nursing will be sufficiently high to attract the better student and in this way an attempt will be made to raise the so-called present day nurse to the basis of a professional person.

The Model Demonstration school in Tokyo is a three year course and from here will come leaders in nursing but it will take time.

GRACE E. ALT
Major, ANC
Chief, Nursing Affairs

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SURVEY OF HOSPITAL AND SCHOOL OF NURSING

Form used by SCAP Nursing Div.

PART I: SURVEY OF HOSPITAL

NAME:
LOCATION: PREFECTURE:

DATE OR SURVEY: NUMBER OF PREVIOUS SURVEYS: DATE OF LAST SURVEY:

DIRECTOR OF HOSPITAL CHIEF NURSE

YEAR FOUNDED

TYPE OF HOSPITAL

BED CAPACITY: TOTAL DAILY AVERAGE: CENSUS THIS DATE:

CONTROL: 1. FINANCIAL

2. ADMINISTRATIVE

HOSPITAL BUILDINGS

1. NUMBER

2. CONSTRUCTION, MATERIALS. STYLE, ETC.

3. SANITARY FACILITIES:
Running water

Toilets: number, condition, etc.

4. WARDS

Types

Beds in each

Average number of patients in each - daily

5. CLINICS

Type

Daily attendance
(in each)

6. NURSES QUARTERS

7. COMMENTS: (condition of building, etc.)

PERSONNEL: DOCTORS
GRADUATE NURSES SALARY RANGE

STUDENT NURSES: 1st yr. 2d yr. 3d yr. PHN PG

TOTAL

GENERAL REMARKS:

SURVEY OF HOSPITAL AND SCHOOL OF NURSING

PART II SURVEY OF SCHOOL OF NURSING

NAME

LOCATION PREFECTURE

DATE OF SURVEY: NO. OF PREVIOUS SURVEYS: DATE OF LAST SURVEY:

DATE FOUNDED FUNDS

GRADUATES TO DATE: TOTAL NUMBER:

Clinical Nurses Public Health Midwives Post-graduates

TYPE OF PROGRAM: CLINICAL NURSES: PHN; MIDWIFERY: COMBINATION:

ADMISSION QUALIFICATIONS: Age Education

CURRICULUM (obtain copy if possible) Subjects, hours per year, etc.

1 THEORY

2 PRACTICE

3 FACILITIES
Laboratory
Library
Class Rooms

4 POST GRADUATE COURSE

TUITION: Fees from student
Allowances by school

LICENSURE: Examination
Other
Reports of students performance during past five years
Failures
Successes

REMARKS:

HEALTH CENTER SURVEY

NAME:

PREFECTURE:

LOCATION:

DATE:

NUMBER OF SURVEY:

DATE OF LAST SURVEY:

PREFECTURAL HEAD:

ADDRESS:

PHYSICIAN IN CHARGE:

CHIEF NURSE:

AREA SERVED:

POPULATION:

CHARACTERISTICS OF AREA

PERSONNEL:

NAME	POSITION	SALARY	EDUCATION

PROGRAM:

CENTER BUILDING- (type, size, condition, equipment, etc.)

FUNDS:

VISITS MADE - (Obtain statistical reports if possible)

	Clinic	Home	Classes
ANTE-PARTUM			
DELIVERY			
POST-PARTUM			
INFANT- INC. NEW-BORN			
PRESCHOOL			
SCHOOL			
COMMUNICABLE			
TUBERCULOSIS			
VENEREAL			
MENTAL HYGIENE			
MORBIDITY			
ORTHOPEDIC			

NURSES' EQUIPMENT - (Bags, uniform, etc.)

RECORDS - (Obtain samples, if possible)

NURSING EDUCATION PROGRAM:

BASIC PUBLIC HEALTH NURSING

IN-SERVICE TRAINING

STAFF EDUCATION

POST-GRADUATE

GENERAL REMARKS-(Including comments on performance - individual reports to be made when visits are made with individual nurses in homes, schools) -

-27

File under H.C. Public Health Nurses Teaching Course

1. Introduction August 4.

a.m. - Speakers.
p.m. - Physical examinations.

