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SCHOOL 1947  
GENERAL  
SUMMARY

TOKUSHIMA  
MEDICAL  
COLLEGE.



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## Preface

The establishment of medical school in this prefecture has been hoped from long time ago. There was Tokushima medical school established 1888, but unfortunately school died early death. Our hope was realized, at last and Pref. Tokushima medical college was established on May 1945.

Then on May 1945 our school transferred to governmental management and started its business to carry out medical education physical examination, popularization of sanitary knowledge and disease prevention, as a on only one of medical college in Sikoku island. School promotion to medical university was decided at special cabinet meeting on February 1947.

Regarding its institutions, former Tokushima municipal hospital was contributed as a hospital attached to school, and its contents and equipment are comparatively complete, and also it is under extensive building.

New school building construction is making its progress now under certain plan.

But unfortunately one part of school building and the whole institution of attached hospital were born down into ash by war damage on July 1945.

Treat assistance by Prefectural Government, and some supportus among prefectural people was shown to its rehabilitation, and also we made great efforts.

But under such difficult economic condition, progress was not made smoothly as expected before in the plan.

Now fortunately, Kuramoto barrack was released by the good will of occupation force for the use of our school building.



We were much encouraged by this good news and started to make much more efforts owing to new plan for the purpose of establishment of Tokushima medical university.

But as this building is former barrack, much reconstruction and rearrangement and also equipment and facility necessary for university are needed.

Then at present every efforts have been made in this field. We earnestly hope the establishment of university on 1. Next April.



## History

Sept. 1942.

Tokushima prefectural assembly meeting decided the prefectural Tokushima medical college.

February 6, 1943.

The establishment of Tokushima pref. medical College was authorized by educational ministry.

February 28.

Saburo Sakurai director of Prefectural was appointed to take care of principal of Tokushima medical college.

April 21.

Professor Tokuro Nakata of Osaka Imperial University was appointed to principal.

April 1.

Tokushima city contributed its municipal hospital to Tokushima prefecture.

This hospital was transferred to school hospital.

May 25.

Building lot for the school was made at No. 77 3-chōme Naka-Syowa-cho Tokushima city Tokushima prefecture commodities service hall at No. 1 Shironouchi Tokushima city was decided to become temporary school building.

May 31.

The entrance ceremony of the first term student was held.

July 11, 1944.

Construction of school building was completed and school moved from temporary building.

April 1 1945.



Transferred to governmental management

July 3.

Animal cottage and school hospital were burnt down by war damage.

July 4.

From July 4 to July 31. We had taken care of nursing and assistance at war damage Tokushima city.

Aug. 1.

Tokushima prefectural Mima girls high school was for temporary school and school hospital and started to move.

Sept. 3.

Returned from temporary school. Temporary school hospital begun patient dispensary at Tomida grade school.

Dec. 11.

School hospital moved to Ichome, Sya-machi, Tokushima city.

March 31, 1947.

According to governmental special direction to medical College, the 3rd and 4th grade students removed to another school.

April 1.

School course was decided to be five years according to Imperial ordinance No. 16, 1947.

April 2.

Main building under construction fell down by stormy wind.

Oct. 22.

School and hospital moved to Kuramoto barrack at Kuramoto, Tokushima city.



Table of lesson taken by each teacher in charge.

Common lesson.

Sociology

Educational Official of Ministry of Education

Prof. Sadayuki Matsuzaki.

Foreign language -do-

Prof. Takeo Sato.

Instructor Masurao Yano.

Mathematics

Instructor Tadao Kubo.

Physics

Instructor Katsuo Kobayagawa

Chemistry

Inst. Shigeo Okumura

Biology -do-

Prof. Ritsuzo Takashima

Physical training -do-

Yoshio Hayashi

Basic medicine

Anatomy -do-

Prof. Ritsuzo Takashima

Inst. Hiroshi Komatsu

Physiology

Inst. Kan'ae Hayashi

Biochemistry -do-

Prof. Yahito Kotake

Pathology -do-

Prof. Seiichi Kambe

Pharmacy -do-

Prof. Kiyoshi Todō

Bacteriology -do-

Prof. Yasu'yo Hashimoto

Hygiene

Inst. Yukio Suzuki

Medical Jurisprudence -do-

Prof. Tokuro Nakata

-do-

Prof. Toyoji Matsukura

Clinical medicine

Internal Medicine -do-

Prof. Junji Koyama

-do-

Prof. Masami Nakamura

Inst. Kazuo Sugai

Surgical -do-

Prof. Hiroshi Takeda

-do-

Prof. Gōki Matsumaga



Maternity and gynaecology.

Educational Official of Ministry of Education.

Prof. Ichiro Hyrose

Inst. Yoshimori Hashimoto

Ophthalmology

-do-

Prof. Giichi Hukushima

Ear nose and throat

-do-

Prof. Gaidiro Shirakawa

Dermatology and urinary

Inst. Yasuharu Nojima

Pediatrics

Inst. Toshihiko Nakajima

X-ray

-do-

Prof. Risaburo Makino



Number of students Oct. 1947

Classification		Medical Department		
		Male	Female	
Capacity		480	0	
Class		2	0	
Students	Common Department	The 1st grade	0	0
		The 2nd grade	44	0
		The 3rd grade	110	0
		The 4th grade	0	0
		The 5th grade	0	0
		Sub-total	154	0
		Research Department	0	0
	Total		154	0

Remark: No student for the 1st, 4th and 5th grade on account of no invitation and removal to another school owing to University promotion.



Number of school personnel.

Nov. 1947

Official post	Male	Female	Total
Educational Official of Ministry of Education, 1st grade (Principal)	1	0	1
-do- 2nd grade (Professor)	16	0	16
-do- 3rd grade	1	0	1
Instructor	11	0	11
Secretary of Ministry of Education, 2nd grade	1	0	1
-do- 3rd grade	6	0	6
Technical Official of Ministry of Education, 3rd grade	1	3	4
Irregular Medical Staffs	15	0	15
Irregular Pharmacologist	4	1	5
Irregular Clerk	5	1	6
Irregular Technician	5	0	5
Worker	14	12	26
Technical Worker	7	0	7
Nurse	0	43	43
Student Nurse	0	35	35
Employee	27	15	42
Total	114	110	224
Remark			



