DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

GHQ/SCAP Records(RG 331)
Description of contents

THE NATIONAL ARCHIVES OF THE UNITED STATES

(1) Box no. 3475

(2) Folder title/number: (8) (end)
691

(3) Date: Aug. 1950

(4) Subject:

Classification	Type of record
750, 760	d

(5) Item description and comment:
"Weekly Bulletin" Nos.161-162

(6) Reproduction: (Yes) No

(7) Film no. Sheet no.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

RECEIVED
SEP 1950
LIBRARY
CHS

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

B U L L E T I N

No. 161

For Period

1 - 15 August

1950

SECTION

		PAGE
I	PREVENTIVE MEDICINE	1
II	VETERINARY AFFAIRS	2
III	SUPPLY	4
IV	NARCOTIC CONTROL	5
V	WELFARE	5
VI	SOCIAL SECURITY	6

****

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SECTION I

PREVENTIVE MEDICINE

Poliomyelitis

The season during which the greatest incidence of this disease is usually expected is approaching. During the first 30 weeks of this year 1531 cases have been reported as compared with 1342 cases during the same period of 1949. This slight variation does not suggest that any unusual incidence will occur during the remainder of the summer. However, since this disease may be explosive without warning a review of the present status of poliomyelitis as regards etiology, epidemiology and other pertinent details is published as a Technical Bulletin (TB - PH - Prev Med 8) inclosed with this Bulletin as Incl No. 1.

School Health Program

At the Cabinet conference of the Diet of the Japanese Government held on 11 August 1950, the "Cabinet Order for the Partial Amendments Law" was favorably acted upon and will be promulgated 21 August 1950.

This Cabinet Order was prepared as an amendment to Cabinet Order No. 239 of 1948, subject, "Concerning the Enforcement of the Board of Education Law", in accordance with the provisions of Article 54-(2) of the Board of Education Law (Law No. 170 of 1948).

The provisions of this ordinance place a great deal of responsibility on the health center in the successful execution of the school health program, with the greatest responsibility resting with the sanitation section of the health center, the sanitary inspectors in particular.

It is urged that the contents of this Cabinet Order be brought to the attention of all health center directors in order that they may begin early planning and preparation for the successful participation of their respective health centers in this important program. (See Incl No. 2)

Venereal Disease

Prohibition of Issuance of Certificates to Suspected Prostitutes

Inclosure No. 3 is an English translation of EIHATSU 607, of 8 August 1950. This EIHATSU was issued to clarify the instructions contained in YOHATSU 622, May 1948 and YOHATSU 205 of February 1948, which referred to the old venereal disease law.

This EIHATSU, issued jointly by the Public Sanitation Bureau and the Medical Affairs Bureau Ministry of Welfare, refers to certain provisions of the Medical Practitioners Law which in the past have been interpreted by many to be justification for the issuance of various types of certificates of diagnosis.

Dysentery: Resistance to Sulfanilamides

The National Institute of Health, Japan, has reviewed the problem of sulfanilamid resistance of certain strains of bacillary dysentery. Published as inclosure No. 4 is a translated discussion of this problem as presented by the National Institute of Health.

Japanese "B" Encephalitis

Detailed instructions on the handling of Japanese "B" Encephalitis cases, including diagnosis, reporting, isolation, environmental control, and recommended public information activities were published 20 July 1950 by the Ministry of Welfare in Eihatsu No. 559-1. (See Inclosure No. 5)

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Amendment to Infectious Disease Control Law

Recent legislation passed by the National Diet included Cabinet Order #222, dated 7 July 1950, subject, "Partial Amendments to Enforcement Order for the Infectious Disease Prevention Law (Law #36 of 1897). This directive amends a recent inforcement order No. 120, 1950 and articles 16-2 and 25-2 of the Law. Amended article 16-2 of the Infectious Disease Prevention Law will require local governments to maintain personnel for insect and rodent control as a preventive medicine measure. Personnel allowances, as stated by the Cabinet Order #222 includes the following:

a. One six man sanitary team, for every 13,000 population in urban areas over 13,000. These teams will be full strength, for the six months period of summer sanitation activities.

b. Permanent environmental sanitary inspectors, one for each 60,000 population.

c. Permanent assistant inspectors, one for each sanitary team and one for each 10,000 population in rural areas.

This amendment will place additional responsibility on prefectural public health departments to plan and initiate adequate measures to obtain sufficient appropriations through local budgets; utilize, organize and coordinate above personnel, and to effectively complete insect and rodent control programs.

Public Health Information

The Ministry of Welfare submitted the Information Plan for the third quarter of 1950 fiscal year. (See Incl No. 6) This plan serves only as a guide to assist in the planning of health and welfare information programs at the local level and is to be modified to meet local conditions. Implementing material may be found in the publication "Koho Dayori" distributed twice each month by the Ministry of Welfare.

SECTION II

VETERINARY AFFAIRS

Rabies Control Law

The Rabies Control Law, passed unanimously by both Houses of the Diet on 31 July, received the support of both the Japan Veterinary Medical Association and the Ministry of Welfare. Copies of the law are being multigraphed for distribution to all regions. The law is effective from the date of promulgation allowing thirty days for the issuance of a Ministerial Ordinance, based on the law, which is in the process of composition.

The law is intended not only to control rabies in dogs, but aims at the higher objective of total eradication of the disease from Japan.

Milk Standards

The long awaited standards for improving the sanitary quality of milk have been completed and approved by PH&W and the Ministry of Welfare. The standards are in the process of being legalized and will be released in the immediate future for enforcement.

All the milk produced and processed in Japan will be covered by the new standard for each specific product. Composition, bacterial limits, pasteurization and/or sterilization temperatures, cooling temperatures and manufacturing procedures are outlined in detail for each kind of product.

Investigation of Lumbar Paralysis

The problem of lumbar paralysis in sheep and goats is being given intensive study at the present time. A specialist, recently assigned to Public Health and Welfare is devoting full time to the investigation and is receiving cooperative as-
tro...

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

assistance from the Japanese National Animal Hygiene Experiment Stations.

Weekly Rabies Report

The Veterinary Affairs Section, Ministry of Welfare submitted the following report on rabies cases occurring during the period 23 July - 5 August 1950.

Prefecture	No. of Cases (23 - 29 July)	No. of Cases (30 July - 5 Aug)
Tokyo	0	5
Kanagawa	1	2
Chiba	0	1
Saitama	1	3
Ibaragi	1	0
Gumma	0	1
Tochigi	5	0
Shizucka	2	1
Osaka	0	0
Total	10	13

Japanese statistics for period of 1 January - 5 August 1950 disclose a total of 632 cases of rabies in dogs, 1,321 humans have reported being bitten by dogs with 35 deaths.

Weekly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following outbreaks of animal diseases for the period 29 July - 11 August 1950.

Prefecture	Diseases	No. of Cases (29 July-4 Aug)	No. of Cases (5-11 August)
Chiba	Swine erysipelas	3	
"	Equine encephalomyelitis	1 (Suspect)	1 (Suspect)
Fukuoka	Swine cholera		1
"	Equine encephalomyelitis	10 (Suspect)	2 (Suspect)
Fukui	Swine erysipelas	2	
Fukushima	Equine encephalomyelitis		5 (Suspect)
Gifu	" "	1 (Suspect)	4 "
Gumma	" "	1 (Positive)	
Hiroshima	" "		2 (Suspect)
Ibaragi	" "	14	25 (Suspect)
"	Swire erysipelas		1
Ishikawa	Equine encephalomyelitis		2 (Suspect)
Kagoshima	" "	1 (Suspect)	
"	Swine cholera		81
Kumamoto	" "		304
Mie	Equine encephalomyelitis	1 (Suspect	1 (Suspect)
Miyagi	" "		2 "
Miyazaki	Swine erysipelas		1
Nagano	Equine encephalomyelitis	1 (Suspect)	
Nagasaki	" "		1 (Positive)
Niigata	" "	1 (Suspect)	1 (Suspect)
Oita	" "	2 (Suspect)	
"	Swine erysipelas	1	
Saga	Equine encephalomyelitis	10 (Suspect)	2 (Suspect)
Saitama	" "		4 "
Tochigi	" "	11 (Suspect)	
Tokushima	" "	3 (Suspect)	2 (Suspect)
Toyama	" "	3 "	2 "
Yamagata	" "		1 "
"	Swine cholera		41
Yamaguchi	Equine encephalomyelitis	1 (Suspect)	
Yamanashi	Swine erysipelas	1	2

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Cumulative Total - - 1 January to date of report.

Anthrax	10	
Blackleg	5	
Equine encephalomyelitis	105	(11 confirmed)
Swine cholera	972	
Swine erysipelas	326	
Swine plague	58	

SECTION III

SUPPLY

Guinea Pig Production

The four laboratory animal associations in Japan, representing Saitama, Gifu, Shizuoka and Nagano Prefectures, delivered a total of 11,561 guinea pigs to the National Institute of Health for assay purposes from 5 June to 5 August 1950. Guinea pig production in Japan is now sufficient to furnish all research laboratories, educational institutions and commercial enterprise with all necessary requirements for assay and research studies.

Penicillin Production

The Ministry of Welfare reported over 528.2 billion units of penicillin passed assay during July. The following table illustrates production by product for the period.

(Units = 100,000)

Product	July Production
Amorphous	201,859
Crystalline	241,624
Penicillin "G"	507,478
Procaine in Oil	612,705
Procaine "G" in Oil	3,227,238
Procaine Aqueous Inj.	118,634
Procaine "G" Aqueous Inj.	153,018
Ointment	37,142.05
Tablets	112,929
TOTAL	5,282,627.05

Production of Medical Supplies

Production of medical supplies during June valued at 2,557,812,626 yen was reported. This total does not include such items as X-ray and physiotherapy equipment, precious metals, dental instruments and materials, surgical instruments, or rubber sanitary goods. Following is a breakdown by category and yen value.

Item	Yen Value Production for June
Controlled Medicines	¥ 72,901,902
Non-controlled Medicines	¥1,565,209,928
Patent Medicines	¥ 438,104,115
Biologics	¥ 113,828,236
*Textile Sanitary Materials	¥ 368,168,445
TOTAL	¥2,557,812,626

*Textile Sanitary Materials Production for June:

Item	Quantitative Production	Yen Value
Gauze	82,788 lbs.	71,841,945
Absorbent Cotton	836,055 lbs.	275,138,100
Bandage	34,184 lbs.	21,188,400
Total	953,027 lbs.	¥ 368,168,445

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SECTION IV

NARCOTIC CONTROL

Narcotic Control Activities Report-June

The June report on narcotic control activities from the Ministry of Welfare contained the following information:

Arrests-Registered persons	32
Unregistered persons (Including 23 Koreans and 24 foreign nationals including three Iranians)	190
Convictions-Registered persons	16
Unregistered persons (Including 14 Koreans and nine foreign nationals)	97
Thefts of narcotics (there were no hospitals)	17
Losses by fire	5

Penalties for registrants varied from ¥2,000 fine to 12 months penal servitude. Seven out of nine sentences of penal servitude were suspended. Eight sentences were appealed, five by the procurators and three by defendants.

Penalties for non-registrants tried in Japanese Courts varied from ¥3,000 fine to two years six months penal servitude. One defendant, a Korean, was deported. Twenty-five out of 70 sentences of penal servitude were suspended. Seventeen sentences were appealed by procurators and 13 were appealed by defendants. One sentence was appealed by both parties.

Seven Japanese tried in military courts received sentences varying from two months to three years penal servitude with one defendant fined ¥54,000.

Four Koreans received sentences varying from 10 months to two years penal servitude. One was ordered deported immediately, and one is to be deported at the conclusion of the sentence of penal servitude.

Penalties for nine foreign nationals varied from six months to two years penal servitude. One defendant was ordered deported.

Ten registrants received administrative disposition and 62, including one foreign national, were admonished. Twenty-six non-registrants were released because of insufficient evidence.

The report also summarized the activities of narcotic agents as follows:

Inspections of registrants	1691
Investigations originated	286
Investigations concluded	254
Investigations not concluded	284

SECTION V

WELFARE

Public Assistance

Attached (Incl No. 7) is a translation of Sha Otsu Hatsu No. 58, dated 25 April 1950, subject: Matters Concerning the Public Employment Security Office (PESO) with the Clean-up of Workshop Undertakings, transmitting a copy of Labor Ministry Notification, Shoku Hatsu No. 337 dated 19 April 1950, subject:

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Employment Services to the Unemployed Caused by the Clean-up of Workshop Undertakings, and revision of the Needy Persons Guide to Employment Exchange.

Medical Social Work

Hatsu-Ei 139, dated 19 July 1950, was sent to the prefectural governors by Vice-Minister of Welfare, Mr. Kasai, on the subject of "Promotion of Medical Social Work". This Hatsu-Ei announced the plan for having a medical social work division in the Public Health Bureau of the Ministry of Welfare and suggested that a division of medical social work be established in the prefectural health departments. The importance of maintaining liaison with the other sections concerned, and all other agencies related to medical social work was emphasized. In-Service training of medical social workers was designated as a responsibility of this division. Another memorandum Ei-Ho 143, dated 19 July 1950 (Public Health Bureau - Health Center Section) from the Health Center Section Chief to the Prefectural Health Department Chief, outlined the duties and responsibilities of the Medical Social Work Division. Welfare officers may wish to discuss above developments with health officers especially as they require close liaison between health and welfare programs.

Attached as Inclosures No. 8 and 9 are translations of Sha Otsu Hatsu No. 92, dated 18 June 1950, subject: Handling of Foreigners under the Daily Life Security Law, and Sha Otsu Hatsu No. 190, dated 2 August 1950, subject: Standard Amounts of Living Grants and Determination of the Minimum Living Cost in Case of Providing Livelihood Aid under the Daily Life Security Law to Foreigners such as Europeans and Americans.

SECTION VI

SOCIAL SECURITY

Appendix to Seamen's Insurance Law

Inclosure No. 10, Appendix to the Seamen's Insurance Law, supplements the printed Seamen's Insurance Law which was distributed as Inclosure No. 4 with Public Health & Welfare Bulletin No. 154 of 30 April 1950. This Appendix contains amendments of 1950 which affect the Seamen's Insurance Law and other social insurance laws. It also contains the law and cabinet order providing for advisory councils, referees and appeals committees in connection with the social insurance laws. This legislation was discussed in Public Health & Welfare Bulletins Nos. 154 and 155.

MEMO TO JAPANESE GOVERNMENT

CHUJG No.	Date	Subject	Surveillance
131	12 Jun 50	Departure of National Leaders	No
133	24 Jul 50	Publication of Results of Nov 49 and February 50 Nutrition Surveys of Japanese Civilian Population	No
134	27 Jul 50	Ministerial Instructions re Transportation and Distribution of Report on Tetra Ethyl Lead in Japan	No
135	17 Aug 50	Distribution of Imported Petrolatum	No

13
~~12~~ Incls

Crawford F. Sams

CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

1. TB - PH - Prev Med 8
2. Board of Education Law No. 170 of 1948
3. Eihatsu No. 607
4. Summary of Sulfanilamide Fast Dysentery Bacillus
5. Eihatsu 559-1
6. Information Plan of Welfare Ministry for Third Quarter of 1950 Fiscal Year
7. Sha-Otsu-Hatsu No. 58
8. Sha-Otsu-Hatsu No. 92
9. Sha-Otsu-Hatsu No. 190
10. Seamens Insurance Law
11. Japanese Hospital Report: June 1950
12. Digest of Weekly Report of Communicable Diseases in Japan for the Week Ended 22 July 1950
13. Digest of Weekly Report of Communicable Diseases in Japan for the Week Ended 29 July 1950

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

CABINET ORDER FOR THE PARTIAL AMENDMENTS
TO THE CABINET ORDER CONCERNING THE ENFORCEMENT
OF THE BOARD OF EDUCATION LAW

In accordance with the provision of Article 54-(2) of the Board of Education Law (Law No. 170 of 1948), the Cabinet establishes this Cabinet Order.

Cabinet Order concerning theEnforcement of the Board of Education Law (Cabinet Order No. 239 of 1948) shall be partially amended as follows:

Chapter 2 and Chapter 3 shall be amended as follows:

Chapter 2. The Standards for the Cooperation, etc. of the Health Centers concerning the Health Program of Schools.

(Purpose)

Article 7. In case the board of education requests the Chief of local public body for the cooperation of health centers; or the health centers give advice and assistance to the board of education according to the provisions of Article 54-(2) of the Board of Education Law, the standard thereof shall be as provided for in this Chapter.

(The Health Center concerned)

Article 8. The health center of which the board of education requests the cooperation under the preceding Article or from which it receives advice and assistance under the same Article concerning the health program of the schools under its control, shall be the health center which takes charge of the district in which the schools concerned are located. (Hereinafter the board of education of the school and the health center which have such cooperative relations shall be called mutually the board of education concerned or the school concerned and the health center concerned).

(Items of Cooperation to be requested)

Article 9. The board of education will request the chief of the local public body that establishes the health center concerned for the cooperation of the said health center with regard to the affairs enumerated below:

(1) Conducting the Local examination and any other laboratory tests which may be indicated of the personnel, primarily engaged in food preparation for the school lunch program.

(2) Providing technical guidance and assistance concerning the execution of the school physical examination.

(3) Conducting special training and giving guidance to the personnel concerned with the health program for pupils and students.

(4) Conducting the accurate medical examination of pupils, students and school personnel in case there is any reason requiring it, and taking follow up measures in case it is deemed necessary.

(Items of advice to be provided)

Article 10. The health center will give advice on environmental sanitation of the school concerned to the board of education concerned and or the school concerned on the affairs enumerated below:

(1) Concerning the water supply and the facilities therefor;

(2) Concerning sewage and garbage disposal and the facilities therefor;

(3) Concerning the extermination of rodents and insects;

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

(4) Concerning the sanitation of school buildings, dormitories, grounds, swimming pools and other connected facilities;

(5) Concerning the sanitation regarding selection, delivery, storage, handling, preparation and service of food stuff;

(6) Concerning the sanitation of kitchen facilities.

The health center shall have its personnel inspect the school concerned when it is necessary to give advice under the preceding paragraph.

Article 11. The health center will provide assistance to the board of education concerned with regard to the following affairs;

(1) Supplying reference materials and providing technical assistance concerning school lunch program.

(2) In conducting the special training and giving guidance re lated to the health program, the health center may request the board of education to permit the school personnel concerned to participate in the project.

(Consulting of planning and execution)

Article 12. The board of education will, in advance, consult with the chief of the local public body which establishes the health center concerned, relative to the planning and execution of the affairs provided for in the preceding three articles.

The board of education of city, town or village may, in case it should consult with the prefectural governor according to the provision of the preceding paragraph entrust the prefectural board of education with the consultation.

Chapter 4 shall be Chapter 3, article 14 shall be article 13. Article 15 to 20 inclusive shall be Article 14 to 19. Article 21 to 24 inclusive shall be deleted. Article 25 shall be article 20 and article 26 shall be article 21.

SUPPLEMENTARY PROVISION

This cabinet order shall come into force as from the day of its promulgation.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Eihatsu No. 607 8 August 1950

To: Governor of To, Do, Fu or Prefecture

From: Chief, Public Sanitation Bureau
Chief, Medical Affairs Bureau

Subject: Prohibition of Issue of Health Certificate, Diagnosis and other Similar Certificates Concerning V.D.

Although we had already instructed you strictly by Yo-hatsu No. 622, May 1948 and Yo-hatsu No. 205, Februaru 1948 not to let suspicious habitual prostitutes carry the certificate free from V.D. or other similar certificates, we can recognize still now that the prefectural health department, V.D. hospital, V.D. clinic or private physician issues such kind of certificate.

We suppose this issue is being done in order to encourage suspicious habitual prostitutes to receive voluntary health examination. But you should control it strictly according to the following items, because such kind of certificate and other similar certificates may be rather used for temptation for prostitution and will help the spread of V.D. and therefore are harmful for public health.

(1) V.D. hospital or V.D. clinic established by prefecture, city, town or village will never issue the certificate, diagnosis or other articles certifying free from V.D. to the suspicious habitual prostitute.

(2) You will instruct the private hospital and private physician not to issue such kind of certificate, to refuse the patient's request in such a case falls under "by proper reason" in article 19, para. 2 of the Medical Practitioner's Law.

(3) You will not hesitate to order health examination according to article 11 of the V.D. Prevention Law to the suspicious habitual prostitute who carries such kind of certificate which certifies she is free from V.D.

(4) Officials engaging in the business of V.D. control should instruct strictly the suspicious habitual prostitute not to carry such kind of certificate.

Inclosure No. 3

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

10 August 1950

The following is the brief summary of the statement relative to the so-called sulfanilamide fast dysentery bacillus.

Already since last year, numerous facts indicating this particular fastness were reported by many workers connected with various isolation hospitals in Tokyo area, consoquently numerous papers regarding to this subject were read at the annual meeting of various medical societies held in the spring of 1950.

Kobari, Komagome Hospital, has reported in the Journal of Infectious Diseases the existence of strains of dysentery bacillus of which growth could not be inhibited by sulfathiazol at the concentration of 10-3. He also stated in the same issue of the journal that the growth of analogous strain of this particular type of dysentery bacillus had been proved to be inhibited by the same drug at the concentration of 10-5 or 10-6 in the past. There are a number of reports supporting the fact.

On the other hand, there are increasing number of clinicians who reported cases in which sulfa drugs failed to demonstrate any comparable results to those which were indicated in the similar cases in the past. Therefore, the principal subject of discussion at the annual meeting held in the spring of 1950 was the chemotherapy of dysentery.

The most significant type of strain of dysentery bacillus among those acquired sulfa drug fastness in Komagome B III type (equivalent to Flexiner II type) because of the fact that 70 to 90% of dysentery cases in Tokyo area were caused by this particular type of organisms. Therefore, it may be permissible to assume that the number of cases in Tokyo area would have been limited within 1/3 to 1/10 range of the actual number of cases for this year if this fastness could have been prevented to exist.

The following is Kojima's personal opinion on the cause responsible for the widespread of dysentery cases in this year.

M. L. Cooper and H. M. Keller have called attention on the sulfa drug resistant strains of dysentery bacillus in the Proceedings of the Society of Biology and Medicine in 1942. The Chemotherapy Chapter, the Infectious Enteric Diseases Subcommittee, National Science Council, has published its over-all report in the Nippon Jiji Shimpo, a medical journal in Japanese language, in January 1947, in which the outstanding efficacy of sulfa drugs against dysentery was proved with numerous clinical examples, and the Committee advocated a detailed method of administration and dosage.

For instance, we advocated that, in the case of sulfthiazol, the initial dose of 2.0g and subsequent doses of 1.5g each at 4 hour's intervals for at least 3 days totalling 27g in amount, be administered.

1) In many instances, local medical practitioners did not administer sufficiently large amount to their cases, moreover, not infrequently, numerous questions and comments from various local medical practitioners were received by us that the administration of such a large amount of sulfa drugs is considered to be a shere nonsense, because improvement of clinical symptoms such as number of stool, character of stool, etc. could be attained even with a small dose. It is true that 5 or 6 administrations of 0.5g each will enlighten the symptoms. However, the opportunity and frequency of the appearance of dysentery bacillus in the stool will not be influenced by such small doses. On the contrary, such small doses will help to give fastness to the organisms.

2) Because of the familiarity to the chemotherapy of the general public and of the remarkable efficacy of the chemotherapy, in certain instances, the general public is increasingly indulging in the self-treatment without consulting with physicians encouraged by advertisement in the newspaper or by the experiences of their friends. In addition to this, pharmacists are willingly selling this kind of drugs to any layman in many cases. In these instances, the dosages are obviously too small and the patients believe that the disease has been completely

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

cured since clinical symptoms has vanished, consequently, they do not take any essential measures to disinfect incitants in the stool which had acquired fastness.

3) Certain number of physicians among those attended the cases, believed that no official notification of the cases was necessary when they treated dysentery cases because of so remarkable curative efficacy, and they did not take adequate measures to prevent the appearance of such sulfa drug fast organisms in the cesspool of the patient's residences.

4) The administration of sulfa drugs to the cases of other diseases than dysentery may have caused the dysentery bacillus existing incidentally in the intestine to acquire fastness.

5) The theory that the acquision of fastness by the organisms was caused by the selling of crude ineffective drugs by the manufacturers is utterly unfounded, because the same drugs are demonstrating exactly the same efficacy to other diseases than dysentery as they did in the past.

Furthermore, in our report, we emphasized the fact that mere chemotherapy without official notification and isolation will not be sufficient to annihilate dysentery. Nevertheless, the general public and even physicians in general overestimated the chemotherapy and neglected the official procedures required by the regulations. To prove this, we would like to call the attentions of the physicians and directors of the health centers to the fact that, in many instances, those initial cases which showed relatively mild symptoms like colitis and were found to be not sufficiently trypical to be diagnosed as dysentery, were the source of the subsequent mass infections.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Eihatsu 559-1 20 July 1950

FROM: Chief of Public Health Bureau, Welfare Ministry

TO: Prefectural Governors

SUBJECT: Japanese B Preventive Measures

The following items have been decided upon the control of Japanese B during 1950. I expect these measures to be thoroughly conducted.

Summary of Japanese B Control Measures During 1950

1. Period and Area

The epidemic period for Japanese B is from early spring to the end of October. Once it occurs it will spread regardless of rural or urban districts. Therefore simultaneous and stronger control measures are necessitated.

2. Summary of Control Measures

1) Diagnosis, isolation and investigation

a. Diagnosis and Reports

When a physician diagnoses a case of Japanese B, he shall report this by phone or directly within two hours to the health center or city, town or village office in order to allow preventive measure to be taken. The reports are in accordance to the Infections Disease Control Law and the outline for preparing first report on Infections Diseases.

When a physician is consulted by a patient, whom he suspects to be a Japanese B case, he shall report the case as soon as possible to the health center or city, town, or village office, and shall request the cooperation and an investigation by the case finding team of the health center or of the prefecture. If it is recognized that the case has proper findings which should be treated as Japanese B, they shall diagnose the case as Japanese B. Reports on the case are to be conducted as in the preceeding paragraph. When it is difficult to diagnose the case as Japanese B, do not isolate the persons but continue observing the case. However, in prefectures where suspected case Japanese B comes under the application of the Infections Disease Law physicians shall observe those preventive measures.