2. Public Health Nursing. 22 hr.

Principles & Practice.

Aug. 5	Tues.	8.30 - 10.30		2 hr.
6	Wed.	8.30 - 10.30		2 hr.
7	Thurs	8.30 - 10.30		2 hr.
8	Fri.	8.30 - 10.30		2 hr.
9	Sat.	8.30 - 10.30		2 hr.
11	Mon.	8.30 - 10.30		2 hr.
12	Tues.	8.30 - 10.30		2 hr.
13	Wed.	8.30 - 10.30		2 hr.
14	Thurs	8.30 - 10.30		2 hr.
15	Fri.	8.30 - 10.30		2 hr.
16	Sat.	8.30 - 10.30		2 hr.
18	Mon.	8.30 - 10.30		2 hr.
19	Tues.	8.30 - 10.30		2 hr.
20	Wed.	8.30 - 10.30		2 hr.
21	Thurs	8.30 - 10.30		2 hr.
22	Fri.	8.30 - 10.30		2 hr.
25	Mon.	8.30 - 10.30		2 hr.
26	Tues	8.30 - 10.30		2 hr.
27	Wed.	8.30 - 10.30		2 hr.
28	Thurs	8.30 - 10.30		2 hr.
29	Fri.	8.30 - 10.30		2 hr.
30	Sat.	8.30 - 10.30		2 hr.
			-- Exam.	2 hr.

3. Public Health Administration 10½ hr.

Aug. 5	- Tues.	10.30 - 12.00	- 1½ hr.	
6	- Wed.	10.30 - 12.00	1½ hr.	
7	Thurs	10.30 - 12.00	1½ hr.	
8	Fri.	10.30 - 12.00	1½ hr.	
9	Sat.	10.30 - 12.00	1½ hr.	
11	Mon.	10.30 - 12.00	1½ hr.	
12	Tues.	10.30 - 12.00	1½ hr.	

4. Public Health Nursing - History & Trends 4 hr.

Aug. 5	- Tues	1.00 - 3.00	2 hr.	Miss Kaneko
6	- Wed.	1.00 - 3.00	2 hr.	Miss Kaneko

U.S. -27

File under H.C. Public Health Nurses Teaching Course

1. Introduction August 4.

a.m. - Speakers.
p.m. - Physical examinations.

2. Public Health Nursing. 22 hr.

Principles & Practice.

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6	Wed.	8.30 - 10.30		2 hr.
7	Thurs	8.30 - 10.30		2 hr.
8	Fri.	8.30 - 10.30		2 hr.
9	Sat.	8.30 - 10.30		2 hr.
11	Mon.	8.30 - 10.30		2 hr.
12	Tues.	8.30 - 10.30		2 hr.
13	Wed.	8.30 - 10.30		2 hr.
14	Thurs	8.30 - 10.30		2 hr.
15	Fri.	8.30 - 10.30		2 hr.
16	Sat.	8.30 - 10.30		2 hr.
18	Mon.	8.30 - 10.30		2 hr.
19	Tues.	8.30 - 10.30		2 hr.
20	Wed.	8.30 - 10.30		2 hr.
21	Thurs	8.30 - 10.30		2 hr.
22	Fri.	8.30 - 10.30		2 hr.
25	Mon.	8.30 - 10.30		2 hr.
26	Tues	8.30 - 10.30		2 hr.
27	Wed.	8.30 - 10.30		2 hr.
28	Thurs	8.30 - 10.30		2 hr.
29	Fri.	8.30 - 10.30		2 hr.
30	Sat.	8.30 - 10.30		2 hr.
			-- Exam.	2 hr.

3. Public Health Administration 10½ hr.

Aug. 5	Tues.	10.30 - 12.00	- 1½ hr.	
6	Wed.	10.30 - 12.00	1½ hr.	
7	Thurs	10.30 - 12.00	1½ hr.	
8	Fri.	10.30 - 12.00	1½ hr.	
9	Sat.	10.30 - 12.00	1½ hr.	
11	Mon.	10.30 - 12.00	1½ hr.	
12	Tues.	10.30 - 12.00	1½ hr.	