## List of Building

Building Number	Building Name	Acreage Feet <sup>2</sup>
1	Guard box	3,742.000
2	Storage	1,134.000
3	Storage.	1,296.000
4	Official residence.	2,520.000
5	Storage.	1,440.000
6	Latrine attached to <sup>official</sup> residence	57.600
7	Garage	5,400.000
8	Garage.	3,960.000
9	Storage.	1,960.000
10	Storage.	108.000
11	Employee residence.	630.000
12	Storage.	1,080.000
13	Storage.	578.000
14	Storage.	576.000
15	Laboratory for physiology and pharmacology	2,970.000
16	Storage.	3,780.000
17	Toilet.	810.000
18	Animal Cottage.	180.000
19	Latrine.	36.000
20	Library	10,368.000
21	Biochemistry.	2,664.000
22	Animal feeding room	450.000
23	Toilet.	1,080.000
24	Latrine.	450.000
25	Bacteriological incubation room.	450.000
26	Animal feeding room.	450.000
27	Toilet.	1,368.000
28	Boiling place.	450.000
29	Latrine.	288.000
30	Latrine.	36.000
31	Students dormitory.	5,490.000
32	Corridor	108.000
33	Cooking room	1,512.000



Building Number	Building Name	Area in Feet <sup>2</sup>
34	High school auditorium	10,584.000
35	Anatomy Hygienics room	10,584.000
36	Bacteriology, <sup>Medical</sup> Jurisprudence, Pathology room	10,584.000
37	Pharmacology, Biochemistry, Physiology room	10,584.000
38	Out of use.	500.000
39	Hand washing place.	1,368.000
40	Out of use.	500.000
41	Out of <u>use</u> .	500.000
42	Hand washing place.	1,368.000
43	Cooking rooms attached to patient room.	360.000
44	Storage.	1,008.000
45	Storage.	3,600.000
46	Coal storage.	720.000
47	Boiler man waiting room.	216.000
48	Boiler room.	1,152.000
49	Anatomy, <sup>Medical</sup> Jurisprudence, Pathology room	8,568.000
50	Student welfare, barber shop.	1,440.000
51	Latrines	1,800.000
52	Corpus keeping room	1,404.000
53	Patient room	10,584.000
54	Physics treatment room.	10,584.000
55	General laboratory.	10,584.000
56	Internal pediatrics room.	10,584.000
57	Surgical operating	450.000
58	Toilet.	1,368.000
59	Ophthalmology, Ear, Nose and <sup>throat</sup> operating room.	450.000
60	Out of use.	450.000
61	Toilets	1,368.000
62	Surgical maternity gynaecology room.	10,584.000
63	Cepthalmology ear nose throat class room	10,584.000
64	Ward.	10,584.000
65	Medical College auditorium.	10,584.000
66	Cooking place.	216.000
67	Isolation ward.	2,880.000
68	Corrido.	72.000



Building Number	Building Name	Area (Feet <sup>2</sup> )
69	Latrine.	588.000
70	Cooking place.	450.000
71	Latrine.	72.000
72	Nurses dormitory.	8,413.000
73	Ward (3rd)	7,884.000
74	Corridor	594.000
75	No. 3 Ward Dining room.	432.000
76	No. 3 Ward cooking room.	288.000
77	No. 2 Ward cooking room.	96.000
78	No. 2 Ward.	8,280.000
79	No. 1 Ward.	8,280.000
80	Not relieved yet.	
81	Not relieved yet.	
82	Not relieved yet.	
83	Not relieved yet.	
84	Not relieved yet.	
85	Not relieved yet.	
86	Not relieved yet.	
87	Not relieved yet.	
88	Not relieved yet.	
90	Office.	5,400.000
91	Student personnel shop.	2,300.000
99	Book storage.	39.100
100	Animal cottage.	727.200
102	Medical stuff & personnel official residence.	576.000
	Total	250,020.000



Curriculum  
(The subject of teaching co)

Classification	1st grade	2nd grade	3rd grade	4th grade	5th grade	Total hours	Classification
Sociology	66	66	66	33	33	264	Dermatology and Urinary
Philosophy Moral philosophy					66	66	Pediatrics
Psychology					66	66	Psychopathology
Foreign language	132	66	33	33	33	297	X-rayology
Mathematics Physics	132	66			33	231	Clinical exercises of the out patients
Biology	132					132	Gymnastics
Anatomy (Lecture and exercise)	330	264				594	✓
Physiology (Lecture and exercise)	198					198	✓
Chemistry and Biochemistry (Lecture and exercise)	66	132			33	231	
Pathology (Lecture and exercise)		198	66			264	
Pharmacy (Lecture and exercise)		132				132	
Bacteriology (Lecture and exercise)		132	66			198	
Hygiene			66	66	66	198	
Medical Jurisprudence (Laws about Medical affairs)				66	66	132	
Internal Medicine (Diagnostics)			198	198	66	462	
Surgery (Orthopedical surgery)			198	132	66	396	
Maternity and Gynaecology and Gynaecology			66	66	33	165	
Ophthalmology			66	33	33	132	
Ear, nose and throat			66	33	33	132	Total



Curriculum

The subject of teaching course)

1947

4th grade	5th grade	Total hours	Classification	1st grade	2nd grade	3rd grade	4th grade	5th grade	Total hours
33	33	264	Dermatology and Urinary.			66	33	33	132
	66	66	Pediatrics			66	33	33	132
	66	66	Psychopathology			66	33	33	132
33	33	297	X-ray			66	33	33	132
	33	231	Clinical exercise of the out patients				396	396	792
		132	Gymnastics	66	66	66	66	66	330
		594							
		198							
	33	231							
		264							
		132							
		198							
66	66	198							
66	66	132							
198	66	462							
132	66	396							
66	33	165							
33	33	132							
33	33	132	Total	1122	1122	1221	1254	1203	5922



Lesson time-table of each week

A school year.	Hours		9 <sub>n</sub> - 9 <sub>n</sub> 50 <sub>m</sub>	10 <sub>n</sub> - 10 <sub>n</sub> 50 <sub>m</sub>	11 <sub>n</sub> - 11 <sub>n</sub> 50 <sub>m</sub>	12 <sub>n</sub> 30 <sub>m</sub>
	A week					
The 3 <sup>rd</sup> grade	Monday	Gynaecology	Polyclinic and	exercise of Pathology	Oto-rhino-	
	Tuesday	Pharmacy	Internal Medicine	Dermatology	Pediat	
	Wednesday	Internal Medicine	Polyclinic and	exercise of Pathology	Surge	
	Thursday	Surgery	Psychopathology	Gymnastics	Obstet	
	Friday	Internal Medicine	Polyclinic and	exercise of Pathology	Chem	
	Saturday	Sociology	Hygienics	Pathology	Philos	
The 2 <sup>nd</sup> grade	Monday	Physiology (Biochemistry)	Physiology	Anatomy	Exercis Anat	
	Tuesday	Sociology	Psychology	Anatomy	Exercis Anat	
	Wednesday	Pathology	Gymnastics	Bacteriology	Exercis Bacter	
	Thursday	Pharmacy	Pathology	Anatomy	Exercis Anat	
	Friday	English	Gymnastics	Bacteriology	Exercis Bacter	
	Saturday	Pharmacy	English	Moral Philosophy		



Lesson time-table of each week 1947.

