Shime Ken

July 1950

Health Center Activities
(15 Health Centers)
1950

	January	February	March	April	May	June
#Public Health Nurses actually working	187	188		119	201	201
A. Maternity Service						
1. New case admitted to service	1705	1552	1313	1268	1829	1218
2. Home visit (Prenatal)	154	1401	1550	1157	915	1053
3. Home visit (Postnatal)	1332	1083	1071	954	434	778
4. Office visit (Prenatal)	1205	489	489	349	91	309
5. Office visit (Postnatal)	429	83	72	80	74	113
6. Prenatal clinics (Number held)	51	58	195	195	1480	103
a. Number examinations given	650	939	793	1098		820
7. Postnatal clinics (Number held)	10	2	22	5	4	1
a. Number examinations given	782	97	13	71	187	24
8. Number health educational meetings or mother classes held	10	3	68	61	55	9
a. Number attended	193	170	386	1070	2181	221
B. Baby and Preschool Services						
1. New case admitted to service	5074	266	3856	3011	3089	2060
2. Home visit (Baby)	5965	3661	4657	3227	754	3092
3. Home visit (Preschool)	2863	913	970	873	800	1220
4. Office visit (Baby)	548	603	945	327	144	491
5. Office visit (Preschool)	158	114	159	108	142	331
6. Baby clinic (Number held)	290	1740	285	497	140	367
a. Number examination given	11062	904	2737	3529	2569	2091
7. Preschool clinics (Number held)	71	33	607	449	747	20
a. Number examination given	237	142	607	912		532
8. Health educational meetings given	3		9	4	4	2
a. Number attended	25		284	184	120	50

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Tokushima Ken

Health Center Activities
(7 Health Centers)
1950

July 1950

	January	February	March	April	May	June
# Public Health Nurses actually working	54		56	58	59	
A. Maternity Service						
1. New case admitted to service	1325	496	293	147	87	
2. Home visit (Prenatal)	208	358	230	161	171	
3. Home visit (Postnatal)	75	156	175	154	129	
4. Office visit (Prenatal)	91	68	37	27	34	
5. Office visit (Postnatal)	33	35	9	27	48	
6. Prenatal clinics (Number held)	86	40	22	29	31	
a. Number examinations given	1411	516	232	260	117	
7. Postnatal clinics (Number held)	15	13	8	9	11	
a. Number examinations given	24	76	270	51	49	
8. Number health educational meetings or mother classes held	15	1		1	1	
a. Number attended		48		52	27	
B. Baby and Preschool Services						
1. New case admitted to service	2750	1330	1842	1376	479	
2. Home visit (Baby)	1436	1491	1599	1369	1047	
3. Home visit (Preschool)	254	200	395	338	274	
4. Office visit (Baby)	89	194	348	150	468	
5. Office visit (Preschool)	21	24	133	56	17	
6. Baby clinic (Number held)	212	59	105	170	40	
a. Number examination given	3236	915	3249	3069	342	
7. Preschool clinics (Number held)	34	57	14	21	29	
a. Number examination given	38	146	105	99	100	
8. Health educational meetings given	6	1		4		
a. Number attended		50		237		

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
14 July 1950

MEMORANDUM FOR RECORD:

SUBJECT: Field trip to Tokushima, 14 July 1950

A trip was made to Tokushima 14 July to see the actual conditions of 9 fishermen who were burned by mustard or similar gas.

On the 6 June, 4 men were burned. Of these one has been released, one is being treated in the out-patient department and 2 are in serious condition. Of the second group of 5, burnt on 11 July, 2 are being treated as out-patients and 3 are hospitalized. These men have numerous burns none of which are extensive or of serious character. So far there is little evidence of infection but without proper treatment the burns are serious enough to keep these men unemployed for a considerable length of time. One man's eyes are burnt badly but not seriously. There will be no permanent damage.

The condition of the two burned in the first group is really serious. The burns are infected and both men have areas which will probably require skin grafting. One of these men will probably have a permanently crippled foot as the entire latteral area of the lower half of the leg and the foot are involved. The foot and ankle are so deeply burned that extensive skin grafting will be necessary in the opinion of the attending doctors. This man received penicillin two successive days 7th and 8th days of hospitalization. As the hospital receives ¥300 per day for the three less seriously burned and ¥400 for the two badly burned they are unable to furnish penicillin for the two with infected wounds as the cost would be about ¥900-¥1000 per day.

The wounds were dressed in the presence of Miss Eitel, CA nurse and Cpl Leary of Tokushima CIC. The treatment being used was application of antiseptic solution to the edges of the wounds and the granulating areas and the application of vaseline gauze, wax paper and unsterile bandages. Urinalysis are done on the two serious cases but fluids were not being forced and urine output was not being measured. Sedimentation times were being done on the two with infected wounds. The bandages were removed roughly with apparently no thought to the damage to the granulating (healing) areas.

The attending doctors expressed the opinion that the two with infected burns would benefit greatly if they could have penicillin for a period of two weeks or until the wounds were free from infection.

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A All five patients want to remain in the Tokushima National Hospital and are very much against being transferred to Osaka.

Penicillin ointment was procurred and instructions on its care (refrigeration) and its use were given. It is to be used an all areas where the skin is broken whether infected or not infected.

Dr. S. Kimugawa, Ken Public Health Chief was contacted on 15 July and asked to supervise the care of these patients so there could be no criticism of care or attention. He was told how the penicillin ointment was to be used, to check on fluids and urine output, elevation of the feet 24 hours a day, and to see that the bandages were removed carefully to avoid any injury to the wounds and any unnecessary pain to the patients. He agreed to supervise these cases and that the name of the CA nurse would not be used in his dealings with the attending doctors.

Mary A. Eitel

MARY A. EITEL, PHN
Public Health Section

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
13 July 1950

MEMORANDUM FOR RECORD:

SUBJECT: Conference and Inspection of Marugame Prefectural Hospital, 12 July 1950.

1. Persons attending conference.

Miss Maetai - Ken chief nurse
Miss Hayashi - Ken clinical nurse
Dr. M. Matsura - Assistant director of hospital
Dr. M. Hashimoto - Surgeon
Mr. K. Yoshida - Chief clerk
Miss H. Migaouchi - Chief nurse

This hospital repeatedly has reported a bed capacity of 101, but actually has only 70 beds available. There are 31 beds in storage.

Services are not separated and the nurses do no bedside nursing, but do give medicines and injections.

A central kitchen has been installed but is not in operation. Families are living in the hospital with no limitations on numbers in each room and the cooking is done in the patient's room.

At present 29 nurses are on the payroll, but 3 To are ill. When asking where the nurses were working they were unable to account for more then 26 including the ones who are ill. Nineteen ~~of the 26~~ work in OPD. Seven nurses are assigned to the care of in-patients. 3 work 7 - 3, 2 work 3 - 11 and 2 work 11 - 7.

Later found out 6 are off on sick leave & 2 working in OPD

The OPD nurses and doctors are assigned as follows:

Clinics	Doctors	Nurses	Patients	Nurses Recommended
Surgical	2	3	50	3 (incl Surg.)
Medical	2	4	70	2
Pediatrics	1	1	5	1
Mental	1	1	5	1
Gyn & Obs	1	2	15	1
Dental	1	1		1
Eye	1	2	60	2
ENT	* 1	2	70	2
	10	16	275	13

3 sick
19

I feel certain that the other 3 nurses are also working in OPD. The inefficiency of the OPD nurses was obvious. It was suggested that

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these nurses need special training for OPD clinics and hospital personnel agreed to cooperate with any plan that can be made to give this training. It was suggested that the health center would be the logical place for the training to take place and that each nurse should have at least a week inservice training. Miss Maetai and Miss Hayashi will work out a plan for classroom and clinic experience and submit it to Dr. Yamaguchi for approval. It is essential to the general nursing program that all nurses are used to advantage and unless each group of nurses are especially trained to function efficiently, the re-education of the nurses as a whole cannot be considered complete. As far as is known here, no plan has been made to give training to nurses working in clinics except for the public health nurses who work in the health centers.

An analysis of duties for nurses, maids, etc. was requested. It was reported by Miss Migaouchi that much of the nurses' time is spent on clerical work. A report and time study will be sent to Civil Affairs and Dr. Yamaguchi for study and recommendations. From the general appearance of the hospital it is obvious that either the chief nurse has no authority, or takes no responsibility as the sanitary condition of the hospital was deplorable and it may safely be stated that this is the dirtiest hospital seen in Shikoku to date.

The general condition of the hospital building is very bad. The plan of the hospital is very poor and there is no evidence of any effort to keep the building in repair. The present plans are to tear down the buildings and rebuild on the foundations. However, one of the doctors mentioned raising the ceilings in one part of the hospital. This matter will be looked into further. Mention was made also of plans to build a ¥1,000,000 CD ward soon. This will also be checked into.

The lack of understanding of duties on the part of the chief clerk and the chief nurse emphasized the fact that the refresher courses given in classrooms are essentially valueless unless they are associated with actual experience or followed by close supervision. The instigation of monthly meetings of the chief nurses fromm all hospitals was discussed and met with approval. The fact that the chief clerks of the Ken hospitals meet monthly was brought up and Civil Affairs nurse suggested that chief clerks from all hospitals be included in the meetings. This matter will be brought up and discussed at the next meeting of the clerks.

Both the CA nurse and the Ken nurses felt that the entire blame for the lack of any attempt to keep the hospital clean could not be placed on the nurses as doctors seem oblivious to the condition of their hospital. However, the responsibility of cleaning the hospital up and keeping it clean was placed on the nurses. How bedside nursing can be established here is hard to visualize with the present set-up. The nurses work room is one end of a large room partitioned off with a large wooden screen. The room except for the floors and work table tops was filthy. Large cobwebs with flies caught in them were hanging

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directly over the work tables on which sterilized syringes ready for use were lying uncovered. In all doorways and window frames cobwebs and dust were hanging 1-2 inches. Nurses were reprimanded and given instructions by Miss Hayashi. There is no running water in this room. Where the equipment is washed out was questioned and CA nurse was shown a laboratory with a small sink at least a city block away. Practically across the hall is a room that had been recommended to be used as a work room last November by Miss Maetai. This room has running water and gas but needs to the sink installed. This shows the lack of interest and initiative that was evident on the part of the entire staff.

Miss Hayashi remained at the hospital to spend the afternoon giving instructions and assistance to the chief nurse.

Mary A. Eitel

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SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
10 July 1950

MEMORANDUM FOR RECORD:

SUBJECT: Field trip to Tokushima, 26-30 June 1950

1. Conferences

a. Conference with Dr. Junzo Kinugawa, Chief of P.H. Dept., 27 June 1950

b. Conference with Dr. Nagao, 27 June 1950

c. Conference with the doctors and nurses of Tokushima National Hospital, 27 June 1950

d. Conference with the doctors and nurses of Tokushima Medical University, 27 June 1950

e. Conference with the doctors and nurses of Tokushima National Sanatorium, 28 June 1950

f. Conference with the Section Chief of the prefectural National Health Insurance Section, 28 June 1950

g. Conference with the doctors and Head nurse of Red Cross Hospital, 29 June 1950

2. Conference with Prefectural Officials; (26 June 1950)

Dr Junzo Kinugawa
Mr Hideo Ishihara, Assistant chief of Medical Section
Miss Shingai, in charge of P.H.N.
Mrs Morizaki, in charge of midwifery

The 3rd Five months' Public Health Nurse Training Course started 11 June 1950 with 16 students. One student is a Tokushima city National Health Insurance nurse and one student is a Naruto city school nurse. Approximately half of the students receive their salary during the five months study period.

Two graduates of the 17 who finished the 1st 5 months' PHNT in Tokushima prefecture Oct 1949 have been out of work until the present time. Only four graduates out of 28 who took the 2nd 5 months' PHNT ending June '50 have found P. H. work. Vocational adjustment is needed in this prefecture..

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Nurses' shortage in future and lack of nursing institutions were brought into discussion by Miss Eitel. To have one year nursing training course is permitted until 31 Aug 1951, and was recommended by Miss Eitel in order to produce as many nurses as possible.

3. Conference with Dr Nagao and Mr. M. Tominaga, chief of PH. Sect. (26 June '50)

Dr Nagao, who was the prefectural School Health Engineer resigned from Education Board recently and will work only part time for the school health program till the new doctor is assigned. One school nurse is assigned to the School Control Sect. Her chief duty is the school luneh program. Mr Tominaga, chief of P. H. Sect. told Dr Nagao that he could afford to lend 1 dietician from his section to help the school lunch program.

4. Conference with the Drs of National Hospital (26 June 1950)

Dr Sakurai, director of the Hospital
Dr Gotoda, assistant director
Mr Okada, chief clerk
Miss Niki and Miss Fujioka
Dr Kimugawa, Mrs Morizaki and Miss Shingai

Preparation for the grading committee is underway. One school building and teaching materials are now ready. Necessary changes to have a school are being made little by little.

5. Conference with the doctors and nurses of Tokushima Medical University.

Dr Nakata, principal of T.M.U.
Mr Kawata, chief clerk
Dr Nakajima, Pediatrician
Miss Miyazaki, chief nurse
Miss Hashimoto, instructor of school
Dr Kimugawa and Miss Shingai

Subjects discussed:

1. Recruiting of the students
2. Need for training as many nurses as possible.

6. Conference with the doctors and nurses of Tokushima National Sanatorium, 27 June 1950.

Dr Sugai, director
Dr Koyama, chief of medical affairs sect. of this sanatorium
Mr Kishinaga, chief clerk
Miss S. Takahashi, chief nurse
Miss M. Sakai, Head nurse.

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The future Nurse shortage was discussed. At present time this sanatorium has 83 nurses and attendants, one more than the authorized number. The fixed number of the patients is 500 and actual number of the patients to-day is 510.

Training course for 1 year attendants was not planned as the authorized number of nurses and attendants is filled. If the permission by Welfare Ministry is available this hospital wants to have an attendants school to meet the future nurse shortage.