4. Public Health Nursing - History & Trends 4 hr.

Aug. 5	Tues	1.00 - 3.00	2 hr.	Miss Kaneko
6	Wed.	1.00 - 3.00	2 hr.	Miss Kaneko

5. Public Health & Sanitation — 12 hr.

Aug.	13 - Wed.	10.30 - 12	- 1 ½ hr.
	14 - Thurs	10.30 - 12	1 ½ hr.
	15 - Fri	10.30 - 12	1 ½ hr.
	16 - Sat.	10.30 - 12	1 ½ hr.
	18 - Mon.	10.30 - 12	1 ½ hr.
	19 - Tues.	10.30 - 12	1 ½ hr.
	20 - Wed.	10.30 - 12	1 ½ hr.
	21 - Thurs	10.30 - 12	1 ½ hr.

6. Psychology. — 12 hr.

Aug.	7 - Thurs.	1.00 - 3.00 -	2 hr.
	12 - Tues.	1.00 - 3.00	2 hr.
	15 - Fri.	1.00 - 3.00	2 hr.
	19 - Tues.	1.00 - 3.00	2.hr.
	22 - Fri	1.30 - 3.30	2 hr.
	24 - Tues.	1.30 - 3.30	2 hr.

7. Sociology. — 6 hr.

Aug.	8 - Fri.	1.00 - 3.00 -	2 hr.
	13 - Wed.	1.00 - 3.00	2 hr.
	20 - Wed.	1.00 - 3.00	2 hr.

8. Social Welfare — 10 hr.

Aug.	11 - Mon.	1.00 - 3.00 -	2 hr.
	14 - Thurs	1.00 - 3.00	2 hr.
	18 - Mond.	1.00 - 3.00	2 hr.
	21 - Thurs	1.00 - 3.00	2 hr.
	25 - Mon	1.30 - 3.30	2 hr.

9. Maturity. - Medical Aspects. — ~~12~~ hr. 12.

Aug.	22 - Fri.	10.30 - 12.30 -	2 hr.
	25 - Mon	10.30 - 12.30	2 hr.
	27 - Wed.	10.30 - 12.30	2 hr.
	29 - Fri.	10.30 - 12.30	2 hr.
Sept.	1 - Mon	10.30 - 12.30	2 hr.
	4 - Thurs	10.30 - 12.30	2 hr.

10. Maturity

10. Maturity Nursing. **12 hr.**

Aug.	26 - Tues.	10.30 - 12.30 - 2 hr.	
	28 - Thur.	10.30 - 12.30 - 2 hr.	
Sept.	2 - Tues.	10.30 - 12.30 - 2 hr.	
	5 - Fri	10.30 - 12.30 - 2 hr.	
	6 - Sat.	10.30 - 12.30 - 2 hr.	
	8 - Mon .	8.30 - 10.30 - 2 hr.	

11. Morbidity. **28 hr.**

Aug.	27 - Wed.	1.30 - 3. 30 - 2 hr.	
	28 - Thurs	1.30 - 3.30 - 2 hr.	
	29 - Fri.	1.30 - 3.30 - 2 hr.	
Sept.	1 - Mon.	1.30 - 3.30 - 2 hr.	
	2 - Tues	1.30 - 3.30 - 2 hr.	
	3 - Wed.	1.30 - 3.30 - 2 hr.	
	4 - Thurs	1.30 - 3.30 - 2 hr.	
	5 - Fri	1.30 - 3.30 - 2 hr.	
	8 - Mon.	1.30 - 3.30 - 2 hr.	
	9 - Tues.	1.30 - 3.30 - 2 hr.	
	10 - Wed.	1.30 - 3.30 - 2 hr.	
	16 - Tues.	1.30 - 3.30 - 2 hr.	
	17 - Wed.	1.30 - 3.30 - 2 hr.	