9h50m	10h - 10h50m	11h - 11h50m	12h30m - 13h20m	13h30m - 15h20m
ology	Polyclinic and	exercise of Pathology.	Oto-rhino-laryncology	Internal Medicine
cy	Internal Medicine	Dermatology	Pediatrics	Surgery
icine	Polyclinic and	exercise of Pathology.	Surgery	13h30m - 14h20m   14h30m - 15h20m Ophthalmology   x-ology
y	Psychopathology	Gymnastics	Obstetrics	Internal Medicine
icine	Polyclinic and	exercise of Pathology	Chemistry	Surgery
gy	Hygienics	Pathology	Philosophy	
gy	Physiology	Anatomy	Exercise of Anatomy	Physiology - 2, 4 week Biochemistry - 1, 3, 5 week
gy	Psychology	Anatomy	Exercise of Anatomy	
gy	Gymnastics	Bacteriology	Exercise of Bacteriology	
cy	Pathology	Anatomy	Exercise of Anatomy	
n	Gymnastics	Bacteriology	Exercise of Bacteriology	
cy	English	Moral Philosophy		



Statistics of absent and attached students

The 1st term

(From May 6 To Oct. 31)

Classification	The 2nd grade. Number of student enrolled 44 (not include one authorized long about student)	The 3rd grade. Number of student enrolled 110 (not include one authorized long about student)
Total lesson hour	8840	26596
Total hour is student attended	8594	26229
Total hour student was absent	246	367
Attendance rate (%)	97	98
Remark	Total lesson days are 86 days in each grade.	



Number of students retired and absent from school for a time:  
Nov. 1, 1947.

		Year 1945			Year 1946				Year 1947		Total
		1	2	3	1	2	3	4	2	3	
Classification	Kind of grade										
	Retirement	Home Condition	1	1		13	5	1	1	2	
Illness			4	2	2	1	1		2		12
Death										1	1
Removement to another school owing to food condition									4	7	11
Removement to another school owing to decision of B class school									118	110	228
Removement to another school		6	6	1	5	1		1			20
Other reason					4	3	2	1	28	22	60
Total		7	11	3	24	10	12	113	36	30	358
At authorized long time absence		14	6		5	7			1	2	35
Total		21	17	3	29	17	122	113	37	32	393

Remark:

Removement to another school owing to governmental decision No. 141. March 29, 1947 regarding B class school treatment.



List of illness of authorized long time absent students  
Nov. 1, 1947

Disease	Number
Infiltration in hilum	8
Lung infiltration	7
Pneumonia pleurisy	6
Arthritis	2
Neurasthenia	3
Beri-beri	3
Nephritis	2
Eye-disease	1
Bronchitis	1
Catarrh of pulmonary apex	1
Lymphadenitis of hilum of lung	2
Peritonitis	1
Piles	1
Dementia praecox	1

List of illness of students retired

Neurastheny	2
Lung infiltration	4
Heart disease	3
Air bombing death	3
Pleurisy	1



Statistical table of out- and in-  
in the Medical college hospital  
(April-October)

Section \ Month	April	May	June	July	August
Internal medicine	383	602	630	628	572
Surgery	553	635	538	549	612
Gynaecology and Obstetrics	250	359	303	304	345
Ophthalmology	1298	2060	2499	2099	2021
Roentgenology	514	695	763	736	691
Pediatrics	199	291	481	307	125
Oto-rhino- laryngology	667	773	742	812	770
Sub total	3844	5315	5956	5535	5106
Total	34,197				



Statistical table of out- and inpatients  
 in the Medical college hospital in 1947.  
 (April-October)

April	May	June	July	August	September	October
383	602	630	628	572	657	553
553	635	538	549	612	561	506
250	359	303	304	345	344	194
1298	2060	2499	2099	2021	1577	1210
514	695	763	736	691	734	759
199	291	481	307	125	82	79
667	773	742	812	770	580	583
3844	5315	5956	5535	5106	4557	3884
34	197					



Statistics of Inpatients at a  
Clinic in the hospital in the  
half-year (April-October) in 1944

Section \ Month	April	May	June	July
Internal medicine	138	150	172	117
Surgery	388	623	659	535
Gynaecology and Obstetrics	385	470	410	424
Ophthalmology	211	282	277	231
Roentgenology	54	3		
Oto-rhino- laryngology	55	70	35	66
Pediatrics		17	37	87
Sub total	1231	1585	1590	1460
Total	9927			



Statistics of Inpatients at every Clinic in the hospital in the first half-year (April-October) in 1947:

April	May	June	July	August	September	October
138	150	172	117	168	175	134
388	623	659	535	613	548	633
385	470	410	424	301	266	293
211	282	277	231	236	214	159
54	3				5	54
55	70	35	66	70	95	50
	17	37	87	39		8
1231	1585	1590	1460	1427	1303	1331
9927						4



List of books and journals

(A) Journals

- 1) J. for medical science 79 sorts { binded 521  
seperated 3646
- 2) J. for general culture 5 sorts 12

(B) Text-books

- 3) For clinical med. 1296
- 4) For basic med. 1040
- 5) For general med. 103
- 6) For biology 117
- 7) For physics, chemistry and mathematics 406
- 8) For general culture 205

(C) Dictionaries

- Encyclopedies 142
- Dic. for general use 28

Sum 7416



A List of Fixtures (Important furnitures)

Name of Furniture	Number of Furniture
Table	492
Chair	313
Seat	230
Locker	183
Screen	56
Black Board	70
Scale	4
Mimeograph	5
Steelyard (Balance)	15
Japanese typewriter	3
English typewriter	1
Tiger Adding Machine	1
Electric stand	91
Disinfecting board	5
Sterilizer	24
Surgical bed	9
Distillatory	2
FUTON (Japanese blanket)	31
Sheet	50
Cotton blanket	20
Black curtain	22
Electric stove	7
Electric heater	16
Bed	250
Apparatus table for operation	9
Dissecting table	17
Thermosant	3