7. Conference - Health Insurance

Mr K. Suzue, chief of the prefectural national Health Insurance Section
Miss Shingai, prefectural PHN.

No. of the National Health Insurance Nurse - 36

12 nurses out of 36 Insurance nurses have no public health nurse license.

Most of the N.H.I.N. are doing clinical work and only 6 are doing actual PHN activities and report to the Health Centers.

N.H.I. nurses will be placed in thirty additional villages this fall. 30 additional PHN will be hired at that time. Miss Shingai, in charge of the prefectural Nursing Affairs, thinks that they can supply necessary number of PHN from graduates of the 5 months' course.

8. Conference with the doctors and nurses of Tokushima Red Cross Hospital

Dr Y. Kato, director
Mr S. Yasubuchi, chief clerk
Mr Y. Miyaji, clerk of Red Cross
Mr S. Tsutsumi, assistant chief of the prefectural Medical Section
Miss Tsuzuki, chief nurse

The new out patient clinic has been opened recently and 21 patients are hospitalized temporary in the clinic building. One building with 100 beds will be completed by Oct 1950.

A nursing school will be built by the end of Dec. 1951. A "B" school will be established in 1952. The hospital will have 250 beds on completion in 1951.

Building plan for nurses work rooms was discussed to-day. Nurses work rooms seen to date are very poorly arranged and it is obvious that the convinience of the nurse has not been considered. Considerable effort will be made to establish model work rooms. No facilities for disposal of excreta had been planned.

Daisy A. Entel

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SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
26 June 1950

MEMORANDUM FOR RECORD:

SUBJECT: Field Trip to Kochi Ken, June 19 - 23

1. Conferences in Kochi Ken

a. Inspection of newly completed out-patient clinic - Kochi Ken Hospital
b. Conference with Ken officials
c. Study of curriculum for one year course
d. Interview with Mr Kitamura, Board of Education
e. Visit to 6th Primary School - Kochi City
f. Conference with school nurses and officials of Education Board.
g. Visit to Oshino-cho
h. " " Noichi-cho
i. " " Yasu-cho
j. " " Akaoka Health Center

2. Inspection of Kochi Ken Hospital Out-Patient Clinic.

a. The newly completed out-patient clinics and surgeries will be ready for occupancy in July. This is a well constructed building built to handle an increased number of patients. At present the hospital has only 34 patients in an old building connected to the new clinic by a covered ramp. A new building will be built beyond this building this year, after the completion of which the present hospital building will be removed and another new wing will be built next year. At the end of this year according to plan there will be 100 beds and by the end of 1951 there will be 200 beds. It is hoped that a B school can be established here in 1951. At present there is dormitory space for only 34 nurses. There are 5 rooms with 6 beds and one with 4 beds on the second floor of the new clinic building. This of course will be inadequate for a school of nursing so a new dormitory will also have to be constructed before a school can be established.

3. Conference with Ken Public Health Officials

A general discussion of current nursing and hospital problems was held. There is great concern about the future shortage of nurses in all fields.

Copy to C Johnson
Encl
5 mss curriculum

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4. study of curriculum for 1 year course.

The curriculum adopted is essentially the same as for the 2 year B school, except that additional hours have been added making the total class hours 610 instead of 590. The class work will be given in 3 terms of 10 weeks, 5 weeks and 8 weeks. The students taking this course are from 5 different hospitals but the classes are being given in the Koshi Municipal hospital for all of the students. Because of the travel difficulty the students will not work in the hospitals while they are taking class work. The time except for the three class terms will spent in hospital practice. These students live at home, furnish their own food and do not receive any pay. Books and aprons are furnished to them.

5. Interview with Mr Kitamura - School Health Official
(Miss wai and Miss Kamimura)

The need for refresher courses to prepare school nurses for the national nurses examination was discussed at length. The Ken nurses offered to give assistance in preparing and giving the course.

There are 45 licensed school nurses in Kochi Ken and over 600 primary and secondary schools.

The future shortage of school nurses was discussed.

In some areas the village nurses are doing school nurses. If the school health programs are to be carried out on the level with the general public health program more programs of this type will have to be established. Where it is being done now the results are very satisfactory.

6. Visit to 6th Primary School

Mr Murata - School principal
Miss M. Yamamoto - School nurse
Mr Kitamura
Miss wai & Miss Kamimura

A better than average school health program is being carried out here. Miss Yamamoto seems to have a good understanding of what is important and seemed to appreciate suggestions given in front of the school officials that all non-nursing duties be taken out of the hands of the nurse. I was pleased to learn that she is the secretary of the school nurse association. She seemed to be anxious to study to prepare for the national examination. Miss Yamamoto was pleased at the suggestion that the school nurses should prepare some type of a home visiting bag. The Ken nurses offered to help with the preparation and give instructions on its use.

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7. Conference with School officials and School nurses

Miss Shun Kitaoka - Pres. School nurse Association
Miss Yuri Uchigawa - Vice-Pres. " "
Miss Haruko Ohkura - Pres. Kochi School Nurses Association
Miss Masami Yamamoto - Secretary of Ken School Nurses Association
Miss Suzue Okada - Committee of Ken Association
Mr S. Kitashiro - Chief clerk of School Administration Section
Mr T. Kitamura - Clerk of School Administration Section
Mr K. Nishiuchi - " " " "
Dr Seijo, Miss Wai and Miss Kamimura

The nursing laws and education laws affecting school nurses were discussed. The general nurse shortage and the shortage of nurses in every field was pointed out. Emphasis was placed on the fact that no nurses would be available in the future for the school nurse program. Cooperation between health center nurses and school nurses will become increasingly more important as the health programs develop.

All of those attending with exception of Miss Kitaoka seemed to have an understanding of the need for refresher courses for the school nurses. She has the attitude that the school nurses are well educated and need no further nursing education. She does not think it important for the school nurses to take the national examination. All of the other nurses present expressed the desire to take the examination.

8. Visits to Oshino-mura, Noichi-cho and Yasu-cho

a. Oshino mura

Mr Iwamura, mayor of Oshino mura
Miss Asakawa, PHN, takes care of 3 villages
Miss Nagao, Chief nurse of Central Health Center
Miss Kimura, School nurse of Oshino Primary School
Mr Kawazoe, Sanitary engineer of Oshino villages

b. Noichi-cho

Mr Katsuro Kitamura, Assistant Mayor
Mr Nagura, Clerk in charge of hygiene.
Miss Fumiko Komura, PHN, takes care of 3 villages

c. Yasu-cho

Mr Goto, Assistant Mayor
Miss Yoshioka, PHN

d. At each village the need for hiring a village nurse was discussed by Miss Wai and Miss Kamimura. The village officials seemed to have a good understanding of the need and all seemed confident that the assembly would vote the necessary funds. These villages had been especially selected by the Ken Health officials as villages which were financially able at this time to hire their own nurses.

Mary A. Estes 10

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SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
19 June 1950

MEMORANDUM FOR RECORD:

SUBJECT: Field trip to Ehime Ken - (12 - 16 June 1950) Mary A. Eitel

1. Conference in Ehime Prefecture

   a. Conference with director of nurses and chief nurses
   b. Conference with Miss Kawamura - Besshi Hosp chief nurse
   c. Matsuyama National Hospital
   d. Matsuyama Red Cross Hospital
   e. Conference with Dr. Karatsu, Ehime school physician
   f. Conference with Miss Akechi
   g. Ehime National Sanitorium
   h. Suishoen National Sanitorium

2. Conference with Chief nurses and Education directors

   a. Persons attending conference.

	Hospitals	Position	Name of the nurses
1	Pref. Ehime Hosp.	Chief nurse,	K. Tanabe
	" " "	Director of Edu.,	M. Shimizu
2	Municipal Uwajima Hosp.,	Chief nurse,	Y. Motoyoshi
	" " "	, Director of Edu.,	M. Ishida
3	Pref. Mishima Hosp.,	Chief nurse,	T. Ishimura
4	National Matsuyama,	" "	K. Takata
	" "	" "	Y. Ishii
5	National Ehime Sanitorium,	Chief nurse,	A. Tanimoto
	" " "	" "	M. Akechi
6	National Suishoen Sanitorium,	"	T. Sugio
7	Matsuyama Red Cross Hosp.,	Director of Edu.,	M. Higaki
8	Besshi Hospital,	Director of Edu.,	S. Kawamura
9	Municipal Yawatahama,	Chief nurse,	T. Noi
10	Kuma Welfare Hospital,	" "	K. Sotomura
11	Pref. Imabari,	" "	I. Ohno
12	Pref. Minami Uwa,	" "	A. Yamashita
13	Shuso Hospital,	" "	Y. Tamai
14	Ohsu Hospital,	" "	T. Seeki
15	Chikamaga,	" "	S. Okimaga
16	Toyo Rayon Comp. Attached Hosp.,	Chief nurse,	M. Yanagihara
17	Yoshida Hosp.,	Chief nurse,	M. Mishida
	" "	Director of Edu.,	M. Ishida

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b. Subjects discussed:

(1) Hospital laundry

Laundry is a big problem to all of the hospitals except Beeshi. As the other hospitals have no laundry facilities or inadequate facilities it is necessary that the patient's families take the laundry home. In many cases this is not only impractical but impossible because of the fact that many patients' homes are far from the hospitals. It was suggested that in the cases where this is true a small charge could be made and laundry workers be hired by the hospital. If this were done the doctors gowns could also be washed by theses workers instead of by the nurses who in most instances wash their own uniforms as well as the doctors gowns.

(2) Hospital diets

Five of the hospitals have established central kitchens. The other hospitals all wish to do the same as they fully realize it will be impossible to eliminate the families until the feeding of the patients is done by the hospital.

The average hospital diets are at present all over 2000 calories, about 2400. The TB diets are 2600 - 2800. In rural areas the farm families usually bring in extra food and most hospitals have a small shop where additional food may be purchased. However, the diet furnished by the hospitals is adequate.

(3) Nursing shortage in TB Sanitoria

In Suishoen National Sanitorium there are now 152 patients but this number will be increased to 187 soon. The authorized number of nurses is 19. At present there are 30 seriously ill patients. It is obvious that this number of nurses is inadequate. At present 3 are working in the out-patient clinic and pneumothorax treatment room, 1 in the pharmacy, 11 day duty, 4 evening duty and 1 chief nurse. Two of the nurses, in rotation, work 5 - 10 pm. and sleep 10 - 6 and then work 6 - 9 the next morning, and are call all night. Two other nurses work 2 - 10 pm. and then sleep 10 p.m. - 6 a.m., subject to call. This is very unsatisfactory for the nurses and does not furnish needed care to the patients.

The nurses are authorized for the number of patients for the past year and no provision is made to increase the nurses when the number of hospital beds is increased. This will be a more serious problem in the future as the number of TB beds will be continually increased and the shortage of nurses will become more acute. This same condition is true in all TB hospitals visited to date.

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(4) Nurse recruiting

The importance of beginning nurse recruiting immediately was discussed. This year the recruiting was started so late in Ehime Ken that most of the hospitals did not get the number of students they wanted. Methods of nurse recruiting were discussed at length. It was suggested that the nurses investigate vocational guidance programs in high schools. Civil affairs will help in any coordination needed with the education section.

(5) Students training under old law.

Matsuyama Doctor's Association	43
Imabari " "	23
National Ehime Sanitorium	37
Matsuyama Red Cross	12
Uwajima Municipal Hospital	13

Ehime National Sanitorium, Ehime National Hospital and Suisboen National Sanitorium are asking permission from Welfare Ministry to have one year students this year under the old law. Students can be accepted until 31 August. The nurse shortage is so serious that this office actually encouraged these hospitals to take as many students as they can if permission is granted by Welfare Ministry.

3. Conference with Miss S. Kawamura, Director of Nursing Education - Besshi Hospital.

The subject of nurse recruiting for Besshi Hospital was discussed at length. Although the minimum number of students per class is 15, last years class has only 6 students and this years class has 11. This means that this hospital does not meet the minimum number of students required by the nursing law and so risks losing their school license. This hospital is located at Niihama and is owned by the copper mills. Most of the girls in this location finish junior high school and then go to work. Miss Kawamura and this office is of the opinion that a school in this location should be a B school but Dr Senshu, director of the hospital, insists on having an A school. This is the best hospital in the prefecture and of course it is desirable to have an A school. However, with the number of patients 41 B students could be graduated each year. Miss Kawamura was advised to discuss this matter with the hospital staff and make plans for nurse recruiting immediately.

4. Matsuyama National Hospital. 14 June.

This hospital now has 112 patients. They have plans to increase the beds to 212 next year and to build a 30 bed TB ward. At present they have 8 beds in 6 bed wards and are using part of the central kitchen for patients. Nurses are caring for patients except those acutely ill, in which case a member of the family is in constant attendance.

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This hospital wishes to establish a B school now and could have done so if a building formerly used by Civil Affairs and now held by the Finance Ministry had been released for their use until a school building and dormitory could be built.

This hospital has property on which to build the needed buildings. The necessity of establishing this school in the near future is of utmost importance because of the shortage of nurses in the national hospitals, TB sanitoria and leprusorium and because of the general shortage of nurses in Ehime ken. Dr Shimizu, director of the hospital, is very anxious to establish a school. Although no nurse recruiting was done this year 60 applications were received. Dr Shimizu is willing to abolish the salary for the students and conduct the training as a vocational school but has been unable to get permission from Welfare Ministry to do so. This salary paid to the students makes the cost of the school prohibitive in many cases. Dr. Shimizu feels that schools directly under Welfare Ministry as the national hospitals are, should be the ones who should take the lead in making this change.

5. Matsuyama Red Cross

All of the nurses employed here are graduates of this school and are giving bedside nursing care to the patients. The central kitchen is well run and clean. The diet served is 2200 calories or over and the cost is ¥ 75 per day. This hospital has only 16 1st year A students. They will begin recruiting for the 1951 class soon.

This hospital is well run with the chief nurse having charge of all nursing services and the maid service. In many ways this hospital can serve as example to other hospitals in the ken. They received a provisional license for a school subject to establishing an affiliation in TB or C.D. as this hospital has neither of these services.