When giving a diagnosis it is necessary to utilize suplementary test by means of Butyl acid quantitative method for an early diagnosis.

b. Isolation

Japanese B cases (Including suspected case if the Infections Disease Control Law is applied to it by the prefecture) shall be isolated and treated at the Infections Disease Isolation Hospitals of other specially diagnoted hospitals. The city, town or village shall pay the treatment expense when the case is hospitalized in the national hospital or other hospitals. The city, town or village can make the patient pay food expense and drugs expense. The isolation period shall be as long as the main clinical symptoms remain.

c. Serological Test

Serological test is conducted as a side test to clinical diagnosis. It is not necessary to hange the diagnosis on the basis of the result of serological tests. Serological test shall be made at the national Institute of Health or local hygienic laboratory recognized by the chief of the Public Health Bureau. This test shall be conducted as much as possible. More than two tests shall be made on one case, the first test shall be made within 6 days of onset and the second one shall be made after a 21 days to 30 days period. A sample is more than

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

15 cc of blood. Take the serum and send it to the NIH or local recognized laboratory. Two labels, stating name, age, sex, residence, date of onset and date of sample preparing shall be attached to the test tube containing the serum. Procedure of the local hygienic laboratory are as stated in a separate sheet number 1.

d. Pathological Anatomy

When possible, an autopsy shall be conducted upon the dead, in accordance to the Copse Preservation Law, and a record of Patho-Histological test shall be prepared and efforts made to isolate virus.

2) Quarantine

a. Organization of temporary

When there are too many cases for proper quarantine by the all-time sanitary team; in accordance with Article 3 of the Infections Disease Control Law, temporary sanitary teams shall be organized for the purpose of mosquito control. Its operation is controlled by the regular rodent and insect control officer.

b. Insect control around patients

Five percent DDT spray is made within 50 meters of the patient's house. Spraying shall be supervised by regular rodent and insect control officer directed by the responsible quarantine officer.

c. Promotion of insect control by individuals

If necessary paragraph 7 and 9 of article 19 of the Infections Disease Prevention Law shall be used to conduct strong insect control by each individual in his home and neighborhood area for the prevention of Japanese B.

d. Measures against equine encephalitis

In consideration of equine encephalitis swine abouts and other diseases of animals, which are suspected to be connected with Japanese B; information should be exchanged with veterinary. In case of equine encephalitis close contact with veterinary workers should be kept and 5% DDT should be sprayed in the animal huts and neighboring houses.

e. Establishment of Preventive disease committee

If necessary prevention disease committees may be organized for the administration of quarantine measures.

3) Public Information and Education

a. Sanitary workers of city, town or village and quarantine workers of health center shall be thoroughly taught this summary and other necessary items for the diagnosis of Japanese B.

b. General physicians shall be informed about Japanese B through lectures or by other proper methods.

c. Newspapers, radio broadcasts, leaflets, posters, etc., shall be used to inform the people and stress their cooperation for mosquito control and cleaning of breeding areas.

4) Reports

a. First report

If a case occurs, the chief of Health Department of prefecture shall report the case by phone or by telegram to the chief of the Prevention Section, Welfare Ministry and serial numbers shall be given only to Japanese B cases and it is not necessary to report suspected cases. If some cases later prove to be

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

other than Japanese B, these shall be summarized and shall be reported by their serial number. No change shall be made on the serial number of Japanese B cases.

Example

"13 Jul. 3 Jap B No. 6 to 8. Okayama" (on 13th July 3 Japanese B cases occurred, No. 6 to No. 8 from Okayama) "5 Aug. No. 15 proved to be another disease total 13, Yama. Health" (On 5 August, No. 15 Japanese B case had proved to be another disease, from Yamaguchi Prefectural Health Department)

Data of reports shall be the date when the Prefectural quarantine office received the original report. Date for the summarization by the Prevention Section, Welfare Ministry shall be the date when that section receives reports.

b. Detailed report

Beginning from Sunday and ending Saturday, weekly occurances and measures taken shall be reported before next Tuesday to the chief of Prevention Section, Welfare Ministry.

c. Accuracy of reports

No difference shall be made between reports to chief of the Statistic Section and that of Prevention Section. Therefore Prefectural Prevention workers shall coordinate with Health Statistic workers of the Prefecture.

d. Annual Report

Shall be explained in another summary

Attachment

Administration of Serological test of Japanese B at the Local Hygienic Laboratory

The following formula shall be applied and approval of the Chief of Public Health Bureau shall be obtained and necessary antigens shall be delivered from the NIH.

For the time being the first 10 test by a local laboratory shall be studied by the NIH, and at the same time those results shall be reported weekly to the chief of the Prevention Section. Remaining samples shall be kept for 6 months in refrigerator.

Notice

Plan of serological test of Japanese B (Name of Prefecture)

1. Name of laboratory making the test

Whether or not they have previous experience in Wasserman Tests.

2. Name of responsible person for the test

Names of technicians for conducting and supervising tests. Name of technicians of the tests. Whether or not they have had giving experience or education in NIH.

3. Amount of necessary antigen for this year (one unit is amount for one person)

In case other prefectures have requested test, give details.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

INFORMATION PLAN OF WELFARE MINISTRY FOR THIRD QUARTER OF 1950 FISCAL YEAR

July 31, 1950
Information Unit,
Ministry of Welfare

Items	October	November	December	Remarks
Public Sanitation Bureau				
*Nutrition Nutrition guidance) Nutrition for patients)	Nutrition Week (21st - 27th)	1. Strengthening of guidance of nutrition by health centers. 1. Strengthening of nutrition guidance for patients at home.	1. Information about nutrition in winter for general people. 1. Information about hospital food supply.	
Nutrition survey		1. Information about the purpose of nutrition survey, asking for people's cooperation.		Nutrition survey will be conducted in November.
Nutritionist's Law	National examination for nutritionists will be given.	1. Information about the activity of nutritionists and importance to general people.		
Health Center	1. Health center activity which will be increased in future. 2. How to make use of health centers in fall?	1. Information of newly established health centers. (each prefecture)	1. Achievements of health centers. 2. Winter and health center activity.	
*TB	1. Every necessary person's should have TB inoculation, BCG. 2. Early discovery and early treatment by means of mass e	1. Information about correct knowledge of drugs for TB.	1. Danger and prevention of family infection.	

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
*Parasites		1. Parasite Prevention Week (11th - 17th)	1. Connection of furtilizer and parasites.	
Good Visual Power	Good Visual Power day (10th)			
Mental disease		1. Introduction and utilization of Mental Hygiene Consultation Station.		
*Communicable Disease	1. Prevention of diphtheria a. Advice for homes and schools. 2. Prevention of typhus.		1. Prevention of whooping cough. 2. Small pox spreads thus.	
Immunization	1. How to receive whooping cough immunization?	1. Diphtheria prevention by immunization.		
*VD	1. VD which destroys homes.	1. Recent development of VD treatment.	1. Syphilis can be cured with penicilin.	
*Rodent and insect control.	1. Emphasis on typhus prevention. 2. Information about rats and lice control.	1. Same as left. 2. Same as left.	1. Same as left. 2. Same as left. 3. Caution for insects which survives during winter.	
*Food sanitation.	1. Food poisoning prevalent in early fall. a. Poisonous week and mushroom b. Recreation in fall and food poisoning.	1. Same as left 2. Stimulation of peoples' interest in grading of food shops.	1. Harmful foods. 2. Same as left.	

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
Rabies	1. Prevention of rabies	1. Same as left	1. Same as left.	Radio and Others.
*Milk and Meat Sanitation	1. Sanitation of fishes & shell fishes.	1. Same as left	1. Same as left.	
Eugenic Protection Law	1. Information about artificial abortion.	1. Information about eugenic marriege consultation.	1. Information and guidance of contraception.	Radio and others.
<u>Medical Affairs Bureau</u>				
TB sanatorium	1. Introduction of utilization.	1. Promotion of utilization of sanatoriums.	1. Same as left.	Radio and printings.
Dental hygiene				
National Examination for dentists.	1. Outline of exam., procedure and others.			Radio, press & others.
Examination for dental hygionists.	1. Same as above.			"
Dental hygiene	1. Prevention of caries.	1. Chewing	1. Pyorrhea	"
Public Health Nurse, Midwife and Nurses' Law	1. Enforcement of Law. (National exam., cirtificate, licence, etc.)	1. Same as left	1. Same as left.	
		2. Application for students in 1951.	2. Same as left.	
		3. Promotion to establishment of training schools.	3. Same as left.	
<u>Pharmaceutical Affairs Bureau</u>				
National examination for pharmacists.	1. Information about the exam. on theories. The time and place.			

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
Social Affairs Bureau				
*Social welfare	1. Start Community Chest movement.	1. All Japan Social Works meeting.	1. Report on the result of Community Chest. (Tentative report)	
	2. Information about Daily Life Security Law on occasion of its 5th anniversary.			
Care for economical life.	1. Campaign for 2nd anniversary of Consumers' Union Law			
Rehabilitation of prostitutes.		1. Movement for rehabilitation of prostitutes (1st-7th)		
Rehabilitation of vagabonds			1. Movement for rehabilitation of vagabonds. (1st-31st)	
Travel consultation for the physically handicapped.	1. Information of Physically Handicapped Person's Welfare Law and that of travel consultation for the p.h.			
Children's Bureau				
Children's charter	1. Information for the desire of establishment of Children's Charter.	1. Same as left.	1. Same as left.	
Protection and guidance of juveniles.		1. Movement for Juvenile Protection and Guidance (middle of November)		
UNICEF	1. UNICEF Thanks Day (Oct. 24)			

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
Foster parent	1. Foster parent Day (Oct. 4) 2. Information about foster parents.			
Improvement of children's environments.	1. Mother's club a. Home and recreation. 2. Child Guidance Team a. Guidance for children in fall.	1. Same as left. a. Home and cultural material. 2. Same as left (Cultivated intelligence for children.	1. Same as left. a. How to establish mother's club. 2. Yearly plan	
*Mothers and child hygienel.	1. Guidance for early weaning. 2. Nutrition for babies, espe-cilly, correction of disliked foods. 3. Prevention of abortion, early birth and still birth.	1. Same as left. 2. Same as left. 3. Same as left. 4. Prevention of infants' & children's diseases in winter. a. pneumonea b. Cold c. Diphtheria	1. Same as left. 2. Same as left. 3. Same as left. 4. Same as left.	
Physically handicapped children	1. Care for physically handi-capped children.	1. Same as left.	1. Same as left.	
Weak children	1. Guidance of health for weak children.			

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
Insurance Burau				
National Health Insurance	1. Training course for the business operator of National Health Insurance.		1. Training course for the business operator of National Health Insurance. 2. Conference for model agency's business.	
Health Insurance	1. All Japan Baseball Match (Governmental National Insurance).	1. Commendation of model healthy people. 2. Care for TB patients (Relief of Health Insurance).		
Seamen's Insurance	1. Provention of VD Movement in prefectures which have large ports. 2. Information of Old Age Pension on occasion of its beneficiary appears.	1. Same as left.	1. Same as left.	Pamphlets Pamphlets
Welfare Pension		1. Pension for the wounded in Welfare Pension Insurance.		
Movement for non delay of insurance fee			1. Movemdnt for non delay of insurance fee.	

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Items	October	November	December	Remarks
<u>National Park Department</u>				
National Parks	1. Protection of natural things and promotion of becoming friendly with nature.	1. Same as left.	1. Same as left.	Magazine, leaflets, radio and others.
	2. Support for Biwa Lake Picture contest.	2. Support for exhibits of handiworks in Sado Yahiko, Semi-National Park.		
	3. Support for Mountain Painting Exhibits.	3. Support for Chichibu Tama National Park exhibit.		
Hot springs	1. Information about Hot Spring Law.	1. Same as left.		Magazine, leaflets and radio.
	2. Information about sound use of hot speings.	2. Same as left.		"
	3. Course for analysis of hot spring water.	3. Same as left.		
People's Park	1. Utilization and protection.	1. Same as left.	1. Same as left.	Radio and others.
		2. Crysanthemum meeting at Shinjuku Imperial Garden and Fall Picture Contest.		

Remarks:
1. We wish your prefectures will choose best time and means according to the circumstance of your prefecture.
2. The items with * are most important ones, so we with you will start strong information activity for them.
3. Items with underline shall be performed simultaneously throughout Japan.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SOCIAL AFFAIRS BUREAU
MINISTRY OF WELFARE

Sha-Otsu-Hatsu No. 58 — 25 April 1950

TO: Prefectural Governor of

FROM: Chief, Social Affairs Bureau, Ministry of Welfare

SUBJECT: Matters concerning the Public Employment Security Office (PESO) with the Clean-up of Workshop Undertakings

On the clean-up of workshop undertakings a notification, Sha-Otsu-Hatsu No. 51, dated April 10, 1950 has been sent out by this Ministry, and further another notification concerning the matters pertaining to the PESO which constitute a part of the basic policy of operating the protected workshop program in accordance with the above notification have been issued, as in the annexed paper, by the Chief of the Employment Security Bureau, Ministry of Labor as well. Accordingly, you are requested to give guidance so as to effect close liaison among the respective divisions or offices concerned, and provide your special consideration to the promotion of the clean-up program.

EMPLOYMENT SECURITY BUREAU
MINISTRY OF LABOR

Shoku-Hatsu No. 337 — 19 April 1950

TO: Each Prefectural Governor

FROM: Chief, Employment Security Bureau, Ministry of Labor

SUBJECT: Employment Services to the Unemployed Caused by the Clean-up of Workshop Undertakings and Revision of the Needy Persons' Guide to Employment Exchange

In accordance with strong suggestions offered by the authorities concerned, the workshop undertakings as the social welfare institution have been renovated and readjusted, and it has been decided that the workers of the protected workshop will be limited to those who are of limited workability because of physical or mental disability or because of family circumstances and are receiving or in need of assistance under the Daily Life Security Law and who have the certification that no suitable employment is available after having registered with the PESO for employment and are determined by the mayor of city, town or village to be eligible for the workers of the workshop. Consequently, fully employable persons will lose any eligibility for workshop workers, and those who are actually workers in the workshop are required to apply for jobs at the PESO in the area in which they reside by the end of September of this year.

Under these circumstances, a large number of the applicants for jobs are easily anticipated and, out of these applicants fully employable persons should be provided an opportunity to employment services positively offered by the employment security organs prior to assistance under the Daily Life Security Law. In this connection, for fully employable needy persons to be treated by the PESO, "Needy Persons' Guide to Employment Exchange" (Guide No. 06400-06499) has been revised as shown in the annexed paper. Therefore, you are requested not only depend upon this Guide but also to take measures, being fully aware of the following points and, to offer your special cooperation in collaboration with the employment security organs and the living assistance organs so that the security to the living of these fully employable needy persons will be effected.

Besides, for your information, a copy of the notification on the clean-up of the workshop program, issued by the Chief of Social Affairs Bureau, Ministry of Welfare to each prefectural governor and that of the statistics relating to workshop workers throughout the country will be appended as in the annexed paper.

Incl. No. 7

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

1. The PESO should keep close contact with the city, town or village and workshop institutions under its jurisdiction to encourage the applicants for jobs to register with the PESO before they quit the workshop and should provide them with employment counselling services when the necessity arises. For fully-employed persons out of these applicants, positive efforts should be made to find out job seekers and to help them in securing jobs. In case no suitable job is available to them, measures should be taken on the evaluation of the workability or the public assistance eligibility of these persons in order that an opportunity to find a temporary job in public works or work relief projects will be secured or adequate contact should be made with Minsei-iin in respectto the assistance in accordance with the Daily Life Security Law.

2. In case no suitable job is available for those who are of limited workability in spite of the above-stated endeavours made by the PESO, measures should be taken to make them secure jobs in the work shop program and certifications should be to them in accordance with the Needy Persons' Guide to Labor Exchange.

3. In case the applicant for job is not able to appear in person at the PESO because of communication circumstances or other reasons, the PESO should give the applicant an instruction referring to the date for interviewing, appearance, etc., and request them to appear at the PESO at the earliest opportunity, stating the reason that the mayor of city, town or village has to transmit his application for job to the PESO.

Needy Persons' Guide to Employment Exchange

Guide No.	Revised Text
6400 Purport	In order that the employment security organ and the living security organ will effect the stabilization of the needy people's living by meeting the present aggravating situation of the unemployment problem, it is necessary to keep constant contact with each other and to make a speedy and effective disposition of the cases.
	Accordingly, the needy people in relation to the employment exchange and the living protective institutions should be treated in accordance with the following procedures.
6410	1. When the PESO has found any applicant for job to come under any of the items below mentioned, the PESO should take such measures to as to provide him with a certificate specified in the annexed form, which states that no job suitable for his workability is available to him and to ask the applicant to go to the organ for living assistance (the mayor of city, town or village or Minsei-iin, etc.) and, if necessary, to keep contact with the PESO.
	(a) One who is fully employable, but needy because no suitable job is obtained.
	(b) One who is of limited workability because of mental, physical or living circumstances, and needy, because of no suitable job available.
	That is, the workers eligible for work in the workshop program as the institution for living assistance will be limited to those who are of limited workability and are prevented from accepting regular and full-time employment because of mental or physical handicap or because of living circumstances such as dependents in the household, including minor children, aged or sick persons, and are receiving assistance under the Daily Life Security Law; those who have in the same household a member of family receiving or eligible for Medical Aid, or who have in the household a

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

6. The PESO is required to be equipped with a list of the public assistance recipients forwarded by the organ for living assistance, and the use of this list will be of great help to obtaining informations on job seekers for the recipients and promoting employment services. And in case any suitable job is found or the employment service has been completed, the PESO should report the details of each case to the organ for living assistance. Thus, both of the organs concerned should cooperate and keep close liaison each other so that nothing to be hoped for will be left in a proper and just operation of the Daily Life Security Law and the employment services for the persons in need.

CERTIFICATE

Date of Accepting Application for Employment				
Present residence	Prefecture	Ward or County	City Town Village	No.
Former residence	Prefecture	Ward or County	City Town Village	No.
Applicant's Name				
Date of birth & sex distinction			Male	Female
Type of job desirable & the former occupations	Job desirable		Former occupation	
Physical conditions				
Personal circumstances				

I hereby certify that the above statement is true.

Date of the application:

Seal

Chief, Public Employment
Security Office

To the Mayor of _____ city, town or village

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

member of family who, after having registered with the PESO for employment, has been given the certificate that no suitable job is available to him and who is approved by the mayor of city, town or village as such (the mayor of city, town or village is required to issue the certificate of eligibility for workshop worker, and make a report to that effect to the PESO. This certificate is valid for six months). Therefore, those who are of limited workability as specified above, and applying for workers in the workshop program are required to register with the PESO and in the case of securing no job suitable for the applicants the procedures for delivering the certificates to that effect should be taken. Out of the applicants for the workshop workers, the physically handicapped person whose disability is of a marked degree is requested to show the certificate issued by the Chief of the Health Center on the conditions of the applicants disability or disease and in case the applicant's disability and degree of handicap are such that he is considered as totally unemployable for the purpose of referral for private employment or employment on sheltered work relief projects the applicants should be registered as such with the PESO (such informations should be entered in the column (7) of the form of the certificate illustrated in the annexed paper).

2. The PESO is an organ established from the point of view of employment security and not an organ for rendering social work. Therefore, when visited by the person in need, the PESO should strictly avoid administering a temporary relief by providing the money or goods out of charity and should furnish every facility so that the applicant will receive assistance under the Daily Life Security Law by following the procedures stated in the preceding paragraph.

3. On receipt of an application by the person who is of workability, any of the organs for living assistance is required to instruct him immediately apply for employment at the PESO. Accordingly, in case a needy person has submitted to the PESO an application for employment after having received an instruction by the organ for living assistance, the PESO should evaluate the applicant's workability and make positive efforts to find a suitable job for him, and in the case of finding no suitable job, deliver a certificate of eligibility for employment to the applicant and make a report stating its details to the organ for living assistance to which the application has been submitted.

4. In establishing liaison with the city, town or village, Minsei-iin, Minsei-iin Office and other PESO for the purpose of the assistance of the needy persons or the employment services therefore, the PESO should keep in mind so that the purposes intended will be achieved by means of telephone or any other speedy method and the procedures will be administered most simply and speedily.

5. In treating, out of the needy persons, those who are of workability, the PESO as the organ for employment security is required to make every possible effort to secure jobs for the applicants by discharging its proper functions adequately. Furthermore, the PESO should make such measures as to let the applicant have an opportunity for temporary employment made available through any appropriate side-jobs or day labor so that the applicants' living will be maintained temporarily by labor. Guidance should, further, be given to these applicants to let them appear on occasion or regularly in the PESO to have close contact with the PESO in respect to the employment services. When necessary, measures should be taken to appoint the date for counselling when the applicant should appear in person.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SOCIAL AFFAIRS BUREAU
MINISTRY OF WELFARE

Sha-Otsu-Hatsu No. 92 — 18 June 1950

TO: Prefectural Governors

FROM: Chief, Social Affairs Bureau, Ministry of Welfare

SUBJECT: Handling of Foreigners under the Daily Life Security Law

With respect to the above-mentioned subject, its main points were specified in paragraph 2 of II, Ministry of Welfare Notification issued by the Vice-Minister, Hatsu-Sha No. 46, dated May 20, 1950 "Matters concerning the Enforcement of the Daily Life Security Law". The details thereof are as stated in the following which you are requested to be familiar with.

1. "the Koreans and the Formosans who have no fact that they have given up their Japanese citizenship" as referred to in the said notification shall mean those who have been residing in the Japanese country since the termination of the War or those who have come to Japan by repatriation ship after the close of the War and who have registered themselves legally in accordance with the Foreigners Registration Ordinance (Imperial Ordinance No. 207 of 1947). The handling of these individuals is not different at all from that of the general Japanese citizens. In respect to the applications for assistance or appeals made by these individuals, you should request them to show their registration certificates and take actions after having ascertained whether or not they have registered themselves legally.

2. Any other nationals other than Formosans and Koreans who are not Japanese nationals are not entitled to become the object of this Law. Provided, however, the provisions of this Law may, for the time being, be applicable mutatis mutandis to the provision of assistance to an individual only when his needy condition is virtually pressing and serious; it is not proper from the social and humanistic point of view to leave him as he is; there is no other way to relief, public or private. This implies that he has no right to assistance which all of the Japanese citizens are entitled to receive, merely being qualified to receive such reflective benefits as granted under the former DLSL.

For those who come under the above, but who have not registered themselves in accordance with the Foreigners Registration Ordinance and who have made illegal registrations or have illegal registration certificates, liaison should be made immediately with the prosecuting authorities.

Incl. No. 8

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SOCIAL AFFAIRS BUREAU
MINISTRY OF WELFARE

2 August 1949

Sha-Otsu-Hatsu No. 190

TO: Each Prefectural Governor

FROM: Chief, Social Affairs Bureau, Ministry of Welfare

SUBJECT: Standard Amount of Living Aid Grants and Determination of the Minimum Living Cost in Case of Providing Livelihood Aid under the Daily Life Security Law to Foreigners such as Europeans and Americans

The granting of the expenses for purchase of additionally rationed rice to the foreigners receiving assistance which had been handled according to the procedures for granting Livelihood grants in excess of the standard amount under the Daily Life Security Law was rescinded by Ministry of Welfare notification Sha-Hatsu No. 109 issued by the Chief of Social Affairs Bureau, Ministry of Welfare, dated April 22 of this year. It has been decided, however, that the application of Livelihood Aid to foreigners such as Europeans and Americans will be handled in accordance with the following. Accordingly, you are requested to be aware of the following and take actions so that nothing to be desired will be left in administering assistance to them.

I. 1. The standard amount of Livelihood Aid grants to foreigners receiving assistance, for example, Europeans and American races such as Americans, Englishmen, Hollanders, Belgians, Russians, etc. those who have similar conditions shall, regardless of their nationality, be the amount obtained by adding a monthly amount of 600 yen to the amount indicated in Separate Table 1, Notification Hatsu-Sha No. 49, May 18, of this year (X revision of the standard amount of Assistance Grants).

2. The standard amount of Livelihood Aid grants to the races such as Chinese (including Formosans), Siamese, Philipines who have physiological conditions identical with or similar to Japanese shall be handled in accordance with the amount indicated in Separate Table 1 of the same notification.

3. The handling in accordance with 1 shall not be applicable to a case in which an individual in need is an American of Japanese descent having the American citizenship, even though his living habit is just the same as in Americans.

II. It is a matter of course that the procedures for providing Livelihood Aid Grant should be administered strictly in accordance with the "Procedures to Provide Living Assistance Grants" in II-2 of the above notification. In addition, the following points shall be taken into consideration:

1. In determining a minimum living cost, the determination shall be made by adding the amount not more than 600 yen to the expenses for subsidiary food indicated in "Standard Table for Determining a Minimum Living Cost", Separate Table II of the same notification.

2. For those who require housing expenses more than the amount specified because the freedom of choosing residence has been restricted by the limitations on residence the expenses actually required for housing may be provided in addition to the aid grant under 1.

3. Any other case other than those mentioned above in which the above standard amount is difficult to be followed because of special circumstances shall be in accordance with "Procedures for Special Cases" (4) of II-2 of the same notification.

III. The handlings stated in this notification may be applied retroactively to cases on and after the day when the X revision of the standard amount of assistance grants became effective.

Incl. No. 9

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL REPORT: JUNE 1950

Number of Hospitals: The number of hospitals operating in Japan continued to increase. The average number recorded for June this year (3,250) was only slightly higher than the figure (3,226) reported for May, but was 8 percent greater than the June average in 1949 (3,015). There were 307 tuberculosis sanatoria operating in June compared with 304 in May and 294 in June last year. The average number of mental hospitals rose from 131 to 132 and was currently 8 percent above the number (122) recorded for June 1949. The number of leprosaria (13) remained the same for all three periods. Other and general hospitals increased slightly from 2,778 in the previous month to 2,798 currently, but increased 8 percent from the number (2,586) recorded for June 1949.

Bed Capacity: For the current month the average bed capacity for all hospitals was 261,630 slightly higher than the total 260,020 last month and 5 percent higher than that (249,327) in June 1949. The bed capacity in tuberculosis sanatoria this month was 60,637, one percent higher than the level established last month (59,920), and more than ten percent greater than the average number (54,514) recorded in the corresponding month last year. The total number of beds available for tuberculosis patients, including those in general hospitals also rose one percent, from 90,579 in May to 91,587 in June, and is currently 20 percent above the June average (76,612) last year. The average bed capacity of mental hospitals rose one percent over last month from 16,950 to 17,136, and ten percent over the corresponding month of 1949 (15,540). The total number of beds available for mental patients, including those in general hospitals, also increased one percent from May (18,869 to 19,134) and twelve percent from June last year (17,138). The bed capacity of leprosaria (8,886) has remained the same for four consecutive months, but is 3 percent below the figure (9,146) reported for June 1949. In other and general hospitals, the bed capacity r se slightly from 174,264 in May to 174,971 in June. The current number was an increase of 3 percent over the June average last year (170,127). Of the total beds available in general and other hospitals during June, 18 percent (30,950) were for tuberculosis patients, the same proportion as last month, compared with 13 percent in June 1949. As in past months, one percent (1998) of the beds were reserved for mental patients.

In-Patient Load: For all hospitals the average daily in-patient load increased 3 percent from 187,823 in May to 194,233 in June, and was currently 20 percent above the average number (162,333) in June last year. The number of in-patients in tuberculosis sanatoria this month was 55,817 compared with 53,248 last month, and 43,827 in June 1949 (increases of 5 and 27 percent respectively). The total number of tuberculosis in-patients, including those in general hospitals, increased 6 percent from 83,295 to 87,997, and was currently one-third greater than the corresponding number (66,057) in June 1949. The current number of in-patients in mental hospitals (15,647) was 3 percent above the average for May (15,185) and 24 percent greater than the number (12,605) recorded for June last year. The total number of mental in-patients, including those in general hospitals, was 17,457 currently compared with 16,926 previously (an increase of 3 percent) and 14,176 in June 1949 (an increase of 3 percent) and 14,176 in June 1949 (an increase of 23 percent). During June, leprosaria recorded an average daily in-patient load of 8,636 compared with 8,522 in May, and 8,305 in June last year. The average daily number of in-patients in general and other hospitals (114,133) increased 3 percent from 110,868 last month and 17 percent from 97,596 in June 1949.

Out-Patient Load: In the current month the daily out-patient load for all hospitals was 328,203 compared with 316,115 last month and 314,048 in June 1949 increases of four and five percent respectively. For tuberculosis sanatoria, the out-patient load increased 13 percent from 4,599 in the previous month to 5,210 currently, and in the same proportion from June last year (4,600). Out-patients to mental hospitals this month (558) were 10 percent more numerous than during May (509), and 16 percent more than in June last year (481). There was a daily average of 16 out-patients to leprosaria during the last two months, compared with 15 in June last year. The number of out-patients for general and other hospitals (322,419) was currently 4 percent greater than the average for last month (310,991), or for June 1949 (308,952).

Incl. No 10

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Bed Occupancy: The daily bed-occupancy ratio in total hospitals continued to increase. The current ratio (74.2) was 3 percent higher than that (72.2) recorded last month, and 14 percent above the June bed-occupancy ratio last year (65.1). More than two-thirds (33) of the prefectures reported ratios within plus or minus 10 percent of the national average. Only 5 prefectures had ratios more than 10 percent above the average, including Gumma where the ratio (89.8) was more than 20 percent above. Yamanashi Prefecture recorded a ratio (59.3) 20 percent below the all Japan figure, and 7 additional prefectures recorded ratios more than 10 percent below.

For tuberculosis sanatoria, the daily bed occupancy ratio increased 4 percent from 88.9 last month to 92.1 this month, and was currently 15 percent greater than the ratio (80.4) in June 1949. The percent of all tuberculosis beds occupied including those in general hospitals was 96.1, an increase of 4 percent from 92.0 last month, and an increase of 11 percent from the bed occupancy ratio recorded for June 1949 (86.2). For sanatoria, thirty-two prefectural ratios were within plus or minus 10 percent of the national average, nine were higher and five were lower. The highest bed occupancy ratio was recorded for Miyazaki Prefecture (191.9), it was more than double the all Japan ratio and nearly 80 percent above the ratio in the same prefecture last month (108.2). Occupancies to the extent of more than 100 percent of rated bed capacity were also reported currently for 8 additional prefectures. The lowest percent of beds occupied was 73.8 in Hiroshima Prefecture, 20 percent below the national ratio.

For mental hospitals, the percent of beds occupied during June (91.3) was 2 percent higher than last month (89.6), and 13 percent above the ratio (81.1) in the corresponding month last year. The total mental patients, including those in general and other hospitals, occupied 91.2 percent of the beds reserved for mental patients. This was an increase of 2 and 10 percent respectively from ratios of 89.7 last month and 82.7 in June 1949. Only 13 prefectural mental hospital ratios were within plus or minus 10 percent of the national average, 17 were higher and 14 lower. The remaining two prefectures had no mental hospitals. As in past months, Iwate accounted for the highest prefectural bed occupancy ratio (218.3), nearly two and a half times the national ratio. In addition to Iwate, two other prefectures (Yamanashi, 153.8 and Niigata, 147.9) recorded ratios more than 50 percent above the all Japan figure. Aomori and Nagasaki Prefectures had occupancy ratios (39.5 and 40.9 respectively) more than 50 percent below the national average.

For leprosaria, the bed occupancy ratio increased slightly from 95.9 to 97.2, and was currently 7 percent greater than in June 1949 (90.8). For the 10 prefectures having leprosaria, ratios ranged from 63.1 in Yamanashi to 102.0 in Shizuoka.

In the current month, the percent of beds occupied in other hospitals was 65.2 compared with 63.6 last month and 57.4 in June last year. More than half (24) prefectural bed occupancy ratios were within plus or minus 10 percent of the national average, 9 were higher and 13 lower. The highest prefectural ratio was 77.4 in Tokyo, 19 percent above the all Japan figure. Two prefectures (Ehime, 43.3 and Saitama, 43.6) had ratios more than 30 percent below the average for the country.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL STRENGTH REPORT FOR JUNE 1950

1/ TOTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	3,250	261,630	522,436	194,233	328,203
HOKKAIDO	239	16202	39485	11244	28241
AOMORI	36	3716	6494	2815	3679
IWATE	54	4160	9877	3417	6460
MIYAGI	75	6804	12492	5502	6990
AKITA	43	3078	6965	2227	4738
YAMAGATA	29	3006	5201	2161	3040
FUKUSHIMA	56	4008	7645	2796	4849
IBARAKI	72	4688	7072	3091	3981
TOCHIGI	44	3046	6166	2287	3879
GUMMA	42	3814	6029	3425	2604
SAITAMA	107	4696	8227	2868	5359
CHIBA	90	7916	10762	6212	4550
TOKYO	268	30034	61596	25958	35638
KANAGAWA	118	11184	22064	8672	13392
NIIGATA	76	6000	12228	4466	7762
TOYAMA	45	3232	6903	2330	4573
ISHIKAWA	65	4368	8605	3403	5202
FUKUI	27	1910	3886	1406	2480
YAMANASHI	25	1284	2138	762	1376
NAGANO	72	5138	8130	3407	4723
GIFU	54	3199	6207	2209	3998
SHIZUOKA	67	6592	9397	4076	5321
AICHI	147	10588	21924	7215	14709
MIE	66	4778	9613	2925	6688
SHIGA	28	1749	3853	1439	2414
KYOTO	82	8927	14942	6049	8893
OSAKA	160	17868	32773	12263	20510
HYOGO	128	9284	22190	7474	14716
NARA	19	1112	2360	744	1616
WAKAYAMA	28	1732	3799	1134	2665
TOTTORI	18	1694	2938	1277	1661
SHIMANE	21	1810	3189	1501	1688
OKAYAMA	66	6450	10131	5183	4948
HIROSHIMA	93	6458	14035	4484	9551
YAMAGUCHI	77	5196	10514	3559	6955
TOKUSHIMA	30	2217	3569	1579	1990
KAGAWA	37	2872	4434	1950	2484
EHIME	46	3221	6056	1983	4073
KOCHI	40	1918	3636	1318	2318
FUKUOKA	139	13068	43963	10456	33507
SAGA	55	3297	6706	2501	4205
NAGASAKI	66	4678	11268	3188	8080
KUMAMOTO	71	5510	10259	4383	5876
OITA	35	2944	3504	2125	1379
MIYAZAKI	39	1924	3890	1350	2540
KAGOSHIMA	55	4260	5321	3419	1902

1/ All hospitals of 20 beds or more, including mental hospitals, lepresaria and sanatoria.
2/ Average of count made on the first and last day of each month.
3/ Sum of average number of in-patients and out-patient treatment visits.
4/ Average of daily count.
5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL STRENGTH REPORT FOR JUNE 1950

1/ TUBERCULOSIS SANATORIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	307	60,637	61,027	55,817	5,210
Hokkaido	16	3,020	2,915	2,734	181
Aomori	4	880	875	803	72
Iwate	3	620	728	649	79
Miyagi	4	1,370	1,534	1,339	195
Akita	4	699	647	581	66
Yamagata	3	346	350	319	31
Fukushima	4	884	801	699	102
Ibaraki	8	1,776	1,462	1,406	56
Tochigi	4	870	900	841	59
Gumma	7	601	786	671	115
Saitama	5	1,219	1,389	1,077	312
Chiba	14	3,172	3,355	3,094	261
Tokyo	31	6,502	7,219	6,784	435
Kanagawa	14	2,921	2,919	2,710	209
Niigata	10	1,552	1,529	1,470	59
Toyama	2	985	897	837	60
Ishikawa	6	985	900	856	44
Fukui	2	681	624	567	57
Yamanashi	1	140	145	142	3
Nagano	8	1,630	1,525	1,435	90
Gifu	6	986	978	932	46
Shizuoka	4	1,107	1,058	1,017	41
Aichi	11	2,980	2,522	2,295	227
Mie	4	887	881	825	56
Shiga	5	484	522	494	28
Kyoto	6	1,755	1,582	1,458	124
Osaka	12	3,935	3,839	3,535	304
Hyogo	20	2,450	2,698	2,236	462
Nara	2	180	170	162	8
Wakayama	2	158	174	168	6
Tottori	1	50	54	52	2
Shimane	1	490	506	483	23
Okayama	4	988	973	943	30
Hiroshima	9	2,015	1,629	1,487	142
Yamaguchi	8	1,164	1,263	940	323
Tokushima	2	796	854	805	49
Kagawa	2	213	185	179	6
Ehime	3	937	929	892	37
Kochi	2	216	206	189	17
Fukuoka	24	3,102	3,114	2,885	229
Saga	3	824	865	767	98
Nagasaki	5	300	491	296	195
Kumamoto	4	1,214	1,362	1,271	91
Oita	6	736	667	651	16
Miyazaki	2	235	469	451	18
Kagoshima	9	1,582	1,536	1,390	146

1/ Tuberculosis sanatoria of 20 beds or more.
2/ Average of count made on the first and last day of each month.
3/ Sum of average number of in-patients and out-patient treatment visits.
4/ Average of daily count.
5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL STRENGH REPORT FOR JUNE 1950

1/ MENTAL HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	132	17,136	16,205	15,647	558
Hokkaido	6	495	502	471	31
Aomori	1	86	34	34	-
Iwate	1	60	131	131	-
Miyagi	2	236	245	245	0
Akita	1	128	141	135	6
Yamagata	1	125	129	124	5
Fukushima	2	133	183	180	3
Ibaraki	3	203	144	143	1
Tochigi	4	271	248	219	29
Gumma	1	300	395	377	18
Saitama	4	454	487	473	14
Chiba	4	592	502	484	18
Tokyo	12	3,463	3,498	3,414	84
Kanagawa	6	885	711	698	13
Niigata	1	190	285	281	4
Toyama	2	135	181	169	12
Ishikawa	4	329	310	278	32
Fukui	1	105	188	139	49
Yamanashi	1	52	86	80	6
Nagano	2	230	209	207	2
Gifu	1	275	275	270	5
Shizuoka	4	371	415	392	23
Aichi	7	703	567	553	14
Mie	2	343	166	162	4
Shiga	1	167	160	160	0
Kyoto	5	463	291	286	5
Osaka	7	1,876	1,609	1,578	31
Hyogo	6	1,161	888	871	17
Nara	2	188	170	167	3
Wakayama	-	-	-	-	-
Tottori	1	75	87	82	5
Shimane	1	38	45	45	0
Okayama	1	196	252	252	-
Hiroshima	6	340	382	370	12
Yamaguchi	2	126	136	126	10
Tokushima	1	154	199	199	0
Kagawa	1	90	62	59	3
Ehime	1	180	186	180	6
Kochi	2	174	177	169	8
Fukuoka	6	616	539	494	45
Saga	3	412	430	410	20
Nagasaki	3	115	48	47	1
Kumamoto	2	162	171	171	-
Oita	3	147	119	105	14
Miyazaki	-	-	-	-	-
Kagoshima	5	292	222	217	5

1/ Mental hospitals of 20 beds or more.
2/ Average of count made on the first and last day of each month.
3/ Sum of average number of in-patients and out-patient treatment visits.
4/ Average of daily count.
5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL STRENGTH REPORT FOR JUNE 1950

1/ LEPROSARIA

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patient	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	13	8,886	8,652	8,636	16
HOKKAIDO	-	-	-	-	-
AOMORI	1	600	601	601	-
IWATE	-	-	-	-	-
MIYAGI	1	550	504	504	-
AKITA	-	-	-	-	-
YAMAGATA	-	-	-	-	-
FUKUSHIMA	-	-	-	-	-
IBARAKI	-	-	-	-	-
TOCHIGI	-	-	-	-	-
GUMMA	1	1,050	1,035	1,035	-
SAITAMA	-	-	-	-	-
CHIBA	-	-	-	-	-
TOKYO	1	1,200	1,152	1,152	-
KANAGAWA	-	-	-	-	-
NIIGATA	-	-	-	-	-
TOYAMA	-	-	-	-	-
ISHIKAWA	-	-	-	-	-
FUKUI	-	-	-	-	-
YAMANASHI	1	65	41	41	-
NAGANO	-	-	-	-	-
GIFU	-	-	-	-	-
SHIZUOKA	2	305	327	311	16
AICHI	-	-	-	-	-
MIE	-	-	-	-	-
SHIGA	-	-	-	-	-
KYOTO	-	-	-	-	-
OSAKA	-	-	-	-	-
HYOGO	-	-	-	-	-
NARA	-	-	-	-	-
WAKAYAMA	-	-	-	-	-
TOTTORI	-	-	-	-	-
SHIMANE	-	-	-	-	-
OKAYAMA	2	2350	2286	2286	-
HIROSHIMA	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-
KAGAWA	1	646	646	646	-
EHIME	-	-	-	-	-
KOCHI	-	-	-	-	-
FUKUOKA	-	-	-	-	-
SAGA	-	-	-	-	-
NAGASAKI	-	-	-	-	-
KUMAMOTO	2	1220	1166	1166	-
OITA	-	-	-	-	-
MIYAZAKI	-	-	-	-	-
KAGOSHIMA	1	900	894	894	-

1/ Leprosaria of 20 beds or more.
2/ Average of count made on the first and last day of each month.
3/ Sum of average number of in-patients and out-patient treatment visits.
4/ Average of daily count.
5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

Source: Ministry of Welfare

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

JAPANESE HOSPITAL STRENGTH REPORT FOR JUNE 1950

1/ OTHER HOSPITALS

Area	2/ Number of Hospitals	2/ Bed Capacity	3/ Total Patients	4/ In-Patients	5/ Out-Patient treatment visits
All Japan	2,798	174,971	436,552	114,133	322,419
HOKKAIDO	217	12688	36068	8039	28029
AOMORI	31	2150	4984	1377	3607
IWATE	50	3479	9017	2636	6381
MIYAGI	68	4648	10209	3414	6795
AKITA	37	2251	6177	1512	4665
YAMAGATA	25	2535	4721	1718	3003
FUKUSHIMA	51	2991	6662	1918	4744
IBARAKI	61	2709	5466	1542	3924
TOCHIGI	36	1905	5018	1227	3791
GUMMA	32	1864	3814	1342	2472
SAITAMA	98	3023	6349	1317	5032
CHIBA	72	4152	6905	2634	4271
TOKYO	224	18868	49727	14608	35119
KANAGAWA	98	7378	18432	5263	13169
NIIGATA	65	4258	10413	2715	7698
TOYAMA	41	2112	5825	1324	4501
ISHIKAWA	55	3054	7395	2269	5126
FUKUI	24	1124	3074	700	2374
YAMANASHI	22	1027	1866	499	1367
NAGANO	62	3278	6396	1765	4631
GIFU	47	1938	4953	1006	3947
SHIZUOKA	57	4808	7596	2355	5241
AICHI	129	6905	18835	4367	14468
MIE	60	3548	8567	1939	6628
SHIGA	22	1098	3172	786	2386
KYOTO	72	6710	13069	4305	8764
OSAKA	141	12056	27326	7151	20175
HYOGO	102	5673	18604	4367	14237
NARA	15	744	2019	415	1604
WAKAYAMA	26	1574	3626	967	2659
TOTTORI	16	1569	2798	1143	1655
SHIMANE	19	1282	2639	974	1665
OKAYAMA	59	2916	6621	1703	4918
HIROSHIMA	78	4102	12025	2627	9398
YAMAGUCHI	67	3906	9114	2492	6622
TOKUSHIMA	27	1267	2516	576	1940
KAGAWA	33	1923	3541	1066	2475
EHIME	41	2104	4942	911	4031
KOCHI	36	1528	3253	959	2294
FUKUOKA	109	9350	40311	7077	33234
SAGA	49	2062	5411	1324	4087
NAGASAKI	58	4264	10728	2844	7884
KUMAMOTO	63	2914	7560	1774	5786
OITA	26	2060	2718	1369	1349
MIYAZAKI	37	1690	3421	899	2522
KAGOSHIMA	40	1486	2669	918	1751

1/ Hospitals of 20 beds or more, excluding mental hospitals, leprosaria and sanatoria.
2/ Average of count made on the first and last day of each month.
3/ Sum of average number of in-patients and out-patient treatment visits.
4/ Average of daily count.
5/ Average of daily number of treatment visits to the hospital, including treatment visits to homes by hospital physicians.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN FOR THE WEEK ENDED 22 JULY 1950

I

During the twenty-ninth week, ended 22 July 1950, there were 22,754 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 23,405 cases reported for the same diseases last week. Some corrections were received this week for preceding weeks in the current year. Totals for seven diseases (diphtheria, smallpox, malaria, epidemic meningitis, measles, trachoma, and infectious diarrhea) were lower this week than in either last week or the twenty-ninth week of last year, while totals for five other diseases (dysentery, typhoid fever, scarlet fever, poliomyelitis, and puerperal infection) were higher currently. No cases of cholera, plague, yellow fever, glanders, or dengue fever were reported during any of the three weeks. This week's totals for eleven diseases fell between those reported for the other two periods. Cases of tsutsugamushi disease and filariasis were higher and schistosomiasis lower than in the preceding week. Data for these last three diseases are not available prior to the current year.

Diphtheria cases decreased 4 percent, from 144 last week to 138 currently, while deaths increased from 5 to 6. Present cases were 24 percent fewer than in the same week of last year (181) and 4 percent below the corresponding 1948 total (144). Eighteen prefectures reported decreases from last week, sixteen increases, while nine stayed the same. The three remaining prefectures (Fukui, Iwate, and Nagano) have reported no cases for five, three, and two weeks respectively. Cases this week ranged from zero in seven prefectures to 13 in Hokkaido. The current and cumulative case rates were 8.9 and 15.3 respectively, while corresponding death rates were 0.4 and 1.4.

The number of dysentery cases (2,697 increased 9 percent over the preceding week (2,470). Deaths also increased, from 484 to 554. This week's case figure was about three times the figure (914) for the twenty-ninth week of last year and three and one-third times the number for the corresponding week in 1948 (760). There were increases over last week in more than half (25) of the prefectures, decreases in twenty, and no change in the remaining one. The largest increases occurred in Aichi (189 to 263 cases), Chiba (55 to 117), Gumma (196 to 255), and Tochigi (48 to 98). Four prefectures, all in central Honshu, that together accounted for 37 percent of this week's total cases were Aichi (263), Tokyo-to (260), Gumma (255), and Saitama (227). Cases in the remaining 42 prefectures ranged from 3 to 135. Bacillary dysentery accounted for 2,686 cases and all 554 deaths and amebic dysentery the remaining 11 cases. The current and cumulative case rates for all dysentery were 173.9 and 36.0 respectively. Corresponding death rates were 35.7 and 7.1.

There were 166 cases of typhoid fever this week compared with 164 last week. The number of deaths decreased from 19 to 14. Current cases were about the same this week as in the same week of last year (165) but 42 percent below the total (285) for the comparable 1948 period. Half (23) of the prefectures reported more cases this week than last week, seventeen had fewer, and two stayed the same. Saga Prefecture has reported no cases for eight weeks, and three others (Yamanashi, Yamaguchi, and Miyazaki) none for two weeks. Prefectural case figures currently ranged from zero in eight instances to 11 each in Miyagi, Niigata, and Hiroshima. The current and cumulative case rates were 10.7 and 5.9 respectively. The corresponding death rates were 0.9 and 0.7. Deaths also decreased, to one from three last week.

Paratyphoid fever cases (71) decreased from last week (83). During the twenty-ninth weeks of last year and 1948 cases numbered 52 and 82 respectively. Prefectural changes from last week were almost equally divided between decreases (18) and increases (17), while numbers stayed the same in two prefectures and no cases have been reported for two weeks or longer in the remaining nine. About a third of all cases this week were in Tokyo-to (13) and Osaka (10) and the remainder in 29 additional prefectures (from 1 to 6 each). The current and cumulative case rates were 4.6 and 2.0 respectively. Corresponding death rates were both 0.1.

No cases of smallpox were reported this week whereas there was one case last week. There have been no deaths reported this year. One case was recorded for each of the twenty-ninth weeks of last year and 1948. The cumulative case rate as of 22 July 1950 was less than 0.1.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

There have been no typhus fever cases reported for two weeks. One death was reported in the present week (from Hokkaido) while there were no deaths last week. Cases in the twenty-ninth weeks of last year and 1948 numbered 2 and 8 respectively The cumulative case rate as of 22 July 1950 was 2.1, and the current and cumulative death rates were both 0.1.

The number of malaria cases (32) decreased slightly from last week (34), while deaths (1) stayed the same. The present case figure was about a sixth of the totals listed for the same weeks of last year (195) and 1948 (199). There were as many prefectures showing decreases from last week as increases (9), three stayed the same, while over half (25) of all prefectures have reported no cases for two or more weeks. Fourteen cases, or almost 45 percent of the total this week, occurred in Shiga Prefecture, and there were from one to three cases in twelve additional prefectures. The current and cumulative case rates were 2.1 and 1.2 respectively. Corresponding death rates were both 0.1.

Japanese "B" encephalitis cases (2) and deaths (1) numbered the same this week as last week. One case was recorded for the twenty-ninth week of last year but none in the comparable week of 1948. The two cases this week were in Tokyo-to and Kagawa Prefectures. A corrected report was received this week removing the entries recorded during the third and fourth weeks of June for Fukuoka and Kumamoto Prefectures (one case and one death each). Thus there are now four cases and two deaths on record for 1950, Kagawa Prefecture accounting for three of the cases and both deaths and Tokyo-to the remaining case. The current case and death rates were both 0.1, and the corresponding cumulative rates were both less than 0.1.

The number of scarlet fever cases was slightly higher this week (101) than last week (98). Two deaths were reported currently compared with one in the previous period. During the twenty-ninth week of last year there were 91 cases, and in the corresponding 1948 period there were 53, or about a half of the present figure. Cases decreased from last week in seventeen prefectures, increased in thirteen, and stayed the same in six, while no cases have been reported for two or more weeks in the remaining ten. Osaka Prefecture (26) and Tokyo-to (17) together accounted for 43 percent of all cases this week, and 25 other prefectures had from one to seven cases each. The current and cumulative case rates were 6.5 and 7.5 respectively. Corresponding death rates were 0.1 and less than 0.1.

Ten cases of epidemic meningitis were reported this week compared with 14 last week. There was an increase in deaths, however, from 2 to 7. During the twenty-ninth weeks of last year and 1948 there were 25 and 22 cases respectively. Two-thirds (31) of the prefectures have reported no cases for at least two weeks, while decreases from last week occurred in eight prefectures, increases in six, and no change in the remaining one. Eight prefectures reported having cases this week, one to three each. The current and cumulative case rates were 0.6 and 1.3 respectively. Corresponding death rates were 0.5 and 0.4.

Measles cases (1,092) decreased almost 20 percent from last week (1,341). They were more than 70 percent fewer than in the twenty-ninth week of last year (3,718) and 10 percent below the corresponding 1948 total (1,214). The majority (29) of the prefectures reported decreases from last week, sixteen increases, and the remaining one prefecture (Oita) no cases during either period. The most outstanding change was a decrease from 141 cases to 62 in Gifu Prefecture. Prefectural case figures currently ranged from zero in four instances to 71. The current and cumulative case rates were 70.4 and 98.2 respectively.

There were 3,811 whooping cough cases this week, four percent more than last week (3,676). The present number was slightly less than in the same week of last year (3,942) but was over twice the corresponding 1948 figure (1,863). Cases increased over last week in more than half (25) of the prefectures, decreased in twenty, and stayed the same in the remaining one. The largest change this week was in Kumamoto Prefecture, a decrease from 132 cases to 44, while the largest increase was in Aichi, from 53 cases to 136. Four prefectures that accounted for nearly a fourth of this week's cases were Tokyo-to (257), Saitama (244), Fukuoka (209), and Kanagawa (193). The other 42 prefectures had cases ranging from 12 to 146. The current and cumulative case rates were 245.7 and 179.7 respectively.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

The number of tuberculosis cases increased from 9,864 to 10,076. It was somewhat less than in the twenty-ninth week of last year (10,367) but 12 percent greater than the figure (8,989) for the corresponding 1948 period. There were increases over last week in 24 prefectures and decreases in 22. Prefectural case figures currently ranged from 51 to 1,089. Eighty-seven percent (8,721) of the total cases this week were designated as respiratory tuberculosis. The current and cumulative case rates for all forms of tuberculosis this week were 649.7 and 569.8 respectively.

About the same number of pneumonia cases was reported this week (1,317) as last week (1,316). The present figure was 25 percent less than that (1,753) recorded for the same week of last year but almost 50 percent greater than the corresponding 1948 total (882). Cases decreased from last week in more than half (24) of the prefectures and increased in 19, while they did not change in the remaining 3. This week's case figures ranged from 2 in Tottori Prefecture to 90 in Saitama Prefecture. The current and cumulative case rates were 84.9 and 235.4 respectively.

There were 10 cases of influenza reported this week compared with 6 in the preceding week. During the twenty-ninth weeks of last year and 1948 there were 14 and 31 cases respectively. More than three-fourths (36) of the prefectures have reported no cases for two or more weeks. Among the remaining ten, six showed increases over last week and four decreases. This week's cases occurred in six prefectures with from one to three each. The current and cumulative case rates were 0.6 and 46.2 respectively.

Poliomyelitis cases numbered 146 this week compared with 130 in the previous week, an increase of 12 percent. There were 130 cases during the twenty-ninth week of last year. In the same week of 1948 cases numbered 29, one-fifth of the current total. Increases over last week occurred in 18 prefectures, decreases in 16, and no change in 7. Of the five remaining prefectures, Shiga has reported no cases yet this year, and the others (Kagawa, Shimane, Kochi, and Fukui) none for from six to two weeks. Tokyo-to and Fukuoka Prefecture had 21 cases this week, together accounting for nearly 30 percent of the total, while 34 additional prefectures had from 1 to 12 cases each. The current and cumulative case rates were 9.4 and 3.1 respectively.

The number of tetanus cases increased from 34 last week to 45 currently. There were 53 cases during the twenty-ninth week of last year and the same number as at present (45) during the comparable period of 1948. Cases increased over last week in 16 prefectures, decreased in 9, and stayed the same in 8. The remaining 13 prefectures have reported no cases for two weeks or longer. This week!s cases were distributed among 29 prefectures having from one to four cases each. The current and cumulative case rates were 2.9 and 2.3 respectively.

There were 13 cases of puerperal infection this week. Last week there were 10 cases and in the twenty-ninth weeks of last year and 1948 there were 12 and 10 cases respectively. The same number of prefectures (8) reported decreases from last week as increases. All but one of the 30 remaining prefectures have reported no cases for two weeks or longer. Nine prefectures having from 1 to 3 cases each accounted for this week's total. The current and cumulative case rates were 0.8 and 1.1 respectively.

Two cases of rabies were reported this week compared with none in the two preceding weeks. Last year at this time there were five cases and in the corresponding 1948 period none. Two neighboring prefectures, Tokyo-to and Kanagawa, reported the two cases this week. Current and cumulative case rates were both 0.1.

No anthrax cases were reported this week and there were also no cases during the comparable periods of last year and 1948. One case was reported last week. The cumulative case rate as of 22 July 1950 was less than 0.1.

Leprosy cases numbered 10 this week compared with 8 in the preceding week. There were 21 cases during the twenty-ninth week of last year and 8 in the corresponding 1948 period. More than three-fourths (36) of the prefectures have reported no cases for at least two weeks. Five showed increases over last week, three decreases, and the remaining two did not change. One or two cases were currently

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

reported by each of eight prefectures. The current and cumulative case rates were 0.6 and 0.8 respectively.

The number of trachoma cases decreased 25 percent, from 3,964 to 2,979. The present figure was about 35 percent less than those recorded for the same weeks of last year (4,594) and 1948 (4,692). Cases decreased from last week in 27 prefectures, increased in 18, and stayed the same in the remaining one. Prefectural case figures this week ranged from zero in two instances to 348. The current and cumulative case rates were 192.1 and 219.8 respectively.

There were two infectious diarrhea cases reported this week. Last week there were 5 cases and in the twenty-ninth weeks of 1949 and the previous year 11 and 57 cases respectively. Both cases this week occurred in Saitama Prefecture. The current and cumulative case rates were both 0.1.

Twelve more cases of tsutsugamushi disease were reported this week, raising to 25 the total number for the year. All cases of this disease have thus far been in Niigata Prefecture. Data are not available prior to 1950. The current and cumulative case rates for all Japan this week were 0.8 and 0.1 respectively.

Schistosomiasis cases decreased from 32 last week to 19 currently. Yamanashi and Saga Prefectures reported eight cases each, Hiroshima two, and Fukuoka one. The current and cumulative case rates were 1.2 and 0.7 respectively.

There were three filariasis cases reported this week, whereas there were no cases in the preceding week. The three cases occurred in Yamanashi, Wakayama, and Kagoshima Prefectures. Current and cumulative case rates were 0.2 and 0.1 respectively.

The four venereal diseases accounted for 5,832 cases this week compared with 6,167 cases last week. Current and cumulative numbers of syphilis cases this week were 2,173 and 73,162 respectively; gonorrhea, 3,375 and 96,543; chancroid, 278 and 8,916; and lymphogranuloma venereum, 6 and 292. Totals for all diseases except chancroid were lower this week than last week, when syphilis cases numbered 2,338, gonorrhea 3,556, chancroid 266, and lymphogranuloma venereum 7. All totals were lower than in the same week of last year. At that time there were 3,805 cases of syphilis, 3,902 cases of gonorrhea, 451 cases of chancroid, and 13 cases of lymphogranuloma venereum. The current and cumulative case rates for each of these diseases this week were: syphilis, 140.1 and 162.7 respectively; gonorrhea, 217.6 and 214.6; chancroid, 17.9 and 19.8; and lymphogranuloma venereum, 0.4 and 0.6.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SUMMARY REPORT OF CASES AND DEATHS FROM COMMUNICABLE DISEASES IN JAPAN
WEEK ENDED 22 JULY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deahts	Cases	Deaths	Cases	Deaths
Hokkaido	13	1	*445	*39	54	2	*347	*21
Aomori	3	1	167	25	7	4	56	17
Iwate	-	-	*171	20	32	5	*177	32
Miyagi	2	-	164	6	30	4	178	29
Akita	4	1	225	12	8	3	107	34
Yamagata	2	-	81	6	26	6	204	37
Fukushima	1	-	167	17	89	22	465	102
Ibaraki	2	-	91	2	92	56	500	200
Tochigi	1	-	118	13	98	20	345	100
Gumma	1	-	65	4	255	33	1,331	204
Saitama	7	-	187	12	227	60	1,209	345
Chiba	6	-	77	10	117	28	684	170
Tokyo	11	-	433	38	260	33	2,527	352
Kanagawa	1	-	158	15	135	13	907	92
Niigata	4	-	259	13	105	20	1,236	147
Toyama	2	-	88	7	42	4	196	32
Ishikawa	1	-	140	15	41	3	307	24
Fukui	-	-	53	4	6	1	41	10
Yamanashi	1	-	27	3	24	3	116	16
Nagano	-	-	109	7	31	2	147	21
Gifu	2	-	56	10	79	25	289	86
Shizuoka	2	-	111	9	109	27	686	134
Aichi	6	-	184	11	263	51	993	224
Mie	2	-	99	9	34	9	226	55
Shiga	3	-	41	2	3	1	25	2
Kyoto	1	-	113	13	44	3	213	34
Osaka	6	-	268	37	71	7	350	42
Hyogo	7	-	255	24	30	6	223	56
Nara	-	-	55	5	6	-	24	1
Wakayama	1	-	39	2	7	3	46	17
Tottori	2	-	30	4	7	2	31	12
Shimane	1	-	133	7	16	6	58	18
Okayama	3	-	76	6	13	5	78	31
Hiroshima	10	-	*198	13	37	10	199	53
Yamaguchi	2	-	184	13	18	6	72	21
Tokushima	-	-	75	12	20	4	49	16
Kagawa	-	-	39	2	18	6	97	35
Ehime	2	-	92	12	40	14	167	52
Kochi	1	-	49	10	11	2	*71	15
Fukuoka	6	-	515	45	77	19	396	80
Saga	1	-	117	10	11	2	44	5
Nagasaki	3	-	259	12	9	-	79	4
Kumamoto	-	1	113	9	68	16	366	89
Oita	6	1	150	25	12	4	60	27
Miyazaki	7	-	237	25	8	1	164	29
Kagoshima	2	1	185	30	7	3	125	51
TOTAL	138	6	*6,898	*625	2,697	554	*16,201	*3,174
RATE								
Current	8.9	0.4	15.3	1.4	173.9	35.7	36.0	7.1
Previous	9.3	0.3			159.3	31.2		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
Hokkaido	7	-	*83	11	1	-	*43	*5
Aomori	6	-	52	2	1	-	15	1
Iwate	3	-	30	2	1	-	14	1
Miyagi	11	1	93	11	1	-	45	1
Akita	2	-	16	6	-	-	6	1
Yamagata	1	-	28	3	-	-	13	1
Fukushima	5	-	59	4	2	-	13	1
Ibaraki	2	-	40	5	-	-	8	2
Tochigi	3	-	27	4	1	-	8	-
Gumma	5	-	48	3	4	-	35	2
Saitama	2	-	131	17	1	-	32	4
Chiba	6	1	74	10	2	-	10	-
Tokyo	5	3	388	50	13	-	191	3
Kanagawa	6	-	136	11	6	-	33	-
Niigata	11	-	108	10	3	-	32	-
Toyama	5	-	30	3	3	-	22	1
Ishikawa	3	-	20	8	-	-	4	1
Fukui	3	-	32	-	2	-	5	-
Yamanashi	-	-	8	1	-	-	6	-
Nagano	-	-	36	6	1	-	4	1
Gifu	6	1	77	10	1	-	23	1
Shizuoka	5	1	79	6	1	1	28	2
Aichi	9	-	107	13	1	-	25	-
Mie	9	1	88	17	1	-	5	1
Shiga	-	-	24	3	-	-	3	-
Kyoto	3	-	85	11	1	-	8	-
Osaka	8	3	121	19	10	-	52	2
Hyogo	6	-	114	11	1	-	17	1
Nara	1	-	51	5	-	-	6	-
Wakayama	1	-	25	5	1	-	18	-
Tottori	2	-	8	-	-	-	1	-
Shimane	1	-	37	5	-	-	6	-
Okayama	3	-	46	9	-	-	4	1
Hiroshima	11	-	106	12	1	-	42	3
Yamaguchi	-	-	16	3	2	-	8	-
Tokushima	3	-	37	8	-	-	27	3
Kagawa	-	-	4	1	1	-	12	1
Ehime	2	-	17	3	1	-	2	-
Kochi	2	-	48	8	-	-	9	-
Fukuoka	5	1	47	3	2	-	28	1
Saga	-	-	7	-	-	-	4	-
Nagasaki	1	-	28	1	-	-	1	-
Kumamoto	1	1	23	5	2	-	13	-
Oita	-	-	7	2	-	-	1	1
Miyazaki	-	1	13	2	1	-	6	-
Kagoshima	1	-	2	1	2	-	2	-
TOTAL	166	14	*2,656	330	71	1	*890	*42
RATE								
Current	10.7	0.9	5.9	0.7	4.6	0.1	2.0	0.1
Previous	10.6	1.2			5.4	0.2		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SMALLPOX				TYPHUS FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	*1	-	-	1	115	3
AOMORI	-	-	-	-	-	-	3	-
IWATE	-	-	-	-	-	-	6	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	4	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	-	-	-	-	19	1
TOKYO	-	-	-	-	-	-	230	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	-	-
NAGANO	-	-	-	-	-	-	4	-
GIFU	-	-	-	-	-	-	-	-
SHIZUOKA	-	-	-	-	-	-	3	-
AICHI	-	-	-	-	-	-	1	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	-	-
OSAKA	-	-	-	-	-	-	15	-
HYOGO	-	-	-	-	-	-	32	-
NARA	-	-	-	-	-	-	1	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	-	-	1	-	-	-	-	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	1	-
HIROSHIMA	-	-	-	-	-	-	13	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	-	-
KAGAWA	-	-	-	-	-	-	2	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	2	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	-	-	*5	-	-	1	926	53
RATE								
Current	-	-	0.0	-	-	0.1	2.1	0.1
Previous	0.1	-			-	-		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 22 July 1950
Continued

PREFECTURE	MALARIA Current Cases	MALARIA Current Deaths	MALARIA Cumulative Cases	MALARIA Cumulative Deaths	JAPANESE "B" ENCEPHALITIS Current Cases	JAPANESE "B" ENCEPHALITIS Current Deaths	JAPANESE "B" ENCEPHALITIS Cumulative Cases	JAPANESE "B" ENCEPHALITIS Cumulative Deaths
HOKKAIDO	1	-	13	-	-	-	-	-
AOMORI	-	-	4	-	-	-	-	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	2	-	3	1	-	-	-	-
AKITA	-	-	6	1	-	-	-	-
YAMAGATA	-	-	3	-	-	-	-	-
FUKUSHIMA	-	-	9	1	-	-	-	-
IBARAKI	-	-	12	1	-	-	-	-
TOCHIGI	-	-	6	-	-	-	-	-
GUMMA	-	-	11	1	-	-	-	-
SAITAMA	-	-	13	-	-	-	-	-
CHIBA	-	-	5	-	-	-	-	-
TOKYO	3	-	35	2	1	-	1	-
KANAGAWA	-	-	4	1	-	-	-	-
NIIGATA	1	-	5	-	-	-	-	-
TOYAMA	-	-	8	-	-	-	-	-
ISHIKAWA	-	-	9	2	-	-	-	-
FUKUI	-	-	9	1	-	-	-	-
YAMANASHI	-	-	7	-	-	-	-	-
NAGANO	-	-	7	1	-	-	-	-
GIFU	1	-	12	1	-	-	-	-
SHIZUOKA	1	-	4	-	-	-	-	-
AICHI	1	-	19	-	-	-	-	-
MIE	3	-	17	-	-	-	-	-
SHIGA	14	-	137	-	-	-	-	-
KYOTO	-	-	14	1	-	-	-	-
OSAKA	-	-	1	-	-	-	-	-
HYOGO	1	1	12	2	-	-	-	-
NARA	-	-	3	1	-	-	-	-
WAKAYAMA	-	-	4	-	-	-	-	-
TOTTORI	-	-	2	-	-	-	-	-
SHIMANE	-	-	2	-	-	-	-	-
OKAYAMA	1	-	13	1	-	-	-	-
HIROSHIMA	-	-	11	-	-	-	-	-
YAMAGUCHI	-	-	15	-	-	-	-	-
TOKUSHIMA	-	-	3	-	-	-	-	-
KAGAWA	-	-	3	-	1	1	3	2
EHIME	-	-	7	-	-	-	-	-
KOCHI	-	-	3	-	-	-	-	-
FUKUOKA	-	-	31	2	-	-	*-	*-
SAGA	-	-	8	-	-	-	-	-
NAGASAKI	-	-	21	-	-	-	-	-
KUMAMOTO	-	-	8	2	-	-	*-	*-
OITA	-	-	5	-	-	-	-	-
MIYAZAKI	1	-	6	-	-	-	-	-
KAGOSHIMA	2	-	17	5	-	-	-	-
TOTAL	32	1	548	28	2	1	*4	*2
RATE								
Current	2.1	0.1	1.2	0.1	0.1	0.1	0.0	0.0
Previous	2.2	0.1			0.1	0.1		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SCARLET FEVER Current Cases	SCARLET FEVER Current Deaths	SCARLET FEVER Cumulative Cases	SCARLET FEVER Cumulative Deaths	EPIDEMIC MENINGITIS Current Cases	EPIDEMIC MENINGITIS Current Deaths	EPIDEMIC MENINGITIS Cumulative Cases	EPIDEMIC MENINGITIS Cumulative Deaths
HOKKAIDO	5	-	152	*-	1	1	*51	*17
AOMORI	4	-	38	-	-	1	17	4
IWATE	-	-	29	1	-	-	9	4
MIYAGI	1	-	40	-	-	-	41	11
AKITA	-	-	38	-	-	-	8	1
YAMAGATA	-	-	19	-	-	-	32	7
FUKUSHIMA	4	-	31	-	1	1	20	8
IBARAKI	3	-	111	-	1	1	14	3
TOCHIGI	-	-	10	-	-	-	9	1
GUMMA	1	-	83	-	-	-	6	-
SAITAMA	2	-	170	1	-	-	12	4
CHIBA	2	-	41	-	-	-	13	4
TOKYO	17	-	662	3	-	1	106	23
KANAGAWA	2	-	170	-	-	-	27	8
NIIGATA	-	-	25	-	1	-	11	1
TOYAMA	-	-	32	-	-	-	10	1
ISHIKAWA	-	-	11	1	-	-	5	1
FUKUI	1	-	47	-	-	-	1	1
YAMANASHI	-	-	67	-	-	-	5	2
NAGANO	2	-	194	1	-	-	11	1
GIFU	3	-	84	-	-	-	5	2
SHIZUOKA	1	-	66	1	-	-	11	3
AICHI	1	-	202	4	-	-	11	6
MIE	1	-	58	-	-	-	5	1
SHIGA	4	-	105	-	-	-	9	3
KYOTO	7	1	167	1	-	-	15	6
OSAKA	26	-	338	1	3	1	38	10
HYOGO	2	-	80	-	1	-	6	-
NARA	1	-	20	-	-	-	-	-
WAKAYAMA	-	-	14	-	-	-	3	2
TOTTORI	-	-	6	-	1	-	5	1
SHIMANE	2	-	34	-	-	-	-	-
OKAYAMA	-	-	46	-	-	-	2	-
HIROSHIMA	5	-	58	1	-	-	12	7
YAMAGUCHI	1	-	15	-	1	-	10	3
TOKUSHIMA	1	-	9	-	-	-	1	-
KAGAWA	-	1	7	1	-	-	3	-
EHIME	-	-	4	-	-	1	5	2
KOCHI	-	-	10	-	-	-	2	1
FUKUOKA	1	-	43	1	-	-	22	5
SAGA	1	-	5	1	-	-	3	1
NAGASAKI	-	-	13	-	-	-	8	1
KUMAMOTO	-	-	5	-	-	-	7	4
OITA	-	-	3	-	-	-	4	-
MIYAZAKI	-	-	6	-	-	-	4	4
KAGOSHIMA	-	-	6	-	-	-	4	1
TOTAL	101	2	3,374	*18	10	7	*603	*165
RATE								
Current	6.5	0.1	17.5	0.0	0.6	0.5	1.3	0.4
Previous	6.3	0.1			0.9	0.1		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TUBERCULOSIS Current Cases	TUBERCULOSIS Cumulative Cases	PNEUMONIA Current Cases	PNEUMONIA Cumulative Cases
HOKKAIDO	691	21,035	62	5,733
AOMORI	226	4,666	40	1,898
IWATE	291	5,630	51	2,637
MIYAGI	345	5,518	49	2,336
AKITA	210	4,045	49	1,787
YAMAGATA	201	3,581	25	1,587
FUKUSHIMA	177	4,484	28	2,937
IBARAKI	117	3,249	28	2,699
TOCHIGI	70	2,205	37	2,342
GUMMA	85	3,917	23	3,973
SAITAMA	260	7.258	90	7,105
CHIBA	198	4,729	21	1,562
TOKYO	1,089	28,305	36	4,059
KANAGAWA	319	8,035	30	2,857
NIIGATA	141	4,872	22	3,176
TOYAMA	193	4,958	38	3,641
ISHIKAWA	95	3,841	11	1,187
FUKUI	142	2,813	13	1,378
YAMANASHI	51	1,410	13	1,041
NAGANO	187	6,115	22	4, 535
GIFU	109	4,217	17	2,240
SHIZUOKA	178	4,862	26	2,536
AICHI	538	12,618	73	4,636
MIE	160	4,477	27	1,847
SHIGA	101	2,368	24	1,451
KYOTO	266	6,991	9	1,255
OSAKA	481	13,461	27	1,948
HYOGO	383	9,808	18	2,271
NARA	61	1,270	8	580
WAKAYAMA	116	2,379	9	995
TOTTORI	68	1,866	2	668
SHIMANE	99	2,664	13	1,082
OKAYAMA	172	5,195	51	2,568
HIROSHIMA	485	7,334	41	2,866
YAMAGUCHI	126	4,166	9	1,049
TOKUSHIMA	61	1,562	8	1,138
KAGAWA	80	2,255	18	1,687
EHIME	147	3,660	66	3,034
KOCHI	59	1,736	13	978
FUKUOKA	502	11,428	49	3,339
SAGA	208	3,141	21	1,242
NAGASAKI	208	4,244	31	1,571
KUMAMOTO	112	3,745	41	2,388
OITA	73	3,084	11	1,145
MIYAZAKI	69	3,501	11	1,655
KAGOSHIMA	126	3,579	6	1,261
TOTAL	10,076	256,277	1,317	105,900
RATE				
Current	649.7	569.8	84.9	235.4
Previous	636.0		84.9	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	INFLUENZA		POLIOMYELITIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	*2,947	7	67
AOMORI	-	-	1	13
IWATE	-	-	1	11
MIYAGI	-	6	5	59
AKITA	-	1,149	2	8
YAMAGATA	-	32	2	15
FUKUSHIMA	-	-	2	38
IBARAKI	-	1,160	1	25
TOCHIGI	-	27	4	11
GUMMA	-	398	2	45
SAITAMA	-	283	2	43
CHIBA	-	213	4	13
TOKYO	-	359	21	208
KANAGAWA	1	288	4	42
NIIGATA	-	780	-	17
TOYAMA	-	195	2	19
ISHIKAWA	-	97	1	14
FUKUI	-	567	-	9
YAMANASHI	-	263	1	16
NAGANO	-	173	2	33
GIFU	3	2,373	1	8
SHIZUOKA	-	463	1	51
AICHI	1	1,302	4	32
MIE	2	635	10	39
SHIGA	1	228	-	-
KYOTO	-	1,122	1	10
OSAKA	-	395	12	52
HYOGO	-	1,382	3	28
NARA	-	433	1	13
WAKAYAMA	-	259	-	5
TOTTORI	-	111	1	9
SHIMANE	-	618	-	5
OKAYAMA	-	429	1	30
HIROSHIMA	-	156	3	13
YAMAGUCHI	-	99	10	23
TOKUSHIMA	-	105	-	11
KAGAWA	-	95	-	7
EHIME	-	152	4	43
KOCHI	-	7	-	14
FUKUOKA	-	697	21	104
SAGA	-	118	2	12
NAGASAKI	-	158	1	8
KUMAMOTO	-	5	-	26
OITA	-	412	4	55
MIYAZAKI	2	72	2	86
KAGOSHIMA	-	-	-	7
TOTAL	10	*20,763	146	1,397
RATE				
Current	0.6	46.2	9.4	3.1
Previous	0.4		8.4	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TETANUS		PUERPERAL INFECTION	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	2	25	3	37
AOMORI	2	18	-	14
IWATE	2	7	-	10
MIYAGI	1	16	-	8
AKITA	-	9	-	23
YAMAGATA	-	7	-	9
FUKUSHIMA	2	24	-	8
IBARAKI	2	56	-	10
TOCHIGI	-	25	-	7
GUMMA	2	47	-	14
SAITAMA	1	31	2	39
CHIBA	1	47	-	2
TOKYO	1	44	1	10
KANAGAWA	-	25	-	7
NIIGATA	1	12	-	11
TOYAMA	-	8	1	30
ISHIKAWA	1	11	-	5
FUKUI	-	2	1	10
YAMANASHI	1	14	-	10
NAGANO	1	29	-	15
GIFU	-	18	-	9
SHIZUOKA	4	32	-	13
AICHI	1	45	-	17
MIE	-	15	-	5
SHIGA	-	7	1	10
KYOTO	-	13	-	7
OSAKA	3	32	-	9
HYOGO	1	16	-	11
NARA	-	13	-	2
WAKAYAMA	-	9	-	1
TOTTORI	-	10	-	9
SHIMANE	2	16	-	6
OKAYAMA	-	21	-	9
HIROSHIMA	3	20	-	13
YAMAGUCHI	1	24	-	3
TOKUSHIMA	1	16	-	8
KAGAWA	1	21	-	3
EHIME	2	29	1	6
KOCHI	1	21	-	3
FUKUOKA	1	49	-	21
SAGA	-	13	1	5
NAGASAKI	1	13	-	5
KUMAMOTO	2	28	-	17
OITA	1	20	-	3
MIYAZAKI	-	33	2	13
KAGOSHIMA	-	25	-	6
TOTAL	45	1,016	13	493
RATE				
Current	2.9	2.3	0.8	1.1
Previous	2.2		0.6	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	RABIES		ANTHRAX	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	1	-	-
TOCHIGI	-	3	-	-
GUMMA	-	9	-	1
SAITAMA	-	4	-	-
CHIBA	-	7	-	-
TOKYO	1	4	-	1
KANAGAWA	1	5	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	-	-	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	-	-
SAGA	-	-	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	-	-
OITA	-	-	-	-
MIYAZAKI	-	-	-	-
KAGOSHIMA	-	-	-	-
TOTAL	2	33	-	2
RATE				
Current	0.1	0.1	-	0.00
Previous	-		0.1	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	LEPROSY Current Cases	LEPROSY Cumulative Cases	TRACHOMA Current Cases	TRACHOMA Cumulative Cases
HOKKAIDO	-	6	129	5481
AOMORI	1	7	60	2904
IWATE	2	10	46	3982
MIYAGI	-	12	332	2954
AKITA	-	9	160	4955
YAMAGATA	-	4	166	1724
FUKUSHIMA	-	11	39	1386
IBARAKI	2	4	57	2305
TOCHIGI	-	9	38	2095
GUMMA	-	35	46	5091
SAITAMA	-	2	42	3079
CHIBA	-	-	112	2011
TOKYO	-	22	65	3963
KANAGAWA	-	3	188	4021
NIIGATA	-	-	23	999
TOYAMA	-	-	17	1062
ISHIKAWA	-	1	19	692
FUKUI	-	2	42	795
YAMANASHI	-	6	14	691
NAGANO	-	3	67	1208
GIFU	-	8	18	1100
SHIZUOKA	-	13	24	1867
AICHI	1	21	245	6960
MIE	-	7	9	1022
SHIGA	-	3	13	643
KYOTO	-	13	33	864
OSAKA	-	7	83	5888
HYOGO	1	7	126	5896
NARA	-	4	20	578
WAKAYAMA	-	3	42	1336
TOTTORI	-	3	5	330
SHIMANE	-	2	-	288
OKAYAMA	1	11	52	1612
HIROSHIMA	-	-	36	2925
YAMAGUCHI	1	7	13	486
TOKUSHIMA	-	11	10	1338
KAGAWA	-	3	25	1203
EHIME	-	4	82	1071
KOCHI	-	2	-	427
FUKUOKA	1	28	348	4801
SAGA	-	2	25	630
NAGASAKI	-	6	52	2052
KUMAMOTO	-	9	9	997
OITA	-	8	2	1023
MIYAZAKI	-	11	21	853
KAGOSHIMA	-	4	24	1286
TOTAL	10	343	2,979	98,874
RATE				
Current	0.6	0.8	192.1	219.8
Previous	0.5		255.6	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	INFECTIOUS DIARRHEA Current Cases	INFECTIOUS DIARRHEA Cumulative Cases	TSUTSUGAMUSHI DISEASE Current Cases	TSUTSUGAMUSHI DISEASE Cumulative Cases
HOKKAIDO	-	10	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	1	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	2	2	-	-
CHIBA	-	-	-	-
TOKYO	-	-	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	2	12	25
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	1	-	-
YAMANASHI	-	-	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	24	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	-	-	-	-
SHIMANE	-	3	-	-
OKAYAMA	-	11	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	1	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	-	-
SAGA	-	-	-	-
NAGASAKI	-	1	-	-
KUMAMOTO	-	-	-	-
OITA	-	-	-	-
MIYAZAKI	-	3	-	-
KAGOSHIMA	-	-	-	-
TOTAL	2	59	12	25
RATE				
Current	0.1	0.1	0.8	0.1
Previous	0.3		0.5	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SCHISTOSOMIASIS		FILARIASIS	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	1
IBARAKI	-	1	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	1	-	1
TOKYO	-	1	-	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	8	213	1	6
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	2
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	1	4
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	2	24	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	1	36	-	2
SAGA	8	24	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	-	6
OITA	-	-	-	2
MIYAZAKI	-	-	-	8
KAGOSHIMA	-	1	1	9
TOTAL	19	301	3	53
RATE				
Current	1.2	0.7	0.2	0.1
Previous	2.1		-	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended 22 July 1950	Week Ended 16 July 1949	Week Ended 17 July 1948	Cumulative Number for First 29 Weeks 1950	Cumulative Number for First 29 Weeks 1949	Cumulative Number for First 29 Weeks 1948
Cases						
Diphtheria	138	181	144	6898	8987	9605
Dysentery	2697	914	760	16201	4682	4481
Typhoid Fever	166	165	285	2656	2912	4244
Paratyphoid Fever	71	52	82	890	1107	1455
Smallpox	-	1	1	5	120	16
Typhus Fever	-	2	8	926	88	406
Malaria	32	195	199	548	2166	2668
Japanese "B" Encephalitis	2	1	-	4	9	6
Scarlet Fever	101	91	53	3374	2819	1661
Epidemic Meningitis	10	25	22	603	865	1249
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	1092	3718	1214	44147	141181	42230
Whooping Cough	3811	3942	1863	80816	59435	27831
Tuberculosis	10076	10367	8989	256277	257208	207224
Pneumonia	1317	1753	882	105900	97390	88845
Influenza	10	14	31	20763	1757	2371
Poliomyelitis	146	130	29	1397	1211	318
Yellow Fever	-	-	-	-	-	-
Tetanus	45	53	45	1016	1149	1031
Puerperal Infection	13	12	10	493	534	575
Rabies	2	5	-	33	33	23
Anthrax	-	-	-	2	4	2
Glanders	-	-	-	-	-	2
Leprosy	10	21	8	343	482	418
Trachoma	2979	4594	4692	98874	114517	96365
Infectious Diarrhea	2	11	57	59	481	NA
Dengue Fever	-	-	-	-	4	3
Tsutsugamushi disease	12	NA	NA	25	NA	NA
Schistosomiasis	19	NA	NA	301	NA	NA
Filariasis	3	NA	NA	53	NA	NA
Deaths						
Diphtheria	6	10	4	625	921	888
Dysentery	554	291	208	3174	1312	1057
Typhoid Fever	14	17	30	330	352	492
Paratyphoid Fever	1	4	2	42	42	65
Smallpox	-	1	1	-	12	1
Typhus Fever	1	-	-	53	5	28
Malaria	1	1	1	28	33	19
Japanese "B" Encephalitis	1	1	1	2	5	3
Scarlet Fever	2	3	-	18	41	20
Epidemic Meningitis	7	12	4	165	246	317
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

CASE AND DEATH RATES OF COMPARABLE DISEASES
FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended 22 July 1950	16 July 1949	17 July 1948	Cumulative Rates for First 29 Weeks 1950	1949	1948
Case Rates						
Diphtheria	8.9	11.7	9.4	15.3	20.0	21.6
Dysentery	173.9	58.9	49.5	36.0	10.4	10.1
Typhoid fever	10.7	10.6	18.6	5.9	6.5	9.5
Paratyphoid fever	4.6	3.4	5.3	2.0	2.5	3.3
Smallpox	-	0.1	0.1	0.0	0.3	0.0
Typhus fever	-	0.1	0.5	2.1	0.2	0.9
Malaria	2.1	12.6	13.0	1.2	4.8	6.0
Japanese "B" Encephalitis	0.1	0.1	-	0.0	0.0	0.0
Scarlet fever	6.5	5.9	3.5	7.5	6.3	3.7
Epidemic Meningitis	0.6	1.6	1.4	1.3	1.9	2.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	70.4	239.7	79.1	98.2	313.9	94.9
Whooping cough	245.7	254.2	121.5	179.7	132.1	62.6
Tuberculosis	649.7	668.4	586.0	569.8	571.9	465.9
Pneumonia	84.9	113.0	57.5	235.4	216.5	199.7
Influenza	0.6	0.9	2.0	46.2	3.9	5.3
Poliomyelitis	9.4	8.4	1.9	3.1	2.7	0.7
Yellow fever	-	-	-	-	-	-
Tetanus	2.9	3.4	2.9	2.3	2.6	2.3
Puerperal infection	0.8	0.8	0.7	1.1	1.2	1.3
Rabies	0.1	0.3	-	0.1	0.1	0.1
Anthrax	-	-	-	0.00	0.0	0.00
Glanders	-	-	-	-	-	0.00
Leprosy	0.6	1.4	0.5	0.8	1.1	0.9
Trachome	192.1	296.2	305.9	219.8	254.6	216.6
Infectious diarrhea	0.1	0.7	3.7	0.1	1.1	NA
Dengue fever	-	-	-	-	0.0	0.0
Tsutsugamushi disease	0.8	NA	NA	0.1	NA	NA
Schistosomiasis	1.2	NA	NA	0.7	NA	NA
Filariasis	0.2	NA	NA	0.1	NA	NA
Death Rates						
Diphtheria	0.4	0.6	0.3	1.4	2.0	2.0
Dysentery	35.7	18.8	13.6	7.1	2.9	2.4
Typhoid fever	0.9	1.1	2.0	0.7	0.8	1.1
Paratyphoid fever	0.1	0.3	0.1	0.1	0.1	0.1
Smallpox	-	0.1	0.1	-	0.0	0.00
Typhus fever	0.1	-	-	0.1	0.0	0.1
Malaria	0.1	0.1	0.1	0.1	0.1	0.0
Japanese "B" Encephalitis	0.1	0.1	0.1	0.00	0.0	0.0
Scarlet fever	0.1	0.2	-	0.0	0.1	0.0
Epidemic meningitis	0.5	0.8	0.3	0.4	0.5	0.7
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SYPHILIS Current Cases	SYPHILIS Cumulative Cases	GONORRHEA Current Cases	GONORRHEA Cumulative Cases
HOKKAIDO	101	3969	211	6009
AOMORI	47	867	57	1032
IWATE	5	692	7	473
MIYAGI	27	1086	32	1146
AKITA	33	764	23	429
YAMAGATA	34	1042	27	695
FUKUSHIMA	31	1052	39	1263
IBARAKI	9	866	19	707
TOCHIGI	34	1132	41	1141
GUMMA	17	1050	29	1028
SAITAMA	25	1324	14	1382
CHIBA	68	1351	84	1323
TOKYO	91	4037	280	8359
KANAGAWA	121	4647	369	10688
NIIGATA	45	1289	42	711
TOYAMA	23	902	30	1148
ISHIKAWA	46	748	25	973
FUKUI	18	661	30	873
YAMANASHI	12	405	9	311
NAGANO	28	1119	35	1109
GIFU	15	815	25	1667
SHIZUOKA	28	1583	74	1945
AICHI	140	2913	174	3620
MIE	52	1189	51	1021
SHIGA	15	587	42	803
KYOTO	47	2104	60	2790
OSAKA	152	5436	115	3567
HYOGO	97	3420	100	3615
NARA	10	614	18	992
WAKAYAMA	32	1138	47	1536
TOTTORI	8	618	21	694
SHIMANE	11	317	5	308
OKAYAMA	5	1332	37	1603
HIROSHIMA	78	2218	156	4641
YAMAGUCHI	40	2147	140	3659
TOKUSHIMA	1	443	4	324
KAGAWA	8	615	9	551
EHIME	27	878	25	764
KOCHI	14	661	22	764
FUKUOKA	280	7335	554	12384
SAGA	85	1128	68	1285
NAGASAKI	146	3044	137	2483
KUMAMOTO	21	1154	24	1320
OITA	11	*906	7	1141
MIYAZAKI	12	726	19	912
KAGOSHIMA	23	838	38	1354
TOTAL	2,173	*73,162	3,375	96,543
RATE				
Current	140.1	162.7	217.6	214.6
Previous	150.7		229.3	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	CHANCROID		LYMPHOGRANULOMA VENEREUM	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	10	397	-	5
AOMORI	1	41	-	-
IWATE	2	21	-	1
MIYAGI	1	56	-	-
AKITA	-	17	-	1
YAMAGATA	1	29	-	-
FUKUSHIMA	2	59	-	2
IBARAKI	2	101	-	-
TOCHIGI	1	59	-	-
GUMMA	2	87	-	4
SAITAMA	2	89	1	3
CHIBA	2	123	-	1
TOKYO	22	762	1	26
KANAGAWA	45	1,027	1	23
NIIGATA	4	48	-	3
TOYAMA	3	100	-	2
ISHIKAWA	4	109	1	14
FUKUI	5	56	1	4
YAMANASHI	2	37	-	1
NAGANO	-	37	-	1
GIFU	8	273	-	2
SHIZUOKA	4	133	-	5
AICHI	9	259	-	7
MIE	8	121	-	5
SHIGA	-	166	-	4
KYOTO	20	581	-	40
OSAKA	15	745	-	30
HYOGO	9	446	1	23
NARA	3	211	-	2
WAKAYAMA	5	178	-	7
TOTTORI	5	62	-	2
SHIMANE	1	23	-	-
OKAYAMA	12	261	-	3
HIROSHIMA	20	450	-	18
YAMAGUCHI	4	176	-	12
TOKUSHIMA	-	22	-	3
KAGAWA	-	54	-	3
EHIME	-	64	-	3
KOCHI	-	74	-	2
FUKUOKA	37	908	-	16
SAGA	1	54	-	1
NAGASAKI	3	188	-	6
KUMAMOTO	-	46	-	-
OITA	2	82	-	3
MIYAZAKI	-	25	-	-
KAGOSHIMA	1	59	-	4
TOTAL	278	8.916	6	292
RATE				
Current	17.9	19.8	0.4	0.6
Previous	17.2		0.5	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

NUMBER OF CASES AND CASE RATES OF VENEREAL DISEASES IN JAPAN FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

DISEASES	WEEK ENDED			CUMULATIVE NUMBER FOR FIRST 29 WEEKS		
	1950 22 July	1949 16 July	1948 17 July	1950	1949	1948
NUMBER						
SYPHILIS	2,173	3,805	3,431	73,162	114,252	129,816
GONORRHEA	3,375	3,902	3,504	96,543	103,436	138,141
CHANCROID	278	451	450	8,916	13,890	23,751
LYMPHOGRANULOMA VENEREUM	6	13	18	292	401	448
RATE						
SYPHILIS	140.1	245.3	223.7	162.7	254.0	291.8
GONORRHEA	217.6	251.6	228.4	214.6	230.0	310.6
CHANCROID	17.9	29.1	29.3	19.8	30.9	53.4
LYMPHOGRANULOMA VENEREUM	0.4	0.8	1.2	0.6	0.9	1.0

FOOTNOTES:

1. There were no cases or deaths reported for cholera or plague, and there were also no cases of yellow fever, glanders, or dengue fever.

2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.

3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.

4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.

5. "NA" indicates that data are not available.

6. * Cumulative figures adjusted for delayed and corrected reports.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

DIGEST OF WEEKLY REPORT OF COMMUNICABLE DISEASES IN JAPAN FOR THE WEEK ENDED 29 JULY 1950

During the thirtieth week, ended 29 July 1950, there were 23,751 cases of the 31 communicable diseases (exclusive of the four venereal diseases) compared with 22,752 cases reported for the same diseases last week. Some corrections were received this week for preceding weeks in the current year. Totals for eleven diseases (diphtheria, typhoid fever, scarlet fever, measles, whooping cough, pneumonia, influenza, tetanus, rabies, leprosy, and infectious diarrhea) were lower this week than in either last week or the thirtieth week of last year; while totals for six other diseases (dysentery, paratyphoid fever, smallpox, Japanese "B" encephalitis, epidemic meningitis, and tuberculosis) were higher currently. No cases of cholera, plague, yellow fever, anthrax, glanders, or dengue fever were reported either this week, last week, or in the thirtieth week of last year. Cases of schistosomiasis and filariasis were higher and tsutsugamushi lower than in the preceding week. Data for these last three diseases are not available prior to the current year.

Diphtheria cases (114) decreased 17 percent from last week (138). There was also a decrease in deaths, from 6 to 3. The present case figure was 27 percent less than that (156) recorded for the same week of last year and 7 percent below the corresponding 1948 total (123). Almost half (21) of the prefectures reported fewer cases this week than last week while eighteen had more. Of the seven prefectures which did not change, one (Fukui) has reported no cases for six weeks and another (Kagawa) none for two weeks. Prefectural cases currently ranged from zero in nine to 11 in Fukuoka. The current and cumulative case rates were 7.4 and 15.1. respectively. Corresponding death rates were 0.2 and 1.3.

The number of dysentery cases increased 6 percent, from 2,696 last week to 2,850 currently. The death figure rose proportionately, from 555 to 585. Cases this week were two and one-fourth times those (1,260) listed for the same period of last year and three and a third times the total (855) for the corresponding week of 1948. There were increases over last week in 27 prefectures and decreases in 17, while the numbers stayed the same in the remaining 2. The most outstanding change from last week occurred in Aichi Prefecture, a decrease from 263 to 126 cases. There were large increases in Saitama, from 226 to 349 cases; and Tokyo-to, 260 to 341. A third of all cases this week were in three neighboring prefectures, Saitama (349), Tokyo-to (341), and Gumma (274). Remaining cases ranged from 1 to 128 in the 43 other prefectures. Bacillary dysentery accounted for 2,839 of the cases and amebic dysentery the remaining 11 cases. All deaths were from the former. The current and cumulative case rates for all dysentery were 183.8 and 40.9 respectively, while corresponding death rates were 37.7 and 8.1.

Typhoid fever cases (160) decreased slightly from last week (166). Deaths also decreased, from 14 to 5. The present number of cases was 15 percent less than that (188) recorded for the same week of last year and 64 percent below the corresponding 1948 figure (445). Decreases from last week occurred in 19 of the prefectures, increases in 12, and no change in 8. Of the remaining six prefectures, Saga has reported no cases for nine weeks and Yamanashi, Shiga, Kagawa, Oita, and Miyazaki none for two or three weeks. Four prefectures in central Honshu that together accounted for a third of all present cases were Tokyo-to (18), Niigata (14), and Kanagawa (11), and Shizuoka (10). Twenty-nine additional prefectures had from one to seven cases each. The current and cumulative case rates were 10.3 and 6.0 respectively. Corresponding death rates were 0.3 and 0.7.

There were 76 cases of paratyphoid fever and no deaths reported this week compared with 71 cases and one death last week. Present cases were 38 percent higher than those (55) in the same week of last year but 25 percent fewer than in the corresponding week of 1948 (101). A third (15) of the prefectures reported increases over last week, nearly that many (14) decreases, while six stayed the same. Of the remaining eleven prefectures, Nagasaki has reported no cases since the first week in February and the other ten none for from two to nine weeks. Almost half of all cases this week were in the three prefectures of Tokyo-to (15), Osaka (12), and Toyama (9), while the remainder occurred in 22 additional prefectures having from one to four each. The current and cumulative case rates were 4.9 and 2.1 respectively. The cumulative death rate was 0.1.

Incl. No 12

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

One case of smallpox was reported this week compared with no cases last week. There have been no deaths reported this year. During the thirtieth weeks of last year and 1948 cases numbered zero and 6 respecitvely. The one case this week was in Tottori Prefecture. Current and cumulative case rates were 0.1 and less than 0.1 respectively.

There were two typhus fever cases reported during the present week compared with none in the two preceding weeks. No deaths were reported currently whereas there was one last week. Four cases were recorded for the thirtieth week of last year and nine during the corresponding 1948 period. Hokkaido and Kagawa reported one case each this week. The current and cumulative case rates were 0.1 and 2.0 respectively. The cumulative death rate was 0.1.

Malaria cases numbered 48 this week, 50 percent over last week's figure (32). The number of deaths (1) did not change. Present cases were a little over a fourth of those (173) in the thirtieth week of last year and slightly more than a fifth of the corresponding 1948 total (218). There were increases over last week in about a third (15) of the prefectures, decreases in eleven, and no change in one, while no cases have been reported for two weeks or longer in the remaining nineteen. Shiga reported 28 cases this week, or 58 percent of the total, and 17 additional prefectures one or two cases each. The current and cumulative case rates were 3.1 and 1.3 respectively. The corresponding death rates were both 0.1.

Four cases of Japanese "B" encephalitis and one death were reported this week compared with two cases and one death last week. There was one case last year at this time and none during the same period of 1948. Gumma Prefecture reported two of the present cases and Osaka and Shimane Prefectures one each. The current and cumulative case rates were 0.3 and less than 0.1 respectively. Corresponding death rates were 0.1 and less than 0.1.

The number of scarlet fever cases decreased 14 percent, from 100 last week to 86 currently. The death figure (2) did not change. Cases were about the same this week as in the same week of last year (88) but nearly twice those (44) in the corresponding 1948 period. About a third (15) of the prefectures have reported no cases for at least two weeks. Two of them (Ehime and Miyazaki) have reported no cases for ten and nine weeks respectively. There were decreases from last week in fourteen prefectures and increases in twelve, while the numbers stayed the same in the remaining five. Tokyo-to reported 18 cases this week, about a fifth of the total, and 22 additional prefectures from 1 to 10 cases each. The current and cumulative case rates were 5.5 and 7.4 respectively. The corresponding death rates were 0.1 and less than 0.1.

There were more than twice as many epidemic meningitis cases reported this week (22) as in the preceding week (10). Eight deaths were reported compared with seven previously. Last year at this time there were 16 cases and in the corresponding 1948 period 26. The majority (27) of the prefectures have reported no cases for two weeks or longer. Changes from last week included fourteen prefectures with increases and five with decreases. About a third (15) of the prefectures reported having cases this week, from one to four each. The current and cumulative case rates were 1.4 and 1.3 respectively, while corresponding death rates were 0.5 and 0.4.

Measles cases (1,040) decreased 5 percent from last week (1,092). The present figure was less than a third of the number (3,323) recorded for the same week of last year but 10 percent higher than that (947) for the like period of 1948. Half (23) of the prefectures reported fewer cases this week than last week, twenty had more, two stayed the same, and the remaining one reported no cases during either period. Hokkaido and Gifu Prefecture reported 97 and 85 cases respectively this week, 38 additional prefectures from 1 to 63 cases each, and the remaining six no cases. The current and cumulative case rates were 67.1 and 97.1 respectively.

There were 3,711 cases of whooping cough reported this week compared with 3,811 cases last week, a decrease of 3 percent. They were 12 percent fewer than in the thirtieth week of last year (4,208) but well over twice the corresponding 1948 total (1,702). Cases increased over last week in 24 prefectures and decreased in 22. The most notable change was a decrease from 244 to 139 cases in Saitama

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Prefecture. Tokyo-to currently reported 304 cases, and the 45 other prefectures reported figures ranging from 6 in Tottori to 176 in neighboring Hyogo. The current and cumulative case rates were 239.3 and 181.7 respectively.

The number of tuberculosis cases reported this week (10,298) was slightly higher than in the preceding week (10,076). It was 5 percent greater than in the thirtieth week of last year (9,787) and 33 percent above the total (7,743) for the corresponding 1948 period. Cases increased over last week in 26 prefectures and decreased in 20. Prefectural case figures currently ranged from 24 to 975. Of the total tuberculosis cases reported this week, 88 percent (9,088) were designated as respiratory tuberculosis. The current and cumulative case rates for all forms of tuberculosis were 664.0 and 572.9.

Pneumonia cases decreased slightly, from 1,317 last week to 1,305 currently. The present figure was 18 percent less than that (1,597) recorded for the same week of last year but 68 percent greater than in the comparable 1948 period (775). Half (23) of the prefectures reported increases over last week, nearly that many (22) decreases, while the number stayed the same in the remaining one. Tokushima reported the largest increase, 132 cases this week compared with 8 previously. The 45 other prefectures reported cases this week that ranged from zero in Tottori to 73 in Saitama. The current and cumulative case rates were 84.1 and 230.4 respectively.

Half as many influenza cases were reported this week (5) as in the preceding week (10). The figures recorded for the thirtieth weeks of last year (15) and 1948 (21) were three and four times respectively the present number. Three prefectures reported cases this week, one or two each. The current and cumulative case rates were 0.3 and 44.6 respectively.

There were 134 cases of poliomyelitis this week compared with 146 cases last week, a decrease of 8 percent. The current figure was about the same as that (131) in the corresponding period of last year but approximately four times the number (33) recorded for the comparable 1948 week. Increases over last week occurred in about a third (15) of the prefectures and decreases in another third (15). Numbers stayed the same in nine prefectures, and of the seven remaining prefectures Shiga has reported no cases yet this year, Shimane none for six weeks, and the other five none for from two to four weeks. Four prefectures that together accounted for 46 percent of all cases this week were Tokyo-to (24), Yamaguchi (16), Fukuoka (12), and Mie (10). Twenty-nine additional prefectures reported from one to six cases each and the thirteen remaining prefectures none. Current and cumulative case rates were 8.6 and 3.3 respectively.

Tetanus cases numbered 40 this week compared with 45 last week and 48 and 39 respectively for the thirtieth weeks of last year and 1948. Decreases from last week occurred in 17 prefectures and increases in eight. The numbers did not change in eight other prefectures, while no cases have been reported for two weeks or longer in the remaining 13. This week's cases were distributed among approximately half (24) of the prefectures, from one to five in each. The current and cumulative case rates were 2.6 and 2.3 respectively.

The number of puerperal fever cases stayed the same as last week (13). Last year at this time there were 20 cases and in the thirtieth week of the previous year 15. About two-thirds (32) of the prefectures have reported no cases for two weeks or longer. Prefectural changes from last week were equally divided between increases (6) and decreases (6), while cases stayed the same in the remaining two. Ten prefectures reported one or two cases each this week. The current and cumulative case rates were 0.8 and 1.1 respectively.

One case of rabies was reported currently. Last week there were two cases, and in the thirtieth weeks of last year and 1948 two and none respectively. This week's one case occurred in Tokyo-to. The current and cumulative case rates for all Japan were both 0.1.

No anthrax cases were reported this week or last week and there were also no cases during the thirtieth weeks of last year and 1948. The cumulative case rate as of 29 July 1950 was less than 0.1

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

There were three cases of leprosy reported during the present week compared with ten cases in the preceding week. Cases numbered 18 and 11 during the thirtieth weeks of 1949 and 1948. Two of this week's cases were in Fukuoka Prefecture and the other in Yamanashi Prefecture. Current and cumulative case rates were 0.2 and 0.7.

Trachoma cases increased 27 percent, from 2,979 last week to 3,777 currently. They were slightly fewer than those (3,793) recorded for the thirtieth week of last year but 15 percent higher than the corresponding 1948 total (3,284). Cases increased over last week in 29 prefectures and decreased in the other 17. Prefectural case figures ranged from 2 to 352 this week. The current and cumulative case rates 243.5 and 220.6 respectively.

One infectious diarrhea case was reported this week compared with two cases last week. During the thirtieth weeks of 1949 and 1948 there were two and seven cases respectively. The one present case occurred in Wakayama Prefecture. Current and cumulative case rates were both 0.1.

There were eight more tsutsugamushi cases reported from Niigata Prefecture, the only prefecture to have reported incidence of this disease thus far. Last week there were 12 cases. No data are available prior to 1950. The current and cumulative case rates for all Japan were 0.5 and 0.1 respectively.

Schistosomiasis cases numbered 48 this week, about two and a half times last week's figure (19). They occurred in three of the four prefectures that have accounted for nearly all incidence of this disease, Yamanashi (29), Hiroshima (10), and Saga (9). The current and cumulative case rates were 3.1 and 0.8 respectively.

Four filariasis cases were reported during the present week compared with three previously. All four occurred in Kyushu, three in Kagoshima and one in Kumamoto. Current and cumulative case rates were 0.3 and 0.1 respectively.

The four venereal diseases accounted for 5,659 cases this week compared with 5,879 cases last week. Current and cumulative numbers of syphilis cases this week were 2,123 and 75,332 respectively; gonorrhea, 3,259 and 99,802; chancroid, 267 and 9,183; and lymphogranuloma venereum, 10 and 302. Totals for all diseases except lymphogranuloma venereum were lower this week than last week while all but gonoorrhea were lower this week than in the same week of last year. Last week there were 2,220 syphilis cases, 3,375 gonorrhea cases, 278 chancroid cases, and 6 lymphogranuloma venereum cases. During the thirtieth week of last year syphilis cases numbered 3,240, gonorrhea 3,190, chancroid 350, and lymphogranuloma venereum 15. The current and cumulative case rates for each of these diseases as of 29 July 1950 were: syphilis, 136.9 and 161.9 respectively; gonorrhea, 210.1 and 214.5; chancroid, 17.2 and 19.7; and lymphogranuloma venereum, 0.6 and 0.6.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SUMMARY REPORT OF CASES AND DEATHS COMMUNICABLE DISEASES IN JAPAN WEEK ENDED 29 JULY 1950

PREFECTURE	DIPHTHERIA				DYSENTERY			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	3	1	448	40	76	6	423	27
AOMORI	-	-	167	25	24	3	80	20
IWATE	4	1	175	21	55	11	232	43
MIYAGI	3	-	167	6	36	1	214	30
AKITA	3	-	228	12	9	3	116	37
YAMAGATA	1	-	82	6	27	6	231	43
FUKUSHIMA	2	-	169	17	128	20	593	122
IBARAKI	-	-	91	2	100	37	600	237
TOCHIGI	4	-	122	13	96	32	441	132
GUMMA	3	-	68	4	274	59	1,605	263
SAITAMA	5	-	192	12	349	59	*1,557	*401
CHIBA	-	-	77	10	78	22	762	192
TOKYO	7	-	440	38	341	39	2,868	391
KANAGAWA	1	-	159	15	110	12	1,017	104
NIIGATA	1	-	260	13	115	35	1,351	182
TOYAMA	4	-	92	7	50	9	246	41
ISHIKAWA	3	-	143	15	54	1	361	25
FUKUI	-	-	53	4	4	2	45	12
YAMANASHI	-	-	27	3	15	5	131	21
NAGANO	3	-	112	7	31	5	178	26
GIFU	3	-	59	10	61	14	350	100
SHIZUOKA	2	-	113	9	120	27	806	161
AICHI	-	-	184	11	126	26	1,119	250
MIE	2	-	101	9	26	5	*249	60
SHIGA	1	-	42	2	4	1	29	3
KYOTO	2	-	115	13	59	7	272	41
OSAKA	4	-	272	37	36	-	386	42
HYOGO	4	-	259	24	52	11	275	67
NARA	1	-	56	5	1	1	25	2
WAKAYAMA	-	-	39	2	8	4	54	21
TOTTORI	1	-	31	4	12	1	43	13
SHIMANE	8	-	141	7	10	5	68	23
OKAYAMA	-	-	76	6	6	4	84	*36
HIROSHIMA	4	-	202	13	50	12	249	65
YAMAGUCHI	1	-	*186	13	29	13	101	34
TOKUSHIMA	1	1	76	13	19	8	68	24
KAGAWA	-	-	39	2	21	9	118	44
EHIME	3	-	95	12	37	4	204	56
KOCHI	1	-	50	10	14	3	*84	18
FUKUOKA	11	-	526	45	55	9	451	89
SAGA	4	-	121	10	8	1	52	6
NAGASAKI	3	-	262	12	9	4	78	8
KUMAMOTO	1	-	114	9	44	24	410	113
OITA	3	-	153	25	21	9	81	36
MIYAZAKI	2	-	239	25	18	3	182	32
KAGOSHIMA	5	-	190	30	32	13	157	64
TOTAL	114	3	*7,013	628	2,850	585	*19,046	*3,757
RATE								
Current	7.4	0.2	15.1	1.3	183.8	37.7	40.9	8.1
Previous	8.9	0.4			173.8			

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TYPHOID FEVER				PARATYPHOID FEVER			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	4	-	87	11	2	-	45	5
AOMORI	3	1	55	3	1	-	16	1
IWATE	-	-	30	2	-	-	14	1
MIYAGI	5	1	98	12	2	-	47	1
AKITA	2	-	18	6	-	-	6	1
YAMAGATA	-	-	28	3	1	-	14	1
FUKUSHIMA	2	-	61	4	1	-	14	1
IBARAKI	1	-	41	5	1	-	9	2
TOCHIGI	3	-	30	4	-	-	8	-
GUMMA	4	-	52	3	3	-	38	2
SAITAMA	6	-	137	17	1	-	33	4
CHIBA	6	-	80	10	1	-	11	-
TOKYO	18	1	406	51	15	-	206	3
KANAGAWA	11	-	147	11	3	-	36	-
NIIGATA	14	-	122	10	4	-	36	-
TOYAMA	6	-	36	3	9	-	31	1
ISHIKAWA	-	-	20	8	1	-	5	1
FUKUI	5	-	37	-	3	-	8	-
YAMANASHI	-	-	8	1	-	-	6	-
NAGANO	1	-	37	6	-	-	4	1
GIFU	6	-	83	10	-	-	23	1
SHIZUOKA	10	-	89	6	1	-	29	2
AICHI	5	1	112	14	2	-	27	-
MIE	7	-	95	17	2	-	7	1
SHIGA	-	-	24	3	-	-	3	-
KYOTO	6	-	91	11	1	-	9	-
OSAKA	6	-	127	19	12	-	64	2
HYOGO	6	-	120	11	-	-	17	1
NARA	1	1	52	6	-	-	6	-
WAKAYAMA	4	-	29	5	4	-	22	-
TOTTORI	-	-	8	-	-	-	1	-
SHIMANE	2	-	39	5	-	-	6	-
OKAYAMA	-	-	46	9	-	-	4	1
HIROSHIMA	3	-	*108	12	2	-	44	3
YAMAGUCHI	1	-	17	3	-	-	8	-
TOKUSHIMA	2	-	39	8	1	-	28	3
KAGAWA	-	-	4	1	-	-	12	1
EHIME	5	-	22	3	1	-	3	-
KOCHI	-	-	48	8	-	-	9	-
FUKUOKA	3	-	50	3	-	-	28	1
SAGA	-	-	7	-	-	-	4	-
NAGASAKI	-	-	28	1	-	-	1	-
KUMAMOTO	1	-	24	5	2	-	15	-
OITA	-	-	7	2	-	-	1	1
MIYAZAKI	-	-	13	2	-	-	6	-
KAGOSHIMA	1	-	3	1	-	-	2	-
TOTAL	160	5	*2,815	335	76	-	966	42
RATE								
Current	10.3	0.3	6.0	0.7	4.9	-	2.1	0.1
Previous	10.7	0.9			4.6	0.1		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	SMALLPOX Current Cases	SMALLPOX Current Deaths	SMALLPOX Cumulative Cases	SMALLPOX Cumulative Deaths	TYPHUS FEVER Current Cases	TYPHUS FEVER Current Deaths	TYPHUS FEVER Cumulative Cases	TYPHUS FEVER Cumulative Deaths
HOKKAIDO	-	-	1	-	1	-	116	3
AOMORI	-	-	-	-	-	-	3	-
IWATE	-	-	-	-	-	-	6	-
MIYAGI	-	-	1	-	-	-	7	1
AKITA	-	-	-	-	-	-	-	-
YAMAGATA	-	-	-	-	-	-	4	-
FUKUSHIMA	-	-	-	-	-	-	4	-
IBARAKI	-	-	-	-	-	-	11	2
TOCHIGI	-	-	-	-	-	-	1	-
GUMMA	-	-	-	-	-	-	24	1
SAITAMA	-	-	-	-	-	-	4	2
CHIBA	-	-	-	-	-	-	19	1
TOKYO	-	-	-	-	-	-	230	20
KANAGAWA	-	-	1	-	-	-	423	23
NIIGATA	-	-	-	-	-	-	-	-
TOYAMA	-	-	-	-	-	-	-	-
ISHIKAWA	-	-	-	-	-	-	-	-
FUKUI	-	-	-	-	-	-	-	-
YAMANASHI	-	-	-	-	-	-	4	-
NAGANO	-	-	-	-	-	-	-	-
GIFU	-	-	-	-	-	-	3	-
SHIZUOKA	-	-	-	-	-	-	1	-
AICHI	-	-	-	-	-	-	-	-
MIE	-	-	-	-	-	-	-	-
SHIGA	-	-	-	-	-	-	-	-
KYOTO	-	-	-	-	-	-	15	-
OSAKA	-	-	-	-	-	-	32	-
HYOGO	-	-	-	-	-	-	1	-
NARA	-	-	-	-	-	-	-	-
WAKAYAMA	-	-	-	-	-	-	-	-
TOTTORI	1	-	2	-	-	-	1	-
SHIMANE	-	-	-	-	-	-	1	-
OKAYAMA	-	-	-	-	-	-	13	-
HIROSHIMA	-	-	-	-	-	-	-	-
YAMAGUCHI	-	-	-	-	-	-	-	-
TOKUSHIMA	-	-	-	-	-	-	3	-
KAGAWA	-	-	-	-	-	-	-	-
EHIME	-	-	-	-	-	-	-	-
KOCHI	-	-	-	-	-	-	-	-
FUKUOKA	-	-	-	-	-	-	-	-
SAGA	-	-	-	-	-	-	-	-
NAGASAKI	-	-	1	-	-	-	2	-
KUMAMOTO	-	-	-	-	-	-	-	-
OITA	-	-	-	-	-	-	-	-
MIYAZAKI	-	-	-	-	-	-	-	-
KAGOSHIMA	-	-	-	-	-	-	-	-
TOTAL	1	-	6	-	2	-	928	53
RATE Current	0.1	-	0.0	-	0.1	-	2.0	0.1
Previous	-	-			-	0.1		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	MALARIA				JAPANESE "B" ENCEPHALITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	-	-	13	-	-	-	-	-
AOMORI	-	-	4	-	-	-	-	-
IWATE	-	-	1	1	-	-	-	-
MIYAGI	1	-	4	1	-	-	-	-
AKITA	-	-	6	1	-	-	-	-
YAMAGATA	1	-	4	-	-	-	-	-
FUKUSHIMA	-	-	9	1	-	-	-	-
IBARAKI	2	-	14	1	-	-	-	-
TOCHIGI	-	-	6	-	-	-	-	-
GUMMA	-	-	11	1	2	-	2	-
SAITAMA	-	-	13	-	-	-	-	-
CHIBA	-	-	5	-	-	-	-	-
TOKYO	-	-	35	2	-	-	1	-
KANAGAWA	1	-	5	1	-	-	-	-
NIIGATA	-	-	5	-	-	-	-	-
TOYAMA	2	-	10	-	-	-	-	-
ISHIKAWA	2	1	11	3	-	-	-	-
FUKUI	-	-	9	1	-	-	-	-
YAMANASHI	1	-	8	-	-	-	-	-
NAGANO	-	-	7	1	-	-	-	-
GIFU	-	-	12	1	-	-	-	-
SHIZUOKA	1	-	5	-	-	-	-	-
AICHI	-	-	19	-	-	-	-	-
MIE	1	-	18	-	-	-	-	-
SHIGA	28	-	165	-	-	-	-	-
KYOTO	1	-	15	1	-	-	-	-
OSAKA	1	-	2	-	1	-	1	-
HYOGO	-	-	12	2	-	-	-	-
NARA	1	-	4	1	-	-	-	-
WAKAYAMA	-	-	4	-	-	-	-	-
TOTTORI	-	-	2	-	-	-	-	-
SHIMANE	-	-	2	-	1	1	1	1
OKAYAMA	-	-	13	1	-	-	-	-
HIROSHIMA	-	-	11	-	-	-	-	-
YAMAGUCHI	-	-	15	-	-	-	-	-
TOKUSHIMA	1	-	4	-	-	-	-	-
KAGAWA	-	-	3	-	-	-	3	2
EHIME	-	-	7	-	-	-	-	-
KOCHI	1	-	4	-	-	-	-	-
FUKUOKA	1	-	32	2	-	-	-	-
SAGA	1	-	9	-	-	-	-	-
NAGASAKI	-	-	21	-	-	-	-	-
KUMAMOTO	1	-	9	2	-	-	-	-
OITA	-	-	5	-	-	-	-	-
MIYAZAKI	-	-	6	-	-	-	-	-
KAGOSHIMA	-	-	17	5	-	-	-	-
TOTAL	48	1	596	29	4	1	8	3
RATE								
Current	3.1	0.1	1.3	0.1	0.3	0.1	0.0	0.0
Previous	2.1	0.1			0.1	0.1		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SCARLET FEVER				EPIDEMIC MENINGITIS			
	Current		Cumulative		Current		Cumulative	
	Cases	Deaths	Cases	Deaths	Cases	Deaths	Cases	Deaths
HOKKAIDO	2	-	154	-	2	1	53	18
AOMORI	1	-	39	-	2	-	19	4
IWATE	4	-	33	1	1	-	10	4
MIYAGI	-	-	40	-	-	-	41	11
AKITA	2	-	40	-	-	-	8	1
YAMAGATA	-	-	19	-	4	-	36	7
FUKUSHIMA	-	-	31	-	2	1	22	9
IBARAKI	1	-	112	-	2	1	16	4
TOCHIGI	-	-	10	-	-	-	9	1
GUMMA	1	-	84	-	-	-	6	-
SAITAMA	-	-	170	1	1	-	13	4
CHIBA	-	-	41	-	1	-	14	4
TOKYO	18	1	680	4	-	1	106	24
KANAGAWA	5	-	175	-	-	-	27	8
NIIGATA	1	-	26	-	-	-	11	1
TOYAMA	2	-	34	-	-	-	10	1
ISHIKAWA	-	-	11	1	-	-	5	1
FUKUI	-	-	47	-	-	-	1	1
YAMANASHI	-	-	67	-	-	-	5	2
NAGANO	10	1	204	2	-	-	11	1
GIFU	2	-	86	-	-	-	5	2
SHIZUOKA	2	-	68	1	1	-	12	3
AICHI	5	-	207	*2	-	-	11	6
MIE	1	-	59	-	1	1	6	2
SHIGA	3	-	108	-	-	-	9	3
KYOTO	8	-	*174	*-	1	-	16	6
OSAKA	8	-	346	1	1	1	39	11
HYOGO	2	-	82	-	-	1	6	1
NARA	2	-	22	-	-	-	-	-
WAKAYAMA	-	-	14	-	-	-	3	2
TOTTORI	-	-	6	-	-	-	5	1
SHIMANE	4	-	38	-	-	-	-	-
OKAYAMA	-	-	46	-	-	-	2	-
HIROSHIMA	-	-	58	1	1	1	13	8
YAMAGUCHI	1	-	16	-	-	-	10	3
TOKUSHIMA	-	-	9	-	-	-	1	-
KAGAWA	-	-	7	1	1	-	4	-
EHIME	-	-	4	-	-	-	5	2
KOCHI	-	-	10	-	-	-	2	1
FUKUOKA	1	-	44	1	-	-	22	5
SAGA	-	-	5	1	-	-	3	1
NAGASAKI	-	-	13	-	-	-	8	1
KUMAMOTO	-	-	5	-	-	-	7	4
OITA	-	-	3	-	-	-	4	-
MIYAZAKI	-	-	6	-	1	-	5	4
KAGOSHIMA	-	-	6	-	-	-	4	1
TOTAL	86	2	*3,459	*17	22	8	625	173
RATE								
Current	5.5	0.1	7.4	0.0	1.4	0.5	1.3	0.4
Previous	6.4	0.1			0.6	0.5		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	MEASLES		WHOOPING COUGH	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	97	1501	116	1817
AOMORI	18	513	32	884
IWATE	40	908	38	1226
MIYAGI	16	504	43	966
AKITA	14	570	50	888
YAMAGATA	19	308	23	379
FUKUSHIMA	12	1105	52	1881
IBARAKI	18	360	91	2997
TOCHIGI	23	1286	27	867
GUMMA	20	1859	56	1562
SAITAMA	33	4027	139	4422
CHIBA	-	461	53	1325
TOKYO	63	2113	304	6475
KANAGAWA	39	1146	146	3437
NIIGATA	50	650	114	2033
TOYAMA	-	172	137	3659
ISHIKAWA	2	63	35	1007
FUKUI	50	950	38	941
YAMANASHI	8	278	27	953
NAGANO	55	2071	114	2264
GIFU	85	2386	45	920
SHIZUOKA	32	1879	146	3576
AICHI	28	3671	105	2132
MIE	4	351	95	2035
SHIGA	1	226	94	1553
KYOTO	1	76	111	1985
OSAKA	5	261	128	2878
HYOGO	22	846	176	3014
NARA	2	67	23	353
WAKAYAMA	-	122	74	1561
TOTTORI	-	36	6	542
SHIMANE	-	20	41	883
OKAYAMA	23	1436	48	1049
HIROSHIMA	25	1895	103	2614
YAMAGUCHI	2	98	21	759
TOKUSHIMA	19	1649	35	1134
KAGAWA	19	2361	90	1198
EHIME	37	2093	85	2102
KOCHI	28	1311	32	919
FUKUOKA	54	1143	148	4095
SAGA	25	301	86	1127
NAGASAKI	16	595	131	1805
KUMAMOTO	-	334	69	2479
OITA	4	62	67	1158
MIYAZAKI	11	361	84	1729
KAGOSHIMA	20	762	33	944
TOTAL	1,040	45,187	3,711	84,527
RATE				
Current	67.1	97.1	239.3	181.7
Previous	70.4		245.7	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TUBERCULOSIS		PNEUMONIA	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	792	21827	60	5793
AOMORI	141	4807	18	1916
IWATE	162	5792	55	2692
MIYAGI	137	5655	14	2350
AKITA	120	4165	27	1814
YAMAGATA	107	3688	18	1605
FUKUSHIMA	149	4633	23	2960
IBARAKI	101	3350	27	2726
TOCHIGI	96	2301	20	2362
GUMMA	123	4040	28	4001
SAITAMA	350	7608	73	7178
CHIBA	116	4845	7	1569
TOKYO	975	29280	45	4104
KANAGAWA	322	8357	25	2882
NIIGATA	189	5061	26	3202
TOYAMA	262	5220	44	3685
ISHIKAWA	182	4023	26	1213
FUKUI	162	2975	16	1394
YAMANASHI	45	1455	17	1058
NAGANO	242	6357	41	4576
GIFU	272	4489	27	2267
SHIZUOKA	150	5012	15	2551
AICHI	558	13176	42	4678
MIE	194	4671	22	1869
SHIGA	93	2461	28	1479
KYOTO	388	7379	14	1269
OSAKA	576	14037	28	1976
HYOGO	300	10108	28	2299
NARA	24	1294	4	584
WAKAYAMA	141	2520	27	1022
TOTTORI	76	1942	-	668
SHIMANE	45	2709	8	1090
OKAYAMA	154	5349	12	2580
HIROSHIMA	200	7534	39	2905
YAMAGUCHI	207	4373	12	1061
TOKUSHIMA	81	1643	132	1270
KAGAWA	179	2434	27	1714
EHIME	167	3827	24	3058
KOCHI	60	1796	13	991
FUKUOKA	488	11916	36	3375
SAGA	195	3336	26	1268
NAGASAKI	348	4592	35	1606
KUMAMOTO	165	3910	40	2428
OITA	151	3235	16	1161
MIYAZAKI	189	3690	21	1676
KAGOSHIMA	124	3703	19	1280
TOTAL	10,298	266,575	1,305	107,205
RATE				
Current	664.0	572.9	84.1	230.4
Previous	649.7		84.9	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	INFLUENZA Current Cases	INFLUENZA Cumulative Cases	POLIOMYELITIS Current Cases	POLIOMYELITIS Cumulative Cases
HOKKAIDO	-	2,947	5	72
AOMORI	-	[illegible]	1	14
IWATE	-	[illegible]	1	12
MIYAGI	-	6	2	61
AKITA	-	1,149	-	8
YAMAGATA	-	32	-	15
FUKUSHIMA	-	-	2	40
IBARAKI	-	1,160	2	27
TOCHIGI	-	27	1	12
GUMMA	-	398	5	50
SAITAMA	-	283	3	46
CHIBA	-	213	-	13
TOKYO	-	359	24	232
KANAGAWA	-	288	6	48
NIIGATA	-	780	-	17
TOYAMA	-	195	2	21
ISHIKAWA	-	97	-	14
FUKUI	-	567	-	9
YAMANASHI	-	263	1	17
NAGANO	-	173	2	35
GIFU	1	2,374	2	10
SHIZUOKA	-	463	5	56
AICHI	2	1,304	1	33
MIE	-	635	10	49
SHIGA	-	228	-	-
KYOTO	-	1,122	1	11
OSAKA	-	395	6	58
HYOGO	-	1,382	6	34
NARA	-	433	-	13
WAKAYAMA	-	259	-	5
TOTTORI	-	111	2	11
SHIMANE	2	620	-	5
OKAYAMA	-	429	1	31
HIROSHIMA	-	156	-	13
YAMAGUCHI	-	99	16	39
TOKUSHIMA	-	105	1	12
KAGAWA	-	95	1	8
EHIME	-	152	6	49
KOCHI	-	7	-	14
FUKUOKA	-	697	12	116
SAGA	-	118	1	13
NAGASAKI	-	158	2	10
KUMAMOTO	-	5	1	27
OITA	-	412	2	57
MIYAZAKI	-	72	1	87
KAGOSHIMA	-	-	-	7
TOTAL	5	20,768	134	1,531
RATE				
Current	0.3	44.6	8.6	3.3
Previous	0.6		9.4	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	TETANUS Current Cases	TETANUS Cumulative Cases	PUERPERAL INFECTION Current Cases	PUERPERAL INFECTION Cumulative Cases	
HOKKAIDO	1	26	2	39	
AOMORI	-	18	1	15	
IWATE	1	8	1	11	
MIYAGI	-	16	-	8	
AKITA	-	9	-	23	
YAMAGATA	-	7	-	9	
FUKUSHIMA	-	24	-	8	
IBARAKI	2	58	1	11	
TOCHIGI	-	55	-	7	
GUMMA	1	48	-	14	
SAITAMA	1	32	1	40	
CHIBA	1	48	-	2	
TOKYO	2	46	-	10	
KANAGAWA	-	25	-	7	
NIIGATA	-	12	-	11	
TOYAMA	1	9	2	32	
ISHIKAWA	1	12	-	5	
FUKUI	-	2	1	11	
YAMANASHI	-	14	-	10	
NAGANO	1	30	-	15	
GIFU	-	18	-	9	
SHIZUOKA	2	34	2	15	
AICHI	3	48	-	17	
MIE	1	16	-	5	
SHIGA	-	7	1	11	
KYOTO	-	13	-	7	
OSAKA	2	34	-	9	
HYOGO	-	16	-	11	
NARA	-	13	-	2	
WAKAYAMA	-	9	-	1	
TOTTORI	-	10	-	9	
SHIMANE	1	17	-	6	
OKAYAMA	-	21	-	9	
HIROSHIMA	2	22	-	13	
YAMAGUCHI	2	26	-	3	
TOKUSHIMA	1	17	-	8	
KAGAWA	-	21	-	3	
EHIME	1	30	-	6	
KOCHI	5	26	-	3	
FUKUOKA	1	50	-	21	
SAGA	2	15	-	5	
NAGASAKI	-	13	-	5	
KUMAMOTO	2	30	-	19	
OITA	-	20	-	3	
MIYAZAKI	-	33	-	13	
KAGOSHIMA	3	28	1	7	
TOTAL	40	1,056	13	506	
RATE					
Current	2.6	2.3	0.8	1.1	
Previous	2.9		0.8		

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	RABIES		ANTHRAX	
	Current Cases	Cumulative Cases	Current Cases	Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	1	-	-
TOCHIGI	-	3	-	-
GUMMA	-	9	-	1
SAITAMA	-	4	-	-
CHIBA	-	7	-	-
TOKYO	1	5	-	1
KANAGAWA	-	5	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	-	-	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	-	-	-	-
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	-	-
SAGA	-	-	-	-
NAGASAKI	-	-	-	-
KUMAMOTO	-	-	-	-
OITA	-	-	-	-
MIYAZAKI	-	-	-	-
KAGOSHIMA	-	-	-	-
TOTAL	1	34	-	2
RATE				
Current	0.1	0.1	-	0.00
Previous	0.1		-	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	LEPROSY Current Cases	LEPROSY Cumulative Cases	TRACHOMA Current Cases	TRACHOMA Cumulative Cases
HOKKAIDO	-	6	352	5833
AOMORI	-	7	36	2940
IWATE	-	10	199	4181
MIYAGI	-	12	107	3061
AKITA	-	9	275	5230
YAMAGATA	-	4	169	1893
FUKUSHIMA	-	11	42	1428
IBARAKI	-	4	101	2406
TOCHIGI	-	9	20	2115
GUNMA	-	35	170	5261
SAITAMA	-	2	308	3387
CHIBA	-	-	10	2021
TOKYO	-	22	137	4100
KANAGAWA	-	3	63	4084
NIIGATA	-	-	24	1023
TOYAMA	-	-	28	1090
ISHIKAWA	-	1	24	716
FUKUI	-	2	25	820
YAMANASHI	1	7	63	754
NAGANO	-	3	159	1367
GIFU	-	8	38	1138
SHIZUOKA	-	13	33	1900
AICHI	-	21	189	7149
MIE	-	7	17	1039
SHIGA	-	3	162	805
KYOTO	-	13	8	872
OSAKA	-	7	118	6006
HYOGO	-	7	145	6041
NARA	-	4	5	583
WAKAYAMA	-	3	67	1403
TOTTORI	-	3	2	332
SHIMANE	-	2	5	293
OKAYAMA	-	11	35	1647
HIROSHIMA	-	-	73	2998
YAMAGUCHI	-	7	10	496
TOKUSHIMA	-	11	12	1350
KAGAWA	-	3	7	1210
EHIME	-	4	32	1103
KOCHI	-	2	15	442
FUKUOKA	2	30	321	5122
SAGA	-	2	49	679
NAGASAKI	-	6	25	2077
KUMAMOTO	-	9	35	1032
OITA	-	8	13	1036
MIYAZAKI	-	11	12	865
KAGOSHIMA	-	4	37	1323
TOTAL	3	346	3,777	102,651
RATE				
Current	0.2	0.7	243.5	220.6
Previous	0.6		192.1	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	INFECTIOUS DIARRHEA Current Cases	INFECTIOUS DIARRHEA Cumulative Cases	TSUTSUGAMUSHI DISEASE Current Cases	TSUTSUGAMUSHI DISEASE Cumulative Cases
HOKKAIDO	-	10	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	1	-	-
AKITA	-	-	-	-
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	-
IBARAKI	-	-	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	2	-	-
CHIBA	-	-	-	-
TOKYO	-	-	-	-
KANAGAWA	-	-	-	-
NIIGATA	-	2	8	33
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	1	-	-
YAMANASHI	-	-	-	-
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	-
AICHI	-	24	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	-
HYOGO	-	-	-	-
NARA	-	-	-	-
WAKAYAMA	1	1	-	-
TOTTORI	-	-	-	-
SHIMANE	-	3	-	-
OKAYAMA	-	11	-	-
HIROSHIMA	-	-	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	1	-	-
EHIME	-	-	-	-
KOCHI	-	-	-	-
FUKUOKA	-	-	-	-
SAGA	-	-	-	-
NAGASAKI	-	1	-	-
KUMAMOTO	-	-	-	-
OITA	-	-	-	-
MIYAZAKI	-	3	-	-
KAGOSHIMA	-	-	-	-
TOTAL	1	60	8	33
RATE				
Current	0.1	0.1	0.5	0.1
Previous	0.1		0.8	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SCHISTOSOMIASIS Current Cases	SCHISTOSOMIASIS Cumulative Cases	FILARIASIS Current Cases	FILARIASIS Cumulative Cases
HOKKAIDO	-	-	-	-
AOMORI	-	-	-	-
IWATE	-	-	-	-
MIYAGI	-	-	-	-
AKITA	-	-	-	1
YAMAGATA	-	-	-	-
FUKUSHIMA	-	-	-	1
IBARAKI	-	1	-	-
TOCHIGI	-	-	-	-
GUMMA	-	-	-	-
SAITAMA	-	-	-	1
CHIBA	-	1	-	1
TOKYO	-	1	-	1
KANAGAWA	-	-	-	-
NIIGATA	-	-	-	-
TOYAMA	-	-	-	-
ISHIKAWA	-	-	-	-
FUKUI	-	-	-	-
YAMANASHI	29	242	-	6
NAGANO	-	-	-	-
GIFU	-	-	-	-
SHIZUOKA	-	-	-	2
AICHI	-	-	-	-
MIE	-	-	-	-
SHIGA	-	-	-	-
KYOTO	-	-	-	-
OSAKA	-	-	-	2
HYOGO	-	-	-	1
NARA	-	-	-	-
WAKAYAMA	-	-	-	4
TOTTORI	-	-	-	-
SHIMANE	-	-	-	-
OKAYAMA	-	-	-	1
HIROSHIMA	10	34	-	-
YAMAGUCHI	-	-	-	-
TOKUSHIMA	-	-	-	-
KAGAWA	-	-	-	-
EHIME	-	-	-	3
KOCHI	-	-	-	-
FUKUOKA	-	36	-	2
SAGA	9	33	-	1
NAGASAKI	-	-	-	1
KUMAMOTO	-	-	1	7
OITA	-	-	-	2
MIYAZAKI	-	-	-	8
KAGOSHIMA	-	1	3	12
TOTAL	48	349	4	57
RATE				
Current	3.1	0.8	0.3	0.1
Previous	1.2		0.2	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

NUMBER OF CASES AND DEATHS OF COMMUNICABLE DISEASES FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended 29 Jul 1950	23 Jul 1949	24 Jul 1948	Cumulative Number for First 30 Weeks 1950	1949	1948
Cases						
Diphtheria	114	156	123	7013	9143	9728
Dysentery	2850	1260	855	19046	5942	5336
Typhoid Fever	160	188	445	2815	3100	4689
Paratyphoid Fever	76	55	101	966	1162	1556
Smallpox	1	-	6	6	120	22
Typhus Fever	2	4	9	928	92	415
Malaria	48	173	218	596	2339	2886
Japanese "B" Encephalitis	4	1	-	8	10	6
Scarlet Fever	86	88	44	3459	2907	1705
Epidemic Meningitis	22	16	26	625	881	1275
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	1040	3323	947	45187	144504	43177
Whooping Cough	3711	4208	1702	84527	63643	29533
Tuberculosis	10298	9787	7743	266575	266995	214967
Pneumonia	1305	1597	775	107205	98987	89620
Influenza	5	15	21	20768	1772	2392
Poliomyelitis	134	131	33	1531	1342	351
Yellow Fever	-	-	-	-	-	-
Tetanus	40	48	39	1056	1197	1070
Puerperal Infection	13	20	15	506	554	590
Rabies	1	2	-	34	35	23
Anthrax	-	-	-	2	4	2
Glanders	-	-	-	-	-	2
Leprosy	3	18	11	346	500	429
Trachoma	3777	3793	3284	102651	118310	99649
Infectious Diarrhea	1	2	7	60	483	NA
Dengue Fever	-	-	-	-	4	3
Tsutsugamushi disease	8	NA	NA	33	NA	NA
Schistosomiasis	48	NA	NA	349	NA	NA
Filariasis	4	NA	NA	57	NA	NA
Deaths						
Diphtheria	3	22	7	628	943	895
Dysentery	585	402	230	3757	1714	1287
Typhoid Fever	5	14	39	335	366	531
Paratyphoid Fever	-	3	4	42	45	69
Smallpox	-	-	-	-	12	1
Typhus Fever	-	-	-	53	5	28
Malaria	1	4	-	29	37	19
Japanese "B" Encephalitis	1	1	-	3	6	3
Scarlet Fever	2	1	1	17	42	21
Epidemic Meningitis	8	3	5	173	249	322
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

CASE AND DEATH RATES OF COMMUNICABLE DISEASES FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

Diseases	Week Ended 29 Jul 1950	Week Ended 23 Jul 1949	Week Ended 23 Jul 1948	Cumulative Rates for First 30 Weeks 1950	Cumulative Rates for First 30 Weeks 1949	Cumulative Rates for First 30 Weeks 1948
Case Rates						
Diphtheria	7.4	10.1	8.0	15.1	19.7	21.1
Dysentery	183.8	81.2	55.7	40.9	12.8	11.6
Typhoid Fever	10.3	12.1	29.0	6.0	6.7	10.2
Paratyphoid Fever	4.9	3.5	6.6	2.1	2.5	3.4
Smallpox	0.1	-	0.4	0.0	0.3	0.0
Typhus Fever	0.1	0.3	0.6	2.0	0.2	0.9
Malaria	3.1	11.2	14.2	1.3	5.0	6.3
Japanese "B" Encephalitis	0.3	0.1	-	0.0	0.0	0.0
Scarlet Fever	5.5	5.7	2.9	7.4	6.2	3.7
Epidemic Meningitis	1.4	1.0	1.7	1.3	1.9	2.8
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-
Measles	67.1	214.3	61.7	97.1	310.6	93.8
Whooping Cough	239.3	271.3	113.0	181.7	136.8	64.2
Tuberculosis	664.0	631.0	504.8	572.9	573.8	467.1
Pneumonia	84.1	103.0	50.5	230.4	212.7	194.8
Influenza	0.3	1.0	1.4	44.6	3.8	5.2
Poliomyelitis	8.6	8.4	2.2	3.3	2.9	0.8
Yellow Fever	-	-	-	-	-	-
Tetanus	2.6	3.1	2.5	2.3	2.6	2.3
Puerperal Infection	0.8	1.3	1.0	1.1	1.2	1.3
Rabies	0.1	0.1	-	0.1	0.1	0.0
Anthrax	-	-	-	0.00	0.0	0.00
Glanders	-	-	-	-	-	0.00
Leprosy	0.2	1.2	0.7	0.7	1.1	0.9
Trachoma	243.5	244.6	214.1	220.6	254.3	216.5
Infectious Diarrhea	0.1	0.1	0.5	0.1	1.0	NA
Dengue Fever	-	-	-	-	0.0	0.0
Tsutsugamushi disease	0.5	NA	NA	0.1	NA	NA
Schistosomiasis	3.1	NA	NA	0.8	NA	NA
Filariasis	0.3	NA	NA	0.1	NA	NA
Death Rates						
Diphtheria	0.2	1.4	0.5	1.3	2.0	1.9
Dysentery	37.7	25.9	15.0	8.1	3.7	2.8
Typhoid Fever	0.3	0.9	2.5	0.7	0.8	1.2
Paratyphoid Fever	-	0.2	0.3	0.1	0.1	0.1
Smallpox	-	-	-	-	0.0	0.00
Typhus Fever	-	-	-	0.1	0.0	0.1
Malaria	0.1	0.3	-	0.1	0.1	0.0
Japanese "B" Encephalitis	0.1	0.1	-	0.0	0.0	0.0
Scarlet Fever	0.1	0.1	0.1	0.0	0.1	0.0
Epidemic Meningitis	0.5	0.2	0.3	0.4	0.5	0.7
Cholera	-	-	-	-	-	-
Plague	-	-	-	-	-	-

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

PREFECTURE	SYPHILIS Current Cases	SYPHILIS Cumulative Cases	GONORRHEA Current Cases	GONORRHEA Cumulative Cases
HOKKAIDO	131	4100	236	6245
AOMORI	10	877	19	1051
IWATE	7	699	15	488
MIYAGI	22	1108	12	1158
AKITA	16	780	11	440
YAMAGATA	37	1079	20	715
FUKUSHIMA	30	1082	48	1311
IBARAKI	14	880	11	718
TOCHIGI	17	1149	39	1180
GUMMA	44	1094	38	1066
SAITAMA	37	1361	45	1427
CHIBA	30	1381	54	1377
TOKYO	131	4168	304	8663
KANAGAWA	142	4789	393	11081
NIIGATA	30	1319	19	730
TOYAMA	28	930	65	1213
ISHIKAWA	18	766	34	1007
FUKUI	6	667	7	880
YAMANASHI	17	422	13	324
NAGANO	26	1145	30	1139
GIFU	66	881	116	1783
SHIZUOKA	33	1616	37	1982
AICHI	55	2968	93	3713
MIE	27	1216	52	1073
SHIGA	15	602	19	822
KYOTO	47	2151	103	2893
OSAKA	154	5590	87	3654
HYOGO	81	3501	101	3716
NARA	16	630	23	1015
WAKAYAMA	36	1174	53	1589
TOTTORI	17	635	43	737
SHIMANE	9	326	2	310
OKAYAMA	22	*1401	27	1630
HIROSHIMA	70	2288	143	4784
YAMAGUCHI	124	2271	133	3792
TOKUSHIMA	13	456	6	330
KAGAWA	39	654	26	577
EHIME	21	899	16	780
KOCHI	25	686	21	785
FUKUOKA	195	7530	427	12811
SAGA	55	1183	62	1347
NAGASAKI	126	3170	101	2584
KUMAMOTO	16	1170	38	1358
OITA	25	931	33	1174
MIYAZAKI	9	735	39	951
KAGOSHIMA	34	872	45	1399
TOTAL	2,123	*75,332	3,259	99,802
RATE				
Current	136.9	161.9	210.1	214.5
Previous	143.1		217.6	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Weekly Report - 29 July 1950
Continued

PREFECTURE	CHANCROID Current Cases	CHANCROID Cumulative Cases	LYMPHOGRANULOMA VENEREUM Current Cases	LYMPHOGRANULOMA VENEREUM Cumulative Cases
HOKKAIDO	10	407	1	6
AOMORI	1	42	-	-
IWATE	-	21	-	1
MIYAGI	2	58	-	-
AKITA	2	19	-	1
YAMAGATA	-	29	-	-
FUKUSHIMA	2	61	-	2
IBARAKI	1	102	-	-
TOCHIGI	-	59	-	-
GUMMA	1	88	-	4
SAITAMA	4	93	1	4
CHIBA	1	124	1	2
TOKYO	35	797	1	27
KANAGAWA	30	1057	1	24
NIIGATA	2	50	-	3
TOYAMA	3	103	-	2
ISHIKAWA	2	111	-	14
FUKUI	2	58	-	4
YAMANASHI	1	38	-	1
NAGANO	4	41	-	1
GIFU	20	293	1	3
SHIZUOKA	2	135	-	5
AICHI	12	271	-	7
MIE	5	126	-	5
SHIGA	1	167	-	4
KYOTO	20	601	2	42
OSAKA	18	763	1	31
HYOGO	5	451	1	24
NARA	5	216	-	2
WAKAYAMA	4	182	-	7
TOTTORI	1	63	-	2
SHIMANE	-	23	-	-
OKAYAMA	5	266	-	3
HIROSHIMA	9	459	-	18
YAMAGUCHI	4	180	-	12
TOKUSHIMA	1	23	-	3
KAGAWA	-	54	-	3
EHIME	-	64	-	3
KOCHI	1	75	-	2
FUKUOKA	31	939	-	16
SAGA	3	57	-	1
NAGASAKI	8	196	-	6
KUMAMOTO	-	46	-	-
OITA	5	87	-	3
MIYAZAKI	-	25	-	-
KAGOSHIMA	4	63	-	4
TOTAL	267	9,183	10	302
RATE				
Current	17.2	19.7	0.6	0.6
Previous	17.9		0.4	

See footnotes at end of table.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

NUMBER OF CASES AND CASE RATES OF VENEREAL DISEASES IN JAPAN FOR COMPARABLE PERIODS, 1948, 1949 AND 1950

DISEASES	Week Ended 29 Jul 1950	Week Ended 23 Jul 1949	Week Ended 24 Jul 1948	Cumulative Number for First 30 Weeks 1950	Cumulative Number for First 30 Weeks 1949	Cumulative Number for First 30 Weeks 1948
NUMBER						
Syphilis	2123	3240	3606	75332	117492	133422
Gonorrhea	3259	3190	3598	99802	106626	141739
Chancroid	267	350	510	9183	14240	24261
Lymphogranuloma Venereum	10	15	12	302	416	460
RATE						
Syphilis	136.9	208.9	235.1	161.9	252.5	289.9
Gonorrhea	210.1	205.7	234.6	214.5	229.2	308.0
Chancroid	17.2	22.6	33.2	19.7	30.6	52.7
Lymphogranuloma Venereum	0.6	1.0	0.8	0.6	0.9	1.0

FOOTNOTES:

1. There were no cases or deaths reported for cholera or plague, and there were also no cases of yellow fever, glanders, or dengue fever.

2. Rates are the numbers of cases or deaths per 100,000 population, estimated as of 1 July 1949, and are computed on an annual basis.

3. A dash (-) indicates that no cases or deaths were reported and that the case or death rate was zero.

4. A rate of 0.0 indicates that there were some cases or deaths but that the rate was less than 0.1.

5. "NA" indicates that data are not available.

6. * Cumulative figures adjusted for delayed and corrected reports.

PHILIP (TELLE) LIBRARY RECEIVED SEP 5 1950 CHS

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

691 - 31 Aug 50
Part I

RECEIVED
20 SEP 1950
LIBRARY
CHS

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

B U L L E T I N

No. 162

For Period

15 - 31 August

1950

SECTION		PAGE
I	PREVENTIVE MEDICINE	1
II	NURSING AFFAIRS	3
III	VETERINARY AFFAIRS	4
IV	SUPPLY	9
V	NARCOTIC CONTROL	12
VI	WELFARE	12
VII	SOCIAL SECURITY	13

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SECTION I

PREVENTIVE MEDICINE

Japanese B Encephalitis Situation

The pattern of this disease is following that of 1948 but on a reduced scale. In both years the explosive part of the epidemic started in the thirty-second week and increased in an exponential manner. The present course of the parabolical curve describing this year's epidemic indicates that the timing will be exactly the same as in 1948 but that the height of the curve will be of considerably less magnitude. It is also probable that the apex of the curve will have been reached during the present week (35th). The unofficial figures for the week ending 26 August (34th week) indicate 1117 reported cases as compared with 1702 in the corresponding week of 1948. The official report for the previous week (33rd) listed 614 cases as compared with 1524 in 1948. For the next preceding week (32nd) 235 cases were reported this year as against 348 in 1948. The 31st week in each year was negligible both showing less than 20 cases.

It is interesting to note in a mild year (1949) the epidemic did not gain momentum until the 35th week and reached the maximum in the 38th week.

The distribution of the officially reported cases previous to the explosive part of the epidemic is of interest only because it does not form any particular pattern. The reported cases were from the following prefectures:

	Weeks			
	28th	29th	30th	31st
Gumma			2	
Saitama				1
Tokyo		1		2
Kanagawa	2	1		1
Nagano				2
Osaka			1	1
Shimane			1	1
Ehime				1
Kumamoto				2
Kagoshima				8
	2	2	4	19

The present distribution of cases as reported by the Acute Infectious Prevention Section of the Ministry of Welfare is as follows:

Hokkaido	0	Aichi	82
Aomori	0	Mie	6
Iwate	1	Shiga	4
Miyagi	18	Kyoto	24
Akita	14	Osaka	146
Yamagata	53	Hyogo	121
Fukushima	0	Nara	18
Ibaragi	56	Wakayama	37
Tochigi	17	Tottori	7
Gumma	30	Shimane	46
Saitama	30	Okayama	123
Chiba	16	Hiroshima	67
Tokyo	777	Yamaguchi	36
Kanagawa	132	Tokushima	10
Niigata	27	Kagawa	17
Toyama	53	Ehime	29
Ishikawa	51	Kochi	27
Fukui	35	Fukuoka	40
Yamanashi	2	Saga	28
Nagano	58	Nagasaki	6
Gifu	29	Kumamoto	25
Shizuoka	33	Oita	21
		Miyazaki	23
		Kagoshima	54

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Insect & Rodent Control Officers Meeting

The Environmental Sanitation Division of the Public Sanitation Bureau, Ministry of Welfare, has planned a two day meeting, 7 and 8 September for prefectural insect and rodent control officers and other prefectural officials supervising sanitation activities in insect and rodent control. (Ei-hatsu 583, dated 29 July 1950, subject, "Insect and Rodent Control Meeting"). The meeting will consist of organized periods on the purpose, organization, related directives, communicable diseases and associated subjects relating to the winter phase of the sanitation program, including two demonstrations on rodent control and insecticide application in typhus control. Prefectural officials will in turn be expected to institute similar meetings at prefectural levels for sanitation officials from health centers, especially environmental sanitary inspectors. The inspectors should be able to repeat meetings, including demonstrations, at the health centers, for assistant inspectors, city-town-village sanitation officials and local representatives. Planning will be in accordance with the provisions of the yearly sanitation program, Ei-Hatsu No. 174, dated 6 March 1950 (Public Health & Welfare Bulletin No. 149, 1-15 February 1950) to properly organize and coordinate sanitation activities through the national, prefectural, health center and local levels for preventive medicine measures necessary in disease control in each prefecture.

Public Health Organization

The success of national public health programs depends largely upon effective utilization of personnel and ability to properly organize program activities. Recent checks, in various prefectures of Japan, have shown the existence of many discrepancies in the organization and execution of the sanitation program. The main discrepancies appear in basic sectional organization and in lack of coordination from excessive division of activities. National sanitation programs, as well as other public health programs, and consequent successful activities are especially hindered by improper organization and lack of coordination within and between health sections of the prefecture, the city, and the health centers. Success in development and continuance of preventive medicine activities necessary in disease control depends upon good basic organizational structure. The following directive and references pertaining to organization are listed for the attention and guidance of Civil Affairs personnel in surveillance of public health programs.

Prefectural Public Health Departments

Inclosure No. 1 is a directive issued by the Ministry of Welfare Koseisho Hatsujin No. 9, dated 23 February 1950, subject, "Sectional Standards of Health Department." This directive lists definite responsibilities of each section within the prefectural public health departments and centralizes activities of personnel. An example: Sanitation activities are conducted entirely within the preventive medicine section.

Municipal Health Departments

Municipal officials, in many cases, have a tendency to remain independent of prefectural or health center guidance. Many municipalities of over 150,000 population with health centers organized within the city health departments have failed to coordinate programs and activities through the proper use of personnel. Although many city health departments differ in organizational structure, there is need for considerable improvement in order to make more specific the assignment of functions within the health department so that personnel may be properly utilized. Cities with over 150,000 population which have been authorized by Cabinet Order No. 77, dated 2 April 1948, to establish health centers within the city health departments are: Sapporo, Hakodate, Otaru, Sendai, Yokohama, Kawasaki, Yokosuka, Niigata, Kanazawa, Gifu, Shizuoka, Nagoya, Kyoto, Osaka, Kobe, Sakai, Amagasaki Himeji, Wakayama, Hiroshima, Kure, Shimonoseki, Fukuoka, Yawata, Kokura, Omuda, Nagasaki, Sasebo, Kumamoto and Kagoshima. All prefectures and Tokyo-to were originally authorized by Article 1 of Health Center Law 101, 5 September 1947.

Health Centers

Reference is made to publication, Annual Summary for 1949, "Public Health and Welfare in Japan," pages 6 and 7, which show recommended class "A" and class "C"

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

health center organization and personnel allowances. Contrary to the organizational charts, sanitation activities have been found to be divided between various health center sections. Within many of the sanitation sections there is often a lack of coordination in planning and execution of sanitation activities, especially in the common utilization of personnel for typhus control, rodent control, sanitary inspection, sanitary team-inspector activity, training, and related sanitation programs.

Policmyelitis

The Ministry of Welfare has instituted an Anti-Infantile Paralysis Program centered in treatment facilities at the First National Hospital in Tokyo, drawing patients from the area included in Tokyo-to, Kanagawa, Chiba, Saitama, Gumma, Ibaragi, Tochigi, Yamanashi and Shizuoka Prefectures. Special efforts are requested in this area on the part of doctors and health center directors to obtain prompt reporting, investigation, and hospitalization of cases. The National Institute of Health will carry out examination of sera or spinal fluid specimens. This program is outlined in HATSU JI No. 55 of 6 May 1950, which is reproduced in this bulletin as Inclosure No. 2.

Trachoma

Technical Bulletin, TB - PH - Prev Med 9, is attached as Inclosure No. 3.

This TB was prepared for the information of Civil Affairs health officers in order to direct attention to this disease and to promote complete reporting and adequate treatment of cases.

Quarantine: Processing of Illegal Entrants

In Hatsu-Ei No. 136 of 11 July and Ei-Hatsu No. 598 of 7 August 1950, the Ministry of Welfare has outlined procedures which are to be followed in the medical processing of illegal entrants from Korea. These two publications are reproduced as Inclosures No. 4 and 5 respectively.

Health Departments of coastal prefectures of southern and western Japan should be familiar with their responsibilities regarding this problem.

School Health Program

Cabinet Order No. 270 dated 23 August 1950, subject, "Cabinet Order for the Partial Amendments to the Cabinet Order Concerning the Enforcement of the Board of Education Law" has received favorable Diet action as of 23 August 1950, and is now in force. The provisions of this Cabinet Order pertain to the standards of cooperation of the health centers in the school health program. (See Incl. No. 2, Public Health and Welfare Bulletin 161, 1-15 Aug 50).

SECTION II

NURSING AFFAIRS

National Nursing Examination

The Ministry of Welfare reports that approximately 5,000 applications for the National Examination for A Class Nurses have been received to date. The National Examination shall be held on 14 and 15 October from 9 A.M. to 4 P.M. in the following 27 cities; Sapporo, Hakodate, Asahikawa, Aomori, Sendai, Yamagata, Koriyama, Omiya, Tokyo, Yokohama, Niigata, Kanazawa, Nagano, Shizuoka, Nagoya, Kyoto, Osaka, Kobe, Matsue, Okayama, Hiroshima, Takamatsu, Kochi, Fukuoka, Kumamoto, Beppu and Kagoshima. Complete information regarding the Examination was sent to the prefectural health departments (Ministry of Welfare Notification No. 196, July 21, 1950) and to the Chairmen of the branch associations of the Japanese Midwives, Clinical Nurses and Public Health Nurses Association on August 5 (Japan Jo-Kan-Ho Association Hatsu No. 35). Announcement was also made in the official Gazette on 21 July.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Refresher Course Plans

The next course for clinical nurse instructors will convene on 16 September at the Tokyo University Hospital. Complete information regarding this course was sent to the prefectural health departments on 7 July 1950. (Ihatsu No. 154) This course will be jointly sponsored by the Ministries of Welfare and Education.

Ordinance #1 (June 1949)

The Ministry of Welfare is giving consideration at present to changes in Ordinance No. 1 of the Nurse, Midwife and Public Health Nurse Law No. 203. These changes are being made to facilitate B Schools to become A Schools wherever possible. At present there are 87 recognized A Schools of Nursing and 12 B Schools; 63 B schools are being examined for accreditation at the present time.

Nurse, Midwife and Public Health Nurse Law Study Committee

A study committee of twenty members representing the nursing, midwifery, public health and medical fields has been appointed by the Ministry of Welfare to study the adequacy and inadequacies of the Nursing Law. This committee has been formed to study the law in light of the numerous petitions, comments and suggestions which have been received by this Section in reference to the aforementioned law.

SECTION III

VETERINARY AFFAIRS

Veterinary Course, Institute of Public Health

On 26 August 1950, graduation exercises were held at the Institute of Public Health, Tokyo, at which time, 47 veterinarians received certificates of successful completion of the eleventh Veterinary Course since the re-opening of the Institute. A total of 474 veterinarians have now completed this course. The 12th Veterinary Course is scheduled to start on 4 September 1950 with an estimated attendance of 50 veterinarians representing all the prefectures in Japan.

Veterinary Affairs, RYCOM

An outbreak of Equine Encephalomyelitis has been reported by the newly appointed American veterinarian in the Northern Ryukyus islands. Japanese vaccine was immediately airlifted to Okinawa to assist in the control of the disease.

Investigation of Lumbar Paralysis

In order to study the relationship of blood chemistry to the disease, the Animal Hygiene Section of the Ministry of Agriculture and Forestry has notified each prefecture to adopt certain procedures to accomplish this purpose. All veterinarians, whether private practitioners or public officials are requested to notify the prefectural animal hygiene section of all cases of lumbar paralysis. The prefectural veterinarians will collect 20cc of blood and submit at least 5cc of serum to the laboratory designated in the original notification. Chemical analysis of the blood samples will be made and finding reported to the national office. The program calls for at least 100 samples from each region and therefore, Civil Affairs Veterinarians are requested to stimulate Japanese efforts.

Weekly Rabies Report

The Veterinary Affairs Section, Ministry of Welfare submitted the following report on rabies cases occurring during the period 6 - 19 August 1950.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Prefecture	No. of Cases (6 - 12 August)	No. of Cases (13 - 19 August)
Tokyo	2	2
Kanagawa	4	1
Chiba	2	0
Saitama	1	0
Ibaragi	0	0
Gumma	2	0
Tochigi	0	2
Shizuoka	1	1
Osaka	0	0
Total	12	6

Japanese statistics for period of 1 January - 19 August 1950 disclose a total of 650 cases of rabies in dogs, 1,363 humans have reported being bitten by dogs with 38 deaths.

Weekly Animal Disease Report - itted by Animal Hygiene Section for 12 - 25 Aug

Prefecture	Diseases	No. of Cases (12 - 18 Aug)	No. of Cases (19 - 25 Aug)
Akita	Equine encephalomyelitis	2 (Suspect)	2 (Suspect)
Aomori	" "	1 "	1 "
Ehime	" "	1 "	
Fukushima	" "	9 "	1 "
Fukuoka	" "	4 "	
Gifu	" "	2 "	
Gumma	" "	3 "	1 "
Ibaragi	" "	7 "	
Iwate	" "	2 "	23 "
Miyagi	" "	10 "	5 "
Nagano	" "	5 "	2 "
Niigata	" "	2 "	
Oita	" "		1 "
Okayama	" "	1 "	
Saga	" "	2 "	
Saitama	" "	1 "	
Tochigi	" "	69 "	19 "
Tokushima	" "	3 "	3 "
Toyama	" "	2 "	
Yamagata	" "	2 "	7 "
"	" "	1 (Positive)	
Yamaguchi	" "		1 "
Total	" "	(Suspect) 128	66
		(Positive) 1	
Fukuoka	Swine cholera		3
Fukushima	" "	2	
Hokkaido	Swine erysipelas	11	
Ibaragi	" "		1
Iwate	Piroplasmosis	2	
Kagoshima	Swine cholera	193	44
Kumamoto	" "	143	
Kanagawa	Swine plague		2
"	Swine erysipelas		2
Miyazaki	" "		10
Shimane	Blackleg	1	
Tokyo	Swine erysipelas	1	
"	Swine plague	1	
"	Swine cholera	2	2
Yamagata	" "	69	11

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Cumulative Total - 1 January to date of report

Anthrax	10	
Blackleg	6	
Equine encephalomyelitis	345	(12 confirmed)
Swine cholera	1,441	
Swine erysipelas	351	
Swine plague	61	

Monthly Animal Disease Report

The Animal Hygiene Section, Ministry of Agriculture and Forestry, submitted the following report on these animal diseases occurring during the month of July 1950.

Disease		No. of Cases
Anthrax		0
Blackleg		2
Brucellosis (Cattle)		13
Equine Encephalomyelitis		64
Equine Infectious Anemia		561
Equine Infectious Abortion		19
Fowl Cholera		0
Piroplasmosis		6
Pullorum Disease		2,523
Rabies	Cat	2
	Cattle	1
	Goat	0
	Horse	1
Swine Cholera		150
Swine Erysipelas		152
Swine Paratyphus		3
Swine Plague		5
Strangles		1
Trichomoniasis		120
Tuberculosis (Cattle)		66

Monthly Milk Inspection Report

Prefectural veterinary milk inspectors conducted sanitary inspections on dairy farms, milk plants and establishments producing milk products during June 1950.

Special Milk

Number of farm inspections	6
Samples examined	15
Over bacterial standards (50,000 per cc)	-
Under butterfat standards (3.3 percent)	-
Number of plant inspections	15
Over bacterial standards (50,000 per cc)	-
Under butterfat standards (3.3 percent)	-

Ordinary Milk

Number of farm inspections	10,558
Samples examined	11,760
Over bacterial standards (2,000,000 per cc)	728
Under butterfat standards (3.0 percent)	820
Number of plant inspections	4,022
Over bacterial standards (2,000,000 per cc)	352
Under butterfat standards (3.0 percent)	271

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Goat Milk

Number of farm inspections	12
Samples examined	13
Over bacterial standards (2,000,000 per cc)	-
Under butterfat standards (3.0 percent)	-

Amount of Milk Produced during June 1950

Type of Milk	No. of Farms	No. of Cows & Goats	Amount Produced
Special	6	170	41,210 Lit.
Ordinary	70,271	124,662	25,537.595 "
Goat	3,180	4,214	63,545 "

Amount of Milk Bottled in Milk Plants

Type of Milk	No. of Plants	Raw Milk	Pasteurized	Sterilized
Special	6	20,479 Lit.	17,794 Lit.	
Ordinary	2,803	-	6,426,795 "	7,249,489 Lit.

Note: All milk bottled in 1 go bottles having the equivalent of 180 cc.

Milk Products Produced in June 1950

Whole powdered milk	285,232 kgs
Modified powdered milk (15% added sugar)	370,009 "
" " " (35% added sugar)	13,217 "
Sweetened condensed milk	1,047,252 "
Evaporated milk	141,102 "
Butter	328,761 "
Cheese	28,415 "

SOURCE: Ministry of Welfare

Monthly Meat Inspection Report

Prefectural veterinary meat inspectors conducted ante and post-mortem inspections on the following number of livestock during the month of June 1950.

	Cattle	Calves	Horses
Number slaughtered	28,559	4,011	3,513
Body wt - kgs	11,240,447	406,234	1,219,730
Dressed wt - kgs	5,157,257	196,053	524,363
Condemned Ante-mortem	1	-	1
" Post-mortem			
Wholly	28	-	1
Partial	461	30	172
Viscera	5,886	95	511

	Swine	Sheep	Goats
Number slaughtered	91,477	110	149
Body wt - kgs	7,427,983	11,390	7,469
Dressed wt - kgs	4,485,763	2,661	3,298
Condemned ante-mortem	1	-	-
" Post-mortem			
Wholly	11	-	-
Partial	498	30	-
Viscera	34,103	95	-

Sanitary inspections were conducted on the following number of meat processing establishments by Prefectural veterinary meat inspectors during the month of June 1950.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Meat Processing Plants

Number of establishments	355
" " " inspected	261
Condition - Good	73
Fair	166
Poor	22
Total number of inspections	419
Amount of meat & meat-food products examined	109,452 kgs
Amount of meat & meat-food products condemned	3 "

Meat Retail Shops

Number of establishments	18,760
" " " inspected	10,460
Condition - Good	3,170
Fair	6,143
Poor	1,147
Total number of inspections	11,591
Amount of meat products inspected	532,889 kgs
" " " " condemned	154 "
Cause for condemnation - Putrefaction and Staleness	
Disposition	Fertilizer

SOURCE: Ministry of Welfare

Monthly Seafood Inspection Report

Prefectural veterinary seafood inspectors conducted sanitary inspections on the following seafood establishments during the month of June 1950.

Wholesale Seafood Market

Number of establishments	1,598
" " " inspected	1,055
Condition - Good	148
Fair	701
Poor	206
Total number of inspections	3,658
Amount of seafood examined	33,951,684 kgs
" " " condemned	63,894 kgs
Cause for condemnation - Staleness and putrefaction	
Disposition	Fertilizer

Seafood Processing Plants

Number of establishments	10,252
" " " inspected	3,511
Condition - Good	696
Fair	1,938
Poor	877
Total number of inspections	4,036
Amount of seafood and seafood products examined	978,946 kgs
Amount of seafood and seafood products condemned	3 kgs
Cause for condemnation - Putrefaction	
Disposition	Fertilizer

Seafood Retail Shops

Number of establishments	65,992
Number of establishments inspected	24,084
Condition - Good	3,467
Fair	13,064
Poor	7,553

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Total number of inspections	36,213
Amount of seafood products examined	2,000,192 kgs
" " " " condemned	2,958 kgs

Cause of Condemnation - Staleness and putrefaction
Disposition ---------- Fertilizer

SOURCE: Ministry of Welfare

Monthly Food Inspection Report

Prefectural veterinary and food sanitation inspectors conducted sanitary inspections on those establishments where food and beverages of other than animal origin were processed, served, or sold during the month of June 1950

Number of food establishments	929,640
" " " " inspected	128,884
Total number of inspections	232,331
Number of cases of food condemnation	3,610
" " suspensions	346
Permits revoked	3,084
violation cases in civil court	6

A total of 54 outbreaks of food or beverage poisoning was reported involving 724 people with 29 deaths resulting.

SECTION IV

SUPPLY

Violations of the Pharmaceutical Affairs Law

The Ministry of Welfare is endeavoring to tighten the enforcement of the Pharmaceutical Affairs Law in the interests of the public health.

Under file Uaku-hatsu No. 348, dated 5 June, subject: Control Over Adulterated Drugs, the Chief, Pharmaceutical and Supply Bureau, has requested the cooperation of the Attorney General's Office and the National Rural Police in the control over marketing of smuggled, forged, or misbranded drugs. Under the same file, date, and subject, prefectural governors are notified of the request for this cooperation from the procurators and police, and are advised to take steps necessary to strengthen enforcement over-marketing of such adulterated drugs. The governors are advised that the drugs listed below are those most likely to be forged or adulterated:

Santonin	Santonin tablets
Sulfadiazine tablets	Streptomycin
Penicillin	Phenylaminopropan
Phenylmethylaminopropan	

The illegal sale by pharmacists of items designated under Article 41g of the Pharmaceutical Affairs Law, especially sulfa drugs is called to the attention of prefectural governors by the Chief, Pharmaceutical and Supply Bureau, in Yaku-hatsu No. 394 dated 26 June, subject: Strict Enforcement of Provision on Procedure for Transfer of Medical Drugs Coming Under Article 41g of the Pharmaceutical Affairs Law. Governors are requested to take necessary measures with pharmacies under their jurisdiction. Article 41g provides that sulfa drugs, penicillin, and streptomycin, or other drugs designated by the Minister of Welfare, are misbranded unless the label bears the statement "To be used only pursuant to the prescription or by the direction of a doctor, dentist, or veterinary surgeon." Article 44 g also provides that it is prohibited to sell or otherwise distribute drugs designated under Article 41g, other than to licensed dealers or practitioners, except pursuant to prescription or by direction of a doctor, dentist, or veterinary surgeon. Also failure to maintain written record of such sale or other distribution, as provided in the Enforcement Regulation, is a prohibited act. In addition to all sulfa drugs, penicillin, and streptomycin, central nervous stimulants of the benzadrin type (phenylaminopropan and phenylmethylaminopropan) have been designated under Article 41g.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

National Pharmacist Examination

The Pharmaceutical Affairs law provides (Article 11) that the National Board of Pharmacy shall conduct a National Pharmacist Examination at least once each year under the supervision of the Minister of Welfare. Article 13 provides that there shall be a theoretical examination and a practical examination.

One such National Pharmacist Examination was held in the spring and early summer just passed. This examination was severe, with a high percentage of failures. In order to provide opportunity for unsuccessful applicants to be re-examined, the National Board of Pharmacy has decided to conduct a second National Pharmacist Examination this year. As required by Article 12 of the Pharmaceutical Affairs Law, the Minister of Welfare has announced in Notification No. 213, published in the Official Gazette 11 August that the theoretical examination of the Third National Pharmacist Examinations will be given in Tokyo and Osaka on 12 November. Pertinent information for those desiring to apply for the examination is included in Notification No. 213. The practical examination will be announced at a later date.

Controls over "FRATOL" a Rodenticide

The Ministry of Agriculture and Forestry authorized the sale of "Fratol" a sodium monofluoroacetate rodenticide, on 10 March 1950, as an agricultural chemical under the agricultural chemical control law. Sodium monofluoroacetate is designated as "1080" by the U.S. Department of Agriculture, and is a dangerous hazard to public health if not used under strictest professional and technical supervision. Free sale as authorized by the Ministry of Agriculture and Forestry is considered unwise by the Ministry of Welfare. Consequently, the two Ministries have coordinated efforts to provide controls over open sales of "Fratol". The Ministry of Agriculture issued instructions on 15 August to the manufacturer to discontinue production and distribution, pending establishment of control measures. To date the manufacturer has sold to dealers, principally in 10 prefectures in the Kansai district. The Ministry of Welfare by Ministerial Ordinance No. 47 dated 16 August designated monofluoroacetic acid, its salts, and preparations as poisons under the control law on the business of poison and powerful agents, Law No. 206 of 1947. Such designation will make it illegal to sell to anyone under 14 years of age, and will require definite labeling and maintenance of adequate records of sale. The Ministry of Welfare also has notified prefectural governors (E-kan-hatsu No. 70, dated 17 August) of the dangers of the use of "Fratol".

Pharmaceutical Industry Status

A recent visit by a representative of Public Health and Welfare Section to Osaka and Aichi prefectures revealed the pharmaceutical manufacturing industry is in better financial position than at any time since cessation of hostilities. Six months ago the outlook for the industry was very gloomy and most manufacturers were worried about business stagnation. Since that time many orders for export of medical products have been received, and demand exceeds actual supply for many items. It is believed that the great majority of medical goods manufacturers realize the necessity for producing quality merchandise, if they are to compete with foreign markets.

Production of Medical Supplies

Production of medical supplies and pharmaceuticals reported during July totalled ¥ 2,854,317,807. The actual value of all medical goods production would be much greater since production of precious metals, surgical instruments, x-ray and electro-therapy equipment, dental materials and instruments, and rubber sanitary goods were not included. Following is a breakdown by category:

(Unit - Yen)

Item	Production - July
Controlled Medicines	64,937,524
Non-Controlled Medicines	1,881,619,688
Patent Medicines	459,627,507

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Con't.

Item	Production - July
Biologics	70,304,238
Textile Sanitary Materials	377,828,850
Total	¥ 2,854,317,807

Quantitative production of textile sanitary materials during July follows:

Item	Production (lbs)
Gauze	71,724
Absorbent cotton	915,750
Bandage	22,946
Total	1,010,420 lbs.

Anthelmintics

Hexylresorcinol production continued to decrease during July. Only 151,220 grams (adult doses) were reported. Stocks of finished hexylresorcinol capsules at the manufacturers are sufficient to meet domestic requirements. The price for one adult treatment (one gram) is quoted at ¥ 13 - 17, which is approximately one-fifth the price listed for the American product.

The Ministry of Welfare reports the indigenous crop of mugwort, from which santonin is derived, is now being harvested. It is estimated that the crop will be sufficient to produce from 1.6 to 2.0 metric tons of finished santonin. Both santonin and digenia simplex have been removed from future import programs, now that domestic production of anthemintics is adequate to meet minimum requirements.

Para-Aminosalicylic Acid

The Ministry of Welfare has issued licenses to 16 manufacturers for production of para-aminsalicylic acid (PAS) in Japan. Of this number 13 are in actual production. A total of 18,656 kilograms was produced from 1 April to 1 July most of which has been distributed. Production schedules call for 200 MT during the next 10-month period, and the price is expected to decrease from the present ¥ 20 - 30 to approximately ¥ 10 in the near future.

Biologics Production

Biologic production valued at ¥ 70,304,238 passed assay during July the following breakdown illustrates the total quantity assayed at the National Institute of Health, total passed assay, stocks under assay, and manufacturers finished stocks as of 1 August.

Product	Assayed at NIH	Passed Assay	Under Assay	Manufacturers Stocks
BCG Vaccine (doses)	5,114,800	2,689,000	47,809,000	9,336,600
BCG Diluent (doses)	3,466,900	2,703,000	7,430,000	5,023,600
Cholera Vaccine (cc)	48,550	48,550	540,000	285,000
Diphtheria Anti-toxin (cc)	93,027	93,027	294,000	115,651
Diphtheria toxoid (cc)	2,211,300	1,559,920	14,232,900	714,790
Pertussis Vaccine (cc)	498,960	414,660	2,077,581	432,000
Smallpox (doses)	489,000	489,000	2,559,050	24,395,615
Tetanus Anti-toxin (cc)	33,560	33,560	587,000	241,445
Tuberculin (cc)	678,590	599,945	6,898,575	1,999,598
Typhoid Vaccine (cc)	4,165,500	3,001,700	5,058,600	15,545,440
Typhus Vaccine (cc)	330,360	229,220	1,586,500	260,200

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

SECTION V

NARCOTIC CONTROL

Enforcement

A Korean and a Japanese were arrested in Kobe 29 July by narcotic agents and charged with illegal possession of 97.5 grams of heroin. The source of the heroin is alleged to be an unidentified Korean.

A physician was arrested in Akita prefecture and charged with supplying narcotics to an addict, his wife. The doctor also failed to maintain records of 131 grams of morphine and 25 grams of other opiates which he supplied to his wife to satisfy her drug addiction.

Narcotic agents in Gifu prefecture reported the seizure of 104 grams of heroin. The source of the narcotis is being investigated.

Two hundred thirty-nine grams of raw opium were seized from a Chinese in Kyoto. The opium was allegedly obtained from a deceased Chinese addict.

Two Koreans and two Japanese were arrested in Fukuoka prefecture in illegal possession of 400 grams of heroin. The defendants stated the heroin was smuggled into Japan recently from Korea. Three other Koreans are presently being sought in connection with the case.

Two hundred eighty grams of raw opium were seized from two Koreans in Osaka. The source of the opium is believed to be another Korean who has since returned to Korea.

SECTION VI

WELFARE

NORC Scholarship Fund at the Japan Social Work School, Tokyo

The royalties from the publication in Japanese of the survey "What Do You Think of Japan" carried out by the National Opinion Research Center of the University of Chicago, have been given to the Japan Social Work School for a scholarship fund. Mr. J. F. Thayer of the Public Opinion and Sociological Research Division, CI&E, SCAP, through whom this gift has been made, has requested that the fund be used for women students only, and will provide ¥30,000 a year for two students. Applications should be sent to Mr. Kida, Dean of the Japan Social Work School, 3-266 Harajuku, Shibuya-ku, Tokyo.

Public Assistance Statistics - June

*The Ministry of Welfare has submitted the following figures for the month of June. Figures for May 1950 and June 1949 are for purpose of comparison.

	JUNE 1950	MAY 1950	JUNE 1949
Persons - Institutional	139,608	135,811	132,310
Persons - Non-Institutional	1,839,086	1,776,554	1,528,913
Total	1,978,794	1,912,365	1,661,223
Assistance - Cash	1,140,755,891	1,082,077,709	767,113,119
Assistance - Kind	16,555,834	11,795,119	15,335,996
Total	1,157,311,725	1,093,872,828	782,449,115

*Prefecture public assistance figures are attached as Incl. No. 6

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Social Welfare Secretaries

Attached (Inclosures Nos. 7 and 8) are translations of Ministry Directives Sha Otsu Hatsu 118 dated 27 July 1950, subject: "Expenses required for Establishment and Operation of the Social Welfare Secretaries in the Fiscal Year 1950-51", and Sha Otsu 119 dated 28 July 1950, subject: "Expenses Required for the Establishment and Operation of the Social Welfare Secretaries". The latter directive contains a schedule of the number of Social Welfare Secretaries allocated at prefectural and local levels. National subsidies equivalent to fifty percent of the salaries of the social welfare secretaries included in the schedule will be received by the prefectures in the 1950-51 block-grants.

SECTION VII

SOCIAL SECURITY

Health Insurance Law

Transmitted with this Bulletin as Inclosure No. 9 is the English text of the Health Insurance Law. This edition incorporates in the basic law, Law 70 of 1922, all amendments made through those contained in Law 47 of 31 March 1950 and Law 124 of 1 May 1950. (Laws 47 and 124 were distributed in mimeographed form as Inclosures No. 5 and 6 with Public Health & Welfare Bulletin No. 154 of 30 April 1950, and as part of the "Appendix for the Seamen's Insurance Law," Inclosure No. 10 with Public Health & Welfare Bulletin No. 161 of 15 August 1950.

Previous publication of the Health Insurance Law and its implementing Cabinet Order and Ministerial Ordinance was made as follows: The Health Insurance Law and its Cabinet Order (Cabinet Order 243 of 1926) were first published as TB-PH-SS-4 of March 1949. Law 37 of April 1949, "Amendments to the Health Insurance Law," was distributed as Inclosure No. 4 to Public Health and Welfare Bulletin No. 122 of 1 May 1949. The related Ministerial Ordinance (Home Ministry Ministerial Ordinance 36 of 1926) was distributed as Inclosure No. 3 with Public Health & Welfare Bulletin No. 131 of 27 June 1949.

The inclosed publication contains only the basic law as amended. The Insurance Bureau, Ministry of Welfare, has stated that the Cabinet Order and Ministerial Ordinance will be printed separately at an early date.

MEMO TO JAPANESE GOVERNMENT

PHMJG No.	Date	Subject	Surveillance
136	1 Sep 1950	Ministerial Instruction Concerning the Assay of Medical Drugs, Devices and Cosmetics	No

Erratum: PHMJG 135 in Bulletin No. 161, 1 - 15 August should read:

135	1 Sep 1950	Distribution of Imported Petrolatum and Corn Steep Liquor	No

for: L S Mallohan Col MC
CRAWFORD F. SAMS
Brigadier General, Medical Corps
Chief

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

13 Inclosures

1. Koseisho Hatsu No. 9
2. Hatsu Ji No. 55
3. Technical Bulletin TB - PH - Prev Med 9
4. Hatsu-Ei No. 136
5. Ei-Hatsu No. 598
6. Public Assistance Figures
7. Sha Otsu Hatsu No. 118
8. Sha Otsu Hatsu No. 119
9. Health Insurance Law
10. Monthly Summary of Vital Statistics in Japan - June 1950
11. Digest of Monthly Report of Communicable Diseases in Japan for 5 Week Period Ended 29 July 1950
12. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 5 August 1950
13. Digest of Weekly Report of Communicable Diseases in Japan for Week Ended 12 August 1950

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

KOSEISHO HATSU JIN No. 9

February 23, 1950

To : All Prefectural Governors

From : Vice-Minister of Welfare

Subject : Sectional Standards of Health Department.

As regards the internal subdivisions for health administration, the Ministry of Welfare has been divided into three bureaus, Public Sanitation, Medical Affairs and Pharmaceutical and Suppy, in accordance with the Ministry of Welfare Establishment Law (Law No. 151 of 1949). However, it will be duly arranged after prefectural circumstances are taken into consideration for the sectional standards of health department or bureau of To, Do, Fu or prefecture according to the Notification KEI No. 1198 of 1947 which has been revised for clerical convenience as per the annexed paper with the approval from GHQ, SCAP.

Vice-Minister of Welfare

Incl. 1

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Standerd on Functional Subdivisions of Health Department

(1) Public Health Section

1. Affairs concerning the promotion of health;
2. Affairs concerning the enforcement of the Eugenic Protection Law;
3. Affairs concerning the enforcement of the "Ryokan" Business Law, the Entertainment Facilities Law and the Public Bath Law and sanitation on other places where many people gather;
4. Affairs concerning the health of pregnant women and women in childbirth, and sucklings and infants;
5. Affairs concerning the water-works and sewerage;
6. Affairs concerning building sanitation;
7. Affairs concerning sanitary cleaning, extermination of rodent and insects, etc.;
8. Affairs concerning graveyards, burials, cremation, etc.;
9. Affairs concerning the enforcement of Food Sanitation Law;
10. Affairs concerning slaughter houses, animals to be slaughtered and processing plants of dead animals;
11. Affairs concerning improvement and promotion of nutrition and affairs concerning nutritionists;
12. Affairs concerning national parks;
13. Affairs concerning parks, scenic spots and recreational resorts;
14. Affairs concerning the enforcement of the Hot Spring Law;
15. Other affairs concerning improvement and promotion of public health.

(2) Medical Affairs Section

1. Affairs concerning coordination of personnel and budget;
2. Affairs concerning the coordination of activities of doctors and the enforcement of the Medical Practitioner's Law and the Medical Service Law;
3. Affairs concerning coordination of activities of dentists and the enforcement of the Dentists Law;
4. Affairs concerning hospitals, sanatoria and maternity homes;
5. Affairs concerning the coordination of activities of nurses, public health nurses and midwives and the enforcement of the Public Health Nurse, Midwife and Nurse Law;
6. Affairs concerning dental hygienists;
7. Affairs concerning the enforcement of the Law for Business of Massage, Acupuncture, Moxa-Cautery, Judo-Orthopaedies, etc.;
8. Affairs concerning culture and training for the health staff concerned;
9. Affairs concerning vital statistics and other statistics;

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

10. Affairs concerning public health not in the charge of other sections.

(3) Pharmaceutical Affairs Section

1. Affairs concerning the enforcement of the Pharmaceutical Affairs Law;

2. Affairs concerning production and distribution of drugs, and other sanitary goods;

3. Affairs concerning assay with regard to biological products, antibiotic preparations and other drugs;

4. Affairs concerning control on poisonous and powerful drugs;

5. Affairs concerning control on narcotics and Cannibis Sativa L;

6. Affairs concerning cultivation of medical plants and collection and distribution of crude drugs;

7. Affairs concerning pharmaceutical affairs not in the charge of other sections.

(4) Disease Prevention Section

1. Affairs concerning health centers;

2. Affairs concerning dissemination and improvement ofthought on health;

3. Affairs concerning coordination on the health program of schools and other agencies;

4. Affairs concerning infectious diseases, such as tuberculosis, leprosy, trachoma, etc.;

5. Affairs concerning parasitosis, protozoa disease, nearsightedness, cancer and other chronic diseases and endemics;

6. Affairs concerning mental hygiene;

7. Affairs concerning acute infectious diseases, such as cholera, dysentery, typhoid fever, etc.;

8. Affairs concerning venereal disease;

9. Affairs concerning rabies in human;

10. Affairs concerning quarantine.

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

Welfare Ministry Hatsu Ji No. 55

May 6, 1950.

TO : All prefectural governors.

FROM : Chief, Children's Bureau.
Chief, Public Sanitation Bureau.

SUBJECT: Anti-Infantile Paralysis Program.

Whereas it is still difficult to stamp out the acute poliomyelitis anterior, which occupies the highest rate of cause of the cripple in this country and one of the infectious diseases subject to reporting by the epidemic prevention method because of the epidemiological question, the diagnosis is difficult to be made at its on set and is made in most cases after paralysis is set in, and the lasting paralysis is a serious problem for both patient, and other as well as society, the present day program must have emphasis placed on the elimination or improveme of the paralysis. On this basis the "Outline of Treating the Infantile Paralysis Patients" as per the attached was formulated to be enacted, whereupon your cooperation for its effective working out to combat the menace of this disease Outline of Treating the Infantile Paralysis Patient.

I. Purpose

Treatment at the early period of paralysis as a means to prevent and stamp out the infantile paralysis which causes the highest rate of the cripple in this country, in order to eliminate or inprove the paralysis and its epidemiological examination at the same time are to be carried out.

II. Geographical scope to be covered.

Present outline is to be carried out in the area of Tokyo-To, Kanagawa, Chi Saitama, Gumma, Ibaragi, Tochigi, Yamanashi and Shizuoka prefectures.

III. Items to be carried.

1. Detection and to get hold of the patient quickest and surest reporting possible of the poliomyelitis in accordance with the Regulation of Infectious Diseases Report is enforced.

2. Guidance for and investigation of the patient and family.
Guidance for the hospitalization and anti-epidemiological procedure and the epidemiological examination are to be carried out.

3. Hospital treatment of the patient. Immediate admission of the patient to National Tokyo First Hospital for the treatment.

4. Immunological examination.
Examinations of the patients spinal fluid, and other material are to b made at the National Institute of Health.

IV. Detailed items to be enforced.

1. Enforcement of the report by the physician.
The health center shall make liaison with the physicians within the competent area, especially the doctors in charge of the guidance over maternal and child hygiene, pediatricians or those who have reported m cases of the infantile paralysis and let them know thoroughly the pur of this program and instruct them to report immediately and smely by t phone and other means as well as by free mail. The annexed pamphlet "Infantile Paralysis" shall be delivered and locture meetings shall be held to achieve the purpose.

Incl. 2

DECLASSIFIED E.O. 11652 SEC. 3(E) AND 5(D) OR (E) NNDG # 775015

2. Pursuation of hospitalization of the patient.
The health center, instructing the public health nurse by the above mentioned pamphlet, shall make her visit the patient immediately after the report of an outbreak of infantile paralysis is received, and guide and persuade the patient to be hospitalized in National Tokyo First Hospital Besides the above the following items shall be carried out. It also shall make the physicians within the competent area pursuade the hospitalization of the patient.

3. Investigation report and guidance of the Prevention of epidemics.
When the health center visits the patient, it shall investigate the items stated in the separate paper without fail and report it to National Tokyo First Hospital. And also the health center shall make guidance to take the treatment of the prevention of epidemics corresponding to infectious diseases of intestinal canals.

4. Medical social work.
The health center shall give mediation and guidance of medical social work regarding the hospitalization of a patient when necessary.

5. Hospitalization and treatment.
National Tokyo First Hospital shall admit and make medical treatment of the patients who are sent to the Hospital according to the measures of this program preferentially except those patients of obsolete paralysis.

6. Collection of materials for examination.
National Tokyo First Hospital shall collect the necessary materials for examination and transfer them to National Preventive Medicine Institute.

7. Examination.
National Institute of Health shall make immunological examination of the materials transmitted there.

8. Report.
National Tokyo First Hospital shall repot the case and the therapeutic guidance after the discharge to the competent health center when the patient is discharged after he is cured or improved.
The health center shall report the necessary items to the physician who have reported when the above mentioned report is received.

V. Expenses.

The expenses for carrying out this program shall be borne by each agency in charge of these detailed items.

VI. Items of examination.

1. Name of patient, 2. Age 3. Sex 4. Residence, 5. Date of outbreak, 6. Date of outbreak of Paralysis, 7. Position of paralysis, 8. Name and residence of the physician reported, 9. How many patients suffering from cold (including disease such as bronchitis and tonsillitis) and gastro-intestinal diseases (including dyspeptia) are there nearby while ten days before and after the outbreak of the patient, 10. Kind of water supply, 11. Drinking milk or not.