Name of Furniture	Number of Furniture
Specimen box	11
Dissecting instrument (machine)	3
Vacuum pump	3
Pat of rice - gmel	9
Microtome centrifuge	1
Distillatory	3
Refrigerator	4
Micrometer of illuminating power	1
Electric refrigerator	1
Nursing clothes	136
Preventive clothes	100
Operating clothes	30
White clothes	10
Doctor's white clothe	20
Barbar's clothes	10
Disinfecting board table	1
Paraffin tulle	3
Consultation table	14
Instrument table	2
Consultation box	10
Table of preparing medicine	1
Delivering table	1
Steam incubator	2
Microscope	107
Magic-lantern projector	1
Camera	1
Kinographion	5
Electric current regulator	1
Electric packen	1



Name of Furniture	Number of Furniture
Electric incubator	51
Electric Money safe	5
Stretchers	23
Specimen and model	46
Herio - lamp	1
Intra-redray - lamp	1
Electric fan	2
Illuminating - lamp	10
Illuminating apparatus	13
Lamp for dark room	1
Measuring apparatus of high tension	1
Photograph frame	16
Apparatus for water puncture	1
Transformer	1
Mauze disinfecting apparatus	29
Sterilizer	1
Microscope	6
Second meter	1
Dilator	3
Stop watch	54
Exophthalmometer	1
Inhaler	4
Sphygmometer	22
Blood-corpuscle calculator	22
Ophthalmoscope	7
Pelvimeter	4



Name of Furniture Operating instrument	Number of Furniture
Perimeter	1
Micrometer of illuminating- power	1
Otol scope	1
Pushing eye meter	1
Perceptive-meter	10
Reflector	20
Router	4
Colorimeter	1



A List of planned fixtured.

Name of Furniture	Number	Approximate Cost
Electric sew	1	¥ 20,000
Brain microtome	1	¥ 20,000
Expander	1	¥ 15,000
Micro-camera	1	¥ 50,000
Operating instrument	10	¥ 120,000
Electric stove	1	¥ 20,000
Microscope	28	¥ 336,000
Ultra-violet microscope	1	¥ 140,000
Binocular microscope	1	¥ 20,000
Microscope (Dark perimeter)	4	¥ 8,000
Projector	1	¥ 50,000
Specimen	1,000	¥ 1200,000
Specimen locker	10	¥ 50,000
Feeding water tank	5	¥ 25,000
Spectrometer	1	¥ 100,000
(Resistant-meter of capillary blood vessels)	1	¥ 4,000
Height meter	2	¥ 4,000
Scale (Weighing machine)	2	¥ 35,000



Name of Furniture	Number	Approximate cost
Pneumometer	1	¥ 10,000
Haemoglobin meter	15	¥ 4,500
Sphygmometer	10	¥ 15,000
		¥ 2,000
Pulse wave meter	2	¥ 20,000
Illuminating meter	1	¥ 5,000
Pulverizer	1	¥ 30,000
Agitator	3	¥ 15,000
Flat percolator	10	¥ 1,000
Centrifuge	5	¥ 200,000
Refrigerator	2	¥ 40,000
Micro-spectrometer	1	¥ 5,000
Electric incubator	5	¥ 6,000
Electric refrigerator	1	¥ 10,000
Sterilizer (Dry heat)	2	¥ 15,000
Ultra-violet ray apparatus	1	¥ 10,000
Micro-telegraph	1	¥ 10,000
Blood-corpuscle calculator	11	¥ 5,500
Milk sterilizer	1	¥ 10,000
Barner's colorimeter	1	¥ 30,000
Turning ray meter	1	¥ 100,000



Name of Furniture	Number	Approximate Cost
Chamber - pot.	5	¥ 750.
Drier	1	¥ 1,000.
Mercury quartz lamp	1	¥ 5,000.
Artificial helio-lamp	1	¥ 12,000.
Electric fan	1	¥ 10,000.
Electric calculator	2	¥ 140,000.
(Steril puncture apparatus	1	¥ 20,000.
(Lumbar puncture apparatus	2	¥ 2,000.
Sterilizer	1	¥ 20,000.
Sterilizer machine	2	¥ 10,000.
Oesophagus	1	¥ 10,000.
Thorax puncture apparatus	1	¥ 500.
Chemical balance	1-12	¥ 120,000.
Helio-lamp	2	¥ 20,000.
Iron kennel	2	¥ 2,000.
Ophthalmoscope	1	¥ 10,000.
Stop watch	10	¥ 15,000.
Microtome	4	¥ 70,000.
Large Microtome	1	¥ 35,000.
Frozing microtome	2	¥ 50,000.
Camera	1	¥ 50,000.
Projector (16mm)	1	¥ 100,000.
Movie camera (16mm)	1	¥ 100,000.
Operating shadowless lamps	1	¥ 20,000.
Delivering model for practice	1	¥ 5,000.