Future building plans are as follows:

Main building	¥12,000,000
Nursing school	¥5,000,000
Nurses' dormitory	¥5,000,000
Operation room & X Ray room	¥5,000,000
Maternity Hospital	¥2,000,000
Other Expenses	¥20,000,000
Total	¥49,000,000

6. Conference with Dr Karatsu, Ehime school physician.

The subject of future nurse education and licensing was discussed. At first Dr Karatsu did not seem to realize the need for further nursing education for school nurses. It was explained that although the school nurses have a clinical nurse license few of them have had any hospital training or experience. He understands well the need for cooperation between the school nurses and the health center nurses and encourages the school nurses to attend the health center nurses meetings. In this prefecture a large number of the school nurses are members of the National Nurses Association and attend re-

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fresher courses. He will encourage some of the school nurses to attend the 5 month public health course.

There are 430 primary schools with 150 licensed school nurses and 50 unlicensed school nurses who are licensed as clinical nurses.

300 Jr high schools - 20 school nurses
30 Sr high schools - 30 school nurses

These figures are those given by Dr Karatsu and are not the same as the figures received in April. However, by either set of figures there are over 500 schools without school nurses. Dr Karatsu is very concerned about this but sees no solution as there is a lack of budget and he is aware of the shortage of clinical nurses, school nurses and public health nurses.

An effort will be made to continue refresher courses for the school nurses with the assistance of the Ken nurses.

The two school nurses employed by the Education Section did not seem to understand their problems. They are both very young and seem to be inexperienced. They could answer no questions addressed to them. Their work seem to entirely clerical in nature.

The 9 nurses who just completed the 2 year P. H. course are now working as school nurses.

7. Conference with Ken Nurses

Miss Sasaki - Clinical Nurse
Miss Akechi - Public Health Nurse
Miss Yasawara - Public Health Instructor

In 1942 less than 50 of the 200 village and insurance nurses had public health licenses. Now all but 49 of the 280 nurses have their licenses and 11 are attending the present 5 month public health course. This leaves 38 more to be trained. There are still 51 villages without nurses. Nomura village has 2 nurses attending the course now.

The present salary for the public health nurses in Ehime Ken is ¥3,991. Most of the nurses doing this work live with their families and are extremely interested in their work. There is considerable concern on the part of the Ken nurses in the difficulty of recruiting nurses for this work in the future as after the 5 month course is discontinued A class nurses will have to attend a 1 year course to be licensed as public health nurse. These nurses feel that the 5 month public health course should be continued at least until 1959. They were advised to estimate their present and future needs in the public health field and forward the information to Welfare Ministry with the request to continue the school.

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All four of the Ken nurses would like Mr Aoki, clerk in the nursing section replaced by a woman clerk. They feel that he resents working under women and as a result does not stay in his place but rather tries to run the whole section. They were advised to take the problem directly to Dr Kimura if they felt that a change were desirable for the good of the section - otherwise to make an effort to work with Mr Aoki. From the discussion it was felt that they were justified in their wish to have him replaced by a woman.

8. Ehime National Sanitorium

This is a very large establishment with 610 patients and plans for enlargement. The central kitchen is operation and the nurses are caring for the patients. However the problem of covering the 24 hours is a serious one with the number of nurses authorized. This year they still have 30 2nd year students who are doing regular staff nurses duties.
The hospital was inspected and found to be above the average.

The number of TB deaths last year was 3000. in Ehime Ken. 104 of these deaths were in this hospital. Priority for admission is given to patients in large families. Although there are only 94 patients on the waiting list for hospital admission the number of patients needing hospital care probably is in the 1000's.

9. Inspection of Suishoen Sanitorium

This hospital is located near the Ehime National Sanitorium and is under the direction of the same doctor who is in charge of Ehime National Sanitorium. The two hospitals are actually contiguous, and connected by runways but are located in different villages. This hospital has a central kitchen but it needs improvements which were discussed. The nursing problem was explained in this report on the first conference.

Mary A. Ettel
MARY A. ETTEL, PHN.
Public Health Section

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SHIKOKU CIVIL AFFAIRS REGION
APO 1050
Public Health Section

Takamatsu, Shikoku
12 June 1950

MEMORANDUM to Col. L. E. Toole

SUBJECT: Interview with ~~me~~, Henry Hideo Uga, Hirookashimono-mura, Agawa-gun, Kochi-ken

Mr Henry Hideo Uga came to the Public Health section the morning of June 12 saying that he had not been able to get a license to practice as a chiropractor in Kochi ken. He stated that he had been told that the last examination held in Kochi ken was given in October 1949.

He apparently worked under chiropractors in Los Angeles and San Francisco but apparently has had no formal schooling as a chiropractor. He was advised to write to the chiropractic college in Tokyo for information regarding licensing or further training. He knew the name of the college.

This man appeared to be in a disturbed state of mind and it is possible that he needs medical care. He was advised to write immediately to Tokyo and I told him I would be in Kochi the week of 19 June because I had an uneasy feeling about his mental state.

Mary A. Eitel

MARY A. EITEL, PHN.

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SHIKOKU CIVIL AFFAIRS REGION
APO 1050

Takamatsu, Shikoku
5 June 1950

MEMORANDUM FOR RECORD:

SUBJECT: Preparation of school nurses to meet requirements of Education Law #147

Date : 2 June 1950

Persons Attending Meeting:

Miss Carmen Johnson - Miss Shiota, interpreter
Miss Mary Eitel - Mrs Hayashi, interpreter
Mr Kubota, Supt of schools Kagawa Ken
Mr Kubo, Chief Guidance Sect., Kagawa Education Board
Mr Matsumoto, School Health Program
Miss Miyaji, School Nurse, Education Dept.
Miss Maetani, Chief Nurse, Kagawa Health Dept.

The need for planning to meet requirements of the nursing and education laws which affect the future qualifications of the school nurse were discussed. Mr Kubota professed to have a thorough understanding of the requirements set forth in laws #147 and #203 but actual discussion disclosed he was interested in how to circumvent the necessity if giving any refresher or other type of course concerning nursing education at this time. The fact that some type of refresher course will be given over a three year period seems to be the only plans made to date. It seems that these courses will be for the most part on educational rather than nursing subjects.

The fact that the clinical nurse license and the public health certificate have been obtained by examination in most cases and does not insure that the holder of the licenses have any nursing knowledge or experience was pointed out. The need for nursing refresher courses to prepare the school nurses to take the national nurses examination was discussed. Miss Maetani invited the school nurses to attend the weekly refresher meeting held each Sunday. Special refresher courses may be conducted by Miss Miyaji and other school nurses who have had clinical nurse or public health training. The nursing section of the Public Health Department offered to give assistance on request.

School nurses were invited to attend the 5 month public health course which will begin 12 June. This may seem to be a late date to invite attendance but this is a repetition of the same offer that has been made directly to the school nurses on numerous occasions.

Copy to C Johnson
Educ Sect

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Mr Kubota stated as much as he would like to see the school nurse attend the 5 month course this will be impossible because of the budget. It appears that the same underlying reason is that the nurses also have teaching duties from which they cannot be released due to an acute teacher shortage. It is possible that many school nurses will be replaced by teachers as no nurse is required in primary & lower secondary schools under new regulations.

I feel that this meeting will be of some value because I am certain that those attending will reread the laws and perhaps a better understanding will result.

Mr Matsumoto, Miss Miyaji and Miss Maetani will confer to see if any arrangements can be made for some of the school nurses to attend the public health course and to discuss refresher courses for the school nurses.

A meeting of the Kagawa school nurses will be held 10 June. Miss Maetani, Chief of Kagawa Nursing Section and Miss H. Hosbaku, instructor for the public health course were invited to attend as guest speakers. It is hoped that a clarification of the school nurses position will result from this meeting. Unless the school nurses desire to study and improve and keep up with the nurses in all other fields there is little that can be done by the Civil Affairs Nurse at this time. No instruction have been sent down from the Education Ministry and the Prefecture officials will is all probability do nothing unless such instructions are received. Only if the school nurses realize the need for such education and demand that courses be given will anything progressive be realized at this time. In such case the Ken nurses are ready and anxious to give assistance.

MARY A. KITAL, PHN
Public Health Section

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SHIKOKU CIVIL AFFAIRS REGION
Public Health Section

Takamatsu, Shikoku
17 April 1950

MEMORANDUM FOR RECORD:

SUBJECT: Field trip to Tokushima Ken - Nursing Affairs - Mary A. Eitel
10 - 14 April 1950

1. Conferences held:

a. Dr. Sato, Chief of Ken Health Department, Ken nurses and Chief nurses of 6 Health Centers.
b. Conference at Tokushima Health Center.
c. Tokushima National Hospital.
d. Tokushima University Medical School of Nursing.
e. Tokushima City Conference school etc.
f. Tokushima Ken Officials
g. Bando-cho Office.
h. Muya Health Center
i. Banzai Sanatorium.

2. Conference at Ken Health Department:

a. Persons attending conference

Dr T. Sato, Chief Tokushima Ken Health Department
Miss S. Yagi, Chief Ken nursing affairs
Miss Shingai, Ken P. H. Nurse
Miss Morizaki, Ken midwife
Miss Kimoto, Instructor 5 month P. H. course.
Miss Dainichi, Chief nurse, Anabuki Health Center
Miss Oe, " Kawajima " "
Miss Yamanaka, " Hiwase " "
Miss Komatsu, " Ikoda " "
Miss Haseme, " Muya " "
Miss Oike, " Tokushima " "

b. Subjects discussed:

(1) The school nurses place in the public health program.

The school nurse should be doing the same type of work in the schools that the health center and village nurses are doing in the communities. At present the school nurse is a health teacher, cooks for the school lunch, and assists with biannual examinations by the school doctor.

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To improve her work further education will be needed. The Ken Health Department wishes to have school nurses attend the 5 month public health course. No instructions have been given from Mombusho for the improvement of the school health program. It was pointed out that this is no reason to ignore the problem in the Prefectures but rather a good reason why the Health Department here should go ahead and establish a good program. It was suggested that perhaps model programs could be set up as an example as at present very few of the school principals or nurses really know what type of work can be and should be done in the schools.

(2) Insurance Nurse:

At present there are still insurance nurses in Tokushima Ken who are doing little but clerical work and assisting with the immunization program. This makes it difficult to have a good all over program as often the insurance nurse is the only nurse assigned to the area in which she works. This is true in three areas in Tokushima city. The insurance nurse should all be carrying out a general public health nursing program now. These nurses should all take the 5 month public health course if they wish to continue work as nurses.

(3) Five Month Public Health Course.

The first course in Tokushima Ken graduated 13 students. 28 more will graduate 10 May. This is a total of 41 nurses and a total of 100 could have been trained. There are about 12 villages and insurance nurses now employed who should attend the next course. H.C. nurses were asked to recruit students for the next course.

(4) Village Nurses.

Many of the health center nurses are serving 3 and 4 villages. Some have very large populations and in most the travel is difficult. This means that some of these village have a nurse on an average of 8 days a month and others an average of 5 days a month. The employment of nurses by the villages and their public health training is another matter of concern.

3. Conference at Tokushima Health Center.

a. Interview with Dr. Tominaga, Miss Oike, Mrs Yagi, Miss Kimoto and Miss Shingai.
b. Weak points in the public health program in this health center area were discussed. Three of the city areas are assigned to insurance nurses who are doing little except clerical work and assisting with the immunization program. These nurses make no home visits and do not attend the health center nursing conferences. The school nurses present a similar problem. Further public health education is needed by both groups before they will be able to take their place in a complete well organized public health program. Assistance was asked from Civil Affairs nurse in working out some solution to this problem.

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c. At present a group of private physicians, including many specialists, have been working to improve the school program in Kamona District in this health center area. Monthly examinations are made by various specialists. Dr. Suzue has been very active in getting the support and cooperation of the local medical society. Dr. Tominaga feels that much of this good work will be ineffectual unless the school nurses are taught home visiting, the use of the health agencies in the area and are assisted in establishing a good school health program in cooperation with the health center and the Prefecture Health Department.

4. Conference at Tokushima National Hospital: (Class "B" nursing school)

a. Persons attending conference

Dr T. Sakurai, Chief doctor
Dr Goto, Assistant Chief doctor
Mrs. Niki, Chief nurse
Miss T. Fujioka, Instructor
Miss H. Mizuguchi, Instructor
Miss Yagi, Miss Shingai, Miss Kimoto

b. This hospital has 150 beds with an average patient census of 130. From 162 applicants 30 students were selected for the first "B" class. The cost of training has been estimated as ¥30,000 per student for 2 years, 25% of the cost is subsidized by the Finance Ministry and 75% is paid by the hospital.

c. At present this hospital will not be able to meet requirements of the "B" school as it has only one class room and the dormitory facilities are very inadequate. A new dormitory would cost ¥2,000,000. The first floor of the present dormitory is now being used as a store room. To convert this to living quarters would cost ¥500,000. To build a school building with three class rooms would cost ¥1,200,000. This hospital is still hoping to secure one of the three buildings on adjacent property which have recently been released by occupation forces to the Finance Ministry. The disposition of these buildings has been a matter causing much ill feeling with the Tokushima Medical University which is located on the other side of these buildings. They have already moved patients into one of the buildings and are planning to convert the buildings into communicable disease ward, TB. ward and a central kitchen. The governor has promised the buildings to the medical school but at present the Finance Ministry seems to favor the National Hospital. This is entirely a Japanese problem and Civil Affairs has no authority in the decision of disposition. This nursing school will be graded in May and it is hoped that a provisional license to operate a school will be granted as this is one of two schools for the entire Prefecture under the new law. The teaching curriculum is well planned a floor assignment plan is being made now. This was discussed at length.