12. Principles & Methods of Teaching. **10 hr.**

Sept.	1 - Mon.	8.30 - 10.30 - 2 hr.	
	2 - Tues.	8.30 - 10.30 - 2 hr.	
	4 - Thurs.	8.30 - 10.30 - 2 hr.	
	5 - Fri.	8.30 - 10.30 - 2 hr.	
	6 - Sat.	8 30 - 10.30 - 2 hr.	Exam.

13. Vital Statistics **8 hr.**

Sept.	3 - Wed.	8.30 - 10.30 - 2 hr.
	10 - Wed.	8.30 - 10.30 - 2 hr.
	17 - Wed.	8.30 - 10.30 - 2 hr.
Oct.	1 - Wed.	8.30 - 10.30 - 2 hr.

14. Mental Hygiene **8 hr.**

Sept.	3 - Wed.	10.30 - 12.30 - 2 hr.
	10 - Wed.	10.30 - 12.30 - 2 hr.
	17 - Wed.	10.30 - 12.30 - 2 hr.
Oct.	1 - Wed	10.30 - 12.30 - 2 hr.

15. Infant Hygiene - Medical Aspects . 6 hr.

Sept.	8 - Mon.	10.30 - 12.30 - 2 hr.
	11 - Thurs.	10.30 - 12.30 - 2 hr.
	13 - Sat.	10.30 - 12.30 - 2 hr.

16. P.H. Nursing Aspects Infant Hygiene. 6 hr.

Sept. 11.- Thurs. 8.30 - 10.30 - 2 hr.
13 - Sat. 8.30 - 10.30 - 2 hr.
15 - Mon. 8.30 - 10.30 - 2 hr.

17. Pre-school - Medical Aspects 6 hr.

Sept. 9 - Tues. 8.30 - 10.30 - 2 hr.
12.- Fri. 8.30 - 10.30 - 2 hr.
16 - Tues. 8.30 - 10.30 - 2 hr.

18. P.H. Nursing Aspects - Preschool Child. 8 hr.

Sept. 18 - Thurs. 8.30 - 10.30 - 2 hr.
22 - Mon. 8.30 - 10.30 - 2 hr.
23 - Tues. 8.30 - 10.30 - 2 hr.
26 - Fri. 8.30 - 10.30 - 2 hr. - Exam. 16 & 18

19. Communicable Disease Medical Aspects. 16 hr.

Sept. 9 - Tues. 10.30 - 12.30 - 2 hr.
12 - Fri. 10.30 - 12.30 - 2 hr.
16 - Tues. 10.30 - 12.30 - 2 hr.
19 - Fri. 10.30 - 12.30 - 2 hr.
23 - Tues. 10.30 - 12.30 - 2 hr.
26 - Thurs. 10.30 - 12.30 - 2 hr.
30 - Tues. 10.30 - 12.30 - 2 hr.
Oct. 3 - Fri. 10.30 - 12.30 - 2 hr.

20. P.H. Nursing Aspects. - C. D. 8 hr.

Sept. 12 - Fri. 10.30 - 12.30 - 2 hr.
19 - Fri. 8.30 - 10.30 - 2 hr.
29 - Mon. 8.30 - 10.30 - 2 hr.
Oct. 3 - Fri. 8.30 - 10.30 - 2 hr. - Exam.

21. Community Health Education. 12 hr.

Sept. 11 - Thurs. 1.30 - 3.30 - 2 hr. -- Doctor
15 - Mon. 1.30 - 3.30 - 2 hr. -- Doctor
18 - Thurs. 1.30 - 3.30 - 2 hr. -- Doctor
22 - Mon. 1.30 - 3.30 - 2 hr. -- Nurse
25 - Thurs. 1.30 - 3.30 - 2 hr. -- Nurse
29 - Mon. 1.30 - 3.30 - 2 hr. -- Nurse

22. School Nursing - Medical Aspects. 4 hr.

Sept. 30 - Tues. 8.30 - 10.30 - 2 hr.
Oct. 2 - Thurs. 8.30 - 10.30 - 2 hr.