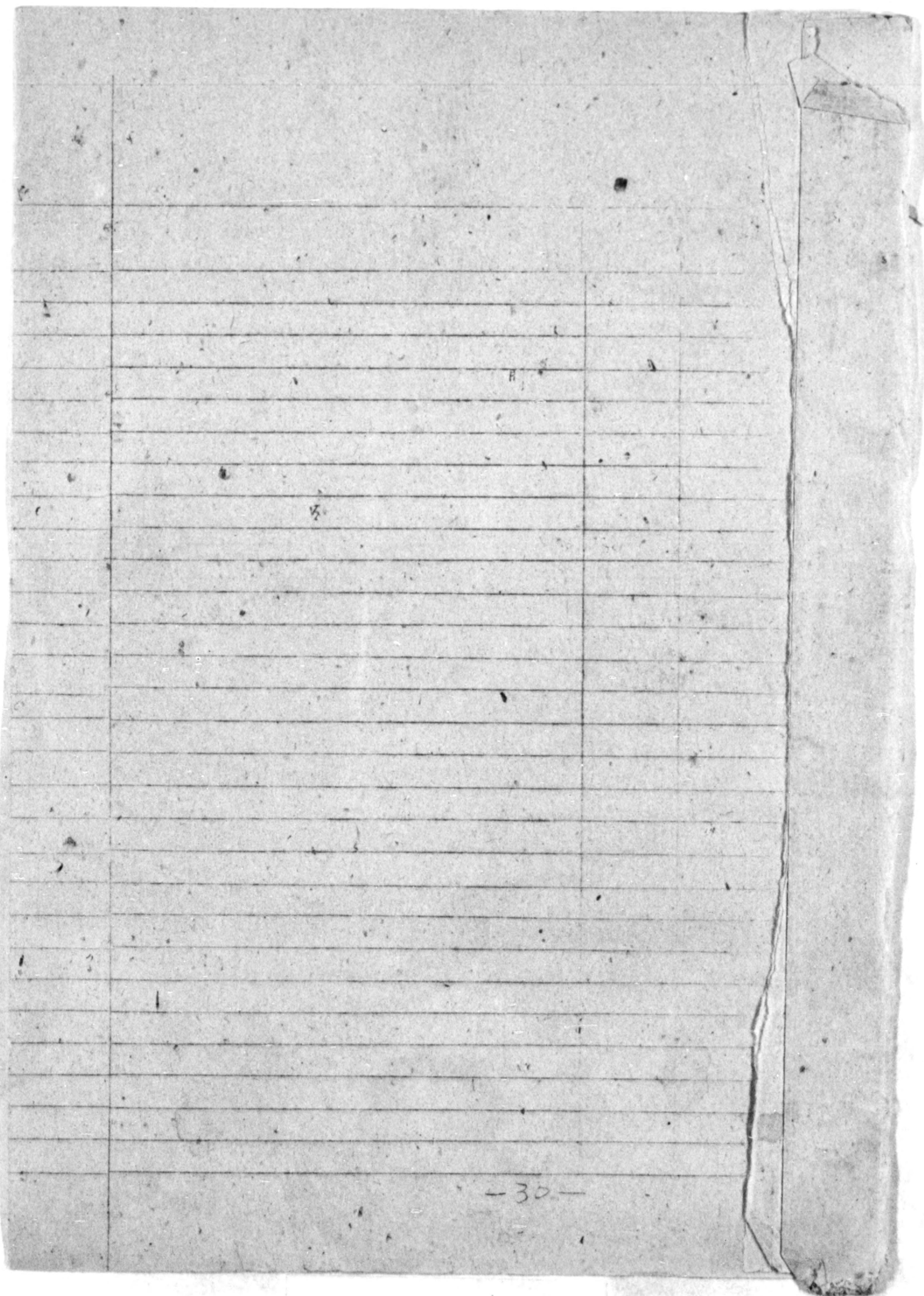


Name of Furniture	Number	Approximate cost
Electric instrument	1	¥200,000
Instrument for examining poison	1 set	¥8,000
Shadowless illuminating la.	3	¥45,000
File locker	2	¥4,000
Instrument locker	7	¥56,000
Examination pivot chair	2	¥50,000
Student chair for laboratory	3	¥12,000
Plastic operating table	1	¥10,000
Chair for examination	1	¥25,000
Machine locker	4	¥37,000
Reagent bottle shelf	1	¥8,000
Operating table	6	¥30,000
Omnipotent operating table	2	¥50,000
Pivot shelf of bottle	2	¥20,000
Hand operating table	1	¥40,000
Instrument table	6	¥30,000
Examination table	3	¥4,500
Stand of brass wash-basin	5	¥1,900
Water pump	4	¥4,000
Delivering table	1	¥10,000
Washing stand	1	¥10,000
Substitute operating table	1	¥5,000
Bottle stand	1	¥1,000
Four side bottle stand	1	¥4,000
Infant scale	1	¥10,000
Bed	300	¥900,000
Ultra-violet microscope with camera	1	¥50,000
Plastic surgical elastic facility	1	¥20,000



Name of Furniture	Number	Approximate cost
High pressure steam sterilizing facility for operation	1	¥ 70,000
Sterilizing wash-basin for operation	1	¥ 20,000
X-ray facility	1	¥ 180,000
Indirect X-ray photographing facility	1	¥ 100,000
Profound treatment facility	1	¥ 300,000
X-ray apparatus for treatment and diagnosis	1	¥ 200,000
Ultra-violet spectro apparatus	1	¥ 500,000
Electric stand for medical treatment	4	¥ 14,000
Electric stand for experimentation	1	¥ 10,000
Pat of rice gruel	20	¥ 20,000
Fix calculating board	2	¥ 10,000
Rubber apron for operation	10	¥ 20,000
Treat electric magnet	1	¥ 20,000
Tange can	3	¥ 15,000







## 癩

Leprosy

## 緒言

定義—癩とは癩菌 (*Mycobacterium Leprosae*) に依り起る慢性伝染病である。癩は三つの型で現れる: (1) 結節型—之は皮膚に結節を生ずる事に依りて特徴付けられる; (2) 斑丘疹・麻痺型—之は身体の表面に扁平斑丘疹を生じ神経傷害を起す事に依りて特徴付けられる; (3) 混合型—之は前二者の混合をたゞのことである。

歴史—癩は非常に古く知られる病氣で既に耶穌紀元前と前より知られて居る。旧約聖書の中にも度々出て居る。癩は始め東洋で発生して後歐洲に伝播したこの様である。中世期には英國及大陸で非常に猖獗を極めた。特別療養所が一般的になつた。歐洲に19,000ヶ所、フランスが4で2,000ヶ所以上が記録されて居る。其当時癩が大流行して居たノルウェーのハンセン氏に依りて1873年に病原菌が発見せられた。ハンセン氏の発見は其菌を1879年に始めて染色したニッサー氏に依りて確認せられた。支那では14世紀頃癩の治療に明かに大風子油 (*Chaulmoogra oil*) を使つて居た。1931年には大風子油エマルジョンや沈度劑が用ひられた。

発生—癩は現在東西両半球の或地域で流行して居る。合衆国ではルイジアナ、ミネソタ、南カロライナ州が癩の流行して居る地域である。ルイジアナ州のカーヴィルの国立癩療所は1936年には



STRENGTH STATUS REPORT		REPORTS CONTROL SYMBOL
1. ORGANIZATION DESIGNATION		QGA-11
2. STATION		FOR MRU ONLY
3. MAJ GR COMMAND		
4. T/O & E NUMBER	5. T/O & E DATE	
6. RACE		
7. MO. & YR. SCHEDULED FOR INACTIVATION		
8. MO. & YR. SCHEDULED FOR ACTIVATION		
9. ARM OR SERVICE		
10. TYPE OF PERSONNEL		

SEC. A - ASSIGNED & RETAINABLE STRENGTH BY GRADE

	GEN O	COL	LT COL	MAJ	CAPT	1st LT	2d LT	CWO	WOJG-FO	TOTAL
	M/SGT	1st SGT	T/SGT	S/SGT-T/3	SGT-T/4	CPL-T/5	Pfc	Pvt		PERSONNEL
11. AUTH										
12. PRESENT ASGD STR										
13. 6TH MO. 1st DAY										
14. 7TH MO. 1st DAY										