5. Conference at Tokushima Medical University (11 April 1950)

a. Persons attending conference

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Dr. Y. Shirakawa, Chief doctor
Mr. Ikari, Chief Clerk
Miss Miyazaki, Chief nurse
Miss Yagi, Miss Shingai, Miss Kimoto.

b. This hospital reported at the time of the nursing school grading that they had 302 beds. Today they said 200, with an average patient census of 120. At present they have a total of 67 students. 35 are students completeing the old school in March 1951, 15 2nd year "A" students and 17 1st year "A" students. 89 licensed nurses are employed. This will make a total of 156 licensed nurses and students. An average of 300 patients are seen in the outpatient clinic daily. Doctors complained that they did not have enough clinical nurses. Time did not permit a study of this problem at this time. It is obvious that the nurse assignments are not well planned.

c. Dr Shirikawa made it very plain that he felt that this hospital should train only the nurses they need for work in the hospital and stated that they felt no responsibility for training nurses to work in other programs. Later Mayor Hara of Tokushima city remarked that this was a very selfish attitude especially when this institution never hesitated to ask for donations from the people of Tokushima.

d. The general nurse shortage was discussed. Dr. Shirikawa stated that this was no concern of his. It was pointed out that the coming shortage of nurses would effect this hospital as well as the hospitals which had training schools. He stated that if he could get permission from Mombusho he would rather have a "B" school. He seems to have little understanding of the new nursing laws. Miss Miyazaki seemed to understand everything discussed and seemed to be in sympathy with the civil affairs nurse. It is felt there is still much work left to be done here.

e. Dr. Shirikawa knows that unless the National Hospital is allowed to use at least one of the buildings discussed above, the National Hospital can not meet the requirements of the "B" school. He is doing everything in his power to take over all three buildings for hospital and kitchen, although according to their own figures there are a total of 182 unused beds in the present hospital.

It is felt that one of the reasons that the average patient census is 120 is due to the fact that the nursing care and general treatment in this hospital is inferior to that given in the national hospital.

6. Conference at Tokushima City Hall (12 March 1950)

a. Persons attending conference.

Mr K. Hara, Mayor of Tokushima
Mr K. Motake, Chief of Education, Tokushima city.
Mr K. Shigematsu, City Education Official
Mr M. Ohnishi, Physical Education
Dr S. Nagao, School Physician
Dr. Tominaga, Chief doctor, Tokushima Health Center
10 School principals
3 Insurance nurses
12 School nurses

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b. Subjects: Improvement of School Health Program, Insurance nurses and 5 month Public Health Program.

(1)a. The present schools in Tokushima do not have a program which compares at all favorably with the health center program. Except for a little individual work on the part of a few school nurses nothing is being done in corrective or preventative work amongst the school children. The time of most of the school nurses is spent in teaching classes, a little first aid and assisting with school examinations. There are 106 in Tokushima Ken. In Tokushima City there are 12 primary schools with one nurse each and 7 secondary schools with no nurses.

b. The importance of a good school health program was explained by Dr S. Nagao, Tokushima school physician, Dr Sato, and Civil Affairs nurse. With the shortage of school teachers it will not be easy to release the nurses from their teaching duties. It is felt that the principals, school officials and school nurses were made to see the necessity for further training for these health teachers and for the establishment of good health programs in the schools in cooperation with the health centers.

c. The school nurses had little understanding of the 5 month Public Health course and until they were asked if the Health center doctors and nurses might inspect their work showed little interest in taking the course but said they would like to take a 3 month "A" school training. It was explained that the "A" class training school was 3 years in length. From the remarks made by these women it was evident that they have little idea of the refresher courses being given for the other nurse groups. Miss Yagi will talk to them later to encourage them to take courses now available and to improve their work.

d. A plan of rotation was discussed whereby all the school nurses might attend courses, e.g. one nurse could take care of 2 schools or the health center or village nurses could take over the school program for the 5 month period. It was also pointed out that the nurses should be retained on the payroll during this period. The fact that in the past the nurses were required to resign and were not sure of employment on completion of course was emphasized.

(2) It was explained at length that the insurance nurses are now expected to do work comparable with that done by health center nurses. The three insurance nurses present were encouraged to attend the next 5 month public health course. Mayor Hara instructed them to attend the course.

(3) The shortage of public health nurses was discussed. It was explained that the present 5 month course can only be given until 1952 and that after that time the course would be a one year course, probably given in Chugoku Region.

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(4) The opinion of those present was that these matters should not have been discussed with them but with the Prefecture Education officials. It was pointed out that previous experiences had taught us that if this were done that the Ken officials would use the fact that school nurses and school principals were not interested in improving their programs as an excuse for doing nothing and that this meeting had been planned purposely so they could express their opinions and so that the Ken officials could be informed. After this was explained the opinion was expressed that they would like to improve the health programs and that they realized it should be done but said that they had not been able to get any help from prefecture officials.

(5) Mr Hara, Mayor of Tokushima is very much interested in the public health programs and feels that the school health programs need much improvement. He is in favor of early action on this problem.

(6) The school nurses and principals did not know about the public health course. Information had been sent to them by the Ken nurses but in transmission the information was handed on as clinical nurse training course. At present there is a shortage of teachers and the nurses are hired as teachers except in 6 schools in Tokushima city. It is necessary under the present conditions that the nurses also conduct classes. It is hoped that in the near future there will be a separate budget for the nurses because then the nurse could devote her entire time to the school health program.

(7) After the regular conference a short meeting was held with the school nurses. Some of them could see no reason why they need more training but when asked if they would invite the Ken nurses in to inspect their present programs they admitted that their work was not very good. The general opinion was that the school principals and officials would never permit them to attend courses if it meant absence from school. They were in favor of evening classes. It was explained that this course was a full time course and could not be taught on any other basis.

(8) It is hoped that enough school nurses will attend the 5 month course to establish some model school programs that can be studied by all the school personnel. Perhaps if this is done an evening refresher course can be established later.

7. Conference with Tokushima Prefecture Education Board at Ken office (12 April)

a. Attendance:

Mr Kameda, Prefectural Education Committee.
Mr Miki, Chief of Management Sec., Education Board
Mr S. Nagao, School Health Engineer
Mr Kamada, an official of management sect., Education Board
Miss Kawaguchi, Prefectural official, in charge of school nurses and kindergarten personnel, Ed. B.
Mr Ono, in charge of Lower Secondary school, Ed. B.
Mr Miyazaki, in charge of school inspectors, Ed. B.
Dr Sato, Chief of Health Department.

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b. No. of primary school in Tokushima Prefecture : ~~9508~~ 297
No. of health teachers in primary school: 73
No. of assistant health teachers in primary school: 17
No. of school nurses in primary school: 7

No. of lower secondary schools: ~~2108~~ 147
No. of school nurses in lower secondary school: 3
No. of upper secondary High schools : 21
No. of school nurses in upper secondary high school: 6

c. The last prefecture assembly decreased the education budget. This has resulted in fewer school nurses and has also resulted in most of the school health teachers or nurses spending most of their time teaching classes and prepering school lunches. The situation is getting worse instead of better.

d. As was anticipated it was explained that nothing could be done because the principals and nurses did not want to change the present set-up. It was pointed out that this was no longer true as we had had a conference in the morning and that we had been told nothing could be done without help for the prefecture education people. It was felt that as a group these officials did not have a good understanding of what changes were needed, but showed some interest. They stated that nothing could be done until the budget was increased. They agreed to encourage the school nurses to get additional education.

e. Mr Miki, Chief of the Management Section of the Educational Board, agreed that the school health program needed improvement and promised to do all he could to help.

f. Dr Sato, Chief of Ken Health Department, spoke to the group promising to do all he could to help both in education of the nurses and in establishing good school health programs. He pointed out that the public health in the entire Prefecture was his responsibility and that at the present time the school health program was the poorest part of the whole program. He explained that his budget was increased only after model programs were established.

g. The general felling of all present was that the meeting was timely and that it should bring about good cooperation between the Education and Health Departments. It was promised that model school programs would be set with the help of the Health Department as soon as possible.

8. Muya Health Center Conference, Naruto city (13 April 1950)

a. Attendance:

Dr Sato, Chief of Prefectural Health Department
Mrs Yagi, Miss Kimoto and Miss Shiogai, Prefectural Nursing Sect.
Mr T. Ito, T. Iwamura, S. Takahashi, K. Miyake, N. Yumoto, K. Ikawa, M. Shinkai, H. Hashimoto, C. Shibata, K. Nagatomi, Y. Munokawa, K. Izawa, ... Principles of Primary school and Lower Secondary school.

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Misses F. Hikumoto, E. Sano, Nakata, Fujii....School Health teacher
Misses S. Taniguchi, M. Nishio, Y. Takeuchi, K. Ohta, S. Sakamoto
.....School nurses
Mr M. Hitoshi, an official of Education Sect. Naruto city office
Mr K. Okada, Chief of Welfare Sect, Naruto city office

b. Principles are all aware that the school health program is very poor and feel improvement is necessary. A principal from lower secondary school feels the need of a health teacher in each school who can teach sex education as it is one of the biggest problem in coeducation.

c. There are 12 primary schools in Naruto city. Each school has a nurse. 6 of them are hired as teachers by the Prefecture Education Board and 6 are hired as nurses by Naruto City.

d. The general attitude at this meeting was one of concurrance. Everyone present agreed that improvement was needed. As was reported in the previous conferences, the teacher shortage is also a problem here. They hope to send at least 3 of the nurses hired by the city to the next 5 month public health course. The cooperation of the Ken Educ. Dept. will be necessary before the 6 hired as teachers can attend any courses.

9. Conference at Bando Cho (13 April 1950)

a. Attendance: Dr Sato....Prefectural Health Department
Mrs Yagi, Miss Kimoto, Miss Shingai...Prefectural Nursing Sect.
Mr R. Masumoto, Mayor of Bando cho
Miss Miyamoto, PHN of Muya Health Center
Miss Hayashi, doctor of Muya Health Center
12 school principals
5 school nurses
4 health teachers

b. This town is going to build a hospital supported by National Insurance. Capacity of this hospital will be 20 beds at present. The building will be completed within this year. At that time this town will have their own P.H.N. The P.H.N. will be hired by Health Insurance. She will have her office in the new hospital.

c. Miss Miyamoto is a P.H.N. working in Muya P.H.C. She services 3 villages and stays for 10 days in each village. Mayor of Bando-cho has given her one room in the town office. Her office was well arranged and she seems to be an efficient P.H.N. Her area is large and travel is difficult. She is encouraging the mayors of Kitamada mura and Otsu mura to hire their own nurses.

d. The school nurses have little understanding of public health nursing. The 5 month course was explained by Miss Kimoto. There was little discussion by the school nurses and health teachers. Miss Yagi was asked to return on a later date to discuss the course at length with them.

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10. Conference at Banzai National T.B. Sanatorium (13 April 1950)

a. Persons attending conference.

Mrs Yagi, Miss Kimoto, Miss Shingai.....Ken Nursing Section
Dr Hashimoto, Chief physician, Banzai Sanatorium
Mr Kuriwaka, Chief General Affairs.
Dr Hayashi (woman) Assistant doctor, Muya Health Center

b.

Capacity of hospital	300
Present patient census	270
Doctors	4
Nurses	24
Student nurses	15

c. The outstanding problems of this hospital are the shortage of both doctors and nurses. Doctors do not want to work in the National Sanatoria because of the extremely low salaries and poor working conditions. There is always a shortage of nurses for the same reason and because of the fear of tuberculosis. The qualification of the nurses who come here to work is very low. Most of them could not get employment elsewhere. There are 41 attendants caring for patients.

d. 15 students have entered training here for a one year course under the old law. They will be given 436 hours of lecture - 2 hours daily. The rest of their time will be spent in caring for patients. It is planned to give these students 4 months of affiliation in general hospitals.

Mary A. Eitel
MARY A. EITEL
Public Health Nurse

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

SHIKOKU CIVIL AFFAIRS REGION
PUBLIC HEALTH SECTION

MEMORANDUM FOR RECORD: 3 April 1950

SUBJECT: Field Trip to Kochi Ken - Nursing Affairs - Mary A. Eitel
27 March - 31 March 1950

1. Conferences held:

a. Kochi Ken Nurses and Health Officials
b. Aki Health Center (H.C. doctor, 22 H.C. nurses, 3 Ken nurses)
c. Kacho Agricultural Hospital, Noda-mura, Naknoka-gun
d. Kochi National Hospital, Kochi city
e. Kochi Municipal Hospital, Kochi city
f. Kochi Model Health Center
g. Hirooka Kamino Mura Assembly
h. Sasaki Health Center
i. Takaoka Gun Assembly
j. Koyro Agricultural Hospital, Sasaki Machi
k. Educational and Health Officials, Kochi Ken.

2. Conference with Ken Nurses and Health Officials

a. Persons attending conference:

Dr. Seijo
Dr. Nakaya
Miss K. Wai, Ken chief nurse
Miss S. Kamimura, Public Health Nurse
Miss T. Hata, Midwife (part time)
Miss T. Tani, Clinical Nurse
Miss A. Takayama, Instructor 5 month P.H. Course

b. Subjects discussed:

(1) Distribution of Public Health Nurses(7 villages & 84 H.C.)

Kochi Ken has a total of 169 towns and villages. At present nurses are serving two or even three villages. Some of the village areas are so large that they actually need 2 or more nurses. In many areas the H.C. nurses are attempting to do some school nursing.

(2) Pertinant facts in Public Health program.

(a) There are 70 so called school nurses at present. Of these less than half have any training of any sort and few are doing more than first aid, school lunches and school teaching.

(b) 42 H.C. nurses are paid 2/3 by Ken & 1/3 by Welfare Ministry
42 H.C. nurses are paid ½ mura or machi & ½ by Ken.
No village nurses are paid by National Health Insurance.

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(c) Shortage of P.H. nurses.

In spite of the recognized shortage of P.H. nurses only 23 were trained in the lst 5 months course and 14 in the second. A total of 100 could have been trained. The importance of having 50 students in each future course was discussed. The reason is the usual one. The people who do the hiring of P.H. nurses are just beginning to see the importance of well qualified nurses. The importance of making it possible for nurses to attend courses while on full pay or with expenses paid was discussed at length.

(3) General nurse shortage, and nurse training.

