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1727

United States Senate

COMMITTEE ON FINANCE

SEP 18 1947

August 29, 1947 d

DIVISION OF OCCUPIED AR AS
ECONOMIC AFFAIRS
OCT 23 1947
DEPARTMENT OF STATE

11:00 Am
ack. 9/5/47 file

The Honorable George C. Marshall

The Secretary of State

My dear Mr. Secretary:

Enclosed is a communication I have received from Mr. E. H. Mears, President of the Union Life Insurance Company.

I shall appreciate your comment as to the inquiry he makes.

Thanking you, I am

Cordially yours,

Harry F. Byrd

Harry F. Byrd

enclosure

Encl. rec'd 9/2/47 OK.

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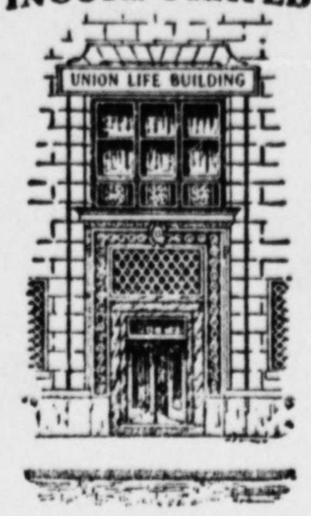
UNION LIFE INSURANCE COMPANY
INCORPORATED



HOME OFFICE: 15 N. SIXTH ST. RICHMOND 19, VIRGINIA

E. H. MEARS,
PRESIDENT

August 25, 1947

Honorable Harry F. Byrd
Senate Office Building
Washington, D. C.

Dear Senator Byrd:

I am inclosing herewith confidential memo I have this day received from the Insurance Economics Society of America.

I am sending this to you to find out if the statements in this memo are true concerning what would appear to be an attempt on the part of certain people in Washington to socialize medicine in Japan.

I shall appreciate hearing from you on this matter.

With every good wish, I am

Cordially yours,

E. H. Mears
President

F.H. Mears

EHM/cht
Inclosure

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Confidential for Members Only

Activity Reports

FROM — INSURANCE ECONOMICS SOCIETY OF AMERICA
176 West Adams Street • Chicago 3, Illinois

No. 86, August 22, 1947

SOCIAL SECURITY MISSION TO JAPAN
(Flash Report from Marjorie Shearon, Legislative Consultant)

"Over two weeks ago I gave to Frank T. Bow of the Harness Subcommittee the information which has enabled him to expose the grandiose plans of Falk, Altmeyer, Cohen, and Miss Mulliner (Senator Wagner's protege) to socialize medicine in Japan, and to foist a W-M-D bill on the defenseless Japanese. It is a brazen scheme which has been in the making since the end of last year. The War Department has been sucked in. Falk plans; Altmeyer gives official sanction and accepts leadership of the Mission to Japan; Cohen and Miss Mulliner execute the plans; the public pays the freight.

"The advance guard is already in Japan; the Mission is to leave Washington on or before August 28. Altmeyer, still in Geneva, is to follow later; selected or mentioned as possible additions to the Mission are: Perrott, Louis Reed, Miss Klem, Falk's former assistant, Francis A. Staten, Bishop, Berlin refugee from the Berlin Social Insurance Fund, formerly on Sanders' staff, and several others, all responsive to Falk, All told, 9 of the 44 persons listed in my House of Falk diagram have been selected or mentioned for the Mission. Dr. Mountin, Burnet M. Davis, and Barkev Sanders are scheduled to leave by August 28. They are to prepare, or take with them a prepared, national compulsory 'health' insurance bill to be presented to the Japanese Diet by October 1. There has been opposition to the program in Japan, but what can a vanquished Nation do to protect itself against a power-crazed group of bureaucrats from Washington? What were the Germans able to do when Altmeyer sent Merrill Murray from the SSA Bureau of Old-Age and Survivors Insurance to Germany under War Department auspices?

"IF YOU WISH TO PROTEST, DO SO NOW, TELEGRAPH YOUR SENATORS AND REPRESENTATIVES. TOMORROW MAY BE TOO LATE!"

Editor's Note: This is an illustration of the new technique for world control of social planning. It is part of the international blue print of the Welfare State being developed and pushed by the same old clique.

Act immediately - Contact your Senators and Representatives

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

In reply refer to
ILH

My dear Senator Byrd:

This will acknowledge receipt of your letter of August 29, 1947 enclosing a communication from Mr. E. H. Mears. The statements made in this communication have been brought to the attention of the appropriate officers in the Department and we will inform you of their views at a later date.

Sincerely yours,

For the Secretary of State:

Carl Marcy
Acting Legislative Counsel

The Honorable

Harry F. Byrd

United States Senate.

SEP 10 1947

ILH:LLWilliams:vmb
9/5/47

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

In reply refer to
ILH 894.12/8-2947

SEP 16 1947

My dear Senator Byrd:

The receipt is acknowledged of your letter of August 29, 1947 enclosing a communication from Mr. E. H. Mears. The inquiry made in your constituent's letter has been brought to the attention of the appropriate officers in the Department and you will be informed of their views at a later date.

Sincerely yours,

For the Counselor:

Florence Kirlin
Special Assistant

The Honorable

Harry F. Byrd,

United States Senate.

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UNITED STATES POLITICAL ADVISER FOR JAPAN

DIVISION OF NORTHEAST ASIAN AFFAIRS
JAN 13 1948
DEPARTMENT OF STATE

RESTRICTED

1478

Tokyo, Japan, December 26, 1947.

Subject: Transmittal of a Report Issued by the Public Health and Welfare Section, General Headquarters, Supreme Commander for the Allied Powers.

PROTECTIVE SERVICES
FEB 6 1948
DEPARTMENT OF STATE

The Acting Political Adviser has the honor to enclose five copies of report No. 49 (for the period November 30, 1947 to December 6, 1947) issued by the Public Health and Welfare Section of this Headquarters. These bulletins concerning welfare, social security, and medical affairs are issued weekly and will be forwarded regularly hereafter without covering despatch.

DIV OF FOREIGN ACTIVITY CORRELATION
FEB 2 1948
DEPARTMENT OF STATE

Enclosure:
Weekly Bulletin No. 49,
November 30-December 6, 1947
(five copies).

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FEB 12 1948
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NWB

MG

As you will see, these reports on health & welfare are highly detailed and Technical.

On the basis of the attached report, I do not think they will be worth routing to FE, but we'd better see a few more before deciding.

Restricted

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

W E E K L Y B U L L E T I N

For Period

30 November - 6 December

1947

Number 49

SECTION I - Welfare
SECTION II - Nursing Affairs
SECTION III - Veterinary Affairs
SECTION IV - Supply
SECTION V - Preventive Medicine
SECTION VI - Medical Service
SECTION VII - Social Security
SECTION VIII - Memoranda to Japanese Government

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GENERAL HEADQUARTERS
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SECTION I

WELFARE DIVISION

Licensed Agencies for Relief in Asia (LARA)

The 35th overseas relief shipment of LARA arrived in Yokohama aboard the SS Philippine Bear, 3 December, and contained 12 Tons of food Supplies.

The Brethern Service Committee (member agency of LARA) made available, as a gift to Japan 193 goats which arrived in Yokohama from the United States on 25 November.

The shipment is composed of the following milking breeds:

BREED	SEX BUCK	DOE	TOTAL
Saanen	50		50
Toggenburg	44	3	47
Nubian	46	8	54
Alpine	6	13	19
Crossbred	23		23
	169	24	193

As determined by the Public Health and Welfare and Natural Resources Sections SCAP, 61 goats were allocated to the Ministry of Agriculture (for experimental and breeding purposes) and 132 to the Ministry of Welfare (for allocation and distribution to welfare institutions).

The Ministry of Welfare's allocation plan was approved and authorized on 3 December. Distribution as indicated below is expected to be completed on or before 6 December:

Institution	Number of Goats	Address
Tokyo		
Meguro Koseiryo	4	Kamimeguro, Meguroku
Itabashi Yoikuin	4	Itabashicho, Itabashiku
Boshi Aiikukai	1	Hiroocho, Minatoku
Kanagawa		
Nyuji Hogo Kyokai	5	Tozukacho, Yokohamashi
Shonan Kokusai Byoin	5	Oppama, Yokosukashi
Seishin Aijikai	5	Fujisawa, Fujisawashi
Kamakura Hoikuen	5	Hase, Kamakurashi
Shiraminekai Boshiryo	5	Tozukacho, Yokohamashi
Chiba		
Seijuji Gakuen	5	Toyamamura, Inbegun
Betania Home	5	Kokufudai, Ichikawashi
Kaijo Ryoyosho	5	Yazashimura, Kaijogun
Saitama		
Tama Nagatoro En	3	Yorilmachi, Tamayodo
St. Joseph Home	4	Minami- Sakuraimura, Kitakatsushikagun
Nidokuriyama Koseien	4	Yonomachi, Kitaadachigun
Tama Aisenryo	2	Satsuhamura, Kitasaitama-gun
	1	

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Institution	Number of Goats	Address
Tochigi		
Kenritsu Nasu Gakuen	5	Nozakimura, Nasugun
Saiseikai Utsunomiya Byoin	5	Utsunomiyashi
Shimotsuke Sanrakuen	5	Tomatsurisonomachi, Utsunomiyashi
Ibaraki		
Ibaraki Gakuen	3	Godaimura, Nakagun
Onuki Sanatorium	5	Onukimachi, Higashi-Ibarakigun
Muramutsu Seiranso	4	Muramutsumura, Nakagun
Nagano		
Sankiryo	5	Nishinaganocho, Naganoshi
Kutsukake Gakuso	5	Karuizawa, Kitasakugun
Oshikamura Cooperative	5	Seki Koji, Oshikamura, Shimoinagun
Shizuoka		
Shizuoka Koseien (Home)	5	Inomiyamachi, Shizuokashi
Fuji Ikuji Yoroin	5	Yoshiharacho, Fujigun
Seirei Hoyo Noen	5	Mikatagaharacho, Hamanagun
Miyagi		
Sendai Kirisutokyo Ikujiin	4	Haramachi, Sendaishi
Sendai Tonshien	4	Kitagojyuninchо, Sendaishi
Hyogo		
Miteya Chiryo Kyoinin	5	Uchide, Ashiyashi
Total	132	

Increase in Food Rations to Children's Institutions

The Children's Bureau of the Ministry of Welfare has announced that arrangements have been completed with the Ministry of Agriculture and Forestry to increase rice and rice substitute rations to children's institutions. The increase decided upon was a 40 gram (3 shaku) increase for children from 1 to 5 years of age and an 80 gram (6 shaku) increase for those from 6 to 19 years of age. The increase approximates 25% and will be effective for 25 days of the month. It is expected that this increase will help to keep children from running away from institutions as reports from Military Government Teams indicate lack of food as a major reason for running away.

The regulations authorizing this increase were sent out in a letter of instructions, dated 25 November 1947, from the Ministry of Welfare- Ji Otsu Hatsu No. 41.

Regulations and Information Concerning Minsei-iin

The Social Affairs Bureau, Ministry of Welfare, has sent to the prefectures, a compilation of documents and instructions concerning Minsei-iin which have been issued during the past year. The compilation is entitled Minsei-iin Ordinance and Regulations (Supplement) and is dated October 1947. Documents included in the compilation are the Ministry of Welfare Ordinance No. 17, dated 18 November 1946; communications from the Chief, Social Affairs Bureau, Ministry of Welfare to prefecture governors concerning Minsei-iin; case illustrations and reference material. It is hoped that by gathering together these various regulations concerning Minsei-iin a better understanding of the current requirements will be secured.

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Social Welfare Education

The second meeting of the Kansai Social Welfare Education Committee was held in Osaka on 5 December and was attended by approximately 50 persons. (Reference: Weekly Bulletin No. 46, for period 9-15 November). Persons attending the meeting included representatives from welfare agencies; sixteen educational institutions; Osaka Military Government Team, Hyogo Military Government Team; Military Government Section, I Corps, and Welfare Division, PH&W. The organization of the Committee was finally decided upon and various committees appointed to consider problems of curricula and policy. The next meeting of the committee will be held on 14 January 1948 at 1300 in the Osaka-fucho Bekkan.

SECTION II

NURSING AFFAIRS DIVISION

Tokyo-To clinical nurses, midwives and public health nurses viewed showings of the following nursing films at the Japanese Red Cross Headquarters, 5 December:

Lady of Science
Florence Nightingale
Journey into Medicine
Morning and Evening Care of Patient
Your Friend the Public Health Nurse
Jimmy Beats Rheumatic Fever

There were over 500 present at the two showings provided and several hundred more were turned away. This was a definite aid to the teaching program and was sponsored by the Tokyo-To Nursing Association.

The Midwifery Manual has been completed through the efforts of many outstanding doctors in Midwifery, under the guidance of Nursing Affairs Division. It may be obtained by ordering from

Miyajima Book Store
No. 52, 2 Chome, Shimoma-Cho
Setagaya-ku, Tokyo

Price: ¥ 45.00

SECTION III

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reported that no new outbreaks of animal diseases occurred during the period 30 November - 6 December 1947.

SECTION IV

SUPPLY DIVISION

General

Reports are being received from Military Government Public Health Officers advising of severe shortages of electric power for hospitals. The supply of electricity will vary in different districts throughout Japan, however in general shortages are expected to be severe.

Two directives have been issued by the Japanese Government outlining a priorities structure and detailed method of submitting applications for desired re-

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visions in supply. Economic Stabilization Board Instruction No. 15, dated 13 September outlines broad policies, and Commerce and Industry Ministry Ordinance number 6, dated 30 September outlines detailed priorities and policies. Copies of these directives have been furnished prefectural agents of the Commerce and Industry Ministry.

All essential industries have been placed in category 1 and hospitals have been placed under classification 1, category 2. This priority, although not ideal is considered adequate in view of the critical supply of electricity and the heavy demand by essential industries.

Prefectural health officials should maintain close liaison with prefectural allocation officials and advise using agencies of current procedures and policies concerning allocation of electricity.

Distribution

A total of 512 pieces of spraying and dusting equipment was distributed to four prefectures in the period 25 November to 1 December. Under Ministry of Welfare supervision these shipments were made as follows:

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer
Aichi	0	0	0	120
Hyogo	0	150	0	0
Tottori	192	0	0	0
Kagoshima	0	0	50	0
Total-	192	150	50	120

Reports have been received that antholmintics are in very short supply. Santonin distribution has been allocated by Ministry of Welfare distribution officials, based on population figures, to all prefectures. Shipments are made monthly from available stocks. Over the four month period August through November, totals of 130,000 grams of powder and 9,000,000 tablets of santonin have been shipped to all prefectures, allocated as listed below:

Prefecture	August		September		October		November	Total	
	Powder Gram	Tablet	Powder Gram	Tablet	Powder Gram	Tablet	Tablet	Gram	Tablet
Hokkaido	3150	135,000	2025	90,000	675	67,500	112,500	5850	405,000
Aomori	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Iwate	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Miyagi	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Akita	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Yamagata	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Fukushima	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Ibaraki	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Tochigi	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Gumma	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Saitama	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Chiba	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Tokyo	3500	150,000	2250	100,000	750	75,000	125,000	6500	450,000
Kanagawa	2450	105,000	1575	70,000	525	52,500	87,500	4550	315,000
Niigata	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Yamanashi	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Nagano	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Shizuoka	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Toyama	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Ishikawa	700	30,000	450	20,000	150	15,000	25,000	1300	90,000
Fukui	700	30,000	450	20,000	150	15,000	25,000	1300	90,000
Gifu	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Aichi	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,000

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Mie	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Shiga	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Kyoto	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,00
Osaka	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Hyogo	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Nara	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Wakayama	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Tottori	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Shimane	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Okayama	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Hiroshima	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,00
Yamaguchi	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Tokushima	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Kagawa	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Ehime	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Kochi	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Fukuoka	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Saga	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Nagasaki	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Kumamoto	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Oita	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Miyazaki	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Kagoshima	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Totals	70,000	3,000,000	45,000	2,000,000	15,000	1,500,000	2,500,000	130,000	9,000,00

At the present time production of anthelmintics in Japan is not sufficient to meet minimum requirements. An import program has been scheduled to supply the deficiency. A small shipment of santonin has already been received on this program. This powder will be processed into tablet form, and will then be distributed for use. A much larger import of this drug is expected within the next few months. Efforts are also being made to import large quantities of digenia simplex which have been scheduled as an import requirement.

Reference is made to Weekly Bulletin No. 41 for period 5- 11 October which listed names and addresses of x-ray film distribution agencies. Additional information is furnished below on three agencies for Fuji Photo Film Co., Ltd.

Prefecture	Agency	Address
Okayama	Kawanishi Iryoki-ten	Hamada-Cho, Okayama City
"	Yamamoto Photo Shop	No. 39 Sakae-cho, Okayama City
Ishikawa	Sakurai Iryo-Shokai	No. 37 Shimonaka-cho, Misokura-machi, Kanazawa City

Production

The 34th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control program for 1947 indicates the following data for the period 23-29 November:

	Total to date 22 Nov.	No. Mfgd. 23-29 Nov.	Total Mfgd. to date 29 Nov.	Total Shipped to date 29 Nov.	Balance On Hand	Balance to be Mfgd.
DDT Dusters	72,506	1,600	74,106	70,310	3,796	15,894
Sprayer, knapsack type, 3 gal. capacity	39,443	-	39,443	18,415	21,028	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	12,790	11,018	-
Sprayer, hand type, ½ gal. capacity	37,610	-	37,610	27,375	10,235	-
Total -	173,367	1,600	174,967	128,890	46,077	15,894

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Releases of the following DDT products and typhus vaccine were approved for the period 30 November - 6 December:

Prefecture	10% DDT Dust	5% DDT Residual Effect Spray	Typhus Vaccine
Yamagata			4,200 vials
Miyagi			10,000 "
Kagawa			50 "
Yamanashi (Kofu Nat'l Hospital)	10 lbs.	40 gallons	
Total -	10 lbs	40 gallons	14,250 vials

A total of 3,657,990 lbs. of 10% DDT Dust, 223,765 gallons of 5% DDT Residual Effect Spray, and 831,412 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare, Japanese Government, as of 29 November.

Narcotics

The October monthly report on narcotics from the Ministry of Welfare contains the following information:

Total registrants	88,147
Arrests - Registered persons	20
Unregistered persons	45
Convictions- Registered persons	6
Unregistered persons	23
Thefts of Narcotics	30
Losses by fire	2 (small quantities)

Penalties for registrants varied from ¥ 2,000 - 5,000 fine, and for unregistered persons from ¥ 300 fine to five years penal servitude. In addition to the arrested persons, 35 registered persons and 8 unregistered persons were admonished by prefectural officials either for small technical violations or for other acts which were not deemed sufficient for prosecution.

Three of the convictions were for crimes committed during the month, which indicates an improvement in bringing narcotic violators into court soon after the arrest.

Five persons were arrested for illegal cultivation of marihuana and 1 conviction resulting in a ¥ 500 fine was obtained. Most of the cases in which illegal cultivation of marihuana was charged during 1947 have been dismissed since cultivation resulted from improper dissemination of information regarding the Marihuana Law. Steps have been taken to provide thorough dissemination of information regarding this law before the planting season of 1948.

A report has been received of an investigation in Fukuoka prefecture which resulted in breaking up a narcotic ring in which 28 persons were involved. Investigation began when a suspected thief was arrested and found to be a narcotic addict. Suspects include 13 students of a University medical department, three physicians, one pharmaceutical company director, ten with no occupation, and one the wife of a former director of a state hospital. Of these 28 persons, 12 are being prosecuted, four are fugitives, one is dead and one in jail for theft. The balance are under investigation. Five of the defendants are addicts.

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SECTION V

PREVENTIVE MEDICINE DIVISION

Public Health Refresher Training Courses

Reference is made to Section I, Weekly Bulletin #12; Section 5, Bulletin #35; and Section 4, Bulletin #44, 1947. The Institute of Public Health in Tokyo is now conducting short, intensive refresher training courses for personnel on duty in the various branches of the prefectural health organization. Key personnel employed and on duty in the prefectural Health Department and Health Centers, especially the Health Center Directors and other technical personnel, should attend these courses as soon as possible. The courses are designed to give as much practical training as permissible, to as many people as possible in the minimum amount of time. Because of limited facilities and personnel, only 50 students can be currently accepted for each course. It is planned that subsequently two or more classes can be conducted concurrently.

The third refresher class for Public Health Officers (Doctors) and the third class for Public Health Sanitarians will begin on 9 January 1948. The first classes for two new courses, one for Public Health Veterinarians and one for Public Health Pharmacists, will also begin on 9 January 1948. For the time being, all four courses mentioned above will be of 12 weeks duration. Some of these courses may be lengthened or shortened in the future depending upon the circumstances. The current class for nurses began on 8 December and is of 16 weeks duration.

The urgent need for training in public health of those currently on duty in the nation's public health organization is well known. The Japanese have been lax in sending persons for refresher training. Military Government Health Officers should determine that the Japanese prefectural officials do send students to each of these courses, that the students selected are the best available, and that necessary financial provisions are made for these selectees. The future possibilities of these students and their intention of remaining in public health work should receive careful consideration.

On or about 25 November the Institute of Public Health sent out to the governor of each prefecture, letters containing invitations and information relative to these courses. The Institute of Public Health has also notified the prefectural health officers that they are expected to consult the Military Government Health Officers in making the selection of students to attend these courses. Military Government Health Officers can render a valuable service to the present and future health programs by giving this matter their careful attention.

Amendment to Local Autonomy Law

The amendments to the Local Autonomy Law passed the Diet 7 December. As amended, the law now provides for separate Public Health Departments and Public Welfare Departments in each prefectural government on an equal basis with all other governmental Departments. This will solve the previously existing problem of the status of prefectural health and welfare organizations and will now permit the establishment of sound and efficient Public Health Departments and Public Welfare Departments.

Directives from the Ministry of Welfare, implementing this amendment, may be expected in the immediate future. Upon receipt, by each prefecture, Military Government Public Health Officers and Public Welfare Officers should closely observe that contents of the directives are placed into effect with the least practicable delay. Details of a model organization to be used as a guide in the organization of these Departments will be published in next week's bulletin and will be the same as that published by the Ministry to the Prefectures.

Tuberculosis Control

As a result of a survey made in five prefectures during the past month it has become increasingly evident that constant education is necessary along the following lines:

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1. That the fallacies of superstition and custom have served to increase th problem of tuberculosis control.

2. That early and thorough examination of everyone for possible active tuberculosis is imperative.

3. That early diagnosis means prompt treatment and recovery.

4. That early treatment is best accomplished by early hospitalization.

5. That early hospitalization means shorter hospitalization and earlier protection from tuberculosis in the family by removal of the source of infection- the open case.

6. That adequate protection of a group means wise and complete cooperation of all members of that group.

7. That legislation without education is futile.

Typhus Fever Control Conference

The third in the series of typhus fever control conferences for the benefit of Japanese prefectural health authorities was held in Kyoto on 3 and 4 December. The conference was attended by representatives from the prefectures of the southern half of Japan, including Kyushu. Following the lectures and discussions the following recommendations were made: (These recommendations are applicable to other sections of Japan)

1. That an early and late serum sample be taken from each Typhus suspect case and submitted to the 406th Medical General Laboratory in Tokyo for complement fixation and rockettsial agglutination tests. A 10 to 15 cc blood sample should be drawn and serum separated. Each specimen should be shipped under ice as soon as possible.

2. That strict enforcement of Articles 2 & 3 of the regulations for Infectious Diseases Reporting, dealing with early case reporting be observed.

3. That Vaccination Programs (adequate supplies are available) be instituted during December 1947 in:

a. Prisons, reformatories, jails, detention rooms, orphanages, vagrant homes (camps) etc., to include all inmates and other personnel, including policemen.

b. Railway employees (particularly conductors, ticket getemen and others coming in contact with masses of people).

c. Commuters (holders of "season" tickets) in Osaka, Kobe area, Kyoto, Nagoya (similar programs are to be undertaken in Tokyo, Yokohama and Sendai areas).

d. Doctors, nurses and personnel of infectious disease hospitals and health centers, including sanitary team personnel.

4. That DDT residual spray operations be continued and intensified for prisons, jails, reformatories, detention rooms, orphanages, vagrant homes, theaters, public bath houses, railway stations, railway passenger cars and other public conveyances.

5. That DDT dusting programs include:

a. Establishment of a dusting station in each health center to care for any person found infested with lice or fleas.

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b. An extensive program against head lice of school children and families of infested children. Rural areas should receive more attention.

6. That a minimum of one permanent well paid operating sanitary team be included as an integral part of each and every health center in Japan.

7. That training and re-training sanitary teams concerning typhus control procedures be undertaken at periodic intervals during the typhus season.

8. That education and publicity campaigns be extended and intensified.

9. That lectures and demonstrations be presented to various Japanese Women's clubs and organizations in an attempt to secure the full cooperation of the Japanese women.

10. That great emphasis be placed on rodent control on a well planned and well organized basis including:

a. Informative education and publicity campaigns well in advance of anticipated control programs.

b. Large scale operations covering definite areas to be worked progressively.

(1) Place of operation: definitely determined area, that is a city wide, Kuwide, block wide, etc.

(2) Assignment of sanitary Team: Assignment of each team or working unit of each team to a definite area.

(3) Time of operations: Pre-dusting within control area against fleas one week prior to rat control program.

(a) Definite starting date for each area

(b) Definite completion date for each area

(4.) Rat control program (Antu poisoning)

(a) Definite starting date for each area

(b) Definite completion date for each area

(5) Collection and destruction of dead rats.

(6) Survey of results and submitting of necessary reports.

SECTION VI

MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 14 November 1947 shows 3,391 hospitals with a capacity of 212,012 beds of which 98,872 were occupied. During this same period 299,512 out-patients were treated.

SECTION VII

SOCIAL SECURITY DIVISION

Health Insurance

The Ministry of Welfare has released some of the funds appropriated for the establishment of medical treatment facilities by National Health Insurance associations. Each grant-in-aid is to finance one-third of the cost, with the remaining two-thirds to be the responsibility of the prefecture and local association.

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Suitable existing facilities are to be rehabilitated, as well as new ones constructed where necessary. Delays experienced by some National Health Insurance associations in procuring permits to build are probably due to priority allocations made necessary by material scarcities.

SECTION VIII

MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl. (2) 1. Monthly Summary Report of Cases and Deaths from Communicable Diseases in Japan, period ending 29 November 1947.

2. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 29 November 1947.

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DIGEST OF WEEKLY REPORT OF COMMUNICABLE DESEASES IN JAPAN FOR THE WEEK ENDING 29 NOVEMBER 1947

The total number of communicable disease cases (10,095) reported for the week ending 29 November 1947 was approximately 11 percent greater than the number (9,102 reported in the preceding week. Nearly 90 percent of the current total cases were credited to: tuberculosis (5,440), pneumonia (2,092), measles (734), whooping cough (682), and influenza (52).

The remaining 12 communicable diseases included in this report accounted for 1,095 cases and 156 deaths in the current week compared with 1,145 cases and 137 deaths last week. Of these diseases, approximately 84 percent of the cases and 90 percent of the deaths were due to diphtheria (633 cases and 56 deaths), typhoid fever (174 cases and 26 deaths), and dysentery (115 cases and 59 deaths). Epidemic meningitis is the only one of these diseases which accounted for a larger number of cases (20) during the current week than during the corresponding week of 1946 (16).

The incidence of diphtheria continued to increase. The current cases (633) were 5 percent greater than the number (603) reported last week. Deaths increased approximately 22 percent from 46 to 56. The current and cumulative case rates per 100,000 population per annum were 42.3 and 36.7 respectively. Corresponding death rates were 3.7 and 3.0.

Dysentery cases increased approximately 7 percent from 107 in the preceding week to 115 currently. Deaths rose from 51 to 59. The current case rate (7.7) was approximately 7 times less than the cumulative rate (54.3). The current and cumulative death rates were 3.9 and 10.2 respectively.

The incidence of typhoid fever remained about the same. There were 174 cases and 26 deaths in the current week compared with 173 cases and 30 deaths last week. The current case rate (11.6) was less than half the cumulative rate (23.8). The current and cumulative death rates were 1.7 and 3.0 respectively.

Paratyphoid fever cases continued to decline. The current cases (38) were nearly 27 percent less than the number (52) reported in the preceding week. There were 6 deaths in the current week compared with none last week. The current and cumulative case rates were 2.5 and 6.3 respectively. Both the current and cumulative death rates were 0.4.

One case of smallpox was reported currently compared with 2 last week. All three cases were reported from Wakayama prefecture. There continued to be no deaths recorded since the middle of July. The current and cumulative case rates were 0.1 and 0.5 respectively. The cumulative death rate was 0.1.

Four cases of typhus fever were reported currently compared with 3 last week. No deaths have been reported for the last 6 weeks. The current and cumulative case rates were 0.3 and 1.4 respectively. The cumulative death rate was 0.1.

Malaria cases continued to decline to reach a new low for the year. The current cases (77) were approximately 16 percent less than the total (92) last week. One death was reported currently compared with none in the preceding week. The current case rate (5.1) was approximately one-third less than the cumulative rate (16.1). The current and cumulative death rates were 0.1 and 0.03 respectively.