SEC. B - RETAINABLE STRENGTH BY MOS & REQUIREMENTS

MOS	AUTH STRENGTH	RETAINABLE STRENGTH	REQUIREMENTS					TOTAL REQUIRED	
			COL	LT COL	MAJ	CO GRADE	W/C		
			1ST GR	2D GR	3D GR	OTHER GR			

PAGE \_\_\_\_\_ OF \_\_\_\_\_ PAGES AUTHENTICATION: \_\_\_\_\_ DATE: \_\_\_\_\_



375人の癩患者が居った。ロージャース氏は1925年に  
世界に於ける知られた癩患者は1,370,277人と述  
べて居る。

### 医学的見解

菌 — 癩の原因は癩菌である、それは筋への侵入した箇  
所に發見される、患者の血液の中、鼻や咽喉など  
の分泌物の中、尿や糞便の中。伝染の源  
泉は患處に居る人ありだけである、感染を  
居る人に長く親しく接觸した後のみ、多分身体  
の排泄物より移される。南京虫、虱又は虫等  
が伝染の媒介者であるといはれて居た。潜伏期  
は長く、期間は適確に決定し得ない。癩は病氣  
の続いて居る間伝染する。試験室診断は(1)  
鼻や口の排泄物の又は表面潰瘍の分泌物の  
塗抹を試験する事に依って;(2)組織の顕微  
鏡的試験に依って;(3)ワッセルマン氏反應の結  
果に依って為される。

疾患の経路 — 疾患は(1)頭痛、鼻炎、全身痛及  
胃障害を伴って、又は(2)中枢神経系統の障害  
を伴って、(3)前駆徴候を伴はぬいで導入される。  
並通發病箇所は二つある;(1)皮膚(結節癩)  
として(2)神経系統(麻痺癩)。

結節癩 — 皮膚に瘡又は結節が、並通手段や  
顔に於たまつて現はれる。大きな結節の中は



QUAN	NOMENCLATURE	PRICE	QUAN	NOMENCLATURE	PRICE
2	Cultured pearls	29.90	2	Tricycle	21.80
1	"	32.30	1	"	10.60
1	"	37.65	2	Scooters	7.90
1	Ring, pearl	12.25	2	Umbrella, women's	2.45
5	"	5.70	1	"	10.60
1	Ivory chess set	25.70	1	" ,Viewmaster,Sawyer	1.50
1	Set, cup and plate, straw	3.65	1	Watch, Rolet	75.95
1	Dinner set, China	23.00	24	Airwick	.50
1	"	29.90	96	Dutch Cleanser	.15
2	Maruni	9.10	24	Clothes pins	.35
3	Maruni Lacquer ware	16.45	6	Foley Food Mills	1.40
2	Cocktail shaker	21.50	1	Sewing Machine	136.00
3	Vase, cloisonne	7.90	2	Iron K.M.	11.55
1	Vase, cloisonne, flower	12.85	1	Toaster Toast D Mate	16.35
2	Vase, Maruni lacquer	4.00	36	Candle	.10
2	Photo Album	.60	24	Yonsolm 1 qt.	.75
7	"	2.45	24	Drano	.18
28	Antimony ash tray	.50	1	Stroller	14.80
5	Tokyo Joe	.25	20	Colliers	.10
1	Bottle, Thermos 2 qt	3.05	10	Post	.15
3	Coasters, straw	1.25	10	Journal	.25
2	Doll, Japanese	7.30	10	Readers Digest	.20
5	Book ends, brass	1.15	10	Life	.20
2	Crystal figurine	1.25	3	Officers Shirts m $\frac{1}{2}$ -33	3.60
3	"	1.35	6	Foot lockers	13.45
4	"	1.65	1	Shoes	7.30
8	Figurine parcel	.30	18	N ylons	1.50
11	"	.45	24	Ponds Cold Cream	.65
2	"	1.15	24	Extra rich Cream	.75
1	"	1.35	96	T-Shirts	.35
1	Nut set	7.60	600	Handkerchief, men's	.10
1	Skin, chamois	1.25	6	Salt & Pepper shaker	4.35
57 $\frac{1}{2}$	Brocade, silk, Soochow	2.70	25	Silk, printed crepe	1.40
6	Silk, print	7.60	25	Silk, "	1.50
35 $\frac{1}{2}$	Silk, pongee	2.20	50	Silk, palace crepe	1.35
50	Palace plain	1.30	2	Ivory carving	2.90
1	Bremer Bar Shark	2.00	2	Ivory Carving	5.45
2	Cap & Umbrella Set	4.60	2	"	6.10
1	Coffee Maker, Universal	20.05	1	"	9.70
2	Cologne, Sleeping	4.10	576	Phophilactics	.05
2	Dice, w/case & Felt lay- out, popper, lg set	6.40	36	Shampoo, Fitch	.20
2	Doll	4.50	48	Oxydol Soap	.40
1	"	6.10	120	Soap, Rinso	.40
2	Game	.75	120	" , Ivory Flakes	.40
1	"	1.55	120	" , Ivory Snow	.40
1	Toy Dog	4.50	144	" , toilet, Camay	.10
3	Cowhorn, shoe	.75	500	" " Lux	.10
2	Cosmetic Kit	21.80	720	" " Palmolive	.10
2	Hudnut Du Barry Kit	14.05	720	" " Sweetheart	.10
1	Pad, heating, G.E.	5.50	130	Tissue, asst.	.40
1	Ena Emir, 1/2 oz	7.30	48	Kotex, Reg.	.30
1	Matchabelli, Crown Jewel	9.70	48	Cleaning Fluid, Energine	.25
2	Schiaparalli,Shocking $\frac{1}{2}$ oz	7.00	120	Pic Nic Shoestring Potatoes	.20
1	Pin w/Bibholder	2.80	960	Toddy	.15
2	Rack, Poker Chip w/cover popper	4.35	288	Edgeworth Tobacco	.12
3	Shirt, men, Wool, Pendleton	8.50	250	Cigars, Webster, F.T.	.18
4	Seaforth toiletries	2.00	250	" Rob Burns	.10
2	"	3.15	100	" Webster U.S.	.12
2	Towel sets, kitchen	1.75	150	" Dutch Master	.10
3	"	2.20	400	" Ayc Princess	.10
1	Toy	.45	400	" Phillies Perf	.07
1	"	.75	3000	Cigarettes	.90
			2	Clock	4.10
			24	Film, K-135	2.55
			3	" 8 mm #370	1.85
			5	" 8 mm #399	2.10
			20	Shell, 12 ga #4	2.10