At present there is only one training school in Kochi Ken which meets the requirements of the new nursing law. This is Kochi Red Cross which has been designated as an "A" school. For 1950 there will be 12 second year students. They hope to admit 25-30 students this April but from 450 girls finishing High School this year only 25 applications were received. Of these only 17 were able to pass entrance examinations. Kochi Ken has 40 hospitals, but only 5 of these could possibly have schools by 1952. All 5 of theses hospitals are taking in a total of 150-160 middle school graduates for a one year training course after which they will take the Prefecture examination before 31 August 1951. These hospitals are: Kochi National Hospital, Kochi Municipal Hospital, Kacho and Koryo Agricultural Hospitals and Kochi Central Hospital.

3. Conference at Aki Health Center. 28 March.

This conference was attended by the H.C. doctor, 3 Ken nurses and 22 P.H. nurses of this Health Center area. The recruiting program for the 5 months P.H. course was discussed and the nurses were asked to carry out this work in their areas. It planned to include as many school nurses as possible and to try to recruit nurses to be hired by the villages to augment the present program. The importance of including the midwives in the P.H. program was explained and discussed.

4. Conference at Kacho Agricultural Hospital. 28 March.

a. Persons attended:

Dr. S. Okamone
Dr. M. Kawamura
Miss K. Wai
Miss T. Tani

b. The need for more training schools was discussed at length. Requirements were discussed and suggestions given for future improvements. This hospital now has 78 beds which are always occupied and employees 18 licensed nurses. The chief nurse is just completing a course at the Railway Hospital in Takamatsu and hopes to gradually improve the nursing

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service given. The bed capacity will be increased to 120 next year and the central kitchen will be in operation by the end of this year. This hospital will have a 1 year course under the old law this year.

5. Kochi National Hospital Conference. (29 March)

a. Persons attended:

Dr. M. Iwasaki, Assistant Chief Doctor
Miss T. Hamasaki, Chief nurse
Mr. Yamamoto, Chief Clerk
Mr. Kodama, General affairs
Miss K. Wai, Ken Chief nurse
Miss T. Tani, Clinical Nurse

b. Plan to apply for "B" school license in 1951. Will train 40 students this year to take the Ken examination before 31 August 1952. At present this hospital has 150 beds although 145 won't be authorized till April 1950. 120-130 out patients are seen daily. Services are generally separated but Obs and Gyn won't be established till Sept. Plans are being made to set up pediatrics but nothing is definite as yet. More TB beds are needed. They are anxious to establish services so that they may have an intern on the staff. People in this area have started an organization known as Koin Koi for "the betterment of the Hospital". They were reluctant to give detailed explanation for their purpose but insisted it was legal and that they did such things as cleaning up the hospital grounds. They are short of doctors but can hire none as they have only 2 official residences and no doctor will take the position unless housing is furnished. 7 nurses have attended refresher courses.

6. Kochi Health Center Conference. (29 March)

a. Person attending conference:

Dr Seijo - Chief Kochi Ken Health Department
Dr Morioka - Chief doctor Kochi Health Center
Dr Takahashi - Chief Preventive Medicine - Kochi Health Center
Miss S. Sugimoto - Chief Nurse
Miss K. Wai
Miss S. Kamimura
25 health center and village nurses of this area.

b. Subjects discussed:

(1) The shortage of nurses and the fact that the shortage would become more acute in the next few years was discussed at length.

(2) The importance of having the full 50 students in each 5 month Public Health course was stressed. Cooperation was asked in

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recruiting nurses who need this training. Emphasis was placed on recruiting only nurses who would do public health work on completion of the course. It was pointed out that although Kochi Ken trained 23 nurses in one course in 1949 few are now doing public health work, so in effect this course has been of little value to the public health nursing program.

(3) Discussion of school health program revealed that few school nurses have any training other that the normal school training and that few are interested in doing actual school nursing. Of the few that who would like to institute good programs, in cooperation with the health center nurses, few have been able to gain the cooperation of school officials. Recruiting of school nurses for the 5 month P.H. course was discussed.

c. As the result for the discussion of the school nursing program, a conference with the Ken Education officials was arranged for the following morning.

7. Kochi National Hospital Conference. (29 March)

a. Persons attending conference:

Dr K. Ishikawa - Chief doctor
Mr T. Tsuramato - Chief Clerk
Miss T. Nishimine - Chief nurse (3 month course at R.R. Hosp. Takamatsu)
Miss K. Wai
Miss T. Tani
Miss Wada

b. Subject discussed:

(1) This hospital has a capacity of 174 although the number beds are listed as 140. The extra 34 patients are cared for in tatami rooms without beds. There are 38 empty C.D. beds. Although only 23 beds are specified as TB there are 65 TB patients at present.

(2) Establishment of Pediatric, Obstetrics and Gynecology wards was discussed. An instructor has been selected to go to Tokyo for the instructors course.

(3) No B school will be established until 1952 as this hospital is giving a one year course to 40 students preparing them for the prefecture examination. The importance of giving as complete a course as is possible in one year was discussed and Dr Ishikawa promised that at least one nurse could be a full time instructor and that she would work closely with Miss Tani, Ken clinical nurse. April of this year 45 licensed nurses will be on the staff and plans are being made to give complete bedside care. A dormitory with a capacity of 45-60 will be completed this year.

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8. Hirooka Kamino Mura Assembly, Agawa Gun. (30 March)

a. Persons attending conference:

Mr. S. Nakashima - Village Headman
10 village Assembly members
Miss K. Wai
Miss S. Kamimura

b. This village has a population of 1,750 with 210 children of school age. The H.C. nurse who is now serving this village has an area with 4 villages with a total population of 7,059.

c. The importance of a village nurse who could also do the school nursing was discussed. They stressed the fact that would hire only a nurse who had good training and experience. This was a new attitute as they had previously been willing to hire a woman with no training or experience. This shows that the value of good public health nursing is being recognized in the rural areas.

d. The question of budget was discussed and it was explained that as the village was already contributing ¥25,000 only an additional 45,000 would have to appropriated for the yearly budget.

e. As a direct result of this conferance it was decided to hire a nurse as soon as the proper person was found.

9. Sasaki Health Center Conference, Takaoka Gun. (30 March)

a. Persons attending conference:

Dr Y. Hiroshi - Chief Doctor
Miss A. Mamanouchi - Chief Nurse
Miss K. Wai
Miss S. Kamimura
17 Health Center Nurses

b. Problems discussed:

(1) The population of this H.C. area is now 185,937. A new health center will be established at Kubakawa which will take in part of Takaoka Gun and part of Hata Gun. Yasuhara Cho which comes under this H.C. is a large mountainous area and because of the travel difficulties need at least two nurses. They hope to hire at least one soon.

(2) The fact that only one doctor is assigned to this health center has made the work very difficult. Some of the work is being done by village doctors in close cooperation with Dr Hiroshi.

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(3) Public Health nurse recruiting, establishment of good school nursing program, hiring of the nurses by the villages, and the use of midwives in the public health program were discussed.

(4) Some village are considering hiring a midwife to do deliveries under the town supervision. This has come about because of the high fees being charged by some of the midwives. Advised that midwives consider the problem most seriously and to consider establishing somewhat standard fees.

(5) At present there is only one school nurse in this area. And there are 16 schools. The village nurses feel that the schools are being neglected and would like to include the schools in their work until school nurses are available. Before this can be done the cooperation of the schools will have to gained and this will be possible only when the people concerned have been made to see the necessity of the work.

10. Takaoka Cho, Takaoka Gun. (30 March)

a. Mr M. Tadaki - Mayor
Mr M. Morisawa - Vice Mayor
Mr K. Seki - Sanitation Chief
Miss M. Hokada - Nurse (Sasaki Health Center assigned to Takaoka & Hasuike)
Miss S. Wai
Miss M. Kamimura

The gun assembly was being held. A conference was held with the persons listed above.

b. No plans have been made to hire a town nurse. Miss Hokoda has a room in the Takaoka town hall and ¥25,000 of her salary is paid by the two villages. They had planned to hire their own nurse but as no suitable person could be found, a nurse was supplied by the health center. They wish to continue the present arrangement so it was explained by Miss Kamimura why this could not be continued indefinitely. It was suggested that a well trained clinical nurse be found and sent to the next 5 month P.H. course.

c. There are 1700 school children in this area. One of the school nurses has attended the 5 month course, but as yet no program has been set up.

11. Koryo Agricultural Hospital, Takaoka Gun . (30 March)

a. Persons attending conference:

Dr M. Nihara - Chief doctor
Dr Y. Shigenoki - Gyn.
Mr Ona - Chief clerk
Miss Wai
Miss Kamimura

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b. At present this hospital has 79 beds. The average patient census is 43. There are 30 TB beds which are always full. 17 C.D. beds will be converted to TB soon.

c. There are no plans or budget for enlarging the hospital at present. The possibility of a need for more beds after the hospitals under 20 beds have been closed under the new law was discussed. The possibility of establishing an open staff was also discussed.

d. A central kitchen will be opened in July or August.

e. The staff consists of 9 licensed nurses, 3 attendant hired by the family, 10 students (1 or 2 year courses) and no instructor. 3 nurses have had refresher courses and an agreement was reached whereby one of these nurses would be designated as instructor and a curriculum be worked out with the help of Miss Tani.

f. The possibility of a B school was discussed. It seems improbable that a school can be established unless Agricultural Association is made to see the need and gives the necessary assistance. The importance of starting to make the necessary improvements was discussed.

12. Conference with Public Health and Education Ken officials. (31 March)

a. Persons attending conference;

Dr Seijo
Mr Sugimura - Superintendant of Schools
Mr T Yamamoto - Health Education in Schools
Mr Tashima - Pysical Education
Ken School Nurse
Miss Wai
Miss Kamimura
Miss Tani.

b. Dr Seijo talked at considerable length on the present status of the school nurse. He stressed that the school nurses are the poorest trained of any group doing public health work and that the blame should be placed on the Educational Ministry as the present requirements do not meet the requirements for the establishment of a good program in cooperation with the Health Centers. He explained the difference between the present so called school nurse and the well trained public health nurse and brought out the fact that the school children, the most important group in Japan, had the poorest program in correctional and preventive medicine.

c. The 5 month P.H. course was explained and permission for leave for school nurses who desired to take this course was asked.

d. The future of public health nursing and school nursing was discussed.

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e. At present Kochi Ken has 70 school nurses and only ½ of these have any license although a teaching certificate is required by the Welfare Ministry. There are 415 primary schools, 193 Jr Hi Schools and 23 High Schools. This makes one school nurse for every 9 schools which means very little as only in a few isolated instances is anything more than 1st aid and cooking for the school lunch program being done. When Mr Sugimura insisted that the nurse had to do the lunch program he was asked how it was done in the schools where there were no nurses and he could give no satisfactory answer. That one school nurse has completed the 5 month course and 2 more will complete their courses this month was pointed out. Mr Sugimoto's cooperation was asked in helping these 3 nurses set up good programs in their schools so that the importance of there work might be demonstrated. Mr Sugimoto then explained that the no nurses were authorized at all but that these 70 had been designated as nurses because by this means they could be hired at a lower salary. He was quite embarrased when this fact was brought to light and agreed to at least give permission for the Ken nurses to assist in the establishment of real school public health work in 3 schools to be designated by him.

f. This was the first conference with the Education officials on this subject and will be the first many until this problem is solved. Dr Seijo feels very strongly that this program must be developed and is anxious to give all assistance possible.

MARY A. EITEL
Public Health Nurse

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GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Affairs Section
APO 500

333.1 (17 Mar 50)CAS-PH

31 MAR 1950

SUBJECT: Letter of Transmittal

A-966

TO: Chief
Shikoku Civil Affairs Region
APO 1050

Transmitted herewith for your information is report on field trip to your region by Miss Marie J. Stone, Area Director, Nursing Affairs Division, Public Health and Welfare Section.

FOR THE CHIEF, CIVIL AFFAIRS SECTION:

J. A. O'BRIEN
CWO USA
Adm Off

1 Incl
Rpt of field trip
to Shikoku Region
by M. J. Stone,PH&W

2039

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DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
Civil Affairs Section
APO 500

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SUBJECT: Letter of Transmittal

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Rpt of field trip
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DECLASSIFIED
E.A. O'BRIEN
Lt Col USA
Adm Off

DECLASSIFIED E.O. 12065 SECTION 3-402/NNDG NO. 775013

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

MJS/iy
17 March 1950

MEMORANDUM FOR RECORD

SUBJECT: Field Trip to Shikoku Region

1. Purpose of Visit: To inspect possible Post-graduate Midwifery Schools under Nursing Law #203 and to give surveillance over the nursing program in region.

2. Persons Contacted at Region :

Col Leslie E. Toole - Commanding Off. Shikoku Civil Affairs Region
Lt. Col E.A. Schechinger - Execut. Off. " " " "
Dr. Leon Bogmenko - Public Health Off. " " " "
Miss Mary Anne Eitel - Public Health Nurse " " " "

3. Cities Visited :

Tokushima City	9	March	1950
Oshima Island	10	"	"
Zentsuji City	11	"	"
Kotohira City	11	"	"
Takamatsu City	13	"	"

4. Tokushima City

a. A regional midwifery conference was in session on the day of visit. At this conference it was learned that two thousand two hundred and thirteen (2,213) midwives are at present working in the region. This group reported six midwifery schools existing under the old midwifery law. There are as follows: one (1) in Tokushima prefecture sponsored by the Doctors Association, three (3) in Ehime prefecture all sponsored by the Doctors Association, one (1) in Kagawa prefecture also Doctors Association and one (1) in Kochi prefecture sponsored by the Midwifery Section of Japanese Midwives, Clinical Nurses and Public Health Nurses Association.

b. At present the midwifery representative, at this meeting, do not feel that any of these above mentioned schools could pass inspection for the new graduate course for nurse-midwife. The schools under the Doctors Association enrolled new students this year (1949) but it is believed that they will close at the expiration of the old midwifery law, 31 August 1951.

c. The Midwifery Section of the Association has been sponsoring short refresher courses in region. The next course is planned for 17-18-19 May 1950 with an expected enrollment of one hundred (100) students.