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11 June 1947

PUBLIC HEALTH NURSES HOME VISITS

Nurse -- Mrs. Hiraia

1st Baby
1st Visit was to new born baby.
This baby was two weeks, old just home from the hospita.
The nurse examined the baby's body and gave the mother instructions in feeding, clothing, bathing and general care of the baby. As this mother is leaving this Ku soon the nurse instructed her to take the baby to the new Ku Health Center as soon as possible for check. Although the grandmother was present she seemed very cooperative and willing to accept the nurses instructions.

2nd Baby
Purpose of visit - baby had failed to come to the clinic for a routine monthly visit.
Results of visit-we found a very healthy appearing male baby 3 months old breast fed and extremely spoiled by the grandmother who monopolized the conversation.
The nurse diplomatically gave instructions concerning feedings, suggesting supplimentary clothing, and training habits and sanitation, none of which, (I think) were followed because the baby's mother was not included in the conversation and the grandmothers attitude was polite but condescending.

3rd Follow up of measles.
Here we visited a family where there were four children in the family the third child had recovered from measles and the baby 5 months old by isolation and an injection of mother's blood had not had the disease.
The baby was under weight so here the nurse gave instruction for diet, sanitary care of clothing and bottles and nipples. Advised bringing both children to H.C. for check.

4th Baby had failed to come for scheduled check.
Found that mother had not brought baby because it had had a diarrhea caused by using spoiled milk in formula. Nurse gave instructions concerning feedings, sanitary care of food and clothing, bathing, and especially advised that baby be brought to H.C. for check.
Here also the grandmother was sure she knew all that was necessary concerning child care.

5th Tuberculosis care.
Patient is getting pneumothorax and lives in crowded quarters so the principal reason for nurses visit was to give instructions about sanitary precautions and to check on former instructions.
All these visits were thorough and the nurse had all H.C. information at had. She was diplomatic, courteous and seemed well received. My criticism is that she was too humble in her attitude to the grandmothers probably leaving the mothers with the idea that the grandmothers methods are the correct ones which at times they were NOT.

Beatrice W Allen RN

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TOKYO CENTRAL HEALTH CENTER
NURSING OBSERVATIONS

10 June 1947

NURSES DUTIES

1. CHEST CLINIC
   Take history
   Take temperatures
   Weigh and measure
   Take blood
   Sterilize instruments
   Syringes - needles

These nurses know their jobs thoroughly and seem to be very conscientious in carrying them out.

One objectionable feature - nurses take patients irrespective of sex and at times women patients are partially undressed when male patients are also in the room.

Also no nurse is present when the doctor does his examination.

The head nurse is a very capable nurse and apparently has a comprehensive knowledge of the patients and their problems as well as a complete knowledge of the nurses.

11 BABY CLINIC

This clinic was conducted entirely by nurses unless baby shows abnormal symptoms, then they are taken to a doctor.

Babies are weighed measured and the history (since the last visit) is taken. Graphs are kept on each baby's individual chart and a family chart is also kept up to date.

Each family coming to this clinic has a number and when any member of the family comes the visit is recorded with the diagnosis and treatment given, as well as being recorded on an individual card.

Beatrice W Allen

~~26~~ B
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TOKYO CENTRAL HEALTH CENTER - 9 June 1947 - 16 June 1947.

NURSES

Graduates	17 (to annex)
Students	20

SCHEDULE OF NURSES PRESENT

Monday	25
Tuesday	17
Wednesday	25
Thursday	18
Friday	33
Saturday	17
Home Visits	

Cases Visited

T.B.
Children
Pre-natal
School follow up.
Other home cases as indicated.

Monday	A.M.	7
	P.M.	8
Tuesday	A.M.	2
	P.M.	9
Wednesday	A.M.	8
(No Wednesday P.M. visits nurses meet for conference)		
Thursday	A.M.	4
	P.M.	4
Friday	A.M.	5
	P.M.	17
Saturday	A.M.	3

Beatrice W Allen

~~27~~ 27

Health Ed. Lecture to Nurses by Dr Hishigaki.