丸い白い部分がある。皮膚は次第に厚くなり、眉毛は抜け落ち、  
或結節は潰瘍を生じ、同時に或結節は吸収する。疾患  
が烈しい場合は手足の指が無くなり広い範囲に組織壊  
疽が起こる。此型は10年20年と続く事が有る、或時は  
よくなる様に見え又或時は更に悪化する。

麻痺癩——何等前駆症状を伴はないで体に大きな斑  
点の現はれる。暑い寒い、觸感が無くなる。最後に全  
面的麻痺が来る。患者は有孔潰瘍が有つて尚痛みを感  
じない事が有る。此型は長全路を取り患者は屢合併症  
で死亡する。

混合癩——結節型と麻痺型との混合は第三型の發生を  
来す。結節癩の予後は尚食弱で有るか、麻痺型の方  
は早期に大風子油で治療すれば幾分よくなる見込  
みは有る。合併症及続発症は出血と肺尖の  
結核と壊疽とが二次感染と、不臭になつたり  
声が出なくなつたり、容貌四肢の毀損とを合し  
多数で有る。

治療は主として大風子油剤の使用で成立つて居る。  
治療と治療との間に休止期を置く必要は有らぬ、然し  
効果的ならしめる為には治療は五ヶ年位は継続せねば  
ならぬ。……ルイジアナ州のカリフォルの国立癩療養所  
でなされて居る仕事の興味有る説明の主任医官  
の1935年の報告の中に見えて居る。其中の二三  
文を此所で引用する。

現在135名の患者が大風子油を服用して居る、  
最小量は一日三回三滴迄を以て最大量は一日  
三四50滴；48人は週二回のベニリカイン大風子油



PHO	
PHN	
SE	
DNCO	UPA

HEADQUARTERS  
SHIKOKU MILITARY GOVERNMENT REGION  
APO 1050

Takamatsu, Shikoku  
3 March 1949

Items listed below are now on open sale at the Takamatsu PX in addition to the Inventory List published 23 February 1949:

Quan	Price	Item	Quan	Price	Item
18	1.00	Wrisley Soap	18	.75	Sofskin Cream (Hand)
12	2.10	Delan Perfume Dispenser	75	.75	Metal Zipstick
36	.45	Nail Enamel	36	.45	Nail Remover (Rlish)
12	.40	Cuticle Remover	48	.65	Ponds Cold Cream
12	.45	Under Shirts	6	12.10	Officer's Raincoat
24	4.95	Pink Wool (Officers')	36	1.45	Nylon Hose
5	.50	Rubber Pants	6	1.00	Tee Shirts - Boys
6	1.30	Creepers	6	.20	Sleeve Pads
6	.30	Shields, Dress	1	3.40	Compacts
36	.30	Combs	12	2.30	Glo Coat, 1 Ga.
6	.15	One in Three Way Plugs	1	19.25	Waffle Baker
4	1.15	Shorts	10	1.55	Shorts
10	.50	Esquire	5	.25	Argosy
10	.35	Cosmopolitan	12	.25	Red Book
15	.25	American	14	.15	Sat. Even Post (15 Jan)
10	.10	Colliers (Jan 22)	15	.15	Sat. Even Post (22 Jan)
20	.10	Comic	24	.75	Tie Khaki
6	.50	Powder Puff	2	13.45	Foot Locker
5	.45	Harpers Bazaar	10	.20	True Story
6	3.75	Ladies Pajama	35	.18	White Shoe Polish
10	.25	Adventure	7	.20	Time
6	.20	News Week	36	.70	Listerine, 14 oz
24	.80	Razor Schick Injector	24	.55	Blade Razor Schick
72	.80	After Shave Lotion (Yardley)	36	.75	After Shave (Old Spice)
24	.40	After Shave (Fitch)	120	.15	Pineapple Juice
20	.15	Tomato Juice	120	.20	Pik Nik
48	.45	Stuffed Olives, 3 1/2 oz	600	.15	Sardines
48	.40	Hi Ho Crackers, 16 oz	108	.95	Candy, Thin Mints
44	.45	Frankfurter P A	144	.10	Smoking Tobacco PA
44	.12	Smoking Tob - Bond St	144	.12	Smoking Tob - Briggs
44	.12	Smoking Tob - Edgeworth	144	.12	Smoking Tob - Sir Walter
44	.10	Smoking Tob - Union Ldr	1440	.05	Hershey's w/Almonds
576	.05	Nestles w/Almonds	1000	.05	Trigleys Gum
44	.10	Matches	48	.35	Cocconut Oil Shampoo
120	.20	Tooth Paste, Squibb	6	1.00	Card Playing, Congress
36	.15	Cloth, Blitz	10	.65	Flashlight Hepco
24	.07	Battery, Flashlight	288	.18	Shoe Polish Kiwi
100	.10	Soap Yellow Laundry	144	.15	Cr Shv Lather, Williams
48	.40	Sol Ant Pepsodent	30	.15	Flash #0
72	.30	PX 120 Film	1	44.85	Mauado Watch, #63872
2	14.65	Ivory	1	69.95	Waltham Sky Skipper
2	6.70	Ivory	1	58.60	Universal Watch
50	1.50	Printed Silk	4	7.90	Cloisonne Vase
25	1.40	Printed Silk	4	5.70	Cloisonne Vase
18	1.15	Dice Lacquer	1	8.50	Ivory
4	1.40	Ivory	2	6.40	Ivory
3	1.30	Ivory	1	5.45	Ivory
2	2.90	Ivory	4	1.30	Ivory
2	3.05	Bamboo Hand Bag	2	5.30	Bracelet Set

*Ernest W. Steinberg*  
ERNEST W STEINBERG  
Captain Infantry  
PX Officer



4.