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5. Oshima Island - Leprosarii

a. In conference with Dr. Taiji Nojima, director, Mr. Totaro Eto, General Affairs Manager, and Dr. Mutsuo Moriya, Chief of Medical Affairs Section it was learned that a school of nursing and a midwifery school is maintained by this institution. Nursing education is a one year program while that for midwifery is for two years. The students are recruited from the mainland. At present they have sixteen (16) students (13 nursing and 3 midwifery).

b. There are 650 patients with approximately 300 patients requiring part time nursing services and 100 patients who require full time bed care. All patients are receiving Promine twice a day. This is given by the nursing staff. The medical staff of this hospital realize that under Nursing Law #203 they cannot continue the above mentioned schools. It has been quite a problem even with the schools to recruit sufficient nursing service for the hospital. This problem is known by the Regional Public Health Staff and contacts between the institution and the Regional Team will continue. Mr. Kiwame Tamaoka, Shikoku Branch Office of Medical Treatment Board, was present at this visit. A request has been sent to the Ministry of Welfare to increase the bed capacity of the hospital because of the present crowded conditions.

6. Zentsuji City

a. The Zentsuji National Hospital was inspected. Present at the inspection was Dr. Naomi Okubo, Medical Director, Miss Maki Yamashita, Chief of Nursing Service and Mr. Shigenobu Matsui Chief of General Affairs Section of hospital. This hospital was a former Army installation with sprawling wood-type barracks. It has two section; main hospital (250 beds) and the branch hospital (150 beds). The latter is mainly used for non-surgical tuberculosis patients.

b. The hospital although of poor physical structure indicated good hospital administration and excellent nursing service. Fifty-eight (58) students are enrolled in the school of nursing which hopes to be given a Class A accreditation. Report from the inspection committee has not been received from the Ministry of Welfare. Dr. Shirai, Obstetrical Chief hopes to improve and increase the maternity service. At present it is too small even to give the nurse students their obstetrical education and experience. All nurses seen in hospital were neatly and cleanly dressed.

7. Kotohira City

a. The Kotohira Model Health Center was visited. All the public health nurses (13) were at the Health Center for their weekly conference. The nurses live in their districts. The clinics sponsored at the Health Center during the week are under the direction of four clinical nurses. The public health nurses do not participate at the clinics but principally do field work (home visits). Due to Miss Miura, Nursing Director of the Public Health Institute, Tokyo, who was visiting this center further inquiry into the public health nursing program and functions was not continued. In general the nursing program appeared to be covering all health services and functioning smoothly. The undersigned was greatly impressed by the director, Dr. Tada, knowledge and interest in the nursing program.

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8. Takamatsu City

a. The Takamatsu Health Center has ten (10) public health nurses which includes the chief nurse, Miss Mutsue Kawakubo. Eight of these nurses work in villages and only come to the Health Center for conferences. A nursing staff conference is held each Saturday morning at the Health Center and all nurses are requested to attend. In addition to the ten nurses mentioned above there is one clinical nurse whose is responsible for the clinics held at the center. All the public health nurses have both clinical and public health nurses licenses and two of them have also the midwifery license. The health center has five bicycles for use by the nurses. Dr. Osaki is the health officer and was unable to be with us because of a venereal disease clinic in session. The health center is a relatively new building very neat and clean. The venereal disease clinic was observed and the undersigned was well pleased at the similarity of a private office arrangement. It was not crowded and the patient had privacy while treatment was given. The cost of the treatment was not investigated.

Conclusions and recommendations:

1. From sight information in the region the public health nursing program seems to be well organized and carefully staffed. Some of the Health Center nurses with whom conferences were held have been in their position from two to four years. The school-nurse program, also a part of the Health program, appears to be the neglected group.

The public health nursing refresher courses held in each prefecture do not have the required number (50 to each class) of students enrolled. Six courses have been held in region with an average attendance of 24 student per course. To date 149 nurses have completed the course.

Midwives do not seem to be a member of the Health Center Staff. There were clinical nurses employed but the midwife was noticeable by her absence.

2. In conference with both the Japanese medical and nursing groups as well as the Civil Affairs public health staff some consideration must be given for the encouragement of B type school of nursing to adequately render nursing services in hospitals and other medical services where schools will be closed under the new law. Particular reference here is to the specialized hospitals such as tuberculosis sanatoria and leprosarii as well as to the small hospitals under twenty (20) beds.

3. At present Shikoku region has sufficient licensed midwives to take care of the immediate needs. Some consideration however, must be given to a future midwifery school. This is a rural area and is separated from the mainland which may make is not only troublesome but financially impossible to send students for this type of education to some other region.

4

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Records

4. Due to the absence of any past reports concerning the nursing program in the regional office it was suggested that a survey might be of extreme importance. The value of the survey will be determined by the evaluation of the existing program and in terms of present needs and resources. This survey should include all the Medical Auxiliary personnel so as to use properly each person or groups in the complete care of the patient and in the health and education program throughout the area.

5. A final conference was held with Regional Public Health Staff and the above conclusion were given verbally.

Marie J. Stone

MARIE J. STONE
Area Director,
Nursing Affairs Division

2 copies to Col L. Shellenberger, Civil Affairs Section, GHQ.

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17 January 1950

MEMORANDUM TO: Col. L. E. Toole, Shikoku CA Region, APO 1050

SUBJECT : Inspection visits with Shikoku Region Nursing School Licencing Board by Mary A. Eitel, Public Health Nurse, Kanto CA Region.

Schedule of Inspection Trip

Jan. 12.... Takamatsu Railroad Hospital
Jan. 13.... Takamatsu Red Cross Hospital
Jan. 14.... Tokushima University Hospital
Jan. 16.... Kochi Red Cross Hospital

Member of Shikoku Regional Licencing Board

Dr. Seijo	Kochi Health Officer
Dr. Senshu	Director of Besshi Hospital
Mr. Nagao	Chairman of the School Board in Tokushima ken
Miss. Kiyota	Head nurse of Kochi Red Cross Hospital
Mrs. Yagi	PHN., Chief of the nursing division of Tokushima ken health dept.
Mrs. Ono	M.W. of Nursing Division of Kagawa Health Dept.

1. Shikoku Railway Hospital - 12 January 1950

The Shikoku Railway Hospital, (locally known as Takamatsu Railway Hospital) has possibilities for the establishment of a good school of nursing. Two doctors speak English exceptionally well and seem to be very anxious to improve the nursing school. Although there are only 18 students at present, these students have not been rotated according to any plan. The old curriculum is being followed.

At present this hospital has only 84 beds but plan to have 110 by the end of February. There are plans to enlarge to 300 beds and establish an open staff. This will be badly needed in Takamatsu after the small private hospitals are closed. As this is a Railway Hospital some method of payment must be established.

A book is used for doctors orders and so the orders do not become part of the patients permanent record. It was recommended by Miss. E. Carlson that a doctors' order sheet be added to the patients record.

There is no nutritionist at present. Doctors and nurses eat the same food and both groups stated it was adequate. They think it is at least 1900 calories.

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At present Miss Endo, Director of Nursing, is also a Nursing Instructor. They need not employ additional instructor until new school is established.

The library is set up but at present there are no books or magazines. This room is large enough for a small class room. There are 3 class rooms. Doors can be removed between to of these to make a large lecture hall. A demonstration room is set up with 5 beds and one crib. Duipment is adequate.

There are two tile surgerys in the outpatient wing with good scrub room adjoining. Instruments are well kept. A new autoclave has just been received but has not been unpacked. There are 5 medical examination rooms and one for TB. After the OPD is moved to a new building near the railway station two more surgerys will be added gyn and eye. 24 - 26 beds will also be added here.

The operating rooms were not clean. Window sills were dusty, rubber sheets on operating table dirty, tables need scrubbing. There were cobwebs on ceiling and operating light. Instruments were clean and well kept.

A 5 bed obstetrical ward is being set up. This is very inadequate. Delivery room was not clean. Patients are kept one week after delivery. This is a temporary arrangement until new building is created.

Pediatric wards are not set up. It had been recommended before and they had stated that they had pediatric beds. They meant that on an average 6 beds were used for children throughout the hospital. It was printed out by Dr. Senshu and Civil Affairs nurse that they would have to set up pediatrics as a separate ward before either on A or B school could be established.

A 3 month clinical nurse refresher course is being given now sponsored by the Shikoku Nurses Association.

? No families are permitted to stay in the hospital except in the case of young children or seriously ill.

Nurses are giving care to patients and giving medicines. Medicines are labeled only with patients name and instructions. Recommended that the name of medicines be added as the nurses should know what medicines they are administering, if they are to give the patient intelligent care.

2. Takamatsu Red Cross Hospital - 13 January 1950

Class plans and floor experience plans made well in advance. Daily floor experience record is kept with type of patients cared for. Reports are made out by head nurse and discussed with Nursing Education Director.

Students have self government in dormitory. Chief Nurse lives with students and supervises dormitory. Dormitory is new. Bath is good. Heated three times a week now - daily in summer.

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Students are supplied room, board, uniforms, books and Y400 per month. Have 54 students, 4 - 5 in a room.

Cost of training at present ¥30,000 per student per year.

Kitchen is small, no dietician. Food being served was well prepared and attractive. Special diet kitchen is small. Screened windows and cabinets. No ice box, good sink, 2 hot plates and hibachis. Since Miss E. Carlson visited in December three students have been assigned to prepare special diets.

Surgical ward had 61 patients - 5 nurses assigned.

Have three small class rooms. Demonstration room on 2nd floor of old building. Large room, 6 beds, good equipment. Students have access to medical library.

Two large surgerys, small, scrub room with bathtub. No screens - fly swatter in each surgery. Coal store in each surgery.

Need more nurses before families can be removed.

3. Tokushima University Hospital Nursing School.

Medical and Surgical patients are not separated. There are about 150 medical beds and 70 surgical. Obstetrics and gynecology are not separated. Total of 15 beds.

There is no pediatric ward. There are usually about 15 children in the hospital. Plan to have general pediatric ward.

15 TB beds - all full. No Student nurse on night duty as hospital director thought it was against the labor law.

Careful study of curriculum was made by Dr. Senshu and discrepancies were explained. Plans were for 43 weeks instead of 52. Only 6 hours of nursing arts were being taught weekly.

Students and graduate nurses are given allowance for food. Cook is provided who purchases and prepares food.

Patients are not separated by sex or disease. Many families living in hospital. Hospital not as clean as it could be. Wards were orderly but surgery and scrub room were very dirty. Dust and loose paint was on all window sills. Tables and rubber sheets were dirty. Scrub room was dirty - dried blood on faucet handles. Dr. Senshu called Operating Room Supervisor and explained it was the nurses responsibility to keep surgery clean. If the maids did not know how she should teach them. Two operations are done at the same time in large surgery.

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The central kitchen is too small to feed all patients. A new kitchen will be built.

As this hospital is in the midest of an extensive building program. I feel that considerable direction is needed at this time. There seems to be no plan other than for the buildings. No plan for treatment rooms, utility rooms etc. have been made. As the present hospital is badly planned it seems doubly important that some guidance be given.

4. Kochi Red Cross Hospital - 16 January 1950

It is apparent that many recent improvements have been made. Most equipment is kept in covered trays in closed. Nurses daily assignment sheets are kept and students are now rotated within the services. The curriculum is planned and the instructors seem to understand floor assignment rotation. The medicines are now labeled and charted by drug or chemical name. Wards are clean and orderly. Patients are cared for by nurses except in two wards which have not been remodeled. In one large ward men were in one end and women in the other separated by a curtain.

The open cases of TB are isolated from other patients. Dishes are sterilized after each meal by passing steam thru hot water in deep sink. Sputum is autoclaved before disposal. Other TB patients not considered to be contagious are placed on other wards, especially medical ward.

Out patient Dept. averages 250 patients daily. 3 graduate nurses are assigned to operating room, one student nurse is assigned to surgery.

Cost of training at present is ¥39,000 per year per student with 12 students. The salary for the 3 instructors is ¥216,000 or ¥18,000 per student. It was explained that with 30 students this cost would be ¥7200. Also it was pointed out that as the other two wards were opened up more nurses would need to be hired at ¥4,500 - ¥5,000 and that the additional students would supply the additional nursing service needed after the lst 6 months to a year.

Grading of floor work has been turned in to nursing office by each head nurse. Suggested instructor discuss each record with head nurse for a more uniform a fair method of grading practical work.

There are three good sized class rooms, a chemistry laboratory and a demonstration room with 5 beds, one crib and one bassinet. The demonstration room is well equipped with all supplies needed.

There is no library but there is a magazine and book room and material can be taken to near by class rooms.

Diet kitchens have screened windows but no screen doors. All doors were standing open.

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The dormitory is adequate for present number of students but will need to be enlarged if 30 students per class are admitted. There is a kitchen dinning room and a laundry room for the students use. The bath was destroyed by the earth quake 3years ago and so the students share hospital bath with interns. There is a separate bath for maids and cooks and another for patients.

Dietcian makes out menus and special diets. Two first year student and 2 second year student are assigned to the diet kitchen.

The central kitchen is clean. The arrangement is good. A new floor will be installed soon.

There is no apparent reason why this will not be a very good class A Nursing School.

5. General:

As this was my first visit to the hospitals which were graded and because there were no reports on the hospitals or training schools in the Civil Affairs Office it was very difficult to determine the actual conditions existing.

The Grading Committee seemed to recognize the importance of the work and showed interest in the smallest details. However, Matsuyama Red Cross School and Zentsuji School were given a conditional approval against the judgement of some of the members of the committee. As these schools were graded before I arrived in Shikoku I was not ablt to judge the thoroughness of the grading. I have the impression these two schools should not have been passed.

The shortage of nurses in Shikoku was pointed out repeatedly. The fact that there will only be a possible 12 nurses licensed in 1952 was pointed out. At present there is a shortage of nurses in every field. The need for B schools was discussed. Also, the importance of having at least 30 students in each class was pointed out.