Scarlet fever cases decreased approximately 67 percent from 99 to 33. There were 2 deaths currently compared with one last week. The current and cumulative case rates were 2.2 and 3.4 respectively. Both the current and cumulative death rates were 0.1.

Epidemic meningitis accounted for 20 cases and 6 deaths currently compared with 14 cases and 9 deaths last week. The current and cumulative case rates were 1.3 and 4.6 respectively. Corresponding death rates were 0.4 and 1.5.

There were no cases or deaths reported for suspect Japanese "B" encephalitis in the last three weeks. The cumulative case and death rates were 0.4 and 0.2 respectively.

There continued to be no cholera or plague.

The current and cumulative numbers of cases of chancroid were 769 and 37,605 respectively; for gonorrhea 4,005 and 196,527; and for syphilis 2,863 and 135,412.

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SUMMARY REPORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES IN JAPAN

Week Ending 29 November 1947.

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	26	4	2196	249	2	1	1356	136
AOMORI	20	3	455	40	-	-	298	29
IWATE	14	-	389	32	11	2	1084	94
MIYAGI	10	2	542	21	-	-	760	67
AKITA	21	4	624	45	1	1	451	66
YAMAGATA	8	-	634	41	1	-	1633	116
FUKUSHIMA	2	1	396	12	1	-	2206	283
IBARAKI	5	-	508	48	1	1	1705	470
TOCHIGI	17	1	655	35	1	-	1230	211
GUNMA	9	1	305	64	1	-	1372	229
SAITAMA	10	-	611	59	2	-	1723	352
CHIBA	7	-	394	31	1	2	1005	213
TOKYO	18	4	1495	222	17	3	2941	694
KANAGAWA	16	4	519	37	2	2	700	145
NIIGATA	25	2	752	46	3	-	1746	248
TOYAMA	5	-	216	11	-	-	189	12
ISHIKAWA	32	1	590	28	1	-	208	37
FUKUI	4	-	215	12	-	1	365	48
YAMANASHI	1	1	101	11	-	1	664	69
NAGANO	7	-	599	40	3	-	1592	159
GIFU	4	-	189	20	2	4	635	197
SHIZUOKA	8	1	509	53	4	2	1198	286
AICHI	30	1	1502	83	6	16	1880	526
MIE	12	1	628	37	2	-	488	123
SHIGA	3	-	204	14	-	-	300	40
KYOTO	8	-	474	49	8	-	831	121
OSAKA	8	-	400	48	5	-	908	235
HYOGO	25	1	836	61	4	-	1380	259
NARA	19	-	185	7	-	-	173	24
WAKAYAMA	2	-	219	8	-	-	140	32
TOTTORI	3	-	161	16	1	-	181	43
SHIMANE	12	1	479	24	3	2	461	134
OKAYAMA	10	-	363	30	-	2	424	138
HIROSHIMA	8	-	600	30	1	-	594	170
YAMAGUCHI	60	1	654	51	18	5	285	107
TOKUSHIMA	2	-	282	9	1	1	839	125
KAGAWA	25	-	282	16	(*-2)	-	519	89
EHIME	16	4	832	78	-	-	954	190
KOCHI	5	-	294	21	-	1	304	75
FUKUOKA	35	1	1658	104	5	3	624	118
SAGA	23	1	766	57	-	-	208	41
NAGASAKI	14	4	610	69	2	1	541	104
KUMAMOTO	4	-	210	27	3	-	348	92
OITA	22	4	714	45	2	(*-2)	318	90
MIYAZAKI	9	6	533	48	1	10	534	121
KAGOSHIMA	9	2	602	78	1	-	706	134
TOTAL	633	56	26382	2167	115	59	39001	7292
RATE								
Current	42.3	3.7	36.7	3.0	7.7	3.9	54.3	10.2
Previous	40.3	3.1			7.2	3.4		

Rate per 100,000 per annum.
Rates based upon estimated population 1 July 1947

*Correction

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PREFECTURE	TYPHOID				PARATYPHOID			
	CURRENT		CUMULATIVE		CURRENT		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	4	738	87	-	-	221	16
AOMORI	1	-	236	32	-	-	54	2
IWATE	2	1	221	35	-	-	64	1
MIYAGI	2	-	388	30	2	1	255	11
AKITA	2	-	152	30	-	-	44	4
YAMAGATA	1	-	345	56	3	-	105	5
FUKUSHIMA	2	1	436	46	-	-	101	11
IBARAKI	3	-	407	46	-	-	182	10
TOCHIGI	2	-	414	62	2	-	102	5
GUMMA	-	-	272	47	2	-	112	6
SAITAMA	4	-	482	58	-	-	95	9
CHIBA	11	-	382	24	2	-	128	3
TOKYO	16	1	1278	165	6	1	454	22
KANAGAWA	10	-	641	92	4	1	146	10
NIIGATA	5	2	575	81	1	-	181	6
TOYAMA	4	-	383	35	-	-	111	1
ISHIKAWA	3	-	193	19	1	-	46	1
FUKUI	-	-	155	22	-	-	39	1
YAMANASHI	1	-	135	7	-	-	47	1
NAGANO	2	-	322	27	-	-	136	13
GIFU	7	2	569	63	2	-	131	13
SHIZUOKA	11	1	595	64	6	1	150	17
AICHI	8	1	942	114	1	-	192	7
MIE	3	2	749	81	-	-	109	10
SHIGA	1	-	126	17	-	-	28	5
KYOTO	5	-	393	41	1	-	91	5
OSAKA	3	(*-1)	557	102	-	-	275	9
HYOGO	8	-	967	150	-	1	107	11
NARA	-	-	136	15	-	-	16	-
WAKAYAMA	2	-	454	52	-	-	64	1
TOTTORI	6	1	148	10	-	-	32	-
SHIMANE	2	2	267	37	-	-	113	5
OKAYAMA	3	1	337	39	-	-	21	2
HIROSHIMA	10	3	695	89	1	-	161	11
YAMAGUCHI	5	-	111	10	-	1	30	3
TOKUSHIMA	1	1	252	36	-	-	36	5
KAGAWA	8	-	186	29	-	-	62	2
EHIME	2	-	180	26	-	-	33	1
KOCHI	3	-	398	45	1	-	38	4
FUKUOKA	5	1	336	34	1	-	60	3
SAGA	-	-	77	3	2	-	29	1
NAGASAKI	-	-	104	12	-	-	35	2
KUMAMOTO	-	-	99	14	-	-	23	1
OITA	4	2	104	14	-	-	11	1
MIYAZAKI	1	1	160	34	-	-	43	3
KAGOSHIMA	-	-	28	7	-	-	16	-
TOTAL	174	26	17125	2139	38	.6	4529	260
RATE								
Current	11.6	1.7	23.8	3.0	2.5	0.4	6.3	0.4
Previous	11.6	2.0			3.5	0.0		

Rates per 100,000 per Annum
Rates based on estimated population 1 July 1947
*Correction

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	Smallpox				Typhus Fever			
	Current		Cumulative		Current		Cumulative	
PREFECTURE	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	47	8	-	-	56	8
AOMORI	-	-	-	-	-	-	8	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	20	3
AKITA	-	-	12	1	-	-	2	1
YAMAGATA	-	-	8	3	-	-	42	4
FUKUSHIMA	-	-	1	-	-	-	4	-
IBARAKI	-	-	21	1	-	-	36	4
TOCHIGI	-	-	23	2	1	-	10	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	-	-	29	2
CHIBA	-	-	13	2	-	-	26	1
TOKYO	-	-	18	5	2	-	217	29
KANAGAWA	-	-	4	-	1	-	42	2
NIIGATA	-	-	4	1	-	-	12	1
TOYAMA	-	-	1	-	-	-	8	1
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	6	4
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	3	-	-	-	9	1
GIFU	-	-	-	-	-	-	26	-
SHIZUOKA	-	-	4	-	-	-	30	-
AICHI	-	-	9	-	-	-	222	5
MIE	-	-	5	1	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	-	-	6	-
OSAKA	-	-	11	2	-	-	52	-
HYOGO	-	-	42	3	-	-	5	2
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	1	-	34	1	-	-	17	1
TOTTORI	-	-	1	-	-	-	7	-
SHIMANE	-	-	7	-	-	-	8	-
OKAYAMA	-	-	11	-	-	-	5	-
HIROSHIMA	-	-	3	1	-	-	2	-
YAMAGUCHI	-	-	7	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	4	-	-	-	52	6
EHIME	-	-	13	2	-	-	6	-
KOCHI	-	-	1	-	-	-	2	-
FUKUOKA	-	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	2	-
NAGASAKI	-	-	2	-	-	-	7	1
KUMAMOTO	-	-	3	-	-	-	3	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	1	0	390	38	4	0	1035	83
Rate								
Current	0.1	0.0	0.5	0.1	0.3	0.0	1.4	0.1
Previous	0.1	0.0			0.2	0.0		

Rates per 100,000 per Annum, based upon estimated population 1 July 1947.

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PREFECTURE	MALARIA				CHOLERA			
	CURRENT		CUMULATIVE		CURRENT		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	1	287	2	-	-	-	-
AOMORI	4	-	180	-	-	-	-	-
IWATE	3	-	180	-	-	-	-	-
MIYAGI	-	-	25	-	-	-	-	-
AKITA	1	-	183	-	-	-	-	-
YAMAGATA	-	-	114	-	-	-	-	-
FUKUSHIMA	1	-	244	-	-	-	-	-
IBARAKI	-	-	315	2	-	-	-	-
TOCHIGI	1	-	110	-	-	-	-	-
GUMMA	2	-	86	-	-	-	-	-
SAITAMA	-	-	61	1	-	-	-	-
CHIBA	7	-	110	-	-	-	-	-
TOKYO	4	-	747	-	-	-	-	-
KANAGAWA	3	-	442	-	-	-	-	-
NIIGATA	4	-	273	1	-	-	-	-
TOYAMA	1	-	164	-	-	-	-	-
ISHIKAWA	-	-	57	-	-	-	-	-
FUKUI	1	-	73	-	-	-	-	-
YAMANASHI	-	-	66	-	-	-	-	-
NAGANO	-	-	179	-	-	-	-	-
GIFU	2	-	34	-	-	-	-	-
SHIZUOKA	-	-	206	-	-	-	-	-
AICHI	1	-	263	-	-	-	-	-
MIE	2	-	220	1	-	-	-	-
SHIGA	7	-	1867	-	-	-	-	-
KYOTO	NR	-	163	-	-	-	-	-
OSAKA	1	-	148	-	-	-	-	-
HYOGO	2	-	305	-	-	-	-	-
NARA	-	-	69	-	-	-	-	-
WAKAYAMA	-	-	76	-	-	-	-	-
TOTTORI	1	-	147	-	-	-	-	-
SHIMANE	3	-	125	-	-	-	-	-
OKAYAMA	NR	NR	75	-	-	-	-	-
HIROSHIMA	1	-	231	-	-	-	-	-
YAMAGUCHI	1	-	278	-	-	-	-	-
TOKUSHIMA	1	-	215	-	-	-	-	-
KAGAWA	1	-	145	-	-	-	-	-
EHIME	1	-	466	1	-	-	-	-
KOCHI	-	-	106	1	-	-	-	-
FUKUOKA	6	-	972	7	-	-	-	-
SAGA	2	-	276	3	-	-	-	-
NAGASAKI	1	-	213	-	-	-	-	-
KUMAMOTO	NR	NR	204	-	-	-	-	-
OITA	2	-	362	3	-	-	-	-
MIYAZAKI	3	-	196	1	-	-	-	-
KAGOSHIMA	3	-	283	-	-	-	-	-
TOTAL	77	1	11541	23	0	0	0	0
RATE								
Current	5.1	0.1	16.1	0.03	0.0	0.0	0.0	0.0
Previous	6.2	0.0			0.0	0.0		

Rates per 100,000 per annum, based upon estimated population 1 July 1947.

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PREFECTURE	SCARLET FEVER Current (C)	(D)	Cumulative (C)	(D)	EPIDEMIC MENINGITIS Current (C)	(D)	Cumulative (C)	(D)	JAP B ENCEPHALITIS (SUSPECTS) Current (C)	(D)	Cumulative (C)	(D)
HOKKAIDO	4	-	335	8	2	-	366	99	-	-	-	-
AOMORI	2	-	25	1	-	-	99	19	-	-	2	-
IWATE	1	-	27	4	-	-	56	16	-	-	-	1
MIYAGI	4	-	91	1	1	1	126	18	-	-	1	-
AKITA	1	-	30	1	1	-	86	38	-	-	2	2
YAMAGATA	-	-	40	1	1	-	80	22	-	-	1	-
FUKUSHIMA	-	-	46	1	-	-	141	39	-	-	-	-
IBARAKI	2	-	59	1	-	-	193	61	-	-	-	-
TOCHIGI	2	-	42	1	-	-	31	13	-	-	1	-
GUNMA	1	-	77	2	1	1	38	18	-	-	1	1
SAITAMA	-	-	52	-	-	-	72	30	-	-	-	-
CHIBA	1	-	50	1	-	-	61	20	-	-	-	-
TOKYO	10	1	480	10	4	1	648	264	-	-	5	-
KANAGAWA	2	-	104	2	1	1	76	23	-	-	1	1
NIIGATA	-	-	31	1	-	-	67	21	-	-	1	-
TOYAMA	-	-	14	-	-	-	20	2	-	-	1	1
ISHIKAWA	-	-	6	1	-	-	42	11	-	-	-	-
FUKUI	-	-	6	-	-	-	12	5	-	-	1	-
YAMANASHI	-	-	23	1	-	-	26	3	-	-	-	-
NAGANO	-	-	88	2	-	-	38	6	-	-	-	-
GIFU	-	-	25	1	1	1	18	6	-	-	1	1
SHIZUOKA	1	-	131	-	2	-	93	22	-	-	-	-
AICHI	-	-	109	3	-	-	43	10	-	-	-	-
MIE	-	-	42	2	-	-	26	5	-	-	6	2
SHIGA	1	-	44	-	-	-	29	12	-	-	-	-
KYOTO	1	-	132	2	-	-	67	17	-	-	5	1
OSAKA	-	-	52	-	1	-	145	36	-	-	46	36
HYOGO	-	1	60	2	1	1	69	27	-	-	12	3
NARA	-	-	9	-	-	-	6	1	-	-	-	-
WAKAYAMA	-	-	7	-	-	-	10	4	-	-	1	1
TOTTORI	-	-	6	-	1	-	44	15	-	-	22	8
SHIMANE	-	-	29	-	-	-	17	6	-	-	7	5
OKAYAMA	-	-	24	-	-	-	11	7	-	-	62	31
HIROSHIMA	-	-	21	2	1	-	65	20	-	-	6	4
YAMAGUCHI	-	-	13	-	-	-	33	6	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	9	4	-	-	1	1
KAGAWA	-	-	14	2	-	-	18	7	-	-	31	16
EHIME	-	-	22	-	1	-	35	21	-	-	16	8
KOCHI	-	-	9	-	-	-	23	8	-	-	13	3
FUKUOKA	-	-	22	3	1	-	84	54	-	-	1	1
SAGA	-	-	2	-	-	-	16	6	-	-	-	-
NAGASAKI	-	-	27	1	-	-	33	14	-	-	1	1
KUMAMOTO	-	-	6	-	-	-	32	11	-	-	2	2
OITA	-	-	3	-	-	-	13	2	-	-	1	1
MIYAZAKI	-	-	11	-	-	-	26	7	-	-	1	-
KAGOSHIMA	-	-	3	-	-	-	34	16	-	-	-	-
TOTAL	33	2	2452	57	20	6	3277	1072	0	0	252	131
Rates												
Current	2.2	0.1	3.4	0.1	1.3	0.4	4.6	1.5	0.0	0.0	0.4	0.2
Previous	6.6	0.1			0.9	0.6			0.0	0.0		

Rate per 100,000 per annum
Rates based upon estimed population 1 July 1947

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Weekly Report - 29 November 1947
Continued

PREFECTURE	MEASLES Cases	WHOOPING COUGH Cases	TUBERCULOSIS Cases
HOKKAIDO	27	26	385
AOMORI	73	20	75
IWATE	25	26	36
MIYAGI	12	13	275
AKITA	13	15	63
YAMAGATA	7	3	62
FUKUSHIMA	11	21	102
IBARAKI	3	13	68
TOCHIGI	6	22	81
GUMMA	3	18	66
SAITAMA	1	5	99
CHIBA	-	13	94
TOKYO	2	33	400
KANAGAWA	2	30	176
NIIGATA	142	145	681
TOYAMA	29	26	115
ISHIKAWA	1	23	94
FUKUI	13	16	48
YAMANASHI	3	5	28
NAGANO	12	24	97
GIFU	26	11	77
SHIZUOKA	6	17	114
AICHI	33	10	121
MIE	39	18	43
SHIGA	3	6	29
KYOTO	31	22	183
OSAKA	(*-4)	16	311
HYOGO	-	5	55
NARA	-	5	29
WAKAYAMA	1	3	39
TOTTORI	11	2	50
SHIMANE	10	12	94
OKAYAMA	NR	NR	NR
HIROSHIMA	16	9	208
YAMAGUCHI	3	15	86
TOKUSHIMA	22	3	74
KAGAWA	6	11	25
EHIME	46	8	102
KOCHI	36	16	98
FUKUOKA	4	45	331
SAGA	13	4	48
NAGASAKI	14	9	96
KUMAMOTO	NR	NR	NR
OITA	-	7	52
MIYAZAKI	8	(*-74)	75
KAGOSHIMA	25	5	55
TOTAL	734	682	5440
RATE			
Current	49.1	45.6	363.7
Previous	43.1	44.0	334.4

Rate per 100,000 per annum, based upon estimated population 1 July 1947.
Deaths not available.

*Correction

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PREFECTURE	PNEUMONIA Cases	INFLUENZA Cases
HOKKAIDO	76	-
AOMORI	62	3
IWATE	28	-
MIYAGI	46	-
AKITA	40	-
YAMAGATA	16	-
FUKUSHIMA	97	-
IBARAKI	54	-
TOCHIGI	32	-
GUMMA	34	-
SAITAMA	34	-
CHIBA	28	-
TOKYO	93	1
KANAGAWA	84	2
NIIGATA	192	2
TOYAMA	51	-
ISHIKAWA	68	-
FUKUI	20	4
YAMANASHI	7	-
NAGANO	33	1
GIFU	87	1
SHIZUOKA	41	-
AICHI	44	-
MIE	28	-
SHIGA	13	-
KYOTO	32	-
OSAKA	35	3
HYOGO	27	-
NARA	14	-
WAKAYAMA	39	1
TOTTORI	14	-
SHIMANE	30	-
OKAYAMA	NR	NR
HIPOSHIMA	19	6
YAMAGUCHI	57	-
TOKUSHIMA	40	-
KAGAWA	8	2
EHIME	77	-
KOCHI	63	-
FUKUOKA	109	19
SAGA	62	-
NAGASAKI	63	-
KUMAMOTO	NR	NR
OITA	17	7
MIYAZAKI	12	-
KAGOSHIMA	66	-
TOTAL	2092	52
RATE		
Current	139.8	3.5
Previous	107.8	2.7

Deaths not available
Rate per 100,000 per annum, based upon estimated population 1 July 1947.

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NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIOD, 1946 and 1947

Diseases	Week Ending 29 Nov 1947	Week Ending 30 Nov 1946	Four Weeks Ending 29 Nov 1947	Four Weeks Ending 30 Nov 1946	Cumulative Number for first 48 weeks 1947	Cumulative Number for first 48 weeks 1946
Cases						
Diphtheria	633	1049	2350	4375	26382	45371
Dysentery	115	477	702	3284	39001	86955
Typhoid	174	668	872	2537	17125	42504
Paratyphoid	38	118	211	543	4529	8569
Smallpox	1	11	3	53	390	17722
Typhus Fever	4	46	17	140	1035	30907
Malaria	77	281	363	1325	11541	NA
Cholera	0	0	0	1	0	1204
Scarlet Fever	33	97	233	272	2452	1978
Epidemic Meningitis	20	16	72	55	3277	1384
Jap B Encephalitis (Suspects)	0	0	1	5	252	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	56	81	191	299	2167	3530
Dysentery	59	159	250	763	7292	12805
Typhoid	26	106	147	350	2139	5096
Paratyphoid	6	8	18	37	260	443
Smallpox	0	1	0	14	38	2727
Typhus Fever	0	0	0	13	83	2891
Malaria	1	2	2	4	23	NA
Cholera	0	0	0	1	0	514
Scarlet Fever	2	3	5	5	57	93
Epidemic Meningitis	6	5	34	20	1072	391
Jap B Encephalitis (Suspects)	0	0	1	1	131	NA
Plague	0	0	0	0	0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES
FOR COMPARABLE PERIOD, 1946 and 1947

Diseases	Week Ending 29 Nov 1947	Week Ending 30 Nov 1946	Four Weeks Ending 29 Nov 1947	Four Weeks Ending 30 Nov 1946	Cumulative Rates for first 48 weeks 1947	Cumulative Rates for first 48 weeks 1946
Case Rates						
Diphtheria	42.3	72.6	39.3	75.7	36.7	65.5
Dysentery	7.7	33.0	11.7	56.9	54.3	125.4
Typhoid	11.6	46.3	14.6	43.9	23.8	61.3
Paratyphoid	2.5	8.2	3.5	9.4	6.3	12.4
Smallpox	0.1	0.8	0.1	0.9	0.5	25.6
Typhus Fever	0.3	3.2	0.3	2.4	1.4	44.6
Malaria	5.1	19.5	6.1	22.9	16.1	NA
Cholera	0.0	0.0	0.0	0.02	0.0	1.7
Scarlet Fever	2.2	6.7	3.9	4.7	3.4	2.9
Epidemic Meningitis	1.3	1.1	1.2	1.0	4.6	2.0
Jap B Encephalitis (Suspects)	0.0	0.0	0.02	0.1	0.4	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	3.7	5.6	3.2	5.2	3.0	5.1
Dysentery	3.9	11.0	4.2	13.2	10.2	18.5
Typhoid	1.7	7.3	2.5	6.1	3.0	7.4
Paratyphoid	0.4	0.6	0.3	0.6	0.4	0.6
Smallpox	0.0	0.1	0.0	0.2	0.1	3.9
Typhus Fever	0.0	0.0	0.0	0.2	0.1	4.2
Malaria	0.1	0.1	0.03	0.1	0.03	NA
Cholera	0.0	0.0	0.0	0.02	0.0	0.7
Scarlet Fever	0.1	0.2	0.1	0.1	0.1	0.1
Epidemic Meningitis	0.4	0.3	0.6	0.3	1.5	0.6
Jap B. Encephalitis (Suspects)	0.0	0.0	0.02	0.02	0.2	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available
Rate per 100,000 per annum
1947 Rates based upon estimated population 1 July 1947.
1946 Rates based upon estimated population 1 July 1946.

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WEEKLY SUMMARY REPORT OF VENEREAL DISEASES IN JAPAN

WEEK ENDING 29 November 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID (C)	CHANCROID (T)	GONORRHEA (C)	GONORRHEA (T)	SYPHILIS (C)	SYPHILIS (T)
HOKKAIDO	14	1100	112	7855	57	4182
AOMORI	18	399	81	2581	47	1550
IWATE	3	170	14	926	22	1094
MIYAGI	8	362	93	2804	56	1861
AKITA	1	207	33	1591	29	1266
YAMAGATA	2	157	23	1236	40	1776
FUKUSHIMA	5	408	54	3703	44	2509
IBARAKI	8	558	24	2314	31	2277
TOCHIGI	4	378	29	2854	26	2638
GUMMA	8	295	78	2110	70	2279
SAITAMA	11	622	31	2727	15	1844
CHIBA	7	777	44	3419	22	2190
TOKYO	50	1805	284	7827	146	6745
KANAGAWA	47	1660	210	12294	125	6297
NIIGATA	4	436	69	3027	44	2528
TOYAMA	3	376	32	2919	35	2353
ISHIKAWA	21	598	53	3564	63	2351
FUKUI	4	396	34	1716	54	1254
YAMANASHI	4	92	13	1828	9	644
NAGANO	3	275	34	3185	42	2351
GIFU	16	686	95	4087	37	1690
SHIZUOKA	2	665	47	3426	34	3155
AICHI	80	3355	338	13633	123	7105
MIE	26	1158	95	2589	54	2531
SHIGA	20	844	22	1597	13	1467
KYOTO	55	1850	216	7580	183	4453
OSAKA	85	4336	266	16452	257	14283
HYOGO	47	1729	201	8415	231	8514
NARA	4	541	24	1120	43	1181
WAKAYAMA	13	1047	52	3786	46	2348
TOTTORI	2	347	29	3057	43	1579
SHIMANE	3	170	25	1584	14	1407
OKAYAMA	30	1516	110	5666	84	3434
HIROSHIMA	28	1104	136	7597	87	3554
YAMAGUCHI	10	465	64	3548	31	2222
TOKUSHIMA	5	144	71	1303	68	1226
KAGAWA	14	626	22	2311	36	1495
EHIME	9	315	58	3185	40	2952
KOCHI	1	294	9	1476	6	1104
FUKUOKA	45	2870	320	11937	160	7239
SAGA	9	368	114	4424	58	2136
NAGASAKI	14	741	104	6287	89	3190
KUMAMOTO	14	372	56	3824	49	2689
OITA	6	717	52	2801	31	1993
MIYAZAKI	1	75	42	1627	30	1020
KAGOSHIMA	5	199	92	2735	39	1456
TOTAL	769	37605	4005	196,527	2863	135412
Rate						
Current	51.4	52.4	267.7	273.7	191.4	188.6
Previous	44.9		241.4		198.3	

Rates per 100,000 per annum, based upon estimated population 1 July 1947.

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DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN FOR THE FIVE WEEK PERIOD ENDING 29 NOVEMBER 1947

During November, increases were recorded in the morbidity rates for diphtheria and scarlet fever. Case rates for all other diseases included in this report decreased from the October level or remained about the same. Only one of these diseases (epidemic meningitis) recorded a higher morbidity rate in the current month as compared with November 1946. (November 1946 and November 1947 were both 5 week periods but October 1947 was a 4 week period, so care should be taken to compare only rates).

There were 6,400 cases and 881 deaths reported during November for the 12 communicable diseases included in this report. Approximately 80 percent of the total cases were due to diphtheria (2,892), typhoid fever (1,196), and dysentery (1,087). More than 90 percent of the deaths were credited to these same three diseases: diphtheria (231), typhoid fever (207) and dysentery (366).

In addition to the 12 diseases for which prefectural data are shown in this report, there were reported for all Japan 28,604 cases of tuberculosis, 8,105 cases of pneumonia, 3,730 cases of whooping cough, 3,150 cases of measles, and 230 cases of influenza. The case rates per 100,000 population per annum for these diseases were: tuberculosis, 382.4; pneumonia, 108.4; whooping cough, 49.9; measles, 42.1; and influenza, 3.1.

Both the case and death rates for diphtheria continued to increase. The November case rate (38.7) was 21 percent higher than the October case rate (31.9). The death rate increased from 2.0 to 3.1. In November, 1946, the case and death rates were 76.3 and 5.2 respectively.

Following the usual seasonal pattern, dysentery has been decreasing since September. In the current month the case rate decreased 74 percent from 55.5 to 14.5. The death rate 4.9 was approximately 60 percent less than the death rate (12.6) recorded last month. The case and death rates in November 1946 were 71.2 and 15.6 respectively.

The typhoid fever morbidity rate decreased approximately 36 percent from 24.9 in October to 16.0 in November. The death rate decreased from 4.4 to 2.8. In November 1946, the case and death rates were 44.1 and 6.3 respectively.

The Paratyphoid fever case rate decreased for the third consecutive month. The current case rate (3.7) was approximately half the case rate (7.0) recorded in the preceding month. The death rate was 0.3 currently, compared with 0.5 last month. In November 1946 the case and death rates were 9.8 and 0.6 respectively.

The smallpox case rate in the current month was 0.04 compared with 0.1 last month. No deaths were reported in either month. In November 1946, the case and death rates were 0.8 and 0.2 respectively.

The current typhus fever case rate was 0.3 compared with 0.2 last month. There were no deaths in November and only one in October. In November 1946, the case and death rates were 2.0 and 0.2 respectively.

The malaria case rate (6.9) reached a new low for the year. The current death rate was 0.03. In October the case and death rates were 12.5 and 0.02 respectively. Both the case rate (24.2) and death rate (0.1) for November 1946 were more than three times greater than the current case and death rates (6.9 and 0.03 respectively).

The scarlet fever case rate increased from 2.4 to 4.0. The death rate remained the same (0.1). There was little difference in the current rates as compared with November 1946 case and death rates (4.3 and 0.1 respectively).

Epidemic meningitis decreased slightly. The current case and death rates were 1.4 and 0.6 respectively compared with 2.2 and 0.9. For the corresponding month of 1946 the case and death rates were 1.1 and 0.4 respectively.

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The current suspect Japanese "B" encephalitis case and death rates were both 0.04 as compared with the October case rate of 0.9 and death rate of 0.6. In November 1946 the case rate was 0.1 and the death rate 0.04.