(Benzocaine-chaulmoogra oil) の筋肉注射を以てする。29人はハイドノカーパス・エステル (Hydnocarpus esters) を週一回筋肉注射して居る。治療を受けて居る患者たちの一般的観察は平均満足な快癒を示して居る。数種の薬剤が癩治療価値を決定する為には試験的に使用せられて居る。当年中に男の病院では227名の患者が收容せられて、平均在院期間は21日であった。8人は手足等の切断に依る行動不能の爲に永久的に在院する事になった。女の病院の方では95名收容せられた、平均在院期間は40日、其中11人は永久入院者。過去に於ては大手術は殆ど皆無きのが目立って居る。当年で一件の進んだ腸癌腫患者に人工肛門を造つた事と虫垂切除を完成した事とで居った。283件の小手術が橋立に遂行せられた。↓

疾患防止の方法 — 癩は臨床所見及び試験検査診断とて確認せられる。公衆衛生の爲に患者は殆ど即刻報告せられねばならぬ。此疾患は公衆衛生と清潔な生活と広い住居とに依つて大部分抑制防止される。露出した患部が無い限り、嚴重な医学的監視の下に患者の隔離は必要で居る。患部が全部治癒し少くも六ヶ月間阻止状態の下に監察せられたら患者は指定せられた時々検査の爲に帰つて来るから釈放されることも安全である。健康な幼児は出産の時感懐して居る親から隔離せられねばならぬ。保菌容疑者及患者の住居は若し居るならば知れぬ新患者発見の爲に少くも五年間毎年一回検視せられねばならぬ。交通遮断は不必要である。癩は先天的免疫性に就いて



*Mr. Kalkowitz*

HEADQUARTERS  
SHIKOKU MILITARY GOVERNMENT REGION  
APO 1050

Takamatsu, Shikoku  
2 May 1949

TO: All Occupation Personnel,  
Takamatsu

It is anticipated that during the period of 28-30 May inclusive, a gathering of most of the personnel of Shikoku Military Government and CIC units will be held in Takamatsu. This is not a formal or official gathering but more of a get-acquainted and social period.

During this time it is hoped that we of Takamatsu can provide entertainment and facilities to make our guests' stay as pleasant as possible. There has been a steering committee appointed by the three clubs. This committee has selected additional committees to supervise and prepare accommodations and entertainment.

Tentative plans are that guests will arrive on the 28th. The hours are not definite, since some may prefer to drive. On the evening of the 28th, between the hours of 1900 and 2100, there will be an informal open house. Place will be decided by the entertainment committee. Then, if possible, a dance or other diversion should be planned for the remainder of the evening. As is now planned, each club will plan its own evening's entertainment.

Sunday, the 29th. A suggested outing to Tsuda Beach seems the answer. A picnic, games, etc.

Monday, the 30th. Competitive ball games between organized teams. Departure that evening to home stations.

The Steering Committee consists of Mr. Campbell for Officers and DAC's, Sgt. Denney for First Three Graders, and Pvt. Ciskie for the Lower Four Grades. The other committees appointed are as follows (name underlined will act as temporary chairman until committee selects its own):

1. Transportation: CWO Mendonca, Lt. Laspina, Mr. Kerlinger, Mr. Carr, Sgt 1/Cl Mackie, Sgt. Duran, Sgt. Pohland, Cpl. Davidson, Cpl. Brewer, WO and Mrs. Koettner.
2. Entertainment: Capt. Back, Mrs. Laspina, Mrs. Misener, Mrs. Watterworth, Lt. Pfeifer, Lt. McComas, Col Pigg, Lt Stein, Sgt Mullahey, Mrs. Ormsby, Sgt Denbow, Cpl Gostnell, Pfc Lenchanko, Mrs. Tuttle, Sgt Isley.
3. Housing: Capt. Steinberg, Lt Mikkelsen, Mrs. Meyer, Mrs. Jones, Mrs. Campbell, Sgt. Lundblad, Lt Col Crabtree, Mrs. Rosenkranz, Sgt Hall, Mrs. Salazar, Mrs. Denney, Cpl. Yoshioka, Pfc Yoshino, Mrs. Fenoli, Mrs. Isley.
4. Food, Drinks, etc.: Sgt. Ferris, Lt Myers, Mrs. Charbonnel, Mrs. Mikkelsen, Mrs. Carr, Mrs. Larsen, Mrs. Stein, Mr. Dobbins, Mrs. Oertle, Capt Meyer, Sgt Sullivan, Mrs. Short, Sgt Carson, Cpl Chester, Mrs. Frietag.
5. Athletics: Sgt. Ormsby, Capt Misener, Lt DeLorimier, Lt George Jones, Mr. Kolkowitz, Sgt Wessels, Sgt King, Cpl Uebel, Pfc Moore, Lt Mitchell, Maj Fenoli.
6. Sightseeing: Capt Oertle, Capt Charbonnel, Mrs Back, Mrs Steinberg, Miss Johnson, Sgt Salazar, Mrs Romas, Sgt Kiyabu, Cpl Hensley, Pvt Mexia, Pfc Bradley, Mr. and Mrs Templeton.
7. Financial: Lt Tuttle, Lt Rosenkranz, Mr. Larsen, Lt Grant Jones, Sgt Shawhan, Mrs. Wessels, Sgt Sivak, Sgt Short, Pvt Pryor.
8. Guests: Mrs. McComas, Mrs. Kerlinger, Major Turbyfill, Sgt Haager, Mrs. Sullivan, Sgt Klauk, Pfc Schleeter, Capt Frietag.

THE STEERING COMMITTEE



感受性に就いては遺伝とは何等関係はない。五歳以上の小児は癩にあるか否かは主として早期成人生活の疾患である。従って人種は此疾患に罹る。男は女より罹りやすい様である。自己治療傾向は依つて表示せられる様に或患者は病勢進行と共に免疫性になる様に思はれる。リクアンと血清療法もない。

## 看護

要点 — 癩は長い親密な接觸の後人から人に移る。

蠅や南京虫等の此疾患を人から人に伝染させる事は可能である、然し全部の研究者に依つて最近知られては居らない。

癩は猩紅熱やチフスや等の如き伝染病に属して取られると同じ注意を以て取扱はれる。清潔な環境は顯著に此病気の伝染性を減少する。

患者は咳、クサメ、去痰などに就いて個人衛生の良好習慣を教へられねばならぬ。

衛生に關する一般的注意は結核のそれと概して同じである。

患者は興味を継続する職業を要求する斯くして出来れば患者の氣持を病氣から外らせる。

合併症と続發症との確認 — 出血は感染した部

分の靜脈や動脈を菌が破壊した時に起る。他の

状態例は肺炎がとか壊疽がとか各其客觀的



HEADQUARTERS, SHIKOKU MILITARY GOVERNMENT REGION  
 HEADQUARTERS, KAGAWA MILITARY GOVERNMENT TEAM

Takematsu, Shikoku  
 27 May 1949

Greetings and Welcome to Takematsu:

We've looked forward to your arrival. We hope that your visit with us will be a pleasant one. Here is a brief outline of events planned for the week end.

1. Registration: Upon arrival all guests will register at the Information Desk, Region Headquarters. Here your quarters will be assigned and you can find out who of your friends are here and how you may contact them. Any problems or questions you have may be settled here. The phone is 4101.

2. Meal Hours: For those not billeted with private families, Region Mess (5th floor) is open during the following hours:

Saturday:	Breakfast	0645-0730
	Dinner	1