Mary A. Eitel

MARY A. KITEL
Public Health Nurse

DISTRIBUTION:
1. Col. Toole
1. Dr. Nast
1. Miss Carlson
1. Nursing file

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

CPS/PHO/ECC/iy
30 December 1949

MEMORANDUM FOR RECORD

SUBJECT: Staff Visit by Elenore C. Carlson

1. Cities visited:

Mihama	5 December 1949
Matsuyama	6 - 7 Dec.
Kochi	8 - 10 Dec.
Tokushima	12 - 13 Dec.
Takamatsu	14 - 17 Dec.

2. To consult with Civil Affairs nurse on Shikoku and with directors and nurses in schools regarding nursing education and to plan for their future schools.

3. Persons Interviewed or Contacted:

	Col. L. E. Toole	- Chief Civil Affairs Officer
	Lt. Col. E.H. Schechinger	- Ex. Officer
	Dr. Nast	- Public Health Chief
	Mrs. Watterworth	- Public Health Nurse
A.	Dr. Kizura	- Chief PH Dept. Ehime Pref. Office
	Dr. Monaka	- Chairman Matsuyama Dr's Association
	Dr. Tamaki	- Director Red Cross Hosp. Matsuyama
	Miss Taniai	- Nurse " " " "
	Miss Doi	- Nurse " " " "
	Dr. Nishimura	- Director Pref. Hospital, Matsuyama
	Miss Tanabe	- Nurse " " "
	Dr. Senshu	- Director Besshi Hosp. Mihama
	Miss Urata	- Nurse " " "
	Miss Kan	- Nurse " " "
	Dr. Shimizu	- Director National Hospital, Matsuyama
	Miss Ishii	- Nurse " " "
	Miss Ninomiya	- Uwajima Pref. Hospital
	Miss Ito	- Pref. Hosp. Mishima
	Miss Yamauchi	- TB Sanatorium, Matsuyama
	Miss Tanimoto	- " " "
	Miss Umemoto	- Matsuyama Doctor's Association
	Miss Nishioka	- Chief Pref. Nursing Section
	Miss Oketa Ehime	- Pref. PHN
	Miss Sasaki "	- Pref. Clinical Nurse

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B.	Dr. Seijo	-	Chief Pref. PH Dept. Kochi
	Dr. Nakai	-	Chief Sanitation Sec. "
	Dr. Yamasaki	-	Chief Preventive Medicine"
	Miss Wai	-	Chief Nursing Sec. "
	Miss Kumamura	-	Pref. PHN "
	Miss Tani	-	Pref. Clinical Nurse "
	Miss Hata	-	Pref. Midwife "
	Dr. Kasai	-	Director Red Cross Kochi
	Miss Yasuoka	-	Chief Nurse Red Cross "
	Dr. Tsutsui	-	Director Pref. Central Hosp. - Kochi
	Miss Kage	-	Chief Nurse " " "
	Dr. Ishikawa	-	Director Municipal Kosei - Kochi
	Miss Nishimine	-	Chief Nurse " "
	Dr. Sakihara	-	Director National Kochi
	Miss Toku	-	Chief Nurse
	Dr. Sakamoto	-	Director National TBc San.
C.	Dr. Hirano	-	Director PH Section, Tokushima Pref. Office
	Miss Yagi	-	Pref. Nurse " "
	Dr. Sakurai	-	Director National Hospital Tokushima
	Dr. Kondo	-	Director " " "
	Miss Fujioka	-	Medical Chief Red Cross Branch Office
	Dr. Kato	-	Medical Chief " " " " "
	Miss Maruki	-	Nurse
	Mr. Okada	-	Clerk
	Dr. Shirakawa	-	Director University School Tokushima
	Miss Miyasaki	-	Chief Nurse " "
	Miss Fukunaka	-	Nurse " "
	Mr. Kawata	-	Chief Gen. Affairs " "
	Dr. Sumitomo	-	Drs. Asso. School- Matsuyama
D.	Dr. Shirakawa	-	Director Nursing School & Chief E.N.T. Tokushima University Hospital
	Dr. Nakajima	-	Pediatrician "
	Miss Miyasaki	-	Chief Nurse "
	Miss Fukunaka	-	Director Nursing Education"
	Miss Inouye	-	Instructor "
	Mr. Kawata	-	Chief of General Affairs "
E.	Dr. Sakurai	-	Director, Tokushima National Hosp.
	Dr. Gotoda	-	Chief of Medicine "
	Dr. Doi	-	Chief of OB & Gyn "
	Dr. Nishino	-	Chief of Ped. "
	Miss Niki	-	Chief Nurse "
	Miss Fujioka	-	Instructor and HN "
	Miss Suda	-	Dietitian "
	Mr. Okada	-	Chief General Affairs "
F.	Dr. Yamaguchi	-	Chief Pref. PH Dept. Kagawa Pref. Office
	Miss Maetani	-	Chief of Nursing Section
	Miss Saito	-	Clinical Nurse, Nursing Section
	Mr. Kato	-	Clerk Welfare Ministry Branch Office

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Miss Nomura	-	Nurse Welfare Ministry Branch Office
Dr. Nagi	-	Pres. Takamatsu Doctors' Association
Dr. Yamagawa	-	Director Railroad Hospital
Miss Ega	-	Chief Nurse " "
Dr. Nojima	-	Director National Hospital
Dr. Okubo	-	Asst Director " "
Miss Yamashita	-	Chief Nurse " "
Dr. Hirose	-	Director Red Cross Hospital
Miss Hiraoka	-	Director Nursing Education Red Cross Hosp.
Mr. Enomoto	-	Chief General Affairs " " "
Dr. Kondo	-	Director Agriculture Hospital
Miss Katayama	-	Chief Nurse " "
Miss Inai	-	Head nurse " "
Mr. Deishi	-	Clerk Kagawa Pref. Agriculture Ass.
Dr. Nampo	-	Director Pref. Hosp. Takamatsu
Miss Tagawa	-	Headnurse " " "
Mr. Kimuro	-	Clerk " " "
Dr. Hashimoto	-	Director Pref. Hosp. Marugame
Dr. Matsumoto	-	Doctor " " "
Miss Miyauchi	-	Chief Nurse " " "
Dr. Tsutsu	-	Pref. Hosp. Tsuda
Dr. Matsubara	-	Kita Gun Drs Association
Dr. Yamanoi	-	Sakaida City Drs. Association
Dr. Koyama	-	" " " "
Mr. Fujita	-	Marugame City " "
Mr. Fuke	-	" " " "
Dr. Ono	-	Nakatado Gun " "
Dr. Nagano	-	Mitoyo " "

4. Mihama

Conference at Beshi Hospital with:

Dr. Senshu	-	Director
Miss Urata	-	Chief Nurse
Mr. Samishima	-	Chief Clerk

This is a 200 bed general hospital built eleven years ago under the direction of a doctor, who was a former NYK ship surgeon, so has many western features. The hospital is well arranged, was clean and orderly. Much of the bed side nursing was done by nurses. The maternity ward has 3 beds. Their midwifes had delivered 37 babies in homes during the month of November. Suggested that some of their out-patients might come to the hospital if the hospital furnished food, nursing care and baby clothes. The other services should meet requirements for a Class A school.

The school was not organised, though 6 or 7 nurses had been to refresher courses the Director of Education and instructors had not been chosen. Discussed this with Dr. Senchu. They have only 7 students in their first year class. The classroom set up was good.

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Matsuyama

Conference in Ehime Prefectural Office with those listed in A. Outlined requirements for schools and discussed means of meeting them. Secured data on their schools and hospitals and explained the place of ward service in the education of a nurse. The prefecture has only 2 possibilities for class A schools next year. Nothing had been done about Class B. This year 2 04 clinical nurses were licensed, in 1952 not more than 21 can be licensed. Those figures were startling, but they signified that B schools on a necessity.

Workshop with the nurses from the above hospitals. Dr. Senchu, Dr. Nishimura and Dr. Tsmaki also attended. Discussed order of classes and ward experience; planned the classwork and ward experience for each year. Gave them a sample plan of Rotation of Students.

Kochi

Conference at Kochi Prefecture Office with those listed under B. repeated program done at Ehime Prefecture. Kochi Prefecture has licensed 70 clinical nurses this year, in 1952 not more than 12 can be licensed.

Kochi Prefecture has only one possibility for a Class A school, the Red Cross. Nothing has been done about Class B.

Conference at the Red Cross Hospital with Dr. Kasai, Director, Dr. Ooka, surgeon, Dr. Iwada, pediatrician, and Miss Yasuoka - chief nurse. This is a 180 bed general hospital. They have remodled ward by ward and as a ward was finished the hospital feeds the patient, the nurses do the bedside nursing, the families do not stay. When the first wards were completed patients did not wish to use them, because families could not stay, now the reverse is true. Their pediatric ward, a 12 bed unit, was filled. It was very large so suggested they put in 6 more cribs. Also that they use the 4 adjoining private rooms for Ped. Only medical patients were admitted, families do not stay. Medicines were kept and poured in diet kitchens, suggested they be transferred to the service rooms which were large and roomy.

The special diet kitchen was so small and so far away from the central kitchen that it was most useless. They plan to remodel the central kitchen.

Visited the Kochi Prefectural Hospital. They have no school and do not plan to have one for a year or two. They are building a huge OPD. This will be finished by next summer at which time they plan to increase their hospital. After that they wish a school. We were informed that over 100 doctors at present have hospitals with less than 10 beds. The Chief of Pref. Health Section said he realized that Prefecture Hospitals should have open staffs and so would need no or only small OPD but did not know how such a staff could be organized or operated.

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Tokushima

Conference at Tokushima Prefecture Health Office with those listed under C.

Followed same program as in other prefectures. Tokushima prefecture has licensed 51 nurses this year, have a possibility of 15 in 1952.

There is only one nursing school in the Prefecture The Tokushima Medical University Hospital School. Surveyed hospital with those listed under D. This hospital is in the midst of a tremendous building program and should have excellent facilities late next year. Their central kitchen is very small consequently only a few patients are feed. They plan to build a new kitchen late next year or early 1951. Suggested they give kitchen first priority.

Their services are not segregated.

The hospital was clean, orderly and very roomy.

The school facilities are good; but, no full time instructors.

Conference at the National hospital with those listed under E. They have no school, no school building, no school dormitory and no budget for a school. An adjoining building formerly used by the Allied Forces would make an excellent school and dormitory. The Welfare Ministry is considering buying this building. Suggested they acquaint the Welfare Ministry with the need for another school in the prefecture.

The hospital could with some further work on their maternity service and their pediatric service meet Class A requirements. Nursing service was well organized.

Takamatsu

Conference at Shikoku Region Headquarters with those listed under A. Followed same program as in other prefectures. Kagawa Prefecture has licensed 150 clinical nurses this year and have a possibility of 36 in 1952.

A one day workshop with the nurses in the above group. Planned a 3 year class curriculum and a 3 year ward experience illustrating a rotation plan. Discussed selection of students.

Surveyed the Railroad Hospital. They have a big building program when the OPD is moved into new quarters near the shops the hospital will have a capacity of 300 beds. The hospital was clean, well arranged and the nursing service adequate and good.

They have only a second year class; the ministry would not permit them to enroll students this spring. They have a well equipped demonstration room and classrooms.

2

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Visited the Red Cross Hospital. They are in the midst of an extensive building program. Had completed a large beautiful OR unit. It was not very well arranged and means for sterilization were inadequate, no steam autoclaves, no water sterilizers. The shortage of nurses was acute, but was informed that as long as the building program was in progress there would be no increase in budget for nurses consequently families must stay and care for patients.

5. The Region nurse together with the Prefecture nurses had arranged all conferences and attended same. Reported findings to Region doctor and suggested he advise the hospital directors about their maternity and pediatric services.

ELEANOR C. CARLSON
Nursing Education Consultant

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Legislation governing schools
Law 203 passed July 1948.
Ordinance no. 1 signed May 1949

MEMORANDUM TO: Nursing Affairs Division 20 December 1949

SUBJECT: Staff Visit to Shikoku Region by Elenore C. Carlson

Sunday

Arrived in Takamatsu left for Ehime Prefecture.

Monday

Conference at Besshi Hospital, Niihama, with :

Dr. Sanchu - Director
Miss Urata - Chief nurse
Mr. Samishima - Chief clerk

This is a 200 bed general hospital established 11 years ago, see statistical report, clean, well organized and arranged. It was planned by a doctor who had for years been ship surgeon for NYK so had seen much of hospitals in England, Germany and America. He was retired 4 years ago. Their kitchen was fairly well arranged but their idea of what they called disinfecting vegetables and fish left much to be desired. They feed all their patients but often the family supplements. The special diet kitchen was far from the kitchen. Their maternity ward had only 3 beds which were more than they needed. In November they had had 12 deliveries in the hospital and their midwifes had delivered 37 babies in homes. Discussed at length how some of these might be brought into the hospital. Their Pediatric ward had only medical patients. Dr. Sanchu is a pediatrician, discussed the possibility of a Pediatric ward for all children. They have a 13 bed C.D. ward, but only 2 patients. This ward was very well arranged, large, roomy and clean. Their idea of isolation technic is strangely very useless. Isolation technic was broken with dishes, excreta, bedding. They had a bath for the patients and one for visitors. All visitors are supposed to take a bath before they leave; of course, they have worn their clothes in the ward. Their wards were fairly well set up with D.K., nurses station, medicine and treatment room but lacked utility rooms. Nurses do the nursing and give medicines even though they still help clean. Medicines are not labelled, explained why the nurse should know what drug she is giving. The whole gave an appearance of a hospital, much has been accomplished in a year.

They have a school with 9 second year students and 7 first year. The first report they gave me on the school was 15 first year. After our discussion on the requirements of a Class-A school and they realized that students had nothing to do with the school meeting the requirements they said that 8 of the first year students were graduate nurses employed on full pay by the hospital and enrolled as students to make a class of 15 to meet the law. They have 7 part-time instructors, no fulltime. Seems the director is a little difficult. We explained to him that 3 fulltime nurse instructors were one of the requirements. Their school set up is good, only 2 classrooms but that is all they need at present.