5/26 2:30 - 4.00 PM

I. Must seek to improve childrens education. How
   (a) Must find out how the children are living
   (b) Sercumstances of children
   (c) Try to pick among H School children most likdly prospects for public health
   (d) Learn the customs and habits of the people such as man never changing bed or balnkets.
   (e) Exicies - open windows
   If person is ill they custom is to shut the windows and keep patient in the dark and in the corner of. Food consumed -
   Nutrition for pregnancy.

2. Advises medical students to do research on habits of the people. These babits must be the basis for public health education.

3. Methods of P. H. Ed.
   (a) Calendoer is a good ieda else a daily health guide.
   Example - Church uses calender for advertising. Some mag azine use good pictures. Calender may have artistic picture and then health advice
   (b) Make movie films on V. D. most people hate propaganda that why Gov't dosen't give budget.
   In Japan, if a man dosen't talk he is considerd a great man.
   Need good propganda her -
   Discussion perod - No discussion - No question
   Doctor read some of his papers written recently
   1. Wearing of maks -
   He doesn't like them except in crowded places.
   2. Worms - Spread by human excreta
   3. plenarty
   4. Death rate fugures show that female death rate higher than male
   5. Sleepingof hrs needed for children and aduts
   At the end of the lect ure Dr Hishigaki again ahked for questions.
   I. Q On the list of expomination question appears a question on sei education. How answer it?
   A. - Study shysilogy read book by Dr. Mori written long time ago.
   2. Q. Who is responsible for school health Ed Gov't or the school?
   A. - Each school is individual and can do it alone. Ministry of Ed wants all control but cant get it.
   Lecture admits he knows nothing about samtation asked nurses to tell him.
   General silence class adjoured.

File 32E

NURSING 2 April 47
Miss Collins, SCAP

Summary: Few notes on status NURSES TRAINING

Miss Collins is soon to leave. Miss Pickens will take her place. Today they asked us to get them a guide for Suginami H.C. so we called C.O. and a guide from there took them & Mrs. Allen to Suginami H.C. (See filles for report)

Talked with Miss C. re the various nursing courses offered during the past year and found that most of the courses have been refresher for head nurses of hospitals (130); 37 more thru nursing assoc. for supts.; 50 of St. Luke's NS (4 yr.) finish; some from 2 yr course at Red Cross Hosp.; 80 - college of Nursing. So most refreshers thus far have either beem for grads. or to finish some who did not want to complete full courses.

Postgrad. N school is under contemplation in connection with Keio or Women's Med. College;

In mid June the present Nat - course should be ready for demonstrations in Tokyo HC.
The centers will be Edogawa, Suginami, Tokyo Central, Tachikawa, Setagaya (Not too cooperative); Tokorozawa,
20 N from Tokyo in school.

Pote

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GSC 52

PUBLIC HEALTH NURSING COURSE FOR INSTRUCTORS

Institute of Public Health

Lectures for one month - Feb. 3rd - Mar. 1st., 1947

Subject	Instruction Drs.	Nurses	Total	Teachers' Names	Remarks
I. Principles of P.H. Nursing and Organization		8	12	Miss Colline	
		4		Miss K. Kaneko	At tokorozawa
2. P.H.N. Administration					
a.) U.S.A.		4	8	Miss Colline	
b.) Japan		4		Miss C. Nakamichi	At Tokorozawa
3. Supervision					
a.) U;S.A.		18	24	Miss Colline	
b.) Japan					
i)		4		Mrs. M. Hirai	At Tokyo C. H. C.
ii)		2		Miss I. Kawamura	
4. Teaching		8	8	Miss Colline	
5. Hygiene of School Children		4	4	Miss Colline	
6. Maternity Hygiene					
a.) U.S.A.		6	12	Miss E. Mathison	
b.) Japan		6		Miss N. Inouye	
7. Child Hygiene					
a.) Infant		6	8	Mrs. Ikegami	At Tokorozawa
b.) Pre-school		2		Mrs. M. Watanabe	Health Center
8. Prevention of Venereal Diseases	3		8	Dr. Elkins	
		5		Miss E. Mathison	
9. Prevention of Tuberculosis	3		8	Dr. Knight	
		5		Miss K. Shimizu	At Tokyo C.H.C.
10. Prevention of Infectious Diseases	8		12	Dr. Nobechi	
		4		Miss Tsukui	
Total lecture hours					104
11. Field Experience			37		
a.) Urban			17		
b.) Rural			17		
Discussions about field experience			3		
			141	6 hours a day	

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Dat	Day	0900	1000	1100	1300	1400	1500	1600
3	Mon	Collins Principles P. H. Nursing	Collins	Collins Supervision	Inouye Maternal	Hygiene	Kawamura Principles of Teaching	Kawamura
4	Tue	Dr. Nobechi Communicable	Tsukui Disease	Tsukui	Kawamura Maternal	Kawamura Hygiene	Kawamura Principles of Teaching	Kawamura
5	Wed	Tsukui Communicable	Tsukui Disease	Dr. Nobechi	Kawamura Maternal	Kawamura Hygiene	Dr. Knight Mat. Hygiene	Kawamura Prin. of Teaching
6	Thu	Dr. Knight Field Experience (Mat. Hy)	Dr. Knight	Kawamura Prin. of Teach.	Collins Prin. P.H. Nursing	Collins	Collins Supervision	Collins
(7)	Fri	Field Experience			Field Experience			
	Sat	Kaneko Prin. P.H.N.	Kawamura Supervision	Kawamura				
(10)	Mon	Field Experience			Field Experience			
11	Tue	Holiday						
(12)	Wed	Field Experience			Field Experience			
13	Thu	Collins Prin. P.H. Nursing	Collins	Collins Supervision	Ikegami Infant	Ikegami Hygiene	Dr. Knight Infant Hygiene	Kawamura Prin. of Teaching
14	Fri	Dr. Knight Field Experience (Inf. Hyg.)		Ikegami Inf. Hyg.	Collins Principles of P. H. Nursing	Collins	Collins Supervision	Collins
15	Sat	Inouye Maternity	Inouye Hygiene	Inouye				
(17)	Mon	Field Experience			Field Experience			
18	Tue	Shimizu Tuberculosis	Shimizu Nursing	Shimizu	Collins Supervision	Collins	Dr. Knight Tuberculosis	Kawamura Prin. of Teaching
19	Wed	Dr. Knight Tuberculosis	Shimizu Tuberculosis	Shimizu Nursing	Collins Supervision	Collins	Collins Venereal	Collins Disease
(20)	Thu	Field Experience			Field Experience			
21	Fri	Dr. Elkins Venereal	Dr. Elkins Disease	Dr. Elkins	Hirai Supervision	Hirai	Dr. Nobechi Communicable	Dr. Nobechi Diseases
22	Sat	Kaneko Prin. P.H. Nursing	Kaneko	Nakamichi P.H. Admin.				

Date	Day	0900	1000	1100	1300	1400	1500	1600
24	Mon	Field Experience						
25	Tue	Collins Venereal	Collins Disease	Nakamichi P. H. Admin.	Ikegami PreSchool	Ikegami Hygiene	Dr. Nobechi Communicable	Dr. Nobechi Disease
26	Wed	Field Experience						
27	Thu	Collins Supervision	Collins	Nakamichi P.H. Admin.	Kawamura School	Kawamura Hygiene	Dr. Nobechi Communicable	Dr. Nobechi Disease
	Fri	Field Experience						
29	Sat	Hirai Supervision	Hirai	Nakamichi P.H. Admin.	Field Experience			

Hx & P Program
Prin & H R Program 12
Supervision PHN 18
Maternal Hygiene 12
Prin. Teaching 8
Comm. D. 12
Infant Hygiene
Pre School 2
School 2
TB 6
UD - 7
PH Ad 4