No cholera or plague have been reported in 1947. In November 1946, the cholera case and death rates were 0.1 and 0.04 respectively.

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SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

N- Number
R- Rate

5 WEEK PERIOD ENDING 29 NOV 47

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Cases (N)	(R)	Cases (N)	(R)	Cases (N)	(R)	Cases (N)	(R)
HOKKAIDO	210	58.9	20	5.6	38	10.6	5	1.4
AOMORI	71	63.7	8	7.2	11	9.9	2	1.8
IWATE	52	41.8	3	2.4	52	41.8	10	8.0
MIYAGI	77	51.5	5	3.3	24	16.0	3	2.0
AKITA	94	76.8	8	6.5	27	22.1	3	2.5
YAMAGATA	56	42.3	4	3.0	19	14.3	2	1.5
FUKUSHIMA	20	10.2	2	1.0	9	4.6	3	1.5
IBARAKI	49	24.7	3	1.5	19	9.6	10	5.0
TOCHIGI	68	44.2	2	1.3	6	3.9	7	4.6
GUMMA	33	21.2	8	5.1	22	14.1	9	5.8
SAITAMA	84	40.5	6	2.9	172	82.9	56	27.0
CHIBA	22	10.7	2	1.0	25	12.2	7	3.4
TOKYO	121	28.3	18	4.2	65	15.2	32	7.5
KANAGAWA	53	25.6	6	2.9	20	9.7	12	5.8
NIIGATA	106	44.5	7	2.9	18	7.6	5	2.1
TOYAMA	23	24.1	-	-	-	-	1	1.0
ISHIKAWA	79	88.0	5	5.6	8	8.9	1	1.1
FUKUI	17	23.9	1	1.4	15	21.1	2	2.8
YAMANASHI	13	15.9	3	3.7	6	7.4	1	1.2
NAGANO	66	31.8	2	1.0	18	8.7	2	1.0
GIFU	20	13.5	3	2.0	16	10.8	11	7.4
SHIZUOKA	50	21.6	8	3.5	19	8.2	8	3.5
AICHI	150	50.2	7	2.3	52	17.4	48	16.1
MIE	67	47.7	6	4.3	14	10.0	4	2.8
SHIGA	28	32.9	1	1.2	3	3.5	-	-
KYOTO	34	20.5	1	0.6	38	22.9	2	1.2
OSAKA	30	9.9	5	1.6	43	14.1	19	6.2
HYOGO	111	38.4	8	2.8	48	16.6	9	3.1
NARA	32	42.0	-	-	2	2.6	4	5.3
WAKAYAMA	14	14.7	-	-	3	3.1	-	-
TOTTORI	14	24.5	2	3.5	5	8.8	4	7.0
SHIMANE	63	72.5	8	9.2	37	42.6	11	12.7
OKAYAMA	47	29.9	3	1.9	12	7.6	9	5.7
HIROSHIMA	57	29.3	1	0.5	40	20.6	6	3.1
YAMAGUCHI	109	77.5	2	1.4	24	17.1	10	7.1
TOKUSHIMA	35	41.2	1	1.2	31	36.5	5	5.9
KAGAWA	46	51.5	3	3.4	8	9.0	1	1.1
EHIME	73	51.7	7	5.0	20	14.2	7	5.0
KOCHI	29	35.5	1	1.2	10	12.3	2	2.5
FUKUOKA	174	58.5	7	2.4	20	6.7	6	2.0
SAGA	95	108.4	5	5.7	8	9.1	2	2.3
NAGASAKI	71	48.9	15	10.3	24	16.5	6	4.1
KUMAMOTO	30	18.0	2	1.2	9	5.4	1	0.6
OITA	85	72.3	5	4.3	5	4.3	2	1.7
MIYAZAKI	56	57.1	11	11.2	15	15.3	14	14.3
KAGOSHIMA	58	34.8	6	3.6	7	4.2	2	1.2
**NOV. 1947	2892	38.7	231	3.1	1087	14.5	366	4.9
*OCT. 1947	1909	31.9	119	2.0	3320	55.5	752	12.6
**NOV. 1946	5509	76.3	376	5.2	5143	71.2	1123	15.6

Rate per 100,000 per Annum
1947 Rates based upon estimated population 1 July 1947
1946 Rates based upon estimated population 1 July 1946
* 4 week period
** 5 week period

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PREFECTURE	TYPHOID Cases N.	TYPHOID Cases R.	TYPHOID Deaths N.	TYPHOID Deaths R.	PARATYPHOID Cases N.	PARATYPHOID Cases R.	PARATYPHOID Deaths N.	PARATYPHOID Deaths R.
HOKKAIDO	53	14.9	11	3.1	10	2.8	4	1.1
AOMORI	11	9.9	4	3.6	1	0.9	-	-
IWATE	24	19.3	9	7.2	6	4.8	-	-
MIYAGI	34	22.7	4	2.7	17	11.4	3	2.0
AKITA	18	14.7	2	1.6	-	-	-	-
YAMAGATA	7	5.3	-	-	7	5.3	-	-
FUKUSHIMA	22	11.2	3	1.5	6	3.1	-	-
IBARAKI	30	15.1	3	1.5	3	1.5	1	0.5
TOCHIGI	24	15.6	4	2.6	8	5.2	-	-
GUMMA	18	11.5	8	5.1	12	7.7	-	-
SAITAMA	62	29.9	11	5.3	19	9.2	1	0.5
CHIBA	29	14.1	1	0.5	6	2.9	-	-
TOKYO	90	21.0	12	2.8	26	6.1	2	0.5
KANAGAWA	33	16.0	7	3.4	10	4.8	1	0.5
NIIGATA	52	21.8	14	5.9	12	5.0	1	0.4
TOYAMA	17	17.8	3	3.1	1	1.0	-	-
ISHIKAWA	13	14.5	1	1.1	4	4.5	-	-
FUKUI	6	8.4	1	1.4	2	2.8	-	-
YAMANASHI	9	11.0	1	1.2	-	-	-	-
NAGANO	24	11.6	-	-	8	3.9	-	-
GIFU	49	33.2	6	4.1	7	4.7	-	-
SHIZUOKA	62	26.8	10	4.3	18	7.8	1	0.4
AICHI	61	20.4	17	5.7	5	1.7	-	-
MIE	25	17.8	2	1.4	6	4.3	-	-
SHIGA	15	17.6	5	5.9	4	4.7	2	2.4
KYOTO	28	16.9	2	1.2	5	3.0	-	-
OSAKA	30	9.9	9	3.0	13	4.3	-	-
HYOGO	59	20.4	18	6.2	15	5.2	1	0.3
NARA	5	6.6	-	-	1	1.3	-	-
WAKAYAMA	27	28.3	3	3.1	1	1.0	-	-
TOTTORI	13	22.8	2	3.5	4	7.0	-	-
SHIMANE	24	27.6	6	6.9	6	6.9	1	1.2
OKAYAMA	29	18.4	2	1.3	2	1.3	1	0.6
HIROSHIMA	55	28.3	10	5.1	10	5.1	-	-
YAMAGUCHI	13	9.2	1	0.7	3	2.1	1	0.7
TOKUSHIMA	-	-	3	3.5	-	-	-	-
KAGAWA	11	12.3	-	-	-	-	1	1.1
EHIME	15	10.6	2	1.4	-	-	-	-
KOCHI	17	20.8	1	1.2	2	2.5	-	-
FUKUOKA	37	12.4	3	1.0	6	2.0	-	-
SAGA	5	5.7	-	-	5	5.7	-	-
NAGASAKI	23	15.9	2	1.4	3	2.1	-	-
KUMAMOTO	2	1.2	-	-	-	-	-	-
OITA	10	8.5	2	1.7	3	2.6	-	-
MIYAZAKI	3	3.1	1	1.0	6	6.1	1	1.0
KAGOSHIMA	2	1.2	1	0.6	2	1.2	-	-
** Nov. 1947	1196	16.0	207	2.8	275	3.7	22	0.3
* Oct. 1947	1487	24.9	263	4.4	418	7.0	29	0.5
** Nov. 1946	3184	44.1	452	6.3	706	9.8	46	0.6

Rates per 100,000 per annum.
1947 Rates based upon estimated population 1 July 1947.
1946 Rates based upon estimated population 1 July 1946.
Monthly Report for October should be corrected to show:

Prefecture	Typhoid, deaths	Rate
Kyoto	3	2.3
Total Japan	263	4.4

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Monthly Report - 29 November 1947
Continued

N- Number
R- Rate

PREFECTURE	SMALLPOX Cases N	SMALLPOX Cases R	SMALLPOX Deaths N	SMALLPOX Deaths R	TYPHUS FEVER Cases N	TYPHUS FEVER Cases R	TYPHUS FEVER Deaths N	TYPHUS FEVER Deaths R
HOKAIDO	-	-	-	-	2	0.06	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUNMA	-	-	-	-	4	2.6	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	1	0.5	-	-
TOKYO	-	-	-	-	-	-	-	-
KANAGAWA	-	-	-	-	5	1.2	-	-
NIIGATA	-	-	-	-	2	1.0	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	-	-	4	1.3	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	3	3.1	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	1	1.1	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
	-	-	-	-	-	-	-	-
**NOV. 1947	3	0.04	0	0.0	19	0.3	0	0.0
*OCT. 1947	5	0.1	0	0.0	10	0.2	1	0.02
**NOV. 1946	61	0.8	17	0.2	145	2.0	18	0.2

Rate per 100,000 per Annum; 1947 Rates based upon estimated population 1 July 1947
1946 Rates based upon estimated population 1 July 1946

* 4 week periods
** 5 week periods

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Monthly Report- 29 November 1947
Continued

N- Number
R- Rate

PREFECTURE	MALARIA Cases N	MALARIA Cases R	MALARIA Deaths N	MALARIA Deaths R	CHOLERA Cases N	CHOLERA Cases R	CHOLERA Deaths N	CHOLERA Deaths R
HOKKAIDO	24	6.7	1	0.3	-	-	-	-
AOMORI	8	7.2	-	-	-	-	-	-
IWATE	10	8.0	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	5	4.1	-	-	-	-	-	-
YAMAGATA	7	5.3	-	-	-	-	-	-
FUKUSHIMA	11	5.6	-	-	-	-	-	-
IBARAKI	7	3.5	-	-	-	-	-	-
TOCHIGI	6	3.9	-	-	-	-	-	-
GUMMA	6	3.8	-	-	-	-	-	-
SAITAMA	6	2.9	-	-	-	-	-	-
CHIBA	8	3.9	-	-	-	-	-	-
TOKYO	37	8.6	-	-	-	-	-	-
KANAGAWA	26	12.6	-	-	-	-	-	-
NIIGATA	19	8.0	-	-	-	-	-	-
TOYAMA	6	6.3	-	-	-	-	-	-
ISHIKAWA	3	3.3	-	-	-	-	-	-
FUKUI	6	8.4	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	7	3.4	-	-	-	-	-	-
GIFU	11	7.4	-	-	-	-	-	-
SHIZUOKA	18	7.8	-	-	-	-	-	-
AICHI	8	2.7	-	-	-	-	-	-
MIE	5	3.6	-	-	-	-	-	-
SHIGA	41	48.2	-	-	-	-	-	-
KYOTO	9	5.4	-	-	-	-	-	-
OSAKA	14	4.6	-	-	-	-	-	-
HYOGO	11	3.8	-	-	-	-	-	-
NARA	5	6.6	-	-	-	-	-	-
WAKAYAMA	4	4.2	-	-	-	-	-	-
TOTTORI	7	12.3	-	-	-	-	-	-
SHIMANE	8	9.2	-	-	-	-	-	-
OKAYAMA	8	5.1	-	-	-	-	-	-
HIROSHIMA	8	4.1	-	-	-	-	-	-
YAMAGUCHI	13	9.2	-	-	-	-	-	-
TOKUSHIMA	8	9.4	-	-	-	-	-	-
KAGAWA	5	5.6	-	-	-	-	-	-
EHIME	12	8.5	-	-	-	-	-	-
KOCHI	5	6.1	-	-	-	-	-	-
FUKUOKA	59	19.8	1	0.3	-	-	-	-
SAGA	5	5.7	-	-	-	-	-	-
NAGASAKI	12	8.3	-	-	-	-	-	-
KUMAMOTO	5	3.0	-	-	-	-	-	-
OITA	13	11.1	-	-	-	-	-	-
MIYAZAKI	13	13.3	-	-	-	-	-	-
KAGOSHIMA	10	6.0	-	-	-	-	-	-
**NOV. 1947	519	6.9	2	0.03	0	0.0	0	0.0
*OCT. 1947	746	12.5	1	0.02	0	0.0	0	0.0
**NOV. 1946	1746	24.2	4	0.1	4	0.1	3	0.04

Rate per 100,000 per Annum; 1947 rates based upon estimated population 1 July 1947
1946 rates based upon estimated population 1 July 1946

*4 week periods
**5 week periods

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Monthly Report - 29 November 1947
Continued

N- Number
R- Rate

PREFECTURE	SCARLET FEVER Cases (N)	(R)	Deaths (N)	(R)	EPIDEMIC MENINGITIS Cases (N)	(R)	Deaths (N)	(R)	JAP B. ENCEPHALITIS SUSPECTS Cases (N)	(R)	Deaths (N)	(R)
HOKKAIDO	29	8.1	-	-	12	3.4	3	0.8	-	-	-	-
AOMORI	5	4.5	-	-	4	3.6	-	-	-	-	-	-
IWATE	1	0.8	-	-	-	-	-	-	-	-	-	-
MIYAGI	10	6.7	-	-	5	3.3	2	1.3	-	-	-	-
AKITA	5	4.1	-	-	3	2.5	2	1.6	-	-	-	-
YAMAGATA	4	3.0	-	-	9	6.8	2	1.5	-	-	-	-
FUKUSHIMA	4	2.0	-	-	4	2.0	2	1.0	-	-	-	-
IBARAKI	8	4.0	-	-	5	2.5	2	1.0	-	-	-	-
TOCHIGI	4	2.6	1	0.7	-	-	-	-	-	-	-	-
GUMMA	9	5.8	-	-	1	0.6	1	0.6	-	-	-	-
SAITAMA	11	5.3	-	-	5	2.4	2	1.0	-	-	-	-
CHIBA	7	3.4	-	-	2	1.0	1	0.5	-	-	-	-
TOKYO	87	20.3	1	0.2	15	3.5	4	0.9	1	0.2	-	-
KANAGAWA	10	4.8	-	-	3	1.5	1	0.5	-	-	-	-
NIIGATA	5	2.1	-	-	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	1	1.0	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	1	1.1	-	-	-	-
FUKUI	1	1.4	-	-	-	-	-	-	-	-	-	-
YAMANASHI	1	1.2	-	-	-	-	-	-	-	-	-	-
NAGANO	9	4.3	1	0.5	1	0.5	-	-	-	-	-	-
GIFU	4	2.7	-	-	1	0.7	1	0.7	-	-	-	-
SHIZUOKA	7	3.0	-	-	2	0.9	-	-	-	-	-	-
AICHI	16	5.4	1	0.3	1	0.3	-	-	-	-	-	-
MIE	4	2.8	1	0.7	2	1.4	-	-	-	-	-	-
SHIGA	14	16.5	-	-	1	1.2	2	2.4	-	-	-	-
KYOTO	8	4.8	-	-	-	-	-	-	-	-	-	-
OSAKA	3	1.0	-	-	6	2.0	3	1.0	-	-	2	0.7
HYOGO	8	2.8	1	0.3	2	0.7	2	0.7	-	-	-	-
NARA	1	1.3	-	-	-	-	1	1.3	-	-	-	-
WAKAYAMA	-	-	-	-	1	1.0	1	1.0	1	1.0	1	1.0
TOTTORI	-	-	-	-	3	5.3	2	3.5	-	-	-	-
SHIMANE	-	-	-	-	1	1.2	-	-	-	-	-	-
OKAYAMA	8	5.1	-	-	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	2	1.0	-	-	-	-	-	-
YAMAGUCHI	1	0.7	-	-	-	-	1	0.7	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-	-	-	-	-
EHIME	3	2.1	-	-	1	0.7	1	0.7	-	-	-	-
KOCHI	-	-	-	-	1	1.2	1	1.2	-	-	-	-
FUKUOKA	2	0.7	1	0.3	2	0.7	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-	-	-	-	-
NAGASAKI	9	6.2	-	-	6	4.1	2	1.4	-	-	-	-
KUMAMOTO	-	-	-	-	2	1.2	3	1.8	-	-	-	-
OITA	-	-	-	-	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	3	3.1	-	-	1	1.0	-	-
KAGOSHIMA	-	-	-	-	1	0.6	-	-	-	-	-	-
** Nov 1947	298	4.0	7	0.1	108	1.4	43	0.6	3	0.04	3	0.04
* Oct 1947	142	2.4	3	0.1	133	2.2	56	0.9	51	0.9	34	0.6
** Nov 1946	313	4.3	6	0.1	80	1.1	30	0.4	6	0.1	3	0.04

Rate per 100,000 per annum.
1947 rates based upon estimated population 1 July 1947.
1946 rates based upon estimated population 1 July 1946.
* 4 week period.
** 5 week period.

Monthly report for October should be corrected to show:

Epidemic Meningitis

	Cases	Rates
Kumamoto Prefecture	1	0.7
Total Japan	133	2.2

Jap. B. Encephalitis(Suspect)

	Cases	Rates
Aichi Prefecture	0	0.0
Osaka Prefecture	26	10.7
Total Japan	51	0.9

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

W E E K L Y B U L L E T I N

For Period

30 November - 6 December

1947

Number 49

SECTION I - Welfare
SECTION II - Nursing Affairs
SECTION III - Veterinary Affairs
SECTION IV - Supply
SECTION V - Preventive Medicine
SECTION VI - Medical Service
SECTION VII - Social Security
SECTION VIII - Memoranda to Japanese Government

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

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SECTION I

WELFARE DIVISION

Licensed Agencies for Relief in Asia (LARA)

The 35th overseas relief shipment of LARA arrived in Yokohama aboard the SS Philippine Bear, 3 December, and contained 12 Tons of food Supplies.

The Brethern Service Committee (member agency of LARA) made available, as a gift to Japan 193 goats which arrived in Yokohama from the United States on 25 November.

The shipment is composed of the following milking breeds:

BREED	SEX BUCK	DOE	TOTAL
Saanen	50		50
Toggenburg	44	3	47
Nubian	46	8	54
Alpine	6	13	19
Crossbred	23		23
	169	24	193

As determined by the Public Health and Welfare and Natural Resources Sections SCAP, 61 goats were allocated to the Ministry of Agriculture (for experimental and breeding purposes) and 132 to the Ministry of Welfare (for allocation and distribution to welfare institutions).

The Ministry of Welfare's allocation plan was approved and authorized on 3 December. Distribution as indicated below is expected to be completed on or before 6 December:

Institution	Number of Goats	Address
Tokyo		
Meguro Koseiryo	4	Kamimeguro, Meguroku
Itabashi Yoikuin	4	Itabashicho, Itabashiku
Boshi Aiikukai	1	Hiroocho, Minatoku
Kanagawa		
Nyuji Hogo Kyokai	5	Tozukacho, Yokohamashi
Shonan Kokusai Byoin	5	Oppama, Yokosukashi
Seishin Aijikai	5	Fujisawa, Fujisawashi
Kamakura Hoikuen	5	Hase, Kamakurashi
Shiraminekai Boshiryo	5	Tozukacho, Yokohamashi
Chiba		
Seijuji Gakuen	5	Toyamamura, Inbegun
Betania Home	5	Kokufudai, Ichikawashi
Kaijo Ryoyosho	5	Yazashimura, Kaijogun
Saitama		
Tama Nagatoro En	3	Yorilmachi, Tamayodo
St. Joseph Home	4	Minami- Sakuraimura, Kitakatsushikagun
Nidokuriyama Koseien	4	Yonomachi, Kitasadachigun
Tama Aisenryo	2	Satsuhamura, Kitasaitama-gun
	1	

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Institution	Number of Goats	Address
Tochigi		
Kenritsu Nasu Gakuen	5	Nozakimura, Nasugun
Saiseikai Utsunomiya Byoin	5	Utsunomiyashi
Shimotsuke Sanrakuen	5	Tomatsurisonomachi, Utsunomiyashi
Ibaraki		
Ibaraki Gakuen	3	Godaimura, Nakagun
Onuki Sanatorium	5	Onukimachi, Higashi-Ibarakigun
Muramutsu Seiranso	4	Muramutsumura, Nakagun
Nagano		
Sankiryo	5	Nishinaganocho, Naganoshi
Kutsukake Gakuso	5	Karuizawa, Kitasakugun
Oshikamura Cooperative	5	Seki Koji, Oshikamura, Shimoinagun
Shizuoka		
Shizuoka Koseien (Home)	5	Inomiyamachi, Shizuokashi
Fuji Ikuji Yoroin	5	Yoshiharacho, Fujigun
Seirei Hoyo Noen	5	Miketagaharacho, Hamanagun
Miyagi		
Sendai Kirisutokyo Ikujiin	4	Haramachi, Sendaishi
Sendai Tonshien	4	Kitagojyuninchо, Sendaishi
Hyogo		
Mitaya Chiryo Kyoinin	5	Uchida, Ashiyashi
Total	132	

Increase in Food Rations to Children's Institutions

The Children's Bureau of the Ministry of Welfare has announced that arrangements have been completed with the Ministry of Agriculture and Forestry to increase rice and rice substitute rations to children's institutions. The increase decided upon was a 40 gram (3 shaku) increase for children from 1 to 5 years of age and an 80 gram (6 shaku) increase for those from 6 to 19 years of age. The increase approximates 25% and will be effective for 25 days of the month. It is expected that this increase will help to keep children from running away from institutions as reports from Military Government Teams indicate lack of food as a major reason for running away.

The regulations authorizing this increase were sent out in a letter of instructions, dated 25 November 1947, from the Ministry of Welfare- Ji Otsu Hatsu No. 41.

Regulations and Information Concerning Minsei-iin

The Social Affairs Bureau, Ministry of Welfare, has sent to the prefectures, a compilation of documents and instructions concerning Minsei-iin which have been issued during the past year. The compilation is entitled Minsei-iin Ordinance and Regulations (Supplement) and is dated October 1947. Documents included in the compilation are the Ministry of Welfare Ordinance No. 17, dated 18 November 1946; communications from the Chief, Social Affairs Bureau, Ministry of Welfare to prefecture governors concerning Minsei-iin; case illustrations and reference material. It is hoped that by gathering together these various regulations concerning Minsei-iin a better understanding of the current requirements will be secured.

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Social Welfare Education

The second meeting of the Kansai Social Welfare Education Committee was held in Osaka on 5 December and was attended by approximately 50 persons. (Reference: Weekly Bulletin No. 46, for period 9-15 November). Persons attending the meeting included representatives from welfare agencies; sixteen educational institutions; Osaka Military Government Team, Hyogo Military Government Team; Military Government Section, I Corps, and Welfare Division, PH&W. The organization of the Committee was finally decided upon and various committees appointed to consider problems of curricula and policy. The next meeting of the committee will be held on 14 January 1948 at 1300 in the Osaka-fucho Bekkan.

SECTION II

NURSING AFFAIRS DIVISION

Tokyo-To clinical nurses, midwives and public health nurses viewed showings of the following nursing films at the Japanese Red Cross Headquarters, 5 December:

Lady of Science
Florence Nightingale
Journey into Medicine
Morning and Evening Care of Patient
Your Friend the Public Health Nurse
Jimmy Beats Rheumatic Fever

There were over 500 present at the two showings provided and several hundred more were turned away. This was a definite aid to the teaching program and was sponsored by the Tokyo-To Nursing Association.

The Midwifery Manual has been completed through the efforts of many outstanding doctors in Midwifery, under the guidance of Nursing Affairs Division. It may be obtained by ordering from

Miyajima Book Store
No. 52, 2 Chome, Shimoma-Cho
Setagaya-ku, Tokyo

Price: ¥ 45.00

SECTION III

VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reported that no new outbreaks of animal diseases occurred during the period 30 November - 6 December 1947.

SECTION IV

SUPPLY DIVISION

General

Reports are being received from Military Government Public Health Officers advising of severe shortages of electric power for hospitals. The supply of electricity will vary in different districts throughout Japan, however in general shortages are expected to be severe.

Two directives have been issued by the Japanese Government outlining a priorities structure and detailed method of submitting applications for desired re-

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visions in supply. Economic Stabilization Board Instruction No. 15, dated 13 September outlines broad policies, and Commerce and Industry Ministry Ordinance number 6, dated 30 September outlines detailed priorities and policies. Copies of these directives have been furnished prefectural agents of the Commerce and Industry Ministry.

All essential industries have been placed in category 1 and hospitals have been placed under classification 1, category 2. This priority, although not ideal is considered adequate in view of the critical supply of electricity and the heavy demand by essential industries.

Prefectural health officials should maintain close liaison with prefectural allocation officials and advise using agencies of current procedures and policies concerning allocation of electricity.

Distribution

A total of 512 pieces of spraying and dusting equipment was distributed to four prefectures in the period 25 November to 1 December. Under Ministry of Welfare supervision these shipments were made as follows:

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer
Aichi	0	0	0	120
Hyogo	0	150	0	0
Tottori	192	0	0	0
Kagoshima	0	0	50	0
Total-	192	150	50	120

Reports have been received that anthelmintics are in very short supply. Santonin distribution has been allocated by Ministry of Welfare distribution officials, based on population figures, to all prefectures. Shipments are made monthly from available stocks. Over the four month period August through November, totals of 130,000 grams of powder and 9,000,000 tablets of santonin have been shipped to all prefectures, allocated as listed below:

Prefecture	August		September		October		November	Total	
	Powder Gram	Tablet	Powder Gram	Tablet	Powder Gram	Tablet	Tablet	Gram	Tablet
Hokkaido	3150	135,000	2025	90,000	675	67,500	112,500	5850	405,000
Aomori	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Iwate	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Miyagi	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Akita	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Yamagata	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Fukushima	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Ibaraki	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Tochigi	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Gumma	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Saitama	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Chiba	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,000
Tokyo	3500	150,000	2250	100,000	750	75,000	125,000	6500	450,000
Kanagawa	2450	105,000	1575	70,000	525	52,500	87,500	4550	315,000
Niigata	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Yamanashi	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Nagano	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Shizuoka	2100	90,000	1350	60,000	450	45,000	75,000	3900	270,000
Toyama	1050	45,000	675	30,000	225	22,500	37,500	1950	135,000
Ishikawa	700	30,000	450	20,000	150	15,000	25,000	1300	90,000
Fukui	700	30,000	450	20,000	150	15,000	25,000	1300	90,000
Gifu	1400	60,000	900	40,000	300	30,000	50,000	2600	180,000
Aichi	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,000

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Mie	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Shiga	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Kyoto	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,00
Osaka	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Hyogo	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Nara	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Wakayama	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Tottori	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Shimane	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Okayama	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Hiroshima	1750	75,000	1125	50,000	375	37,500	62,500	3250	225,00
Yamaguchi	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Tokushima	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Kagawa	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Ehime	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Kochi	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Fukuoka	2800	120,000	1800	80,000	600	60,000	100,000	5200	360,00
Saga	700	30,000	450	20,000	150	15,000	25,000	1300	90,00
Nagasaki	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Kumamoto	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Oita	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Miyazaki	1050	45,000	675	30,000	225	22,500	37,500	1950	135,00
Kagoshima	1400	60,000	900	40,000	300	30,000	50,000	2600	180,00
Totals	70,000	3,000,000	45,000	2,000,000	15,000	1,500,000	2,500,000	130,000	9,000,00

At the present time production of anthelmintics in Japan is not sufficient to meet minimum requirements. An import program has been scheduled to supply the deficiency. A small shipment of santonin has already been received on this program. This powder will be processed into tablet form, and will then be distributed for use. A much larger import of this drug is expected within the next few months. Efforts are also being made to import large quantities of digenia simplex which have been scheduled as an import requirement.

Reference is made to Weekly Bulletin No. 41 for period 5- 11 October which listed names and addresses of x-ray film distribution agencies. Additional information is furnished below on three agencies for Fuji Photo Film Co., Ltd.

Prefecture	Agency	Address
Okayama	Kawanishi Iryoki-ten	Hamada-Cho, Okayama City
"	Yamamoto Photo Shop	No. 39 Sakae-cho, Okayama City
Ishikawa	Sakurai Iryo-Shokai	No. 37 Shimonaka-cho, Misokura-machi, Kanazawa City

Production

The 34th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control program for 1947 indicates the following data for the period 23-29 November:

	Total to date 22 Nov.	No. Mfgd. 23-29 Nov.	Total Mfgd. to date 29 Nov.	Total Shipped to date 29 Nov.	Balance On Hand	Balance to be Mfgd.
DDT Dusters	72,506	1,600	74,106	70,310	3,796	15,894
Sprayer, knapsack type, 3 gal. capacity	39,443	-	39,443	18,415	21,028	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	12,790	11,018	-
Sprayer, hand type, ½ gal. capacity	37,610	-	37,610	27,375	10,235	-
Total -	173,367	1,600	174,967	128,890	46,077	15,894

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Releases of the following DDT products and typhus vaccine were approved for the period 30 November - 6 December:

Prefecture	10% DDT Dust	5% DDT Residual Effect Spray	Typhus Vaccine
Yamagata			4,200 vials
Miyagi			10,000 "
Kagawa			50 "
Yamanashi (Kofu Nat'l Hospital)	10 lbs.	40 gallons	
Total -	10 lbs	40 gallons	14,250 vials

A total of 3,657,990 lbs. of 10% DDT Dust, 223,765 gallons of 5% DDT Residual Effect Spray, and 831,412 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare, Japanese Government, as of 29 November.

Narcotics

The October monthly report on narcotics from the Ministry of Welfare contains the following information:

Total registrants	88,147
Arrests - Registered persons	20
Unregistered persons	45
Convictions- Registered persons	6
Unregistered persons	23
Thefts of Narcotics	30
Losses by fire	2 (small quantities)

Penalties for registrants varied from ¥ 2,000 - 5,000 fine, and for unregistered persons from ¥ 300 fine to five years penal servitude. In addition to the arrested persons, 35 registered persons and 8 unregistered persons were admonished by prefectural officials either for small technical violations or for other acts which were not deemed sufficient for prosecution.

Three of the convictions were for crimes committed during the month, which indicates an improvement in bringing narcotic violators into court soon after the arrest.

Five persons were arrested for illegal cultivation of marihuana and 1 conviction resulting in a ¥ 500 fine was obtained. Most of the cases in which illegal cultivation of marihuana was charged during 1947 have been dismissed since cultivation resulted from improper dissemination of information regarding the Marihuana Law. Steps have been taken to provide thorough dissemination of information regarding this law before the planting season of 1948.

A report has been received of an investigation in Fukuoka prefecture which resulted in breaking up a narcotic ring in which 28 persons were involved. Investigation began when a suspected thief was arrested and found to be a narcotic addict. Suspects include 13 students of a University medical department, three physicians, one pharmaceutical company director, ten with no occupation, and one the wife of a former director of a state hospital. Of these 28 persons, 12 are being prosecuted, four are fugitives, one is dead and one in jail for theft. The balance are under investigation. Five of the defendants are addicts.

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SECTION V

PREVENTIVE MEDICINE DIVISION

Public Health Refresher Training Courses

Reference is made to Section I, Weekly Bulletin #12; Section 5, Bulletin #35; and Section 4, Bulletin #44, 1947. The Institute of Public Health in Tokyo is now conducting short, intensive refresher training courses for personnel on duty in the various branches of the prefectural health organization. Key personnel employed and on duty in the prefectural Health Department and Health Centers, especially the Health Center Directors and other technical personnel, should attend these courses as soon as possible. The courses are designed to give as much practical training as permissible, to as many people as possible in the minimum amount of time. Because of limited facilities and personnel, only 50 students can be currently accepted for each course. It is planned that subsequently two or more classes can be conducted concurrently.

The third refresher class for Public Health Officers (Doctors) and the third class for Public Health Sanitarians will begin on 9 January 1948. The first classes for two new courses, one for Public Health Veterinarians and one for Public Health Pharmacists, will also begin on 9 January 1948. For the time being, all four courses mentioned above will be of 12 weeks duration. Some of these courses may be lengthened or shortened in the future depending upon the circumstances. The current class for nurses began on 8 December and is of 16 weeks duration.

The urgent need for training in public health of those currently on duty in the nation's public health organization is well known. The Japanese have been lax in sending persons for refresher training. Military Government Health Officers should determine that the Japanese prefectural officials do send students to each of these courses, that the students selected are the best available, and that necessary financial provisions are made for these selectees. The future possibilities of these students and their intention of remaining in public health work should receive careful consideration.

On or about 25 November the Institute of Public Health sent out to the governor of each prefecture, letters containing invitations and information relative to these courses. The Institute of Public Health has also notified the prefectural health officers that they are expected to consult the Military Government Health Officers in making the selection of students to attend these courses. Military Government Health Officers can render a valuable service to the present and future health programs by giving this matter their careful attention.

Amendment to Local Autonomy Law

The amendments to the Local Autonomy Law passed the Diet 7 December. As amended, the law now provides for separate Public Health Departments and Public Welfare Departments in each prefectural government on an equal basis with all other governmental Departments. This will solve the previously existing problem of the status of prefectural health and welfare organizations and will now permit the establishment of sound and efficient Public Health Departments and Public Welfare Departments.

Directives from the Ministry of Welfare, implementing this amendment, may be expected in the immediate future. Upon receipt, by each prefecture, Military Government Public Health Officers and Public Welfare Officers should closely observe that contents of the directives are placed into effect with the least practicable delay. Details of a model organization to be used as a guide in the organization of these Departments will be published in next week's bulletin and will be the same as that published by the Ministry to the Prefectures.

Tuberculosis Control

As a result of a survey made in five prefectures during the past month it has become increasingly evident that constant education is necessary along the following lines:

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1. That the fallacies of superstition and custom have served to increase the problem of tuberculosis control.

2. That early and thorough examination of everyone for possible active tuberculosis is imperative.

3. That early diagnosis means prompt treatment and recovery.

4. That early treatment is best accomplished by early hospitalization.

5. That early hospitalization means shorter hospitalization and earlier protection from tuberculosis in the family by removal of the source of infection-the open case.

6. That adequate protection of a group means wise and complete cooperation of all members of that group.

7. That legislation without education is futile.

Typhus Fever Control Conference

The third in the series of typhus fever control conferences for the benefit of Japanese prefectural health authorities was held in Kyoto on 3 and 4 December. The conference was attended by representatives from the prefectures of the southern half of Japan, including Kyushu. Following the lectures and discussions the following recommendations were made: (These recommendations are applicable to other sections of Japan)

1. That an early and late serum sample be taken from each Typhus suspect case and submitted to the 406th Medical General Laboratory in Tokyo for complement fixation and rickettsial agglutination tests. A 10 to 15 cc blood sample should be drawn and serum separated. Each specimen should be shipped under ice as soon as possible.

2. That strict enforcement of Articles 2 & 3 of the regulations for Infectious Diseases Reporting, dealing with early case reporting be observed.

3. That Vaccination Programs (adequate supplies are available) be instituted during December 1947 in:

a. Prisons, reformatories, jails, detention rooms, orphanages, vagrant homes (camps) etc., to include all inmates and other personnel, including policemen.

b. Railway employees (particularly conductors, ticket gatemen and others coming in contact with masses of people).

c. Commuters (holders of "season" tickets) in Osaka, Kobe area, Kyoto, Nagoya (similar programs are to be undertaken in Tokyo, Yokohama and Sendai areas).

d. Doctors, nurses and personnel of infectious disease hospitals and health centers, including sanitary team personnel.

4. That DDT residual spray operations be continued and intensified for prisons, jails, reformatories, detention rooms, orphanages, vagrant homes, theaters, public bath houses, railway stations, railway passenger cars and other public conveyances.

5. That DDT dusting programs include:

a. Establishment of a dusting station in each health center to care for any person found infested with lice or fleas.

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b. An extensive program against head lice of school children and families of infested children. Rural areas should receive more attention.

6. That a minimum of one permanent well paid operating sanitary team be included as an integral part of each and every health center in Japan.

7. That training and re-training sanitary teams concerning typhus control procedures be undertaken at periodic intervals during the typhus season.

8. That education and publicity campaigns be extended and intensified.

9. That lectures and demonstrations be presented to various Japanese Women's clubs and organizations in an attempt to secure the full cooperation of the Japanese women.

10. That great emphasis be placed on rodent control on a well planned and well organized basis including:

a. Informative education and publicity campaigns well in advance of anticipated control programs.

b. Large scale operations covering definite areas to be worked progressively.

(1) Place of operation: definitely determined area, that is a city wide, Kuwide, block wide, etc.

(2) Assignment of sanitary Team: Assignment of each team or working unit of each team to a definite area.

(3) Time of operations: Pre-dusting within control area against fleas one week prior to rat control program.

(a) Definite starting date for each area

(b) Definite completion date for each area

(4) Rat control program (Antu poisoning)

(a) Definite starting date for each area

(b) Definite completion date for each area

(5) Collection and destruction of dead rats.

(6) Survey of results and submitting of necessary reports.

SECTION VI

MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 14 November 1947 shows 3,391 hospitals with a capacity of 212,012 beds of which 98,872 were occupied. During this same period 299,512 out-patients were treated.

SECTION VII

SOCIAL SECURITY DIVISION

Health Insurance

The Ministry of Welfare has released some of the funds appropriated for the establishment of medical treatment facilities by National Health Insurance associations. Each grant-in-aid is to finance one-third of the cost, with the remaining two-thirds to be the responsibility of the prefecture and local association.

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Suitable existing facilities are to be rehabilitated, as well as new ones constructed where necessary. Delays experienced by some National Health Insurance associations in procuring permits to build are probably due to priority allocations made necessary by material scarcities.

SECTION VIII

MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl. (2) 1. Monthly Summary Report of Cases and Deaths from Communicable Diseases in Japan, period ending 29 November 1947.

2. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 29 November 1947.

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DIGEST OF WEEKLY REPORT OF COMMUNICABLE DESEASES
IN JAPAN FOR THE WEEK ENDING 29 NOVEMBER 1947

The total number of communicable disease cases (10,095) reported for the week ending 29 November 1947 was approximately 11 percent greater than the number (9,102 reported in the preceding week. Nearly 90 percent of the current total cases were credited to: tuberculosis (5,440), pneumonia (2,092), measles (734), whooping cough (682), and influenza (52).

The remaining 12 communicable diseases included in this report accounted for 1,095 cases and 156 deaths in the current week compared with 1,145 cases and 137 deaths last week. Of these diseases, approximately 84 percent of the cases and 90 percent of the deaths were due to diphtheria (633 cases and 56 deaths), typhoid fever (174 cases and 26 deaths), and dysentery (115 cases and 59 deaths). Epidemic meningitis is the only one of these diseases which accounted for a larger number of cases (20) during the current week than during the corresponding week of 1946 (16).

The incidence of diphtheria continued to increase. The current cases (633) were 5 percent greater than the number (603) reported last week. Deaths increased approximately 22 percent from 46 to 56. The current and cumulative case rates per 100,000 population per annum were 42.3 and 36.7 respectively. Corresponding death rates were 3.7 and 3.0.

Dysentery cases increased approximately 7 percent from 107 in the preceding week to 115 currently. Deaths rose from 51 to 59. The current case rate (7.7) was approximately 7 times less than the cumulative rate (54.3). The current and cumulative death rates were 3.9 and 10.2 respectively.

The incidence of typhoid fever remained about the same. There were 174 cases and 26 deaths in the current week compared with 173 cases and 30 deaths last week. The current case rate (11.6) was less than half the cumulative rate (23.8). The current and cumulative death rates were 1.7 and 3.0 respectively.

Paratyphoid fever cases continued to decline. The current cases (38) were nearly 27 percent less than the number (52) reported in the preceding week. There were 6 deaths in the current week compared with none last week. The current and cumulative case rates were 2.5 and 6.3 respectively. Both the current and cumulative death rates were 0.4.

One case of smallpox was reported currently compared with 2 last week. All three cases were reported from Wakayama prefecture. There continued to be no deaths recorded since the middle of July. The current and cumulative case rates were 0.1 and 0.5 respectively. The cumulative death rate was 0.1.

Four cases of typhus fever were reported currently compared with 3 last week. No deaths have been reported for the last 6 weeks. The current and cumulative case rates were 0.3 and 1.4 respectively. The cumulative death rate was 0.1.

Malaria cases continued to decline to reach a new low for the year. The current cases (77) were approximately 16 percent less than the total (92) last week. One death was reported currently compared with none in the preceding week. The current case rate (5.1) was approximately one-third less than the cumulative rate (16.1). The current and cumulative death rates were 0.1 and 0.03 respectively.

Scarlet fever cases decreased approximately 67 percent from 99 to 33. There were 2 deaths currently compared with one last week. The current and cumulative case rates were 2.2 and 3.4 respectively. Both the current and cumulative death rates were 0.1.

Epidemic meningitis accounted for 20 cases and 6 deaths currently compared with 14 cases and 9 deaths last week. The current and cumulative case rates were 1.3 and 4.6 respectively. Corresponding death rates were 0.4 and 1.5.

There were no cases or deaths reported for suspect Japanese "B" encephalitis in the last three weeks. The cumulative case and death rates were 0.4 and 0.2 respectively.

There continued to be no cholera or plague.

The current and cumulative numbers of cases of chancroid were 769 and 37,605 respectively; for gonorrhea 4,005 and 196,527; and for syphilis 2,863 and 135,412.

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SUMMARY REPORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES IN JAPAN

Week Ending 29 November 1947

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	26	4	2196	249	2	1	1356	136
AOMORI	20	3	455	40	-	-	298	29
IWATE	14	-	389	32	11	2	1084	94
MIYAGI	10	2	542	21	-	-	760	67
AKITA	21	4	624	45	1	1	451	66
YAMAGATA	8	-	634	41	1	-	1633	116
FUKUSHIMA	2	1	396	12	1	-	2206	283
IBARAKI	5	-	508	48	1	1	1705	470
TOCHIGI	17	1	655	35	1	-	1230	211
GUNMA	9	1	305	64	1	-	1372	229
SAITAMA	10	-	611	59	2	-	1723	352
CHIBA	7	-	394	31	1	2	1005	213
TOKYO	18	4	1495	222	17	3	2941	694
KANAGAWA	16	4	519	37	2	2	700	145
NIIGATA	25	2	752	46	3	-	1746	248
TOYAMA	5	-	216	11	-	-	189	12
ISHIKAWA	32	1	590	28	1	-	208	37
FUKUI	4	-	215	12	-	1	365	48
YAMANASHI	1	1	101	11	-	1	664	69
NAGANO	7	-	599	40	3	-	1592	159
GIFU	4	-	189	20	2	4	635	197
SHIZUOKA	8	1	509	53	4	2	1198	286
AICHI	30	1	1502	83	6	16	1880	526
MIE	12	1	628	37	2	-	488	123
SHIGA	3	-	204	14	-	-	300	40
KYOTO	8	-	474	49	8	-	831	121
OSAKA	8	-	400	48	5	-	908	235
HYOGO	25	1	836	61	4	-	1380	259
NARA	19	-	185	7	-	-	173	24
WAKAYAMA	2	-	219	8	-	-	140	32
TOTTORI	3	-	161	16	1	-	181	43
SHIMANE	12	1	479	24	3	2	461	134
OKAYAMA	10	-	363	30	-	2	424	138
HIROSHIMA	8	-	600	30	1	-	594	170
YAMAGUCHI	60	1	654	51	18	5	285	107
TOKUSHIMA	2	-	282	9	1	1	839	125
KAGAWA	25	-	282	16	(*-2)	-	519	89
EHIME	16	4	832	78	-	-	954	190
KOCHI	5	-	294	21	-	1	304	75
FUKUOKA	35	1	1658	104	5	3	624	118
SAGA	23	1	766	57	-	-	208	41
NAGASAKI	14	4	610	69	2	1	541	104
KUMAMOTO	4	-	210	27	3	-	348	92
OITA	22	4	714	45	2	(*-2)	318	90
MIYAZAKI	9	6	533	48	1	10	534	121
KAGOSHIMA	9	2	602	78	1	-	706	134
TOTAL	633	56	26382	2167	115	59	39001	7292
RATE								
Current	42.3	3.7	36.7	3.0	7.7	3.9	54.3	10.2
Previous	40.3	3.1			7.2	3.4		

Rate per 100,000 per Annum.
Rates based upon estimated population 1 July 1947

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PREFECTURE	TYPHOID				PARATYPHOID			
	CURRENT		CUMULATIVE		CURRENT		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	5	4	738	87	-	-	221	16
AOMORI	1	-	236	32	-	-	54	2
IWATE	2	1	221	35	-	-	64	1
MIYAGI	2	-	388	30	2	1	255	11
AKITA	2	-	152	30	-	-	44	4
YAMAGATA	1	-	345	56	3	-	105	5
FUKUSHIMA	2	1	436	46	-	-	101	11
IBARAKI	3	-	407	46	-	-	182	10
TOCHIGI	2	-	414	62	2	-	102	5
GUMMA	-	-	272	47	2	-	112	6
SAITAMA	4	-	482	58	-	-	95	9
CHIBA	11	-	382	24	2	-	128	3
TOKYO	16	1	1278	165	6	1	454	22
KANAGAWA	10	-	641	92	4	1	146	10
NIIGATA	5	2	575	81	1	-	181	6
TOYAMA	4	-	383	35	-	-	111	1
ISHIKAWA	3	-	193	19	1	-	46	1
FUKUI	-	-	155	22	-	-	39	1
YAMANASHI	1	-	135	7	-	-	47	1
NAGANO	2	-	322	27	-	-	136	13
GIFU	7	2	569	63	2	-	131	13
SHIZUOKA	11	1	595	64	6	1	150	17
AICHI	8	1	942	114	1	-	192	7
MIE	3	2	749	81	-	-	109	10
SHIGA	1	-	126	17	-	-	28	5
KYOTO	5	-	393	41	1	-	91	5
OSAKA	3	(*-1)	557	102	-	-	275	9
HYOGO	8	-	967	150	-	1	107	11
NARA	-	-	136	15	-	-	16	-
WAKAYAMA	2	-	454	52	-	-	64	1
TOTTORI	6	1	148	10	-	-	32	-
SHIMANE	2	2	267	37	-	-	113	5
OKAYAMA	3	1	337	39	-	-	21	2
HIROSHIMA	10	3	695	89	1	-	161	11
YAMAGUCHI	5	-	111	10	-	1	30	3
TOKUSHIMA	1	1	252	36	-	-	36	5
KAGAWA	8	-	186	29	-	-	62	2
EHIME	2	-	180	26	-	-	33	1
KOCHI	3	-	398	45	1	-	38	4
FUKUOKA	5	1	336	34	1	-	60	3
SAGA	-	-	77	3	2	-	29	1
NAGASAKI	-	-	104	12	-	-	35	2
KUMAMOTO	-	-	99	14	-	-	23	1
OITA	4	2	104	14	-	-	11	1
MIYAZAKI	1	1	160	34	-	-	43	3
KAGOSHIMA	-	-	28	7	-	-	16	-
TOTAL	174	26	17125	2139	38	6	4529	260
RATE								
Current	11.6	1.7	23.8	3.0	2.5	0.4	6.3	0.4
Previous	11.6	2.0			3.5	0.0		

Rates per 100,000 per Annum
Rates based on estimated population 1 July 1947
*Correction

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

	Smallpox				Typhus Fever			
	Current		Cumulative		Current		Cumulative	
PREFECTURE	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	47	8	-	-	56	8
AOMORI	-	-	-	-	-	-	8	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	-	-	1	1	-	-	20	3
AKITA	-	-	12	1	-	-	2	1
YAMAGATA	-	-	8	3	-	-	42	4
FUKUSHIMA	-	-	1	-	-	-	4	-
IBARAKI	-	-	21	1	-	-	36	4
TOCHIGI	-	-	23	2	1	-	10	2
GUMMA	-	-	3	-	-	-	4	3
SAITAMA	-	-	3	1	-	-	29	2
CHIBA	-	-	13	2	-	-	26	1
TOKYO	-	-	18	5	2	-	217	29
KANAGAWA	-	-	4	-	1	-	42	2
NIIGATA	-	-	4	1	-	-	12	1
TOYAMA	-	-	1	-	-	-	8	1
ISHIKAWA	-	-	1	-	-	-	10	-
FUKUI	-	-	-	-	-	-	6	4
YAMANASHI	-	-	-	-	-	-	7	-
NAGANO	-	-	3	-	-	-	9	1
GIFU	-	-	-	-	-	-	26	-
SHIZUOKA	-	-	4	-	-	-	30	-
AICHI	-	-	9	-	-	-	222	5
MIE	-	-	5	1	-	-	4	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	1	-	-	-	6	-
OSAKA	-	-	11	2	-	-	52	-
HYOGO	-	-	42	3	-	-	5	2
NARA	-	-	1	-	-	-	2	-
WAKAYAMA	1	-	34	1	-	-	17	1
TOTTORI	-	-	1	-	-	-	7	-
SHIMANE	-	-	7	-	-	-	8	-
OKAYAMA	-	-	11	-	-	-	5	-
HIROSHIMA	-	-	3	1	-	-	2	-
YAMAGUCHI	-	-	7	-	-	-	16	1
TOKUSHIMA	-	-	1	-	-	-	2	-
KAGAWA	-	-	4	-	-	-	52	6
EHIME	-	-	13	2	-	-	6	-
KOCHI	-	-	1	-	-	-	2	-
FUKUOKA	-	-	40	1	-	-	3	-
SAGA	-	-	5	1	-	-	2	-
NAGASAKI	-	-	2	-	-	-	7	1
KUMAMOTO	-	-	3	-	-	-	3	-
OITA	-	-	2	-	-	-	1	1
MIYAZAKI	-	-	1	-	-	-	7	-
KAGOSHIMA	-	-	18	-	-	-	-	-
TOTAL	1	0	390	38	4	0	1035	83
Rate								
Current	0.1	0.0	0.5	0.1	0.3	0.0	1.4	0.1
Previous	0.1	0.0			0.2	0.0		

Rates per 100,000 per Annum, based upon estimated population 1 July 1947.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Weekly Report - 29 November 1947
Continued

PREFECTURE	MALARIA				CHOLERA			
	CURRENT		CUMULATIVE		CURRENT		CUMULATIVE	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	1	287	2	-	-	-	-
AOMORI	4	-	180	-	-	-	-	-
IWATE	3	-	180	-	-	-	-	-
MIYAGI	-	-	25	-	-	-	-	-
AKITA	1	-	183	-	-	-	-	-
YAMAGATA	-	-	114	-	-	-	-	-
FUKUSHIMA	1	-	244	-	-	-	-	-
IBARAKI	-	-	315	2	-	-	-	-
TOCHIGI	1	-	110	-	-	-	-	-
GUMMA	2	-	86	-	-	-	-	-
SAITAMA	-	-	61	1	-	-	-	-
CHIBA	7	-	110	-	-	-	-	-
TOKYO	4	-	747	-	-	-	-	-
KANAGAWA	3	-	442	-	-	-	-	-
NIIGATA	4	-	273	1	-	-	-	-
TOYAMA	1	-	164	-	-	-	-	-
ISHIKAWA	-	-	57	-	-	-	-	-
FUKUI	1	-	73	-	-	-	-	-
YAMANASHI	-	-	66	-	-	-	-	-
NAGANO	-	-	179	-	-	-	-	-
GIFU	2	-	34	-	-	-	-	-
SHIZUOKA	-	-	206	-	-	-	-	-
AICHI	1	-	263	-	-	-	-	-
MIE	2	-	220	1	-	-	-	-
SHIGA	7	-	1867	-	-	-	-	-
KYOTO	NR	-	163	-	-	-	-	-
OSAKA	1	-	148	-	-	-	-	-
HYOGO	2	-	305	-	-	-	-	-
NARA	-	-	69	-	-	-	-	-
WAKAYAMA	-	-	76	-	-	-	-	-
TOTTORI	1	-	147	-	-	-	-	-
SHIMANE	3	-	125	-	-	-	-	-
OKAYAMA	NR	NR	75	-	-	-	-	-
HIROSHIMA	1	-	231	-	-	-	-	-
YAMAGUCHI	1	-	278	-	-	-	-	-
TOKUSHIMA	1	-	215	-	-	-	-	-
KAGAWA	1	-	145	-	-	-	-	-
EHIME	1	-	466	1	-	-	-	-
KOCHI	-	-	106	1	-	-	-	-
FUKUOKA	6	-	972	7	-	-	-	-
SAGA	2	-	276	3	-	-	-	-
NAGASAKI	1	-	213	-	-	-	-	-
KUMAMOTO	NR	NR	204	-	-	-	-	-
OITA	2	-	362	3	-	-	-	-
MIYAZAKI	3	-	196	1	-	-	-	-
KAGOSHIMA	3	-	283	-	-	-	-	-
TOTAL	77	1	11541	23	0	0	0	0
RATE								
Current	5.1	0.1	16.1	0.03	0.0	0.0	0.0	0.0
Previous	6.2	0.0			0.0	0.0		

Rates per 100,000 per annum, based upon estimated population 1 July 1947.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

PREFECTURE	SCARLET FEVER Current (C)	(D)	SCARLET FEVER Cumulative (C)	(D)	EPIDEMIC MENINGITIS Current (C)	(D)	EPIDEMIC MENINGITIS Cumulative (C)	(D)	JAP B ENCEPHALITIS (SUSPECTS) Current (C)	(D)	JAP B ENCEPHALITIS (SUSPECTS) Cumulative (C)	(D)
HOKKAIDO	4	-	335	8	2	-	366	99	-	-	-	-
AOMORI	2	-	25	1	-	-	99	19	-	-	2	-
IWATE	1	-	27	4	-	-	56	16	-	-	-	1
MIYAGI	4	-	91	1	1	1	126	18	-	-	1	-
AKITA	1	-	30	1	1	-	86	38	-	-	2	2
YAMAGATA	-	-	40	1	1	-	80	22	-	-	1	-
FUKUSHIMA	-	-	46	1	-	-	141	39	-	-	-	-
IBARAKI	2	-	59	1	-	-	193	61	-	-	-	-
TOCHIGI	2	-	42	1	-	-	31	13	-	-	1	-
GUMMA	1	-	77	2	1	1	38	18	-	-	1	1
SAITAMA	-	-	52	-	-	-	72	30	-	-	-	-
CHIBA	1	-	50	1	-	-	61	20	-	-	-	-
TOKYO	10	1	480	10	4	1	648	264	-	-	5	-
KANAGAWA	2	-	104	2	1	1	76	23	-	-	1	1
NIIGATA	-	-	31	1	-	-	67	21	-	-	1	-
TOYAMA	-	-	14	-	-	-	20	2	-	-	1	1
ISHIKAWA	-	-	6	1	-	-	42	11	-	-	-	-
FUKUI	-	-	6	-	-	-	12	5	-	-	1	-
YAMANASHI	-	-	23	1	-	-	26	3	-	-	-	-
NAGANO	-	-	88	2	-	-	38	6	-	-	-	-
GIFU	-	-	25	1	1	1	18	6	-	-	1	1
SHIZUOKA	1	-	131	-	2	-	93	22	-	-	-	-
AICHI	-	-	109	3	-	-	43	10	-	-	-	-
MIE	-	-	42	2	-	-	26	5	-	-	6	2
SHIGA	1	-	44	-	-	-	29	12	-	-	-	-
KYOTO	1	-	132	2	-	-	67	17	-	-	5	1
OSAKA	-	-	52	-	1	-	145	36	-	-	46	36
HYOGO	-	1	60	2	1	1	69	27	-	-	12	3
NARA	-	-	9	-	-	-	6	1	-	-	-	-
WAKAYAMA	-	-	7	-	-	-	10	4	-	-	1	1
TOTTORI	-	-	6	-	1	-	44	15	-	-	22	8
SHIMANE	-	-	29	-	-	-	17	6	-	-	7	5
OKAYAMA	-	-	24	-	-	-	11	7	-	-	62	31
HIROSHIMA	-	-	21	2	1	-	65	20	-	-	6	4
YAMAGUCHI	-	-	13	-	-	-	33	6	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	9	4	-	-	1	1
KAGAWA	-	-	14	2	-	-	18	7	-	-	31	16
EHIME	-	-	22	-	1	-	35	21	-	-	16	8
KOCHI	-	-	9	-	-	-	23	8	-	-	13	3
FUKUOKA	-	-	22	3	1	-	84	54	-	-	1	1
SAGA	-	-	2	-	-	-	16	6	-	-	-	-
NAGASAKI	-	-	27	1	-	-	33	14	-	-	1	1
KUMAMOTO	-	-	6	-	-	-	32	11	-	-	2	2
OITA	-	-	3	-	-	-	13	2	-	-	1	1
MIYAZAKI	-	-	11	-	-	-	26	7	-	-	1	-
KAGOSHIMA	-	-	3	-	-	-	34	16	-	-	-	-
TOTAL	33	2	2452	57	20	6	3277	1072	0	0	252	131
Rates												
Current	2.2	0.1	3.4	0.1	1.3	0.4	4.6	1.5	0.0	0.0	0.4	0.2
Previous	6.6	0.1			0.9	0.6			0.0	0.0		

Rate per 100,000 per Annum
Rates based upon estimed population 1 July 1947

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Weekly Report - 29 November 1947
Continued

PREFECTURE	MEASLES Cases	WHOOPING COUGH Cases	TUBERCULOSIS Cases
HOKKAIDO	27	26	385
AOMORI	73	20	75
IWATE	25	26	36
MIYAGI	12	13	275
AKITA	13	15	63
YAMAGATA	7	3	62
FUKUSHIMA	11	21	102
IBARAKI	3	13	68
TOCHIGI	6	22	81
GUMMA	3	18	66
SAITAMA	1	5	99
CHIBA	-	13	94
TOKYO	2	33	400
KANAGAWA	2	30	176
NIIGATA	142	145	681
TOYAMA	29	26	115
ISHIKAWA	1	23	94
FUKUI	13	16	48
YAMANASHI	3	5	28
NAGANO	12	24	97
GIFU	26	11	77
SHIZUOKA	6	17	114
AICHI	33	10	121
MIE	39	18	43
SHIGA	3	6	29
KYOTO	31	22	183
OSAKA	(*-4)	16	311
HYOGO	-	5	55
NARA	-	5	29
WAKAYAMA	1	3	39
TOTTORI	11	2	50
SHIMANE	10	12	94
OKAYAMA	NR	NR	NR
HIROSHIMA	16	9	208
YAMAGUCHI	3	15	86
TOKUSHIMA	22	3	74
KAGAWA	6	11	25
EHIME	46	8	102
KOCHI	36	16	98
FUKUOKA	4	45	331
SAGA	13	4	48
NAGASAKI	14	9	96
KUMAMOTO	NR	NR	NR
OITA	-	7	52
MIYAZAKI	8	(*-74)	75
KAGOSHIMA	25	5	55
TOTAL	734	682	5440
RATE			
Current	49.1	45.6	363.7
Previous	43.1	44.0	334.4

Rate per 100,000 per annum, based upon estimated population 1 July 1947.
Deaths not available.

*Correction

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Weekly Report - 29 November 1947
Continued

PREFECTURE	PNEUMONIA Cases	INFLUENZA Cases
HOKKAIDO	76	-
AOMORI	62	3
IWATE	28	-
MIYAGI	46	-
AKITA	40	-
YAMAGATA	16	-
FUKUSHIMA	97	-
IBARAKI	54	-
TOCHIGI	32	-
GUMMA	34	-
SAITAMA	34	-
CHIBA	28	-
TOKYO	93	1
KANAGAWA	84	2
NIIGATA	192	2
TOYAMA	51	-
ISHIKAWA	68	-
FUKUI	20	4
YAMANASHI	7	-
NAGANO	33	1
GIFU	87	1
SHIZUOKA	41	-
AICHI	44	-
MIE	28	-
SHIGA	13	-
KYOTO	32	-
OSAKA	35	3
HYOGO	27	-
NARA	14	-
WAKAYAMA	39	1
TOTTORI	14	-
SHIMANE	30	-
OKAYAMA	NR	NR
HIROSHIMA	19	6
YAMAGUCHI	57	-
TOKUSHIMA	40	-
KAGAWA	8	2
EHIME	77	-
KOCHI	63	-
FUKUOKA	109	19
SAGA	62	-
NAGASAKI	63	-
KUMAMOTO	NR	NR
OITA	17	7
MIYAZAKI	12	-
KAGOSHIMA	66	-
TOTAL	2092	52
RATE		
Current	139.8	3.5
Previous	107.8	2.7

Deaths not available
Rate per 100,000 per annum, based upon estimated population 1 July 1947.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR COMPARABLE PERIOD, 1946 and 1947

Diseases	Week Ending 29 Nov 1947	Week Ending 30 Nov 1946	Four Weeks Ending 29 Nov 1947	Four Weeks Ending 30 Nov 1946	Cumulative Number for first 43 weeks 1947	Cumulative Number for first 43 weeks 1946
Cases						
Diphtheria	633	1049	2350	4375	26382	45371
Dysentery	115	477	702	3284	39001	86955
Typhoid	174	668	872	2537	17125	42504
Paratyphoid	38	118	211	543	4529	8569
Smallpox	1	11	3	53	390	17722
Typhus Fever	4	46	17	140	1035	30907
Malaria	77	281	363	1325	11541	NA
Cholera	0	0	0	1	0	1204
Scarlet Fever	33	97	233	272	2452	1978
Epidemic Meningitis	20	16	72	55	3277	1384
Jap B Encephalitis (Suspects)	0	0	1	5	252	NA
Plague	0	0	0	0	0	0
Deaths						
Diphtheria	56	81	191	299	2167	3530
Dysentery	59	159	250	763	7292	12805
Typhoid	26	106	147	350	2139	5096
Paratyphoid	6	8	18	37	260	443
Smallpox	0	1	0	14	38	2727
Typhus Fever	0	0	0	13	83	2891
Malaria	1	2	2	4	23	NA
Cholera	0	0	0	1	0	514
Scarlet Fever	2	3	5	5	57	93
Epidemic Meningitis	6	5	34	20	1072	391
Jap B Encephalitis (Suspects)	0	0	1	1	131	NA
Plague	0	0	0	0	0	0

CASE AND DEATH RATES OF COMMUNICABLE DISEASES FOR COMPARABLE PERIOD, 1946 and 1947

Diseases	Week Ending 29 Nov 1947	Week Ending 30 Nov 1946	Four Weeks Ending 29 Nov 1947	Four Weeks Ending 30 Nov 1946	Cumulative Rates for first 48 weeks 1947	Cumulative Rates for first 48 weeks 1946
Case Rates						
Diphtheria	42.3	72.6	39.3	75.7	36.7	65.5
Dysentery	7.7	33.0	11.7	56.9	54.3	125.4
Typhoid	11.6	46.3	14.6	43.9	23.8	61.3
Paratyphoid	2.5	8.2	3.5	9.4	6.3	12.4
Smallpox	0.1	0.8	0.1	0.9	0.5	25.6
Typhus Fever	0.3	3.2	0.3	2.4	1.4	44.6
Malaria	5.1	19.5	6.1	22.9	16.1	NA
Cholera	0.0	0.0	0.0	0.02	0.0	1.7
Scarlet Fever	2.2	6.7	3.9	4.7	3.4	2.9
Epidemic Meningitis	1.3	1.1	1.2	1.0	4.6	2.0
Jap B Encephalitis (Suspects)	0.0	0.0	0.02	0.1	0.4	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0
Death Rates						
Diphtheria	3.7	5.6	3.2	5.2	3.0	5.1
Dysentery	3.9	11.0	4.2	13.2	10.2	18.5
Typhoid	1.7	7.3	2.5	6.1	3.0	7.4
Paratyphoid	0.4	0.6	0.3	0.6	0.4	0.6
Smallpox	0.0	0.1	0.0	0.2	0.1	3.9
Typhus Fever	0.0	0.0	0.0	0.2	0.1	4.2
Malaria	0.1	0.1	0.03	0.1	0.03	NA
Cholera	0.0	0.0	0.0	0.02	0.0	0.7
Scarlet Fever	0.1	0.2	0.1	0.1	0.1	0.1
Epidemic Meningitis	0.4	0.3	0.6	0.3	1.5	0.6
Jap B. Encephalitis (Suspects)	0.0	0.0	0.02	0.02	0.2	NA
Plague	0.0	0.0	0.0	0.0	0.0	0.0

NA: Not Available
Rate per 100,000 per annum
1947 Rates based upon estimated population 1 July 1947.
1946 Rates based upon estimated population 1 July 1946.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

WEEKLY SUMMARY REPORT OF VENEREAL DISEASES IN JAPAN

WEEK ENDING 29 November 1947

(C) Current cases plus delayed reports
(T) Total cases for year to date

PREFECTURE	CHANCROID (C)	CHANCROID (T)	GONORRHEA (C)	GONORRHEA (T)	SYPHILIS (C)	SYPHILIS (T)
HOKKAIDO	14	1100	112	7855	57	4182
AOMORI	18	399	81	2581	47	1550
IWATE	3	170	14	926	22	1094
MIYAGI	8	362	93	2804	56	1861
AKITA	1	207	33	1591	29	1266
YAMAGATA	2	157	23	1236	40	1776
FUKUSHIMA	5	408	54	3703	44	2509
IBARAKI	8	558	24	2314	31	2277
TOCHIGI	4	378	29	2854	26	2638
GUMMA	8	295	78	2110	70	2279
SAITAMA	11	622	31	2727	15	1844
CHIBA	7	777	44	3419	22	2190
TOKYO	50	1805	284	7827	146	6745
KANAGAWA	47	1660	210	12294	125	6297
NIIGATA	4	436	69	3027	44	2528
TOYAMA	3	376	32	2919	35	2353
ISHIKAWA	21	598	53	3564	63	2351
FUKUI	4	396	34	1716	54	1254
YAMANASHI	4	92	13	1828	9	644
NAGANO	3	275	34	3185	42	2351
GIFU	16	686	95	4087	37	1690
SHIZUOKA	2	665	47	3426	34	3155
AICHI	80	3355	338	13633	123	7105
MIE	26	1158	95	2589	54	2531
SHIGA	20	844	22	1597	13	1467
KYOTO	55	1850	216	7580	183	4453
OSAKA	85	4336	266	16452	257	14283
HYOGO	47	1729	201	8415	231	8514
NARA	4	541	24	1120	43	1181
WAKAYAMA	13	1047	52	3786	46	2348
TOTTORI	2	347	29	3057	43	1579
SHIMANE	3	170	25	1584	14	1407
OKAYAMA	30	1516	110	5666	84	3434
HIROSHIMA	28	1104	136	7597	87	3554
YAMAGUCHI	10	465	64	3548	31	2222
TOKUSHIMA	5	144	71	1303	68	1226
KAGAWA	14	626	22	2311	36	1495
EHIME	9	315	58	3185	40	2952
KOCHI	1	294	9	1476	6	1104
FUKUOKA	45	2870	320	11937	160	7239
SAGA	9	368	114	4424	58	2136
NAGASAKI	14	741	104	6287	89	3190
KUMAMOTO	14	372	56	3824	49	2689
OITA	6	717	52	2801	31	1993
MIYAZAKI	1	75	42	1627	30	1020
KAGOSHIMA	5	199	92	2735	39	1456
TOTAL	769	37605	4005	196,527	2863	135412
Rate						
Current	51.4	52.4	267.7	273.7	191.4	188.6
Previous	44.9		241.4		198.3	

Rates per 100,000 per annum, based upon estimated population 1 July 1947.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

DIGEST OF MONTHLY REPORT OF COMMUNICABLE DISEASES IN JAPAN FOR THE FIVE WEEK PERIOD ENDING 29 NOVEMBER 1947

During November, increases were recorded in the morbidity rates for diphtheria and scarlet fever. Case rates for all other diseases included in this report decreased from the October level or remained about the same. Only one of these diseases (epidemic meningitis) recorded a higher morbidity rate in the current month as compared with November 1946. (November 1946 and November 1947 were both 5 week periods but October 1947 was a 4 week period, so care should be taken to compare only rates).

There were 6,400 cases and 881 deaths reported during November for the 12 communicable diseases included in this report. Approximately 80 percent of the total cases were due to diphtheria (2,892), typhoid fever (1,196), and dysentery (1,087). More than 90 percent of the deaths were credited to these same three diseases: diphtheria (231), typhoid fever (207) and dysentery (366).

In addition to the 12 diseases for which prefectural data are shown in this report, there were reported for all Japan 28,604 cases of tuberculosis, 8,105 cases of pneumonia, 3,730 cases of whooping cough, 3,150 cases of measles, and 230 cases of influenza. The case rates per 100,000 population per annum for these diseases were: tuberculosis, 382.4; pneumonia, 108.4; whooping cough, 49.9; measles, 42.1; and influenza, 3.1.

Both the case and death rates for diphtheria continued to increase. The November case rate (38.7) was 21 percent higher than the October case rate (31.9). The death rate increased from 2.0 to 3.1. In November, 1946, the case and death rates were 76.3 and 5.2 respectively.

Following the usual seasonal pattern, dysentery has been decreasing since September. In the current month the case rate decreased 74 percent from 55.5 to 14.5. The death rate 4.9 was approximately 60 percent less than the death rate (12.6) recorded last month. The case and death rates in November 1946 were 71.2 and 15.6 respectively.

The typhoid fever morbidity rate decreased approximately 36 percent from 24.9 in October to 16.0 in November. The death rate decreased from 4.4 to 2.8. In November 1946, the case and death rates were 44.1 and 6.3 respectively.

The Paratyphoid fever case rate decreased for the third consecutive month. The current case rate (3.7) was approximately half the case rate (7.0) recorded in the preceding month. The death rate was 0.3 currently, compared with 0.5 last month. In November 1946 the case and death rates were 9.8 and 0.6 respectively.

The smallpox case rate in the current month was 0.04 compared with 0.1 last month. No deaths were reported in either month. In November 1946, the case and death rates were 0.8 and 0.2 respectively.

The current typhus fever case rate was 0.3 compared with 0.2 last month. There were no deaths in November and only one in October. In November 1946, the case and death rates were 2.0 and 0.2 respectively.

The malaria case rate (6.9) reached a new low for the year. The current death rate was 0.03. In October the case and death rates were 12.5 and 0.02 respectively. Both the case rate (24.2) and death rate (0.1) for November 1946 were more than three times greater than the current case and death rates (6.9 and 0.03 respectively).

The scarlet fever case rate increased from 2.4 to 4.0. The death rate remained the same (0.1). There was little difference in the current rates as compared with November 1946 case and death rates (4.3 and 0.1 respectively).

Epidemic meningitis decreased slightly. The current case and death rates were 1.4 and 0.6 respectively compared with 2.2 and 0.9. For the corresponding month of 1946 the case and death rates were 1.1 and 0.4 respectively.

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The current suspect Japanese "B" encephalitis case and death rates were both 0.04 as compared with the October case rate of 0.9 and death rate of 0.6. In November 1946 the case rate was 0.1 and the death rate 0.04.

No cholera or plague have been reported in 1947. In November 1946, the cholera case and death rates were 0.1 and 0.04 respectively.

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SUMMARY REPORT OF CASES AND DEATHS FROM
COMMUNICABLE DISEASES IN JAPAN

N- Number
R- Rate

5 WEEK PERIOD ENDING 29 NOV 47

PREFECTURE	DIPHTHERIA Cases (N)	DIPHTHERIA Cases (R)	DIPHTHERIA Deaths (N)	DIPHTHERIA Deaths (R)	DYSENTERY Cases (N)	DYSENTERY Cases (R)	DYSENTERY Deaths (N)	DYSENTERY Deaths (R)
HOKKAIDO	210	58.9	20	5.6	38	10.6	5	1.4
AOMORI	71	63.7	8	7.2	11	9.9	2	1.8
IWATE	52	41.8	3	2.4	52	41.8	10	8.0
MIYAGI	77	51.5	5	3.3	24	16.0	3	2.0
AKITA	94	76.8	8	6.5	27	22.1	3	2.5
YAMAGATA	56	42.3	4	3.0	19	14.3	2	1.5
FUKUSHIMA	20	10.2	2	1.0	9	4.6	3	1.5
IBARAKI	49	24.7	3	1.5	19	9.6	10	5.0
TOCHIGI	68	44.2	2	1.3	6	3.9	7	4.6
GUMMA	33	21.2	8	5.1	22	14.1	9	5.8
SAITAMA	84	40.5	6	2.9	172	82.9	56	27.0
CHIBA	22	10.7	2	1.0	25	12.2	7	3.4
TOKYO	121	28.3	18	4.2	65	15.2	32	7.5
KANAGAWA	53	25.6	6	2.9	20	9.7	12	5.8
NIIGATA	106	44.5	7	2.9	18	7.6	5	2.1
TOYAMA	23	24.1	-	-	-	-	1	1.0
ISHIKAWA	79	88.0	5	5.6	8	8.9	1	1.1
FUKUI	17	23.9	1	1.4	15	21.1	2	2.8
YAMANASHI	13	15.9	3	3.7	6	7.4	1	1.2
NAGANO	66	31.8	2	1.0	18	8.7	2	1.0
GIFU	20	13.5	3	2.0	16	10.8	11	7.4
SHIZUOKA	50	21.6	8	3.5	19	8.2	8	3.5
AICHI	150	50.2	7	2.3	52	17.4	48	16.1
MIE	67	47.7	6	4.3	14	10.0	4	2.8
SHIGA	28	32.9	1	1.2	3	3.5	-	-
KYOTO	34	20.5	1	0.6	38	22.9	2	1.2
OSAKA	30	9.9	5	1.6	43	14.1	19	6.2
HYOGO	111	38.4	8	2.8	48	16.6	9	3.1
NARA	32	42.0	-	-	2	2.6	4	5.3
WAKAYAMA	14	14.7	-	-	3	3.1	-	-
TOTTORI	14	24.5	2	3.5	5	8.8	4	7.0
SHIMANE	63	72.5	8	9.2	37	42.6	11	12.7
OKAYAMA	47	29.9	3	1.9	12	7.6	9	5.7
HIROSHIMA	57	29.3	1	0.5	40	20.6	6	3.1
YAMAGUCHI	109	77.5	2	1.4	24	17.1	10	7.1
TOKUSHIMA	35	41.2	1	1.2	31	36.5	5	5.9
KAGAWA	46	51.5	3	3.4	8	9.0	1	1.1
EHIME	73	51.7	7	5.0	20	14.2	7	5.0
KOCHI	29	35.5	1	1.2	10	12.3	2	2.5
FUKUOKA	174	58.5	7	2.4	20	6.7	6	2.0
SAGA	95	108.4	5	5.7	8	9.1	2	2.3
NAGASAKI	71	48.9	15	10.3	24	16.5	6	4.1
KUMAMOTO	30	18.0	2	1.2	9	5.4	1	0.6
OITA	85	72.3	5	4.3	5	4.3	2	1.7
MIYAZAKI	56	57.1	11	11.2	15	15.3	14	14.3
KAGOSHIMA	58	34.8	6	3.6	7	4.2	2	1.2
**NOV. 1947	2892	38.7	231	3.1	1087	14.5	366	4.9
*OCT. 1947	1909	31.9	119	2.0	3320	55.5	752	12.6
**NOV. 1946	5509	76.3	376	5.2	5143	71.2	1123	15.6

Pate per 100,000 per Annum
1947 Rates based upon estimated population 1 July 1947
1946 Rates based upon estimated population 1 July 1946
* 4 week period
** 5 week period

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PREFECTURE	TYPHOID Cases N.	TYPHOID Cases R.	TYPHOID Deaths N.	TYPHOID Deaths R.	PARATYPHOID Cases N.	PARATYPHOID Cases R.	PARATYPHOID Deaths N.	PARATYPHOID Deaths R.
HOKKAIDO	53	14.9	11	3.1	10	2.8	4	1.1
AOMORI	11	9.9	4	3.6	1	0.9	-	-
IWATE	24	19.3	9	7.2	6	4.8	-	-
MIYAGI	34	22.7	4	2.7	17	11.4	3	2.0
AKITA	18	14.7	2	1.6	-	-	-	-
YAMAGATA	7	5.3	-	-	7	5.3	-	-
FUKUSHIMA	22	11.2	3	1.5	6	3.1	-	-
IBARAKI	30	15.1	3	1.5	3	1.5	1	0.5
TOCHIGI	24	15.6	4	2.6	8	5.2	-	-
GUMMA	18	11.5	8	5.1	12	7.7	-	-
SAITAMA	62	29.9	11	5.3	19	9.2	1	0.5
CHIBA	29	14.1	1	0.5	6	2.9	-	-
TOKYO	90	21.0	12	2.8	26	6.1	2	0.5
KANAGAWA	33	16.0	7	3.4	10	4.8	1	0.5
NIIGATA	52	21.8	14	5.9	12	5.0	1	0.4
TOYAMA	17	17.8	3	3.1	1	1.0	-	-
ISHIKAWA	13	14.5	1	1.1	4	4.5	-	-
FUKUI	6	8.4	1	1.4	2	2.8	-	-
YAMANASHI	9	11.0	1	1.2	-	-	-	-
NAGANO	24	11.6	-	-	8	3.9	-	-
GIFU	49	33.2	6	4.1	7	4.7	-	-
SHIZUOKA	62	26.8	10	4.3	18	7.8	1	0.4
AICHI	61	20.4	17	5.7	5	1.7	-	-
MIE	25	17.8	2	1.4	6	4.3	-	-
SHIGA	15	17.6	5	5.9	4	4.7	2	2.4
KYOTO	28	16.9	2	1.2	5	3.0	-	-
OSAKA	30	9.9	9	3.0	13	4.3	-	-
HYOGO	59	20.4	18	6.2	15	5.2	1	0.3
NARA	5	6.6	-	-	1	1.3	-	-
WAKAYAMA	27	28.3	3	3.1	1	1.0	-	-
TOTTORI	13	22.8	2	3.5	4	7.0	-	-
SHIMANE	24	27.6	6	6.9	6	6.9	1	1.2
OKAYAMA	29	18.4	2	1.3	2	1.3	1	0.6
HIROSHIMA	55	28.3	10	5.1	10	5.1	-	-
YAMAGUCHI	13	9.2	1	0.7	3	2.1	1	0.7
TOKUSHIMA	-	-	3	3.5	-	-	-	-
KAGAWA	11	12.3	-	-	-	-	1	1.1
EHIME	15	10.6	2	1.4	-	-	-	-
KOCHI	17	20.8	1	1.2	2	2.5	-	-
FUKUOKA	37	12.4	3	1.0	6	2.0	-	-
SAGA	5	5.7	-	-	5	5.7	-	-
NAGASAKI	23	15.9	2	1.4	3	2.1	-	-
KUMAMOTO	2	1.2	-	-	-	-	-	-
OITA	10	8.5	2	1.7	3	2.6	-	-
MIYAZAKI	3	3.1	1	1.0	6	6.1	1	1.0
KAGOSHIMA	2	1.2	1	0.6	2	1.2	-	-
** Nov. 1947	1196	16.0	207	2.8	275	3.7	22	0.3
* Oct. 1947	1487	24.9	263	4.4	418	7.0	29	0.5
** Nov. 1946	3184	44.1	452	6.3	706	9.8	46	0.6

Rates per 100,000 per annum.
1947 Rates based upon estimated population 1 July 1947.
1946 Rates based upon estimated population 1 July 1946.
Monthly Report for October should be corrected to show:

Prefecture	Typhoid, deaths	Rate
Kyoto	3	2.3
Total Japan	263	4.4

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Monthly Report - 29 November 1947
Continued

N- Number
R- Rate

PREFECTURE	SMALLPOX Cases N	SMALLPOX Cases R	SMALLPOX Deaths N	SMALLPOX Deaths R	TYPHUS FEVER Cases N	TYPHUS FEVER Cases R	TYPHUS FEVER Deaths N	TYPHUS FEVER Deaths R
HOKAIDO	-	-	-	-	2	0.06	-	-
AOMORI	-	-	-	-	-	-	-	-
IWATE	-	-	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-	-	-	-
IBARAKI	-	-	-	-	-	-	-	-
TOCHIGI	-	-	-	-	-	-	-	-
GUMMA	-	-	-	-	4	2.6	-	-
SAITAMA	-	-	-	-	-	-	-	-
CHIBA	-	-	-	-	1	0.5	-	-
TOKYO	-	-	-	-	-	-	-	-
KANAGAWA	-	-	-	-	5	1.2	-	-
NIIGATA	-	-	-	-	2	1.0	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	-	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	-	-
HYOGO	-	-	-	-	4	1.3	-	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	3	3.1	-	-	-	-	-	-
TOTTORI	-	-	-	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	-	-
OKAYAMA	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	-	-	1	1.1	-	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
**NOV. 1947	3	0.04	0	0.0	19	0.3	0	0.0
*OCT. 1947	5	0.1	0	0.0	10	0.2	1	0.02
**NOV. 1946	61	0.8	17	0.2	145	2.0	18	0.2

Rate per 100,000 per Annum; 1947 Rates based upon estimated population 1 July 1947
1946 Rates based upon estimated population 1 July 1946

* 4 week periods
** 5 week periods

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

Monthly Report- 29 November 1947
Continued

N- Number
R- Rate

PREFECTURE	MALARIA Cases N	MALARIA Cases R	MALARIA Deaths N	MALARIA Deaths R	CHOLERA Cases N	CHOLERA Cases R	CHOLERA Deaths N	CHOLERA Deaths R
HOKKAIDO	24	6.7	1	0.3	-	-	-	-
AOMORI	8	7.2	-	-	-	-	-	-
IWATE	10	8.0	-	-	-	-	-	-
MIYAGI	-	-	-	-	-	-	-	-
AKITA	5	4.1	-	-	-	-	-	-
YAMAGATA	7	5.3	-	-	-	-	-	-
FUKUSHIMA	11	5.6	-	-	-	-	-	-
IBARAKI	7	3.5	-	-	-	-	-	-
TOCHIGI	6	3.9	-	-	-	-	-	-
GUNMA	6	3.8	-	-	-	-	-	-
SAITAMA	6	2.9	-	-	-	-	-	-
CHIBA	8	3.9	-	-	-	-	-	-
TOKYO	37	8.6	-	-	-	-	-	-
KANAGAWA	26	12.6	-	-	-	-	-	-
NIIGATA	19	8.0	-	-	-	-	-	-
TOYAMA	6	6.3	-	-	-	-	-	-
ISHIKAWA	3	3.3	-	-	-	-	-	-
FUKUI	6	8.4	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	7	3.4	-	-	-	-	-	-
GIFU	11	7.4	-	-	-	-	-	-
SHIZUOKA	18	7.8	-	-	-	-	-	-
AICHI	8	2.7	-	-	-	-	-	-
MIE	5	3.6	-	-	-	-	-	-
SHIGA	41	48.2	-	-	-	-	-	-
KYOTO	9	5.4	-	-	-	-	-	-
OSAKA	14	4.6	-	-	-	-	-	-
HYOGO	11	3.8	-	-	-	-	-	-
NARA	5	6.6	-	-	-	-	-	-
WAKAYAMA	4	4.2	-	-	-	-	-	-
TOTTORI	7	12.3	-	-	-	-	-	-
SHIMANE	8	9.2	-	-	-	-	-	-
OKAYAMA	8	5.1	-	-	-	-	-	-
HIROSHIMA	8	4.1	-	-	-	-	-	-
YAMAGUCHI	13	9.2	-	-	-	-	-	-
TOKUSHIMA	8	9.4	-	-	-	-	-	-
KAGAWA	5	5.6	-	-	-	-	-	-
EHIME	12	8.5	-	-	-	-	-	-
KOCHI	5	6.1	-	-	-	-	-	-
FUKUOKA	59	19.8	1	0.3	-	-	-	-
SAGA	5	5.7	-	-	-	-	-	-
NAGASAKI	12	8.3	-	-	-	-	-	-
KUMAMOTO	5	3.0	-	-	-	-	-	-
OITA	13	11.1	-	-	-	-	-	-
MIYAZAKI	13	13.3	-	-	-	-	-	-
KAGOSHIMA	10	6.0	-	-	-	-	-	-
**NOV. 1947	519	6.9	2	0.03	0	0.0	0	0.0
*OCT. 1947	746	12.5	1	0.02	0	0.0	0	0.0
**NOV. 1946	1746	24.2	4	0.1	4	0.1	3	0.04

Rate per 100,000 per Annum; 1947 rates based upon estimated population 1 July 1947
1946 rates based upon estimated population 1 July 1946

*4 week periods
**5 week periods

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

N- Number
R- Rate

PREFECTURE	SCARLET FEVER Cases (N)	(R)	Deaths (N)	(R)	EPIDEMIC MENINGITIS Cases (N)	(R)	Deaths (N)	(R)	JAP B. ENCEPHALITIS SUSPECTS Cases (N)	(R)	Deaths (N)	(R)
HOKKAIDO	29	8.1	-	-	12	3.4	3	0.8	-	-	-	-
AOMORI	5	4.5	-	-	4	3.6	-	-	-	-	-	-
IWATE	1	0.8	-	-	-	-	-	-	-	-	-	-
MIYAGI	10	6.7	-	-	5	3.3	2	1.3	-	-	-	-
AKITA	5	4.1	-	-	3	2.5	2	1.6	-	-	-	-
YAMAGATA	4	3.0	-	-	9	6.8	2	1.5	-	-	-	-
FUKUSHIMA	4	2.0	-	-	4	2.0	2	1.0	-	-	-	-
IBARAKI	8	4.0	-	-	5	2.5	2	1.0	-	-	-	-
TOCHIGI	4	2.6	1	0.7	-	-	-	-	-	-	-	-
GUMMA	9	5.8	-	-	1	0.6	1	0.6	-	-	-	-
SAITAMA	11	5.3	-	-	5	2.4	2	1.0	-	-	-	-
CHIBA	7	3.4	-	-	2	1.0	1	0.5	-	-	-	-
TOKYO	87	20.3	1	0.2	15	3.5	4	0.9	1	0.2	-	-
KANAGAWA	10	4.8	-	-	3	1.5	1	0.5	-	-	-	-
NIIGATA	5	2.1	-	-	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	1	1.0	1	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	1	1.1	-	-	-	-
FUKUI	1	1.4	-	-	-	-	-	-	-	-	-	-
YAMANASHI	1	1.2	-	-	-	-	-	-	-	-	-	-
NAGANO	9	4.3	1	0.5	1	0.5	-	-	-	-	-	-
GIFU	4	2.7	-	-	1	0.7	1	0.7	-	-	-	-
SHIZUOKA	7	3.0	-	-	2	0.9	-	-	-	-	-	-
AICHI	16	5.4	1	0.3	1	0.3	-	-	-	-	-	-
MIE	4	2.8	1	0.7	2	1.4	-	-	-	-	-	-
SHIGA	14	16.5	-	-	1	1.2	2	2.4	-	-	-	-
KYOTO	8	4.8	-	-	-	-	-	-	-	-	-	-
OSAKA	3	1.0	-	-	6	2.0	3	1.0	-	-	2	0.7
HYOGO	8	2.8	1	0.3	2	0.7	2	0.7	-	-	-	-
NARA	1	1.3	-	-	-	-	1	1.3	-	-	-	-
WAKAYAMA	-	-	-	-	1	1.0	1	1.0	1	1.0	1	1.0
TOTTORI	-	-	-	-	3	5.3	2	3.5	-	-	-	-
SHIMANE	-	-	-	-	1	1.2	-	-	-	-	-	-
OKAYAMA	8	5.1	-	-	-	-	-	-	-	-	-	-
HIROSHIMA	-	-	-	-	2	1.0	-	-	-	-	-	-
YAMAGUCHI	1	0.7	-	-	-	-	1	0.7	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	-	-	-	-	-	-
EHIME	3	2.1	-	-	1	0.7	1	0.7	-	-	-	-
KOCHI	-	-	-	-	1	1.2	1	1.2	-	-	-	-
FUKUOKA	2	0.7	1	0.3	2	0.7	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-	-	-	-	-
NAGASAKI	9	6.2	-	-	6	4.1	2	1.4	-	-	-	-
KUMAMOTO	-	-	-	-	2	1.2	3	1.8	-	-	-	-
OITA	-	-	-	-	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	3	3.1	-	-	1	1.0	-	-
KAGOSHIMA	-	-	-	-	1	0.6	-	-	-	-	-	-
** Nov 1947	298	4.0	7	0.1	108	1.4	43	0.6	3	0.04	3	0.04
* Oct 1947	142	2.4	3	0.1	133	2.2	56	0.9	51	0.9	34	0.6
** Nov 1946	313	4.3	6	0.1	80	1.1	30	0.4	6	0.1	3	0.04

Rate per 100,000 per annum.
1947 rates based upon estimated population 1 July 1947.
1946 rates based upon estimated population 1 July 1946.
* 4 week period.
** 5 week period.

Monthly report for October should be corrected to show:

Epidemic Meningitis

	Cases	Rates
Kumamoto Prefecture	1	0.7
Total Japan	133	2.2

Jap. B. Encephalitis(Suspect)

	Cases	Rates
Aichi Prefecture	0	0.0
Osaka Prefecture	26	10.7
Total Japan	51	0.9

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DEPARTMENT OF STATE APR 14 1948

UNITED STATES POLITICAL ADVISER
FOR JAPAN

No. 164 Tokyo, March 15, 1948.

UNCLASSIFIED

Subject: Organization Plan to be Adopted by the Ministry of Welfare for the Administration of Health, Welfare and Social Insurance in Japan.

The Acting Political Adviser has the honor to enclose five copies of a technical bulletin, Sections I and II, respectively, issued by the Public Health and Welfare Section of this Headquarters, concerning the administration of health, welfare and social insurance in Japan.

Section I sets forth the organization and functions of the Ministry of Welfare of the Japanese Government and its Bureaus. Section II outlines the administrative plans to be adopted in order to meet local requirements for executing the welfare and insurance programs in prefectures, cities, towns and villages.

DEPARTMENT OF STATE
APR 15 1948
DIVISION OF INTERNATIONAL LABOR, SOCIAL AND HEALTH AFFAIRS - ILH

Enclosure:

Public Health and Welfare Technical Bulletin concerning the administration of health, welfare and social insurance in Japan. (In two sections).

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Enclosure to Despatch No. 164 dated March 15, 1948 from the Office of the United States Political Adviser for Japan, Tokyo, entitled "Organization Plan to be Adopted by the Ministry of Welfare for the Administration of Health, Welfare and Social Insurance in Japan". TB-PH-ADM 3

ADMINISTRATION OF HEALTH, WELFARE AND SOCIAL INSURANCE IN JAPAN

PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PH&W GHQ SCAP APO 500 February 1948

This Bulletin is issued in three sections. Section I sets forth the organization of the Ministry of Welfare; Section II explains the organization of the prefectural Department of Welfare and local administration of the welfare and insurance programs for which the Ministry of Welfare is responsible; Section III deals with the prefectural and local public health programs.

SECTION I

MINISTRY OF WELFARE

1. General

a. National. Establishment of the national Ministry of Welfare (Koseisho) was authorized by cabinet action in June 1937 and was created by an Imperial Ordinance issued in January 1938. Originally the Ministry was responsible for health, welfare, social insurance and labor activities of the national government. The national Diet created a separate Ministry of Labor in October 1947, at which time responsibility for labor activities was transferred to the new Ministry. At the present time, therefore, the Ministry of Welfare is responsible for health and welfare services, including certain social insurances.

The present organization of the Ministry of Welfare is set forth in the attached chart (Inclosure 1, to this bulletin). There are at this time a total of seven bureaus and one board within the Ministry of Welfare. These may be divided functionally into two general groups:

(1) Public Health and Medical Care

- (a) Public Health Bureau
- (b) Medical Affairs Bureau
- (c) Prevention Bureau

(2) Social Security and Welfare

- (a) Social Affairs Bureau
- (b) Children's Bureau
- (c) Insurance Bureau
- (d) Demobilization Bureau
- (e) Repatriation Relief Board

Almost all Health, welfare and social security programs in Japan are at present national programs in that they have been established by national legislation and supported in a large part by national appropriations. It is to be noted that health, welfare and social security programs in Japan are administratively a responsibility of the prefectural and local governments, i.e., they are

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not administered by the national government independently of the prefectural and local governments. There are three levels of operation: national, prefectural, and local. A fundamental aspect of any administrative organization is the degree of control excerised by a higher level over lower administrative levels. In Japan there is increasing emphasis being placed upon local powers which gives the prefectural government increased authority which it did not formerly possess. This increased power makes it more important that the prefectural health and welfare program be efficiently organized and that the proper relationship of one level of government to other levels be thoroughly understood.

b. Prefectural. The responsibilities of the Ministry of Welfare are carried out in the prefectures through two separate departments: the Department of Health (Eisei-bu) and Department of Welfare (Minsei-bu).

The Local Autonomy Law (Law No. 67, dated 16 April 1947) is the basic law which determines the organization of the prefectural goverments. Amendments to the law effective 1 January 1948, were adopted by the Japanese Diet on 7 December 1947. Article 158 of the Local Autonomy Law controls the establishment of departments and bureaus in the prefectural government. This article, as amended, provides for the establishment of seven separate departments in the prefectures (other than Tokyo): They are: (1) General Affairs; (2) Welfare; (3) Education; (4) Economic Affairs; (5) Public Works: (6) Health and (7) Agricultural Land. Matters relating to social welfare and social insurance are assigned to the prefectural Department of Welfare (Minsei-bu). Matters relating to labor which were formerly in the Department of Welfare are specifically assigned by the amended law to the Department of Economic Affairs. Separate departments are required and there is no authorization for combining departments.

The establishment of separate departments (bureaus) of welfare and separate departments of health in the prefectures was directed by a Memorandum to the Japanese Government (SCAPIN 945) dated 11 May 1946, subject: Reorganization of Government Health and Welfare Activities. In accordance with the provisions of this directive separate departments of health and welfare were established in many prefectures but the reorganization proceeded slowly due to the lack of adequate personnel and finances. (SCAPIN 945, paragraph 5, also provided that the reorganization would be subject to modification by the Japanese Diet. This paragraph was inserted in order to provide a basis for removal of the bureaus devoted to labor activities to a new Labor Ministry. This was finally carried out by Diet action in creating the Labor Ministry in October 1947). Subsequently, the Local Autonomy Law became the basis of the organization of the prefectural governments. This law as originally passed authorized the combination of departments under certain circumstances, and under this authority welfare, health education and labor activities were combined in the same department in many prefectures. Such combinations of functions was not in accordance with the intention of SCAPIN 945. An Amendment (Article 158 Local Autonomy Law) which became effective 1 January 1948, corrected this situation by providing for separate departments of health and separate departments of welfare in all prefectures. Paragraph 1, Article 156 of the Local Autonomy Law was also amended by substituting the words "Health Centers" in place of the words "Police Stations". This change enables the governors to establish, direct and supervise all Health Centers in their prefectures.

c. Public Health and Medical Care. As mentioned in paragraph 1 a above the Ministry of Welfare may be divided functionally into (1) Public Health and

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Medical Care and (2) Social Security and Welfare. The three bureaus in this group, Paragraph 1 c(1) above: Public Health Bureau, Medical Affairs Bureau, and Disease Prevention Bureau, as such, are new bureaus since they were created in November 1946. For this reason the historical background of all three bureaus will be discussed together in paragraph 2 below. The historical background of the four bureaus and one board under the functional division of "Social Security and Welfare," will be discussed separately under the respective bureaus, in paragraph 5 through 9 inclusive.

2. Public Health Bureau (Koshu-Hoken Kyoku)

a. Historical Background. With reference to Public Health administration, the Health Bureau (National) was established in the Ministry of Home Affairs in July 1875 and was responsible for the functions of (1) health (2) medicine (3) chronic disease prevention and (4) epidemic prevention. In January, 1938 the Health Bureau of the Home Ministry was transferred to the newly created Ministry of Welfare and the functions of the said Bureau were divided among (1) the Physical Strength Bureau, (Tairyoku-kyoku) (2) the Health Bureau, (Eisei-kyoku) and (3) the Prevention Bureau, (Yobo-kyoku). In November, 1942 the Health Bureau took over the functions of the Prevention Bureau because of the abolishment of the Prevention Bureau. In February, 1946, the National Health Bureau (name of Physical Strength Bureau was changed to Population Bureau on August 1941, and again to National Health Bureau on November 1943) was abolished and health administrative matters which belonged to that bureau was transferred to the Health Preservation Section in the Health Bureau. In November 1946 the Health Bureau was dissolved and (1) the Public Health Bureau, (2) the Medical Affairs Bureau, and (3) the Disease Prevention Bureau were established in its place. This reorganization was necessary in order to cope with the ever increasing responsibilities in connection with public health administration.

b. Organization and Functions. The total number of persons employed by the Public Health Bureau (Koshu-Hoken Kyoku) in the national office is 942. The Affairs of the bureau are carried out by four sections; (1) Investigation, (2) Health preservation, (3) Nutrition, (4) Health statistics. Responsibilities of the four sections are as follows:

(1) Investigation Section (Chosa-ka)

(a) Planning concerning promotion of national health.

(b) Investigation and statistics concerning health.

(c) National parks and other parks and recreation spots.

(d) Hot springs.

(e) Institute of Public Health.

(f) Affairs not assigned to other sections.

(2) Health Preservation Section. (Hoken-ka).

(a) Health Center and public health nurses.

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(b) Dissemination of health knowledge.

(c) Enforcement of National Physical Strength Law.

(d) Matters concerning eugenics.

(e) Sanitation of public baths, barber shops, theaters, cinemas and other places of public gathering.

(f) Matters of national health and sanitation not assigned to other section.

(3) Nutrition Section. (Eiyo-ka)

(a) Nutrition.

(b) Sanitation of food and drink.

(c) Stock-yard and butchery.

(d) National Institute of Nutrition.

(e) Food Sanitation Law.

(4) Health Statistics Section (Tokei-ka).

(a) Statistics on public health and population.

c. Prefectural and Local Administration. Within the prefectures the functions of the Public Health Bureau are usually assigned to the Public Health Administration section of the prefectural department of health.

3. Medical Affairs Bureau (Imu-kyoku)

a. Historical Background - The reader is referred to paragraph 2 a above for the historical information concerning this bureau.

b. Organization and functions - This Bureau has in its national office a personnel strength of 945. The bureau has a director or chief, a deputy director and eight sections. The responsibilities of the bureau are divided among the eight sections as follows:

(1) Medical Section (Imu-ka).

(a) Matters concerning physicians, dentists, and other doctors engaged in medical treatment.

(b) Enforcement of National Medical Treatment Law.

(c) Medical affairs not assigned to any other office.

(2) Pharmaceutical Section. (Yakumu-ka).

(a) Enforcement of Pharmaceutical Law.

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(b) Matters concerning control companies and associations.

(c) Supply, distribution, import, export, and price control of medicine and sanitary materials.

(d) Control of poisons and drastic medicine.

(e) Production of sanitary materials (except medicine).

(f) Pharmaceutical business not assigned to any other office.

(3) Drug Manufacturing Section (Seiyaku-ka).

(a) Manufacturing of medicine.

(b) Licensing of manufacturers of medicine, (excepting manufacture of opium and narcotics.

(c) Pharmacopeia Japonica and standardization of important medicine and offically-fixed drugs.

(d) Cultivation of pharmaceutical plants, and collection and distribution of crude drugs.

(e) Patent medicines.

(4) Narcotic Section. (Mayaku-ka).

(a) Opium and Narcotics.

(5) Hospital Section. (Byoin-ka).

(a) National Hospitals.

(b) Supervision of the branch offices of Medical Affairs Bureau.

(6) Sanatorium Section (Ryoyo-ka).

National sanatoria (including Leprosoria and mental Hospitals)

(7) Supply Section (Shisetsu-ka).

(a) The necessaries for National Hospitals and National Sanatori

(b) Building and repair for National Hospitals and National Sanatoria.

(8) Branch offices of Medical Affairs Bureau.

(a) Business guidance of National Hospitals and National Sanatoria.

(b) Branch offices shall be located in cites of Sapporo. Sendai, Tokyo, Nagoya, Osaka, Hiroshima, Takamatsu, and Fukuoka.

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c. Prefectural and Local Administration: Within the prefecture the functions of the medical affairs bureau are usually assigned to (1) Medical Affairs Section, (2) Pharmaceutical Affairs Section of the prefectural department of health.

4. Disease Prevention Bureau (Yobo-Kyoku).

a. Historical Background. The reader is referred to paragraph 2 a, above for historical information concernin this bureau.

b. Organization and Functions. The Disease Prevention Bureau in its national office has a regular personnel strength of 110. In addition to the 110 personnel stationed in the national office in Tokyo there are an additional 52 disease prevention officials under the direct control of the Welfare Ministry who perform liaison work with the local offices. These personnel are stationed at Sendai, Tokyo, Fukuoka, Hiroshima, Ehime, Osaka, and Nagoya. In addition to the above personnel there are 1,465 technical and business officials supervising disease prevention work in the field. These persons are serving with each of the local and urban prefectures. The functions of this bureau are assigned to five sections as follows:

(1) Prevention Section (Yobo-ka).

(a) Tuberculosis.

(b) Leprosy.

(c) Trachoma.

(d) Parasidosis, prodosoiasis and endemic.

(e) Myopia and decayed teeth.

(f) Cancer and other chronic diseases.

(g) Mental hygiene.

(2) Acute Infectious Diseases Section. (Boeki-ka).

(a) Acute infectious diseases.

(b) Chronic infectious diseases.

(c) Venereal diseases.

(3) Quarantine Section (Keneki-ka).

(a) Sea-port quarantine.

(b) Aerial quarantine.

(4) Biologic Control Section (Kentei-ka).

Prosecuting affairs concerning:

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(a) Supervision of production and assay of products of bacteriological preparation, (biological products to be used for prevention, therapy and diagnosis), antibacterial substance and quarantine disinfectants.

(b) National Institute of Health.

(c) Guidance and supervision of bacterial assay facilities.

(5) Sanitary Engineering Section. (Eisei Shisetsu-ka).

(a) Water supplies and sewage.

(b) Sanitation and hygiene.

(c) Architectural sanitation and sanitary engineering.

(d) Insect and rodent control.

c. Prefectural and Local Administration: In the prefectures the functions of this bureau are usually assigned to the Preventive Medicine Section.

5. Social Affairs Bureau (Shakai-kyoku)

a. Historical Background. The Social Affairs Bureau was established in August 1920 in the Ministry of Home Affairs and became responsible for all social work activities on the national level. The creation of this bureau was the out-growth of the activities of a relief section which was established in 1917 as a part of the local Government Bureau of the Home Ministry and renamed the Social Affairs Section in 1919.

The Social Affairs Bureau was transferred to the newly created Ministry of Welfare in 1938. In 1941 its name was changed to Livelihood Bureau (Seikatsu-kyoku), apparently as a part of the general plan of reorganizing welfare programs to meet the needs of the military. Early in 1943 the Livelihood Bureau and the Population Bureau of the Ministry of Welfare were combined to form the Peoples Health Bureau (Kenmin-kyoku). In the fall of 1945, after the end of the war, the Social Affairs Bureau was re-established. The responsibilities of the Bureau in the field of child welfare were transferred to the newly created bureau from the Social Affairs Bureau in March 1947 when the Children's Bureau (Jido-kyoku) was established within the Ministry of Welfare.

b. Organization and Functions. The total number of persons employed by the Social Affairs Bureau in the national office is 114 including clerical employees. The work of the Bureau is carried out through four sections: General Affairs, Protection, Welfare and Supply. The responsibilities of the Bureau are divided among the four sections as follows:

(1) General Affairs Section (Shomu-ka).

(a) Overall planning for social welfare.

(b) Investigations and statistics concerning welfare.

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(c) Minsei-iin organization.

(d) Social welfare training and education.

(e) Matters not assigned to other sections.

(2) Protection Section (Hogo-ka).

(a) Administration of Daily Life Security Law.

(b) Disaster assistance.

(3) Welfare Section (Fukuri-ka).

(a) Special program for ostracized groups (such as Eta).

(b) Aid for physically handicapped and other special groups such as "street girls".

(c) Operation of public pawnshops, bathhouses, barbershops, markets and dining halls.

(d) Other programs such as recreation.

(4) Supply Section (Busshi-ka).

(Note: Busshi-ka is also translated as "commodities" or "materials" section).

(a) Work shops (Jusan-jo) and home jobs.

(b) Goods and materials required for relief and assistance.

c. Prefectural and Local Administration: Within the prefectures the functions of the Social Affairs Bureau are usually assigned to the Social Affairs Section (Shakai-ka) and the Protection Section (Hogo-ka) of the prefectural Department of Welfare.

6. Children's Bureau (Jido-kyoku).

a. The Children's Bureau was established within the Ministry of Welfare in March 1947 and is primarily responsible for administering the Child Welfare Law passed by the Diet in October 1947 and which became effective on 1 January 1948. The regulations governing the organization of the Ministry of Welfare provide for four sections within the Children's Bureau: Planning, Child Protection, Child Care and Maternal and Child Health.

b. The responsibilities of the Bureau are assigned to the four sections as follows:

(1) Planning (Kikaku-ka).

(a) Dissemination of child welfare information and other matters for the promotion of child welfare.

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(b) General supervision of the administration of the Child Welfare Law.

(c) Child Welfare Boards.

(d) Child welfare officials and child welfare workers.

(e) Child welfare stations.

(f) Surveys and statistics concerning children.

(g) Other matters not assigned to other sections.

(2) Child Protection (Yogo-Ka) Also translated: Foster Care Section.

(a) Orphans and orphanages.

(b) Protection of homeless, mentally handicapped and vagrant children.

(c) Prevention of delinquency; juvenile training and education institutions (Kyogo-in).

(d) Foster homo program.

(e) Prevention of cruelty to children.

(f) Supplies necessary for child protection.

(3) Child Care (Hoiku-ka).

(a) Day nurseries and nursery teachers.

(b) Foundlings.

(c) Mothers' Homes (Boshi-ryo) and programs for mothers with dependent children.

(d) Children's recreational agencies.

(e) Cultural development of children.

(4) Maternal and Child Health (Boshi Eisei-ka).

(a) Health of infants, pre-school children, expectant and nursing mothers.

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(b) Special nutrition for infants, pre-school children, expectant and nursing mothers.

(c) Prevention of special diseases of infants and pre-school children and expectant and nursing mothers.

(d) Guidance of midwives and maternity agencies.

(e) Health of delicate and crippled children.

(f) Miscarriage and stillbirth.

(g) Health of children not included above.

c. Prefectural and Local Administration. In the prefectures the responsibilities of the Planning, Child Care and Child Protection sections are assigned to the Children's Section of the prefectural Department of Welfare while responsibility for the Maternal and Child health program is assigned to the prefectural Department of Health.

7. Insurance Bureau (Hoken-kyoku)

a. Historical Background. Although the bulk of the social insurances are under the jurisdiction of the Ministry of Welfare and the prefectural Departments of Welfare, some of the social insurance laws are administered by other ministries and agencies. In order to show the total administrative structure of social insurances in Japan, these other laws will be mentioned in addition to this description of the Ministry of Welfare activities, and the appropriate agencies will be indicated.

The first social insurance was the Government Pension System which originated in 1871. It is administered by the Pension Bureau of the Prime Minister's office and benefits public officials who have career status. The next protection for government employees was that against the costs of occupational disabilitities and began with an Imperial Ordinance issued in 1892. This workmen's compensation program is now based on three Ordinances and is administered by the Allowance Bureau of the Ministry of Finance. It covers government employees not protected by the system of eleven Government Enterprise Mutual Aid Societies. The latter grew out of an Ordinance of 1907 and are under the direction of the various ministries operating state monopolies.

Government Personnel Mutual Aid Societies are also administered by each of the ten ministries to provide non-occupational health insurance for government employees not covered by the Government Enterprise Mutual Aid Societies.The fourth

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provision for govern ent employees is the Separation Allowance program instituted by a Cabinet Decision in 1947 and administered by each of the ministries.

In 1920 a Labor Section was established in the Engineering Bureau of the Ministry of Agriculture and Commerce to study and develop legislation for health insurance. The Health Insurance (Kenko Hoken) Law, covering certain land workers in private industry, was passed in 1922, although it did not actually become effective until 1927. The Social Affairs Bureau of the Ministry of Home Affairs was given authority to administer the program, as well as to plan similar legislation for seamen (for which a movement had been started in the Ministry of Communications) and workmen's compensation legislation for construction workers.

A temporary Health Insurance Board was created in 1923 in the Social Affai Bureau of the Ministry of Home Affairs to prepare for the enforcement of Healt Insurance, but this Board was abolished the next year and was succeeded by a Health Insurance Section in one department of that Bureau. In 1926 the Insurance Department was created in the Social Affairs Bureau to supplant the Health Insurance Section. The Employers' Liability Insurance for Accidents (Rodo Saigai Sekinin Fujo Hoken) Law was passed in 1931 and assigned to the Insurance Department for administration.

In 1938 the Ministry of Welfare was created, and an Insurance Board (Hoken-in) was set up in that Ministry to administer the Health Insurance and Employers' Liability Insurance for Accidents Laws and to supervise the local associations formed under the National Health Insurance (Kokumin Kenko Hoken) Law passed in 1938. Three bureaus were established in the Insurance Board. The General Affairs Bureau (Shomu-kyoku) included among its duties the supervision of commercial life insurance companies. The Social Insurance Bureau (Shakai Hoken-Kyoku) was charged with the administration or supervision of the three social insurance programs assigned to the Insurance Board, and with the planning of a social insurance program for seamen and the extension of Health Insurance to office workers. The Postal Insurance Bureau (Kani Hoken-kyoku) took over the Postal Life Insurance (Kani Seimei Hoken) and Postal Annuities (Yubin Nenkin) programs from the Ministry of Communications, but these systems were returned to the Ministry of Communications in 1942.

Seamen's Insurance (Senin Hoken) was enacted in 1939 and became effective in 1940 along with special legislation for Office Workers' Health Insurance. The latter program was absorbed into the general Health Insurance System in 1943.

The Insurance Board was abolished in 1942, and the Insurance Bureau (Hoken-kyoku) was established in the Ministry of Welfare. The Welfare Pension Insurance (Kosei Nenkin Hoken) Law was passed in 1941 and became effective in 1942. The newly created Insurance Bureau comprised three sections and one office: The Health Insurance Section (Kenko Hoken-ka), National Health Insurance Section (Kokumin Kenko Hoken-ka), Pension Insurance Section (Nenkin-ka) - charged with responsibility for Welfare Pension Insurance and Seamen's Insurance - and the Office of Health Insurance Research (Kenko Hoken Shido-sho). The Health Insurance Research Office is still provided for in the law today, but it has not been operative since its two installations, in Tokyo and Osaka, were burned during the war.

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A General Affairs Section (Shomu-ka) was added to the Insurance Bureau in 1945, and the Health Insurance Section, responsible for Health Insurance and Employers' Liability Insurance for Accidents, was renamed the Insurance Section (Hoken-ka).

In 1947 the Ministry of Labor was established and was assigned the two newest social insurance programs - Unemployment Insurance (Shitsugyo Hoken) and Workmen's Accident Compensation Insurance (Rodo-sha Saigai Hosho Hoken). Both were enacted in 1947 and apply to employees other than seamen. Unemployment Insurance is new in Japan (except for limited local programs for day workers in a few municipalities, particularily Kobe from 1922 to 1941, and the system of separation allowances included in Welfare Pension Insurance). The Workmen's Accident Compensation Insurance Law supplants the Employers' Liability Insurance for Accidents Law of 1931 and incorporates certain provisions of the Health Insurance and Welfare Pension Insurance Laws relative to occupational disabilities. The present organization and functions of the Insurance Bureau are described below:

b. Organization and functions. The Insurance Bureau is composed of the following four sections (with number of personnel indicated): General Affairs (59), Insurance (41), National Insurance (25), and Pension (134). Including the staff of the immediate office of the Chief, the Insurance Bureau employs 273 people in Tokyo.

The responsibilities of the Bureau are assigned to the four sections as follows:

(1) General Affairs Section (Shomu-ka).

(a) Research, statistics, and general planning relative to social insurance.

(b) Fiscal affairs - social insurance special accounts.

(c) Personnel and office management for Bureau.

(d) Liaison with Social Insurance Investigation (Advisory) Committee (Chuo Shakai Hoken Shinsa Iin-kai).

(e) Liaison with Japan Medical Association (Nippon Ishi-kai).

(f) Liaison with national Social Insurance Medical Fee Calculation Council (Chuo Shakai Hoken Shinryo Hoshu Santei Kyogi-kai).

(g) Matters not assigned to other sections.

(2) Insurance Section (Hoken-ka).

(a) Administration of Health Insurance.

(b) Liaison with national Social Insurance Foundation (Shakai Hoken Kyo-kai).

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(c) Liaison with national Federation of Health Insurance Societies (Kenko Hoken Kumiai Rengo-kai).

(d) Liaison with Health Insurance national appeal board (Shinsa-kai) and local referees (Shinsa-kan).

(e) Liaison with Health Insurance national advisory committee (Iin-kai).

(3) National Insurance Section (Kokumin Hoken-ka).

(a) General supervision of National Health Insurance Associations.

(b) Liaison with national Federation of National Health Insurance Associations (Kokumin Kenko Hoken Kumiai Rengo-kai).

(c) Liaison with National Health Insurance local appeal boards (Chiho Shakai Hoken Shinsa-kai).

(4) Pension Section (Nenkin-ka).

(a) Administration of Welfare Pension Insurance.

(b) Administration of Seamen's Insurance.

(c) Liaison with Labor and Transportation Ministries relative to participation of Employment Security offices in unemployment insurance for seamen.

(d) Liaison with national social insurance foundations.

(e) Liaison with Welfare Pension Insurance and Seamen's Insurance national appeal boards (Shinsa-kai) and local referees (Shinsa-kan).

(f) Liaison with Welfare Pension Insurance and Seamen's Insurance national advisory committees (Iin-kai).

c. Prefectural and Local Administration. The Insurance Section (Hoken-ka) of the Department of Welfare (Minsei-bu) is charged with the administration of Health, Welfare Pension, and Seamen's Insurances and with the supervision of the National Health Insurance Associations (Kokumin Kenko Hoken-kumiai). The prefectural district offices (Chiho Jimu-sho) assist in National Health Insurance activities and, in several prefectures, Social Insurance Branch Offices (Shakai Hoken Shicho-jo) augment the Insurance Section in connection with Health and Welfare Pension Insurances. In a few seaports, the Maritime Offices (Kai-un Shicho-jo) of the Ministry of Transportation aid in the administration of Seamen's Insurance.

8. Repatriation Relief Board.

a. The Repatriation Relief Board was created within the Ministry

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of Welfare following the termination of the war to operate reception centers and carry out necessary welfare programs for repatriates. The Board has a special status within the Ministry since it is temporary in nature and consists of two bureaus in addition to the reception centers. There is a Relief Bureau and a Quarantine Bureau. The Relief Bureau consists of four sections: General Affairs, Operations, Guidance and Supply. The Operations Section provides temporary aid for incoming and outgoing repatriates while the Guidance Section is responsible for programs for the rehabilitation of repatriates. The Quarantine Bureau is composed of a Medical Treatment Section and a Quarantine Section. There is a very close relationship between the programs of the Relief Bureau and the other welfare programs of the Ministry of Welfare, since in many cases, aid is being provided by each program to the same persons.

b. Reception Centers. The centers at Hakodate, Maizuru and Sasebo and a repatriation station at Yokohama are maintained by the Board. For repatriates care includes transportation home. Aid provided at the Reception Centers includes the following.

(1) Issue of certificate of repatriation.

(2) Exchange of currency.

(3) Custody of various securities and documents.

(4) Issue of temporary allowance, clothing, comfort goods and toilet articles, and food for the trip home.

(5) Train tickets and telegrams are provided without charge.

(6) Information and counselling service.

(7) Accommodations, meals, baths and barber service are provided without charge.

(8) Demobilization for returned military personnel.

c. Rehabilitation Program. The Repatriation Relief Board maintains welfare programs designed to assist in the rehabilitation of repatriates and demobilized personnel who have returned home from abroad. These programs are carried out in the prefectures as a part of the regular welfare programs. The Social Affairs Section or the Protection Section of the prefectural Department of Welfare is responsible for maintaining information service at main railway stations. These services include temporary accomodations as well as various information and counselling services.

9. Demobilization Bureau

a. The First Demobilization Bureau was transferred to the Ministry of Welfare on 15 October 1947. This transfer was directed by Memorandum for the Japanese Government (SCAPIN 1791) issued by GHQ, SCAP, on 4 October 1947, subject: Demobilization Machinery, Reorganization of. This bureau was created after the termination of the war to carry on the work of demobilizing the Japanese Army. A second Demobilization Bureau was similarly created for the demobilization of the Japanese Navy. This bureau was ordered dissolved effective 1 January 1948, with

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remaining functions and personnel being transferred to the Ministry of Welfare. Under the provisions of SCAPIN 1791 further plans are being developed by the Japanese Government for the further reorganization of demobilization activities.

b. In the prefectures the responsibilities of the national bureaus are assigned to the demobilization section (Sewa-ka) within the Department of Welfare. In some prefectures there are two demobilization sections designated as the First Demobilization Section (Dai-ichi Sewa-ka) and Second Demobilization Section (Dai-ni Sewa-ka). The first section handles the work of the First Demobilization Bureau (Army), while the second section handles in the prefecture the work of the Second Demobilization Bureau (Navy).

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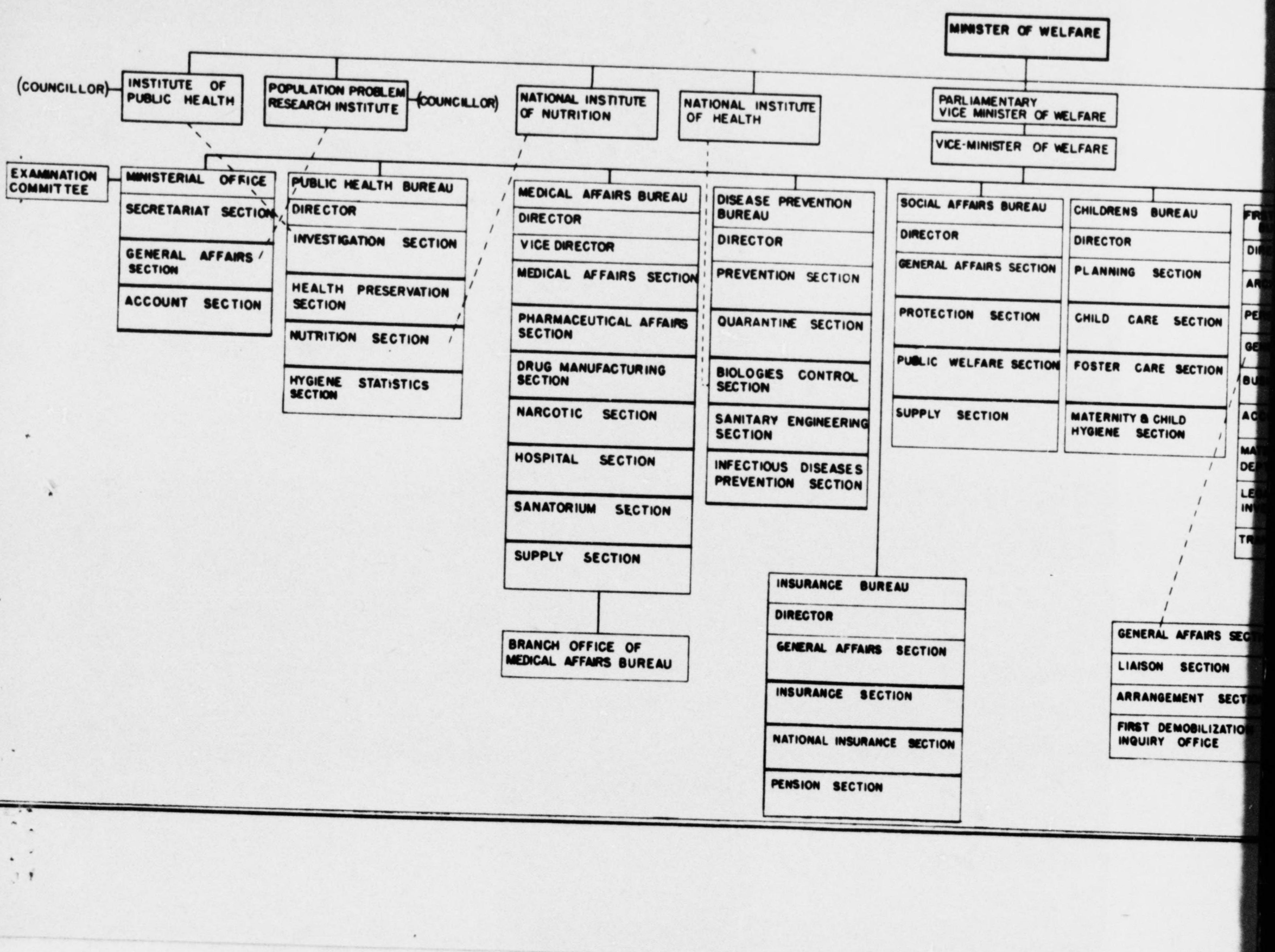

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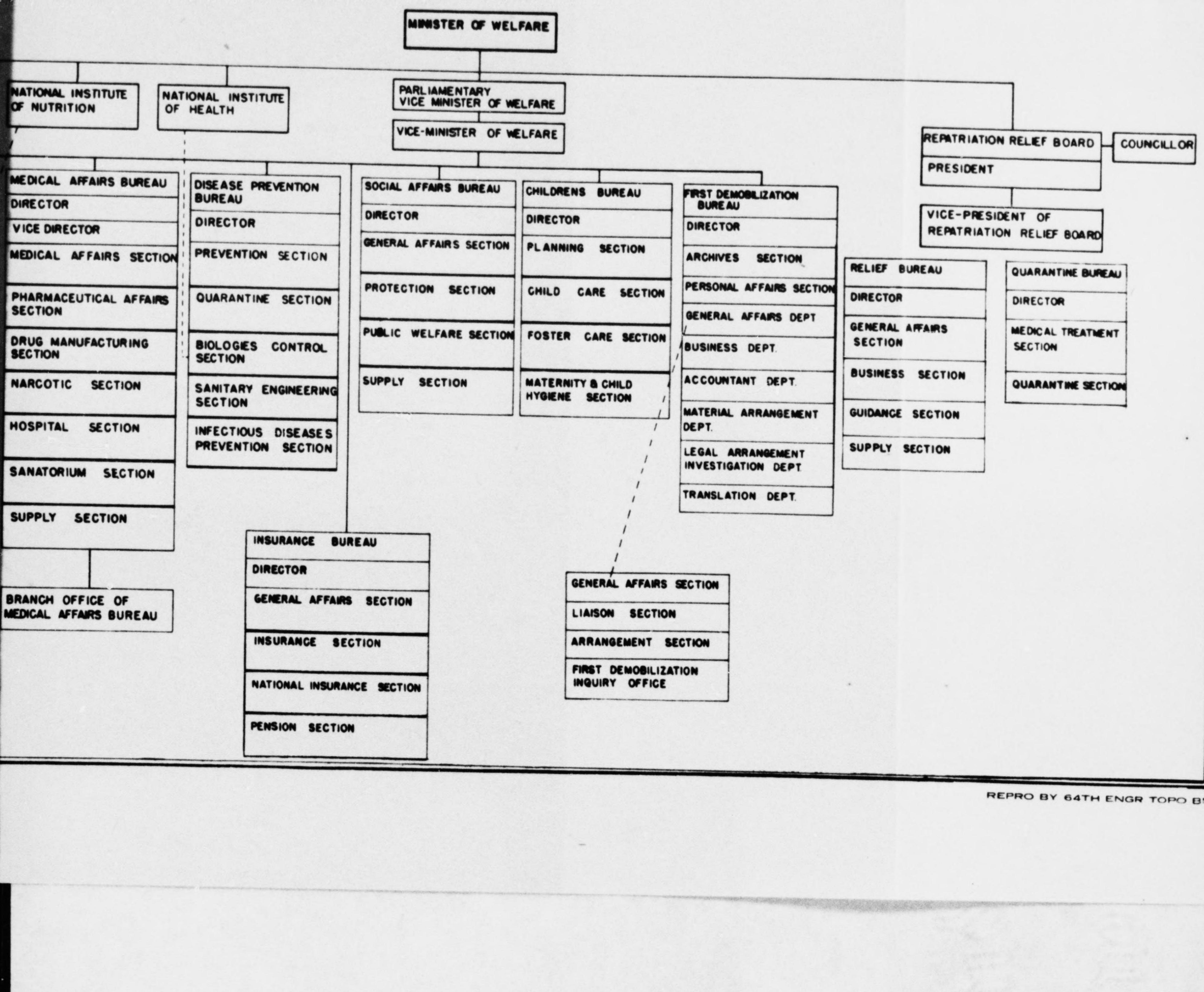

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Enclosure to Despatch No. 164 dated March 15, 1948 from the Office of the United States Political Adviser for Japan, Tokyo, entitled "Organization Plan to be Adopted by the Ministry of Welfare for the Administration of Health, Welfare and Social Insurance in Japan". TB - PH - ADM 3

ADMINISTRATION OF HEALTH, WELFARE AND SOCIAL INSURANCE IN JAPAN

PUBLIC HEALTH AND WELFARE TECHNICAL BULLETIN

PH&W GHQ SCAP APO 500 February 1948

NOTE: Section I of this Technical Bulletin sets forth the organization of the Ministry of Welfare of the national Japanese Government. Section II sets forth the administrative plan for carrying out the welfare and insurance programs in the prefectures and in the cities, towns and villages. The general plans will need to be adopted to meet local requirements.

SECTION II. PUBLIC WELFARE AND SOCIAL INSURANCE

1. Prefectural Department of Welfare.

a. The Department of Welfare (Minsei-bu) is one of seven departments of the prefecture required under the Local Autonomy Law (Law No. 67, dated 17 April 1947) as amended by the Japanese Diet on 7 December 1947. (The mandatory departments of the prefecture government are set forth in the chart attached as inclosure 3 to this bulletin.) This Law as amended makes it mandatory that a separate Department of Welfare be established and does not authorize the combination of the department with other governmental activities. The Local Autonomy Law provides that matters related to social welfare and certain matters related to social insurance shall be assigned to the Department of Welfare.

b. The Ministry of Welfare has established a "model plan" for the organization of the Prefectural Department of Welfare. Reference: Ministry of Welfare Directive (Hei 1198) dated 27 December 1947, from Vice Minister to Prefectural Governors, subject: Establishment of Departments of Welfare and Departments of Health in the Prefecture office. Also see, Memorandum to Ministry of Welfare, Japanese Government (PHMJG 55) dated 9 January 1948, subject: Amendment of Local Autonomy Law, Law No. 67, 16 April 1947. It is to be noted that the organization plan recommended by the national Ministry of Welfare is a "model plan" which may be adapted to fit the needs of a particular prefecture. For example, it is a matter for the prefecture government to decide whether it is advisable for the local prefecture departments of welfare to be made up of four or five sections. The suggested organization of the prefectural Department of Welfare is set forth in chart attached as inclosure 3 to this Technical Bulletin. According to this suggested plan of organization the prefectural Department of Welfare will consist of five sections: Social Affairs (Shakai-ka), Protection (Hogo-ka), Children (Jido-ka), Insurance (Hoken-ka) and Demobilization (Sewa-ka). The "model plan" issued by the Ministry of Welfare recommends that responsibilities be assigned to each of the five sections as follows:

(1) Social Affairs Section (Shakai-ka)

(a) Survey, statistics and planning of social work.
(b) Training and education of those concerned with social work.

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(c) Guidance and supervision of social work organizations and institutions.
(d) Welfare Committeemen (Minsei-iin).
(e) Public pawn shops, bath house, barbershops, markets, dining halls and welfare institutions.
(f) Protection of the physically handicapped and other special groups such as "street girls".
(g) Problems of socially ostracized groups.
(h) Supply of social relief and aid materials.
(i) Work shops and home jobs facilities.
(j) Matters related to social work not handled by other divisions.

(2) Protection Section (Hogo-ka)

(a) Daily Life Security Law administration.
(b) Repatriates' relief.
(c) Disaster relief.

(3) Children's Section (Jido-ka)

(a) Overall planning on child welfare.
(b) Child Welfare Law administration.
(c) Information and education concerning child welfare.
(d) Cultural programs for children.
(e) Prevention of delinquency among children.
(f) Supply of materials required for protection of children.
(g) Research and statistics concerning children.
(h) Protection of mothers and children.
(i) Matters related to children not handled by other sections.

(4) Insurance Section (Hoken-ka)

(a) Health Insurance.
(b) Seamen's Insurance.
(c) Welfare Pension Insurance.
(d) National Health Insurance.
(e) Matters related to social insurance not handled by other divisions.

(5) Demobilization Section (Sewa-ka)

(a) Counselling of ex-servicemen and former civilian employees of army or navy.
(b) Salaries and other allowances for the bereaved families of fallen ex-servicemen and former civilian employees of army or navy.

c. Relationship to Ministry of Welfare. The suggested organization of prefectural Departments of Welfare makes possible a clear cut division of responsibility between the sections. There is a definite relationship between the functions of various bureaus within the national Ministry of Welfare and the sections of the prefectural Department of Welfare:

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Bureau of Ministry of Welfare	Section of Prefecture Welfare Dept.
Social Affairs (Shakai-kyoku)	Welfare (Kosei-ka) or two sections: Social Affairs (Shakai-ka) and Protection (Hogo-ka)
Children (Jido-kyoku)	Children (Jido-ka)
Insurance (Hoken-kyoku)	Insurance (Hoken-ka)
Demobilization(Fukuin-kyoku)	Demobilization (Sewa-ka)

This ralationship between the administrative organization of the Bureaus of the national Ministry of Welfare and the sections of the prefectural Department of Welfare is shown in the charts attached as inclosures 1, 2 and 3. The chart in inclosure 1 shows in some detail the organization of the Bureaus of the Ministry which are responsible for the welfare and insurance programs. Inclosure 3 sets forth similar information on the prefecture level. (See Section I of this Technical Bulletin for more detailed information concerning administration on the national level.)

d. Organization of Sections. Each section (ka) of a prefectural department (bu) is divided into divisions (kakari) and the duties of the section are assigned to the divisions. The number of employees of a section averages between twenty and fifty, depending upon the size of the prefecture and the development of the welfare program. The model plan of organization of prefectura departments of welfare recommended by the Ministry of Welfare does not include the assignment of duties to divisions within sections since this phase of organization must be determined by the volume of work and the number and abilities of personnel available. In determining the organization of sections within a department it is necessary to give consideration to the assignment of duties to the divisions so that all personnel will understand the extent of their own responsibilities and the duties of other persons within the section. With an expanding welfare program and changes in administrative set-up, it may be found that more consideration must be given to organization of divisions and the specific assignment of duties.

e. Tokyo. Instructions issued by the Ministry of Welfare recommends the establishment of six sections within the Bureau of Welfare (Minsei-kyoku) in Tokyo-to: (1) General Affairs (Shomu-ka), Protection (Hogo-ka), Children (jido-ka), Daily Life (Seikatsu-ka), Insurance (Hoken-ka), and Demobilization (Sewa-ka). Two demobilization sections have been operating in the past but it is expected that eventually they will be amalgamated.

2. Social Affairs and Protection.

a. The responsibilities of the Social Affairs Bureau of the Ministry of Welfare are carried out in the prefectures by the Social Affairs Section and the Protection Section of the Department of Welfare. It is the plan that the Social Affairs Section will have general responsibility for the welfare programs of the entire department. The Protection Section is given responsibility for economic assistance programs. The suggested plan places responsibility for administration of Minsei-iin in the Social Affairs Section rather than in

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the Protection or Children's Section because the Minsei-iin are considered to have general overall responsibilities. The Minsei-iin have duties under the Child Welfare Law (as Jido-iin) as well as in the administration of the Daily Life Security Law.

b. It is to be noted that repatriate relief which is to be administered by the Protection Section is handled on the national level by the Repatriation Rehabilitation Board rather than the Social Affairs Bureau of the Ministry of Welfare. The special programs established for repatriates are therefore administered as a part of the prefectural Department of Welfare although on the national level the Social Affairs Bureau is not responsible for these programs.

c. Recommendations issued by the Ministry of Welfare specifically provide that "depending on circumstances, the Protection Section and the Social Affairs Section may be combined to form a Welfare Section (Kosei-ka)". (Reference: Ministry of Welfare Directive, Hei #1198, dated 27 December 1947). The suggestion that these two sections may be combined recognizes that in many of the smaller prefectures it is not necessary to have five section and that the work can be adequately carried out with four sections. It is the responsibility of the prefecture to decide whether a separate Protection Section is needed.

3. Child Welfare.

a. General. The Children's Section of the Prefectural Department of Welfare is responsible for carrying out the child welfare programs which are administered on the national level by the Children's Bureau of the Ministry of Welfare. An important difference in responsibilities, however, is that the prefectural Department of Welfare does not administer the Maternal and Child Health program which is the responsibility of the prefectural Department of Health. It is essential that a very close liaison be maintained between this health program and the child welfare program since in many instances activities of the two will overlap.

b. Child Welfare Boards. An important unit of the administrative organization of the Child Welfare program within the prefecture is the Child Welfare Board. The Child Welfare Law which became effective 1 January 1948 provides (Article8) that such boards are to be established in each prefecture for the "purpose of investigating and discussing the problems of children and expectant and nursing mothers", and to make recommendations to the administrative offices concerned. The board is under the jurisdiction of the prefecture governor who is also authorized to appoint the members of the board. A maximum of twenty member of the board is provided by the law but temporary board members may be appointed when necessary for the study of special problems. Persons eligible for appointment are: (1) public officials; (2) persons engaged in child care, health and welfare work and (3) those who have knowledge of and experience with work with children. It is to be noted that twenty is the maximum number of members of the prefectural board and it is the responsibility of the prefecture to determine the exact number. Except in the largest prefectures it is expected that a smaller number of board members will be found most effective. The exact number will depend upon the prefecture population and area and the number of groups which it is considered advisable to be represented on the board. In order to be most effective the board should not be dominated by public officials.

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c. Child Welfare Centers. The Child Welfare Law authorizes the establishment of Child Welfare Centers (Jido Sodansho) in each prefecture of Japan. The center is responsible for the promotion of the welfare of children. The center is to be used for child testing, as an aid for determining the proper placement of children, for child consultation and handling of general problems concerning children.

It is to be noted that the Child Welfare Centers operate on the prefectural level, that is, they are not a part of the city or town government. There may be more than one center within a prefecture but additional centers are responsible to the main center which is located in the prefecture capital city. It is important that the employees of welfare sections of cities, towns and villages understand the services available from the Center and that they properly utilize the programs which are available. The administrative relationships between the child welfare section of the prefectural Department of Welfare, child welfare officials, child welfare workers (Jido-iin) must be carefully worked out and understood by all employees in order to avoid overlapping of functions and duplication of effort.

d. Child Welfare Officials. Child welfare officials are authorized to be employed by the Child Welfare Law. A total of 373 such officials have been approved for employment with from 3 to 50 being provided for each prefecture. These officials, who are full time paid employees, are to work for the promotion of the welfare of children and expectant and nursing mothers and act as counselors for the care, health and general welfare of children. They are prefecture officials and administratively a part of the children's section of the child welfare section of the prefectural department of welfare. In performing their duties it is of course necessary that they work closely with the welfare sections of cities, towns and villages and with the Child Welfare Centers.

4. Insurance.

a. The first administrative offices for social insurance set up outside the central government headquarters were the 55 offices created in 1926 for administering the Health Insurance program. They were independent of the prefectural governments and directly responsible to the Insurance Department in Tokyo. These were abolished in 1929 and a Health Insurance Section was added to the Police Department of each prefectural government. In 1932 a Labor Administration Section was added to the Police Department to manage the business of Employers' Liability Insurance for Accidents.

b. With the enactment of the National Health Insurance Law in 1938, responsibility for supervision of the activities of the National Health Insurance Associations was assigned to the Social Affairs Section of the prefectural Education Department. In 1940 responsibility for administration of Seamen's Insurance was given to the Health Insurance Section in the prefectural Police Department, and in 1941 jurisdiction over Employers' Liability Insurance for Accidents was transferred to the Health Insurance Section from the Labor Administration Section.

c. The name of the Health Insurance Section was changed to Insurance Section in 1942 and it was also assigned responsibility for Welfare Pension Insurance. Supervision of the National Health Insurance Associations was transferred from the Social Affairs Section to the Insurance Section in 1945, and in

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1946 the Insurance Section was moved from the Police Department to the Welfare Department (or "Education and Welfare Department" as it was known in those prefectures in which both activities were combined).

d. In 1947 Workmen's Accident Compensation Insurance supplanted Employers' Liability Insurance for Accidents and was assigned to the Labor Standards offices which are not a part of the prefectural government but are direct extensions of the Ministry of Labor. Unemployment Insurance was also enacted in 1947 and its administration was assigned to the Employment Security Section in the Welfare Department (Education and Welfare Department) of the prefectural governments.

e. With the effectuation of the amendments to the Local Autonomy Law in January 1948 and the resulting separation of Education and Welfare activities into two distinct Departments in all prefectures, it is anticipated that the administration of Unemployment Insurance (Shitsugyo Hoken) will be transferred, along with the Employment Security Section (Shokugyo Antei-ka), to the Economic Affairs Department (Keizai-bu). Workmen's Accident Compensation Insurance (Rodo-sha Saigai Hosho Hoken) will continue to be administered by the Labor Standards Offices (Rodo Kijyun-sho) directly under the supervision of the Ministry of Labor.

f. The insurance Section (Hoken-ka) of the Department of Welfare will continue to administer Health Insurance (Kenko Hoken), Welfare Pension Insurance (Kosei Nenkin Hoken), and Seamen's Insurance (Senin Hoken), and to supervise the Associations (Kumiai) formed in the prefecture to administer the National Health Insurance (Kokumin Kenko Hoken) program.

g. Within the prefectural Insurance Section the administrative organization is usually made up of five divisions. In each prefecture there is a special division for National Health Insurance (Kokumin Kenko Hoken-kakari). The other social insurance programs are handled jointly by the other divisions, which are ordinarily set up as the General Affairs Division (Shomu-kakari), Eligibility Division (Shikaku-kakari), Collections Division (Choshu-kakari) and Benefits Division (Kyufu-kakari).

h. Most prefectures centralize the actual administration of Health, Welfare Pension and Seamen's Insurances completely within the Insurance Section itself, but Hokkaido, Tokyo-to, Osaka-fu and Hyogo, Kanagawa, Niigata, Nagano, Shizuoka, Aichi, Yamaguchi, Fukuoka and Nagasaki Prefectures maintain Social Insurance Branch Offices (Shakai Hoken Shutcho-jo) to administer Health Insurance and Welfare Pension Insurance. Those employers who maintain their own Health Insurance societies (kenko Hoken Kumiai) make only summary reports to the Branch Office (or Insurance Section, depending upon the prefecture), but the latter have the responsibility for all the details of government-managed Health Insurance. Branch offices are directly responsible to the prefectural Insurance Section and have no relation to city, town or village government. All Welfare Pension Insurance records were decentralized to the Branch Offices from the Ministry of Welfare during the war and continue to be maintained in this way except in Tokyo-to and in the prefectures which have only the one prefectural insurance office, where they have been consolidated in single prefectural files

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i. The Branch Offices are not involved in the administration of Seamen's Insurance, as such activities are divided between the main prefectural office and the Insurance Bureau of the Ministry of Welfare. The prefectural office handles the medical treatment benefits, cash disability benefits, unemployment benefits, and funeral benefits. Survivors' benefits, invalidity pensions, and old age pensions are paid through the central office in Tokyo. The Employment Security offices of both the Labor and Transportation Ministries are to be utilized in the administration of unemployment insurance for seamen.

j. In the supervision of National Health Insurance Associations, the prefectural Insurance Sections utilize the services of the prefectural district offices. The supervision of the autonomous individual associations is a cooperative matter between the prefectural Insurance Sections and the national and prefectural Federations of National Health Insurance Associations. Beneficiaries under the Daily Life Security Act, in the exercise of their freedom of choice of doctors and medical institutions, may avial themselves of the facilities of National Health Insurance Associations.

5. Demobilization.

Each prefectural Department of Welfare contains a Demobilization Section (Sewa-ka) which is responsible for carrying out tasks involved in demobilization. These offices are responsible for settling the accounts of former members of the Japanese army or navy. (Note: this section is sometimes designated as the Local Assistance Bureau). In some prefectures there have been two Demobilization Sections one handling former Japanese army personnel matters and the other for former navy personnel. It is expected that these sections will eventually be combined into a single section.

6. Local Administration.

a. General. Undoubtedly the most important part of public welfare administration in Japan is the work of the local offices of government which are responsible for determining eligibility of persons for assistance and services and are primarily responsible for seeing that the programs are carried out impartially. The importance of the organization and administration of established programs in the cities, towns and villages is frequently not sufficiently recognized in Japan and many programs do not operate as planned because of the lack of adequate supervision of the local offices by the prefectural officials. One difficulty is the fact that there is a great deal of variation between the cities, towns and villages in the organization of their units of government. Much of the variation is due to the difference in size of the governmental bodies. For this reason generalization concerning the organization and methods of administering welfare programs locally is difficult. With the increase in powers of the local government, it becomes more important that they be organized effectively and operate efficiently.

There are four basic units of local government which must be understood in order to comprehend the general plan of administration. These are cities (shi), districts (gun), towns (machi) and villages (mura). The relationship of each of these local units of government to the prefectural Department of Welfare and the bureaus of the national Ministry of Welfare is set forth in the chart in inclosure 2 to this Bulletin.

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b. City Administration. There are over two hundred cities in Japan in addition to the six big cities (Tokyo, Osaka, Yokohama, Kobe, Kyoto and Nagoya). Usually a city (shi) has a population of 30,000 or more and because of its urban nature has more extensive welfare programs than are found in towns and villages. There are usually four to ten cities within a prefecture which are directly responsible to the prefectural government. Larger cities are divided into wards (ku) and the welfare programs are administered by the ward offices under the supervision of the city office.

Since welfare problems in urban areas are usually more acute than in rural areas it is particularly important that attention be given to the establishment of departments of welfare as a part of the city government. (According to the census of 1 October 1947 approximately one-third of the total population of Japan was living in cities. Effective welfare programs in the cities will, therefore, reach a large percentage of the population and at the same time serve as examples for the development of such programs in towns. There are some towns (machi), however, and a few villages (mura) which have larger populations than some cities. It is therefore, necessary to consider the population of the area concerned as well as to whether the locality is classified as a city, town or village. Inclosure 4 to this bulletin contains a list of the fifty-two cities of Japan which had a population of over one hundred thousand according to the census of 1 October 1947. It will be noted that these fifty-two largest cities contain about one-fifth of the total population of Japan. The organization and operation of welfare programs in these largest cities and in the smaller cities must not be overlooked.

It is important to determine whether the welfare programs within a city are administered from a central office located in the city hall or whether they are actually carried out thru other offices such as ward offices. In some places welfare offices (Minsei-iin Jimusho) will be the local offices which actually provided aid and assistance to applicants and recipients. There is a total of about 700 such offices in all the cities in Japan. The effectiveness of a welfare program depends to a large extent upon the efficient operation of local offices where decisions are originally made and where applicants come to secure information.

c. Town and Village Administration. The prefectural area outside the cities is divided into districts (gun) and there is usually an administrative office (Chiho Jimusho) in each district although in some instances two districts may have only one office. The districts are made up of towns (machi) and villages (mura). Welfare programs are actually administered by the towns and villages with limited supervision being provided by the district offices. Much of the inefficiency of administration of welfare programs in Japan is due to the lack of proper personnel to do the work in the towns and villages. Attempts have been made to improve the situation by increasing the supervision provided by the district offices. It has been suggested that welfare programs in Japan should be administered in area outside cities by offices which operate independently of the town and village government. This type of organization has been established for programs other than welfare and is similar in many ways to the county department of welfare type of organization which is found in many states of the United States. The lack of transportation facilities and the increased cost of administration, as well as the fact that welfare programs in the past have been a part of the town and village government, makes it unwise to establish this type of

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organization for Japanese Welfare programs. It is particularly important, therefore, that the town and village officials responsible for welfare programs, particularly those persons who administer the Daily Life Security Law, be given supervision and all possible aid from the prefecture office and the district offices. It seems advisable that sound welfare departments be established within the city governments and for the present to grant priority to the city and prefectural departments of welfare. After city departments of welfare are organized and operating more consideration must be given to improving the plan of administering welfare programs in the towns and villages.

d. Welfare. The responsibilities of the Social Affairs Bureau of the Ministry of Welfare, and the Social Affairs and Protection Sections of the prefectural Department of Welfare are carried out through the regularly established levels of government. In the larger cities there is usually a separate division of the government which handles only welfare matters. In the smaller towns the responsibility for the welfare program may be one of several duties assigned to the same division.

e. Children. The programs carried on at the national level by the Children's Bureau of the Ministry of Welfare and by the Children's Section of the prefectural Department of Welfare are usually administered by the same division of the city, town or village government which is responsible for other welfare programs. A few of the larger cities have a separate division which is responsible for the children's programs. It is the policy of the national Ministry of Welfare to combine all welfare programs in the same local office so that it will not be necessary for persons to go from one office to another in order to learn of the welfare programs which would be of assistance to them.

7. Translation of Terms.

a. The translation of certain terms used to designate various units of Japanese government frequently causes confusion since many can be "properly" translated in several different ways. In order to avoid confusion the following translation have been used in this bulletin:

Koseisho	Ministry of Welfare
Kyoku	Bureau (used only to designate a unit of a national Ministry or the Tokyo-to government)
Bu	Department (in the prefecture)
Ka	Section (of a department or bureau)
Kakari	Division (of a section)
Ken	Prefecture. In the case of Tokyo, it is called "to", in Hokkaido "do" and in Osaka and Kyoto "fu".
Shi	City
Machi	Town ("cho" is also used)

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Mura	Village ("son" is also used)
Gun	District
Ku	Ward (in large cities)

b. The term "Minsei- bu" is sometimes translated as Department of Civil Life, but the more usual translation is Department of Welfare. The term "sodansho" is also translated as "Child Welfare Station" but the translation used herein is Child Welfare Center.

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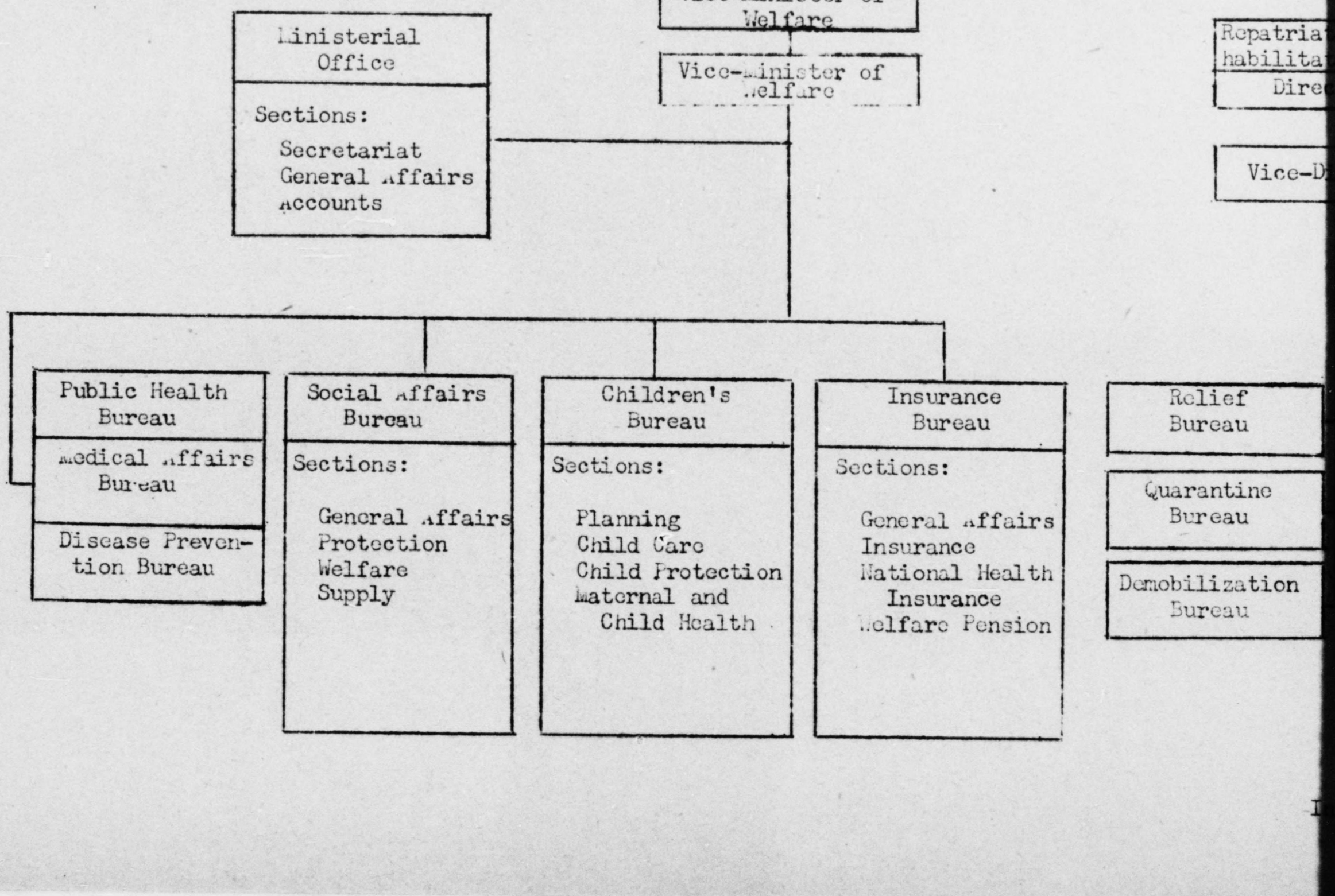

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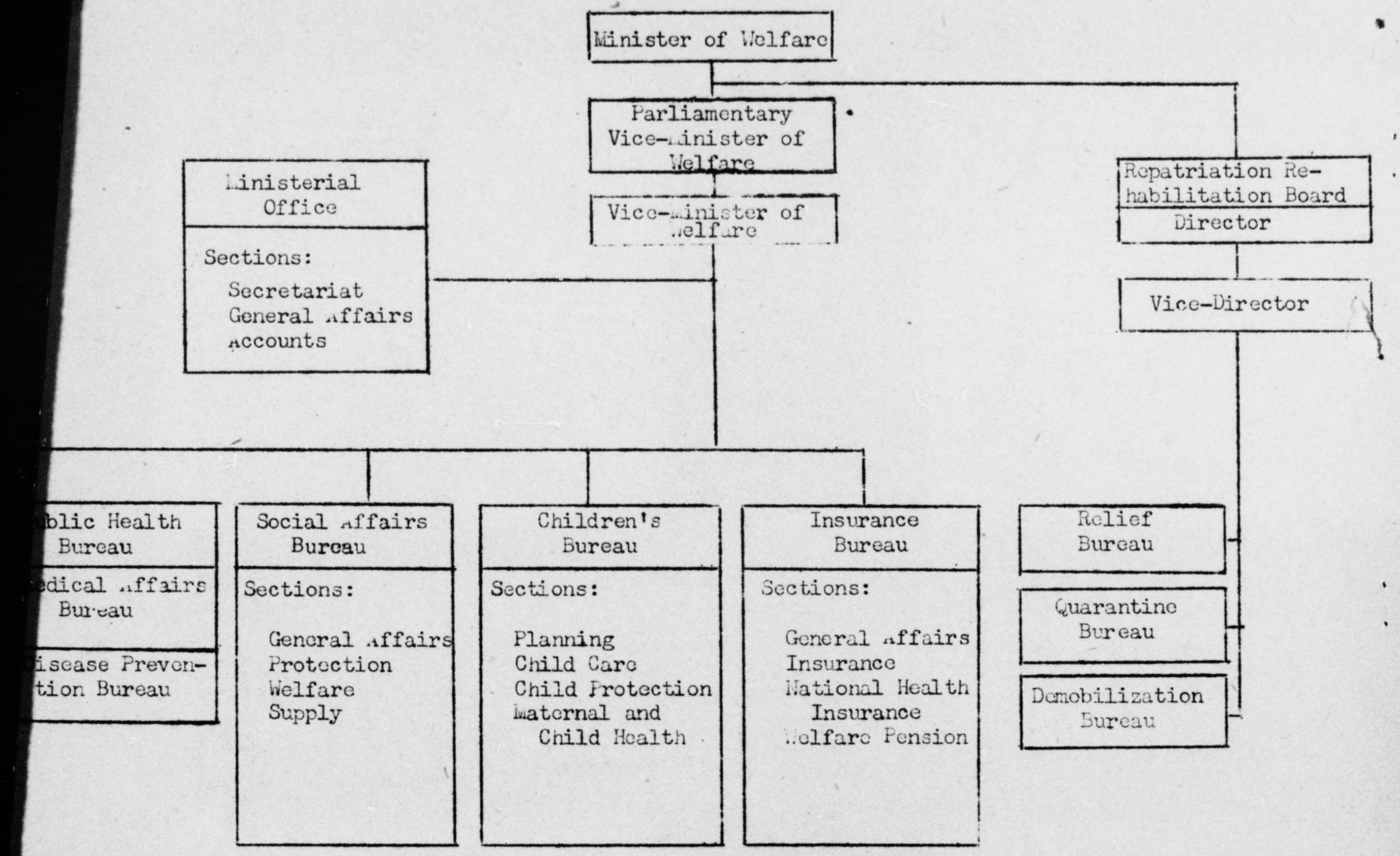
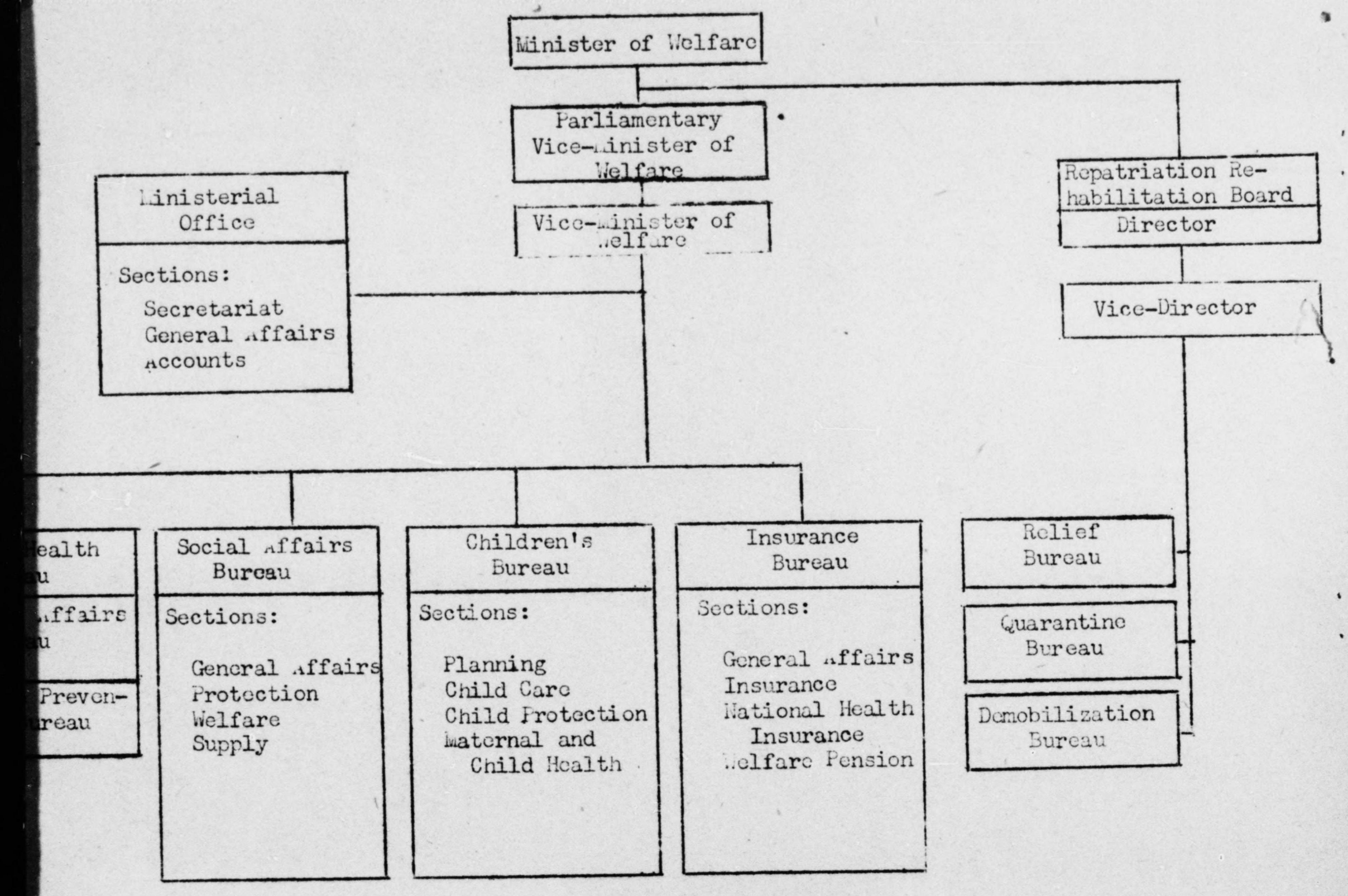
MINISTRY OF WELFARE



Incl. 1

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

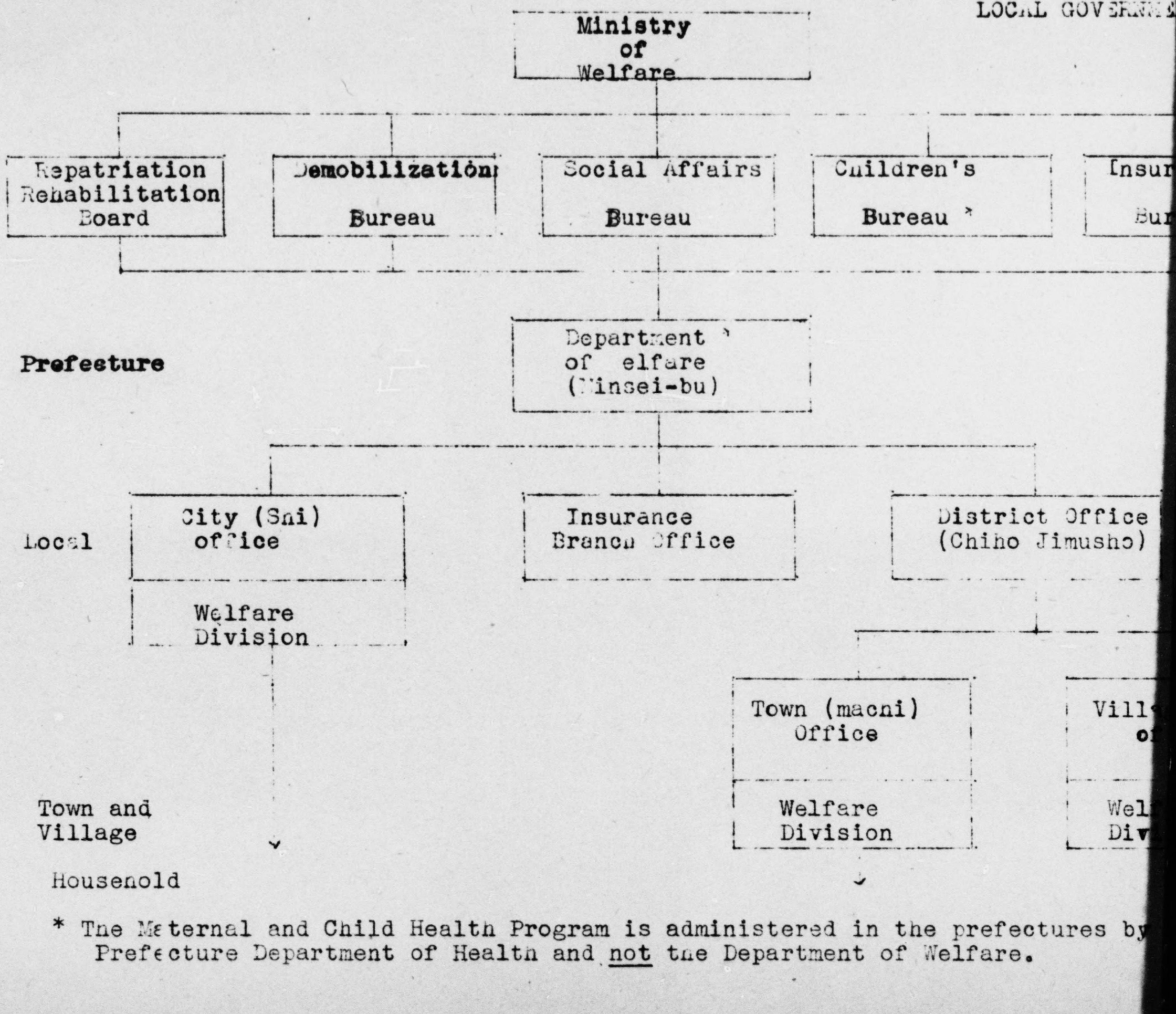
MINISTRY OF WELFARE



Incl. 1

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

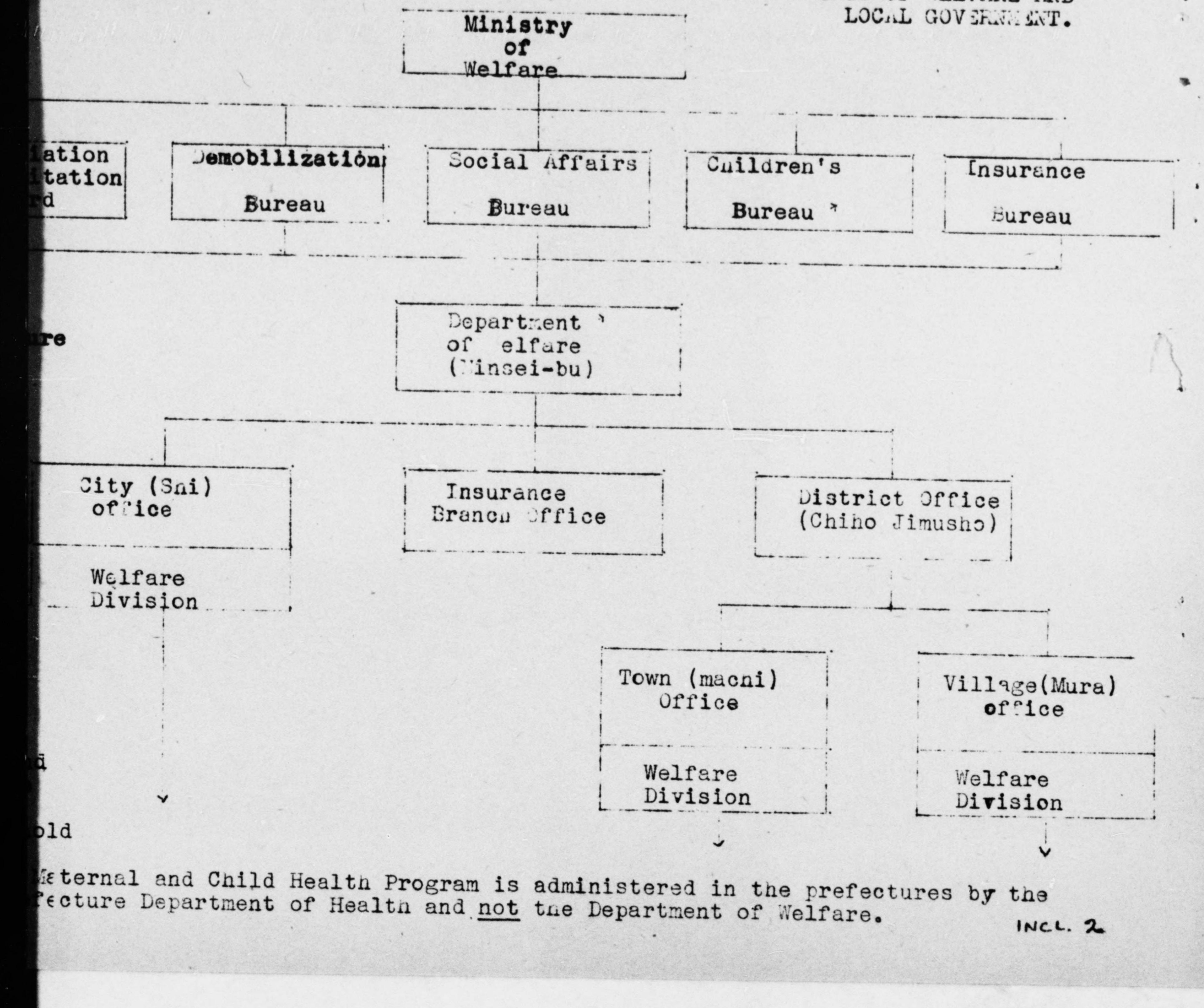
ADMINISTRATIVE RELATIONSHIP MINISTRY OF WELFARE, PREFECTURE DEPARTMENTS OF WELFARE & LOCAL GOVERNMENT



* The Maternal and Child Health Program is administered in the prefectures by Prefecture Department of Health and not the Department of Welfare.

DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

TIVE RELATIONSHIP MINISTRY OF WELFARE, PREFECTURE DEPARTMENTS OF WELFARE AND LOCAL GOVERNMENT.

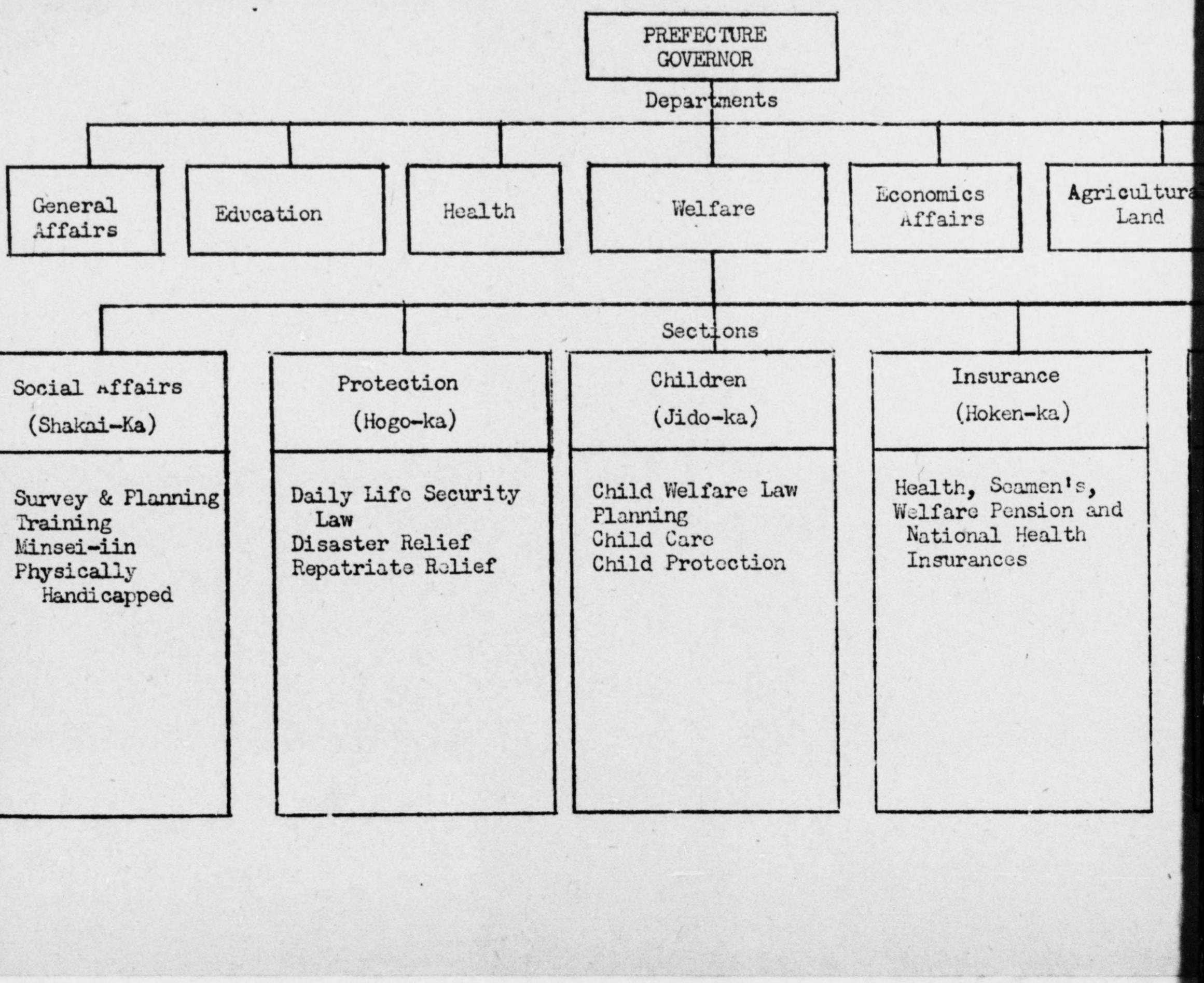


aternal and Child Health Program is administered in the prefectures by the fecture Department of Health and not the Department of Welfare.

INCL. 2

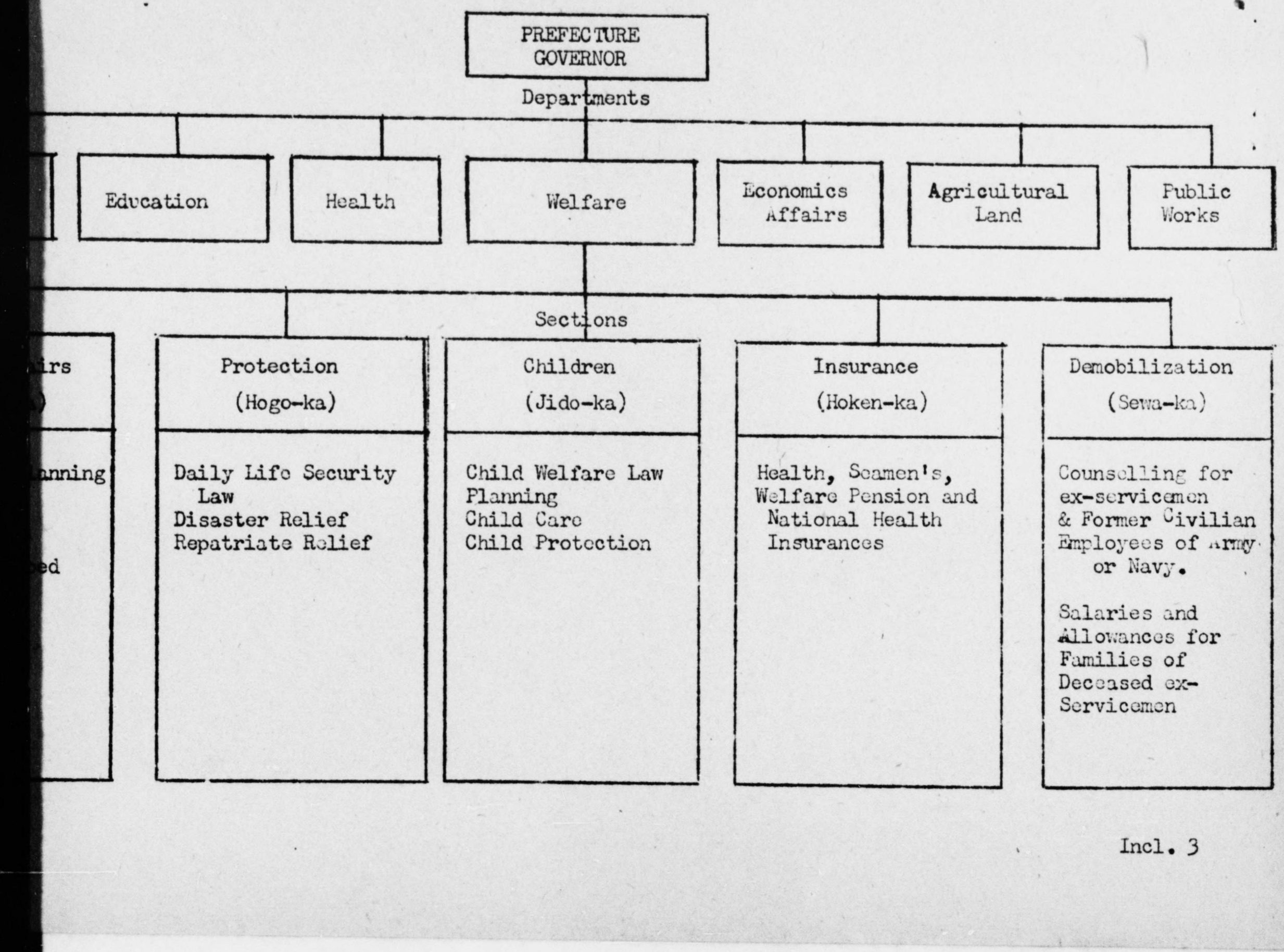
DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

ORGANIZATION CHART PREFECTURE DEPARTMENT OF WELFARE



DECLASSIFIED E.O. 11652, Sec 3(E) and 5(D) or (E) NND# 760050

ORGANIZATION CHART PREFECTURE DEPARTMENT OF WELFARE



Incl. 3