In the afternoon they had graduation for 40 nurses who had completed a 3 months refresher course. After the ceremony the hospital gave a tea for all the graduates, faculty and visitors.

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Tuesday - Matsuyama

Conference in Matsuyama at Ehime Prefecture Office with:

Dr. Kimura	-	Chief PH Dept.
Dr. Nonaka	-	Chairman Matsuyama Doctor's Association
Dr. Tamaki	-	Director Red Cross Hospital, Matsuyama
Miss Taniai	-	Nurse " " " "
Miss Doi	-	" " " " "
Dr. Nishimura	-	Director Pref. Hospital, Matsuyama
Miss Tanabe	-	Nurse " " "
Dr. Senshu	-	Director Besshi Hosp. Niihama
Miss Urata	-	Nurse " " "
Miss Kan	-	" " " "
Dr. Shimizu	-	Director National Hospital, Matsuyama
Miss Ishii	-	Nurse " " "
Miss Minomiya	-	Uwajima Pref. Hosp
Miss Ito	-	Pref. Hosp. Mishima
Miss Yamauchi	-	TB Sanatorium, Matsuyama
Miss Tanimoto	-	" " "
Miss Umemoto	-	Matsuyama Doctor's Association
Miss Nishioka	-	Chief Pref. Nursing Section
Miss Oketa	-	Pref. PHN
Miss Sasaki	-	" Clinical Nurse

Outlined and discussed requirements for schools. Secured data on their schools and hospitals. Discussed possible changes to meet requirements. Explained mechanics of application.

Wednesday

Met at the Red Cross Hospital with the nurses from the above hospitals. Drs. Senshu, Nishimura and Tamaki also attended as well as clerks from the Red Cross. Had given them class schedule and rotation plan to copy the day before. Discussed these and explained rotation thru services and in services.

The Red Cross had just completed a Central kitchen. It was well arranged, clean and functioning. They were still burning wood.

Visited the National hospital. They are building. Part of their OPD, a few wards and the kitchen were finished. The hospital was spic and span. Prince Takamatsu and Dr. Azuma had inspected in the A.M.

Ehime Prefecture has

1082	-	Clinical nurses active (250 - working - 49 unlicensed)
230	-	Public Health N. "
748	-	Midwifes "
204	-	Cl. nurses licensed this yr. 80 not working
162 ~~50~~	-	PHN " " " 142 " "
105	-	Midwifes " " " 75 " "
124	-	Cl. Nurses quit this year

In 1952 - 21 may be licensed.

TBc San. has 21 first year students.

Matsuyama Drs. Asso. has 30 first year students.

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Thursday

Conference in Kochi with:

Dr. Seijo	-	Chief Pref. PH
Dr. Nakai	-	Chief Sanitation Sec.
Dr. Yamasaki	-	Chief Preventive Medicine
Miss Wai	-	Chief Nursing Sec.
Miss Kumamura	-	Pref. PHN
Miss Tani	-	Pref. Cl. N.
Miss Hata	-	Pref. Midwife
Dr. Kasai	-	Director Red Cross
Miss Yasuoka	-	Chief Nurse Red Cross
Dr. Tsutsui	-	Director Pref. Central Hosp.
Miss Kage	-	Chief Nurse " " "
Dr. Ishikawa	-	Director Municipal Kosei
Miss Nishimine	-	Chief Nurse " "
Dr. Sakihara	-	Director National Kochi
Miss Toku	-	Chief Nurse
Dr. Sakamoto	-	Director National TBc San.

Pref. has about 20,000 births a year. March 3 Feb. highest

Kochi Prefecture has a population of 850,000, 39 hospitals 1962 hospital beds, these hospitals have only 330 nurses regulation calls for 490. There are 600 or 650 clinical nurses in prefecture; 70 licensed this year. In 1952 they may license 12.

Outlined and discussed Law #203 and Ordinance #1. Discussed ways of meeting requirements. Gave them the above figures. The doctors see their problem and had a healthy discussion. Suggested employing auxilliary help so nurses do only nursing as there are no available nurses.

Friday

Met at the Red Cross Hospital with nurses from the above hospitals. Explained plan for class work and rotation of students which they had copied. Explained why rotation within services is necessary. Explained need for individual daily records.

The Red Cross Hospital (see statistical report) is remodling ward by ward. When a ward is finished the family is not allowed, the nurses care for patients and the hospital feeds them. They had a special diet kitchen but it was so small it was next to useless. Their Ped. ward with 11 cribs and beds was large, clean and neat. No families. Could easily house 18 patients. All patients were medical. Discussed school requirements with Dr. Iwada the pediatrician. OB was not segregated.

Saturday

Made a quick survey of the Prefectural Hospital. See statistical report. They are building a huge OPD. Seems a pity that Prefectural Hospital cannot

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be induced to establish only in patient wards and allow private doctors to use the hospital. Of course this could not be done without rearranging the medical set up. They have no kitchen and so the families stay. The hospital was clean.

Made a quick survey of the Kochi municipal Kosei. See statistical report. It was changed from a CD to a general hospital Jamuary 1948. With help and encouragement it could meet B Class requirements. Some of the wards had no families, the nurses did the bedside nursing; the difference in the wards was so great that it would seem that converting the entire hospital service should not be too difficult, except for the shortage of nurses. Their TBc ward was crowded, untidy and disorganized. Families everywhere. Bed pans emptied into a wooden bucket

Monday

Rice + fish prepared in Central Kitchen other foods added in Ward.

Conference at Tokushima Pref. Office with :

Dr. Hirano	-	Director PH Section
Miss Yagi	-	Pref. Nurse
Dr. Sakurai	-	Director National Hospital
Dr. Kondo	-	" "
Miss Fujioka	-	" "
Dr. Kato	-	Medical Chief Red Cross
Miss Maruki	-	Nurse " "
Mr. Okada	-	Clerk
Dr. Shirakawa	-	Director University School
Miss Miyasaki	-	Chief nurse "
Miss Fukunaka	-	" "
Mr. Kawata	-	Chief Gen. Affairs " "
Dr. Sumitomo	-	Drs. Assc. School

Discussed requirements of Class A and Class B schools, outlined process of licensure, discussed necessary hospital facilities and how to obtain them, discussed organization of nursing service. Called attention to some data about Tokushima Pref: population 850,000, hospital beds in prefecture 2000, licensed clinical nurses 630, nurses licensed in 1949-51, number of nurses that can be licensed in 1952-15.

The Red Cross have no hospital they hope to build next year.

Dr. Sumitomo was interested in one question only - could be still enroll students in 1951? He has both nurses' and midwives' schools.

Nursing School 15 first year 5 second year students
Midwifery " 40 " " 17 " " "

Tuesday

Conference with chief nurses and instructors from the University, National and Red Cross and Dr. Sakurai, director National Hospital. Discussed and gave them copies of a 3 year class curriculum and a 3 year rotation plan for students of a class A school.

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Conference at the Tokushima University hospital with:

Dr. Shirakawa	-	Director Nursing School & Chief E.N.T.
Dr. Nakajima	-	Pediatrician
Miss Miyasaki	-	Chief nurse
Miss Fukunaka	-	Director Nursing Education
Miss Inouye	-	Instructor
Mr. Kawata	-	Chief of General Affairs

The hospital is a general hospital, see statistical report, in the midst of a tremendous building program. A large building to house the OPD is under construction. It should be completed in 1951, at which time the buildings now occupied by the OPD will be made into wards. Present wards have been repaired and DKs put in. Their central kitchen is small, too small to feed all the patients. Plans are made for a new kitchen. Suggested that they give the central kitchen priority, that they establish a Ped. ward and a maternity ward. The hospital was clean and roomy.

This year they received 1,950,000 yen from the Ministry of Education for their A & B first year students. Suggested that students should not be paid for getting an education; that in the past when students were used as cheap labor large salaries were OK.

Conference at the National Hospital with :

Dr. Sakurai	-	Director
Dr. Gotoda	-	Chief of Medicine
Dr. Doi	-	Chief of OB & Gyn
Dr. Nishino	-	Chief of PEd.
Miss Niki	-	Chief nurse
Miss Fujioka	-	Instructor and HN
Miss Suda	-	Dietitian
Mr. Okada	-	Chief General Affairs

This hospital is very anxious to have a school and certainly the prefecture needs a school here as there is only one other the University. They have two major problems. The Welfare Ministry gave them no budget for a school. They have no building for either the nurses home or the school. A building so close that one would assume it belonged to the hospital had been used by the Allies. Dr. Sakurai does not think it has been turned back to the Japanese as yet. When it is turned back to the Finance Ministry he hopes to get money from the Welfare Ministry to buy it. Is to cost two million yen. Dr. Azuma had visited this week, he had promised to help them. Without it they have no building for a school.

The hospital was clean, neat, surgical and medical services segregated (too much TBc in both), ward set up above the average, and nurses doing nursing. See statistical report. Their kitchen was small; though they said they fed all the patients we saw hibachi, charcoal and fresh vegetables outside the wards. Their general diets have 2200 cal, the TBc 2500. The OB & Gyn were segregated, minor surgery was done in the delivery room. Discussed requirements for a school with the obstetrician. He did not seem too

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well acquainted with his service or very interested. They have no Ped. ward discussed requirements with the pediatrician. He joined the staff 1 Dec. 1949. He seemed most interested.

Wednesday - Reported in to Region Headquarters

Wednesday and Thursday

Conference in Takamatsu with:

Dr. Yamaguchi	-	Chief Pref PH Dept
Miss Maetani	-	Chief of Nursing Section
Miss Saito	-	Clinical Nurse, Nursing Section
Mr. Kato	-	Clerk Welfare Ministry Branch Office
Miss Nomura	-	Nurse " " " "
Dr. Nagi	-	Pres. Takamatsu Doctors Asso.
Dr. Yamagawa	-	Director Railroad Hospital
Miss Ega	-	Chief Nurse " "
Dr. Nojima	-	Director National Hospital
Dr. Okubo	-	Asst Director " "
Miss Yamashita	-	Chief Nurse " "
Dr. Hirose	-	Director Red Cross Hospital
Miss Hiraoka	-	Director Nursing Education Red Cross Hosp.
Mr. Enomoto	-	Chief General Affairs " " "
Dr. Kondo	-	Director Agriculture Hospital
Miss Katayama	-	Chief Nurse " "
Miss Inai	-	Headnurse " "
Mr. Deishi	-	Clerk Kagawa Pref. Agriculture Ass.
Dr. Nampo	-	Director Pref. Hosp. Takamatsu
Miss Tagawa	-	Headnurse " " "
Mr. Kiamuro	-	Clerk " " "
Dr. Hashimoto	-	Director Pref. Hosp. Marugami
Dr. Matsumoto	-	Doctor " " "
Miss Migauchi	-	Chief nurse " " "
Dr. Tsutsu	-	Pref. Hosp. Tsuda

The following are Directors or representatives from their Association School :

Dr. Matsubara	-	Kita Gun Drs. Association
Dr. Yamanoi	-	Sakaida City Drs. Association
Dr. Koyama	-	" " " "
Mr. Fujita	-	Marugami City " "
Mr. Fuke	-	" " " "
Dr. Ono	-	Nakatado Gun " "
Dr. Nagano	-	Mitogo " "

Outlined requirements for schools, discussed means of meeting these.

Discussed application for and licensing of schools.

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Secured data about their hospitals and schools.

Discussed classroom curriculum and planning for same, gave them sample and illustrated doctors' and nurses' part in teaching, correlated this with ward experience. Diagrammed organization of nursing service, discussed its organization and the 24 hour nursing service.

Kagawa Prefecture has licensed 150 nurses in 1949, 142 have dropped out, only 36 can be licensed in 1952. Population 930,000

Friday

Conference with chief nurses and instructors from above hospitals, the chief nurse from Matsuyama National and Pref. Nurses. Discussed class room curriculum and the arrangement of classwork in courses taught by a doctor and a nurse. Explained rotation of students through services and within services. Illustrated teaching methods and discussed reason for note taking and suggested method. Discussed selection of students and gave them sample forms for students application blank, medical preentrance examination, and high school transcript.

Visited Railway Hospital, made a brief survey of hospital with:

Dr. Kamagawa - Director
Dr. Odujiri - Vice-director,
Miss Ita - Chief nurse,
Miss Maetani - Chief Pref. Nursing Section

This hospital can get no budget. Have to powers that be in Tokyo since I came back. Hope they will see fit to give them a budget

They have a huge building program. Next year their OPD should move to new buildings close to the railway shape at which time their present OPD will be devoted to in patients. They are also building new wards. The hospital was clean, the wards well arranged except for utility rooms. Discussed need for utility room for disposal of excreta, care of bedpans and urinals. They have no Ped ward, were building a too small OB ward, kitchen was small, laundry too small but all these will be corrected in their new hospital.

Visited the Red Cross hospital and made a very brief survey with Miss Hiraoka - director of school and Mr. Enomoto - Chief of general affairs. They too are in the midst of a big building program. The OR was completed - large, roomy, not too well arranged. They have no steam autoclaves, did not know pressure of those they had. Their kitchen is small, 2 cooks 2 clerks no dietitian. They serve about 80 patients The woman clerk seemed to know a great deal about menu, calories and food. Suggested they send their students to the D.K. Gave Miss Hiraoki a rotation plan for a small group of students. Nurses were wearing uniforms and aprons made from Bird's eye given them by LARA. They have not enough nurses and can employ no more graduates because of the building program, no more budget: so many families stay to care for patients.

National Leparsarium has a 2 year course with 8 first year and 3 second year students. The Kagawa Pref. Central will have 200 beds next summer.

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Monday

Reports.

Discussed school requirements for OB & Ped with Dr. Nast. Suggested that he visit the hospitals that are planning to have schools and discuss these services with them. Gave him the above figures on Kagawa Prefecture. He asked why no B-schools. Suggested that with a little help the Agriculture, the Kagawa Pref. and the Marugame Pref. hospitals could have B-class.

Reported to Commanding Officer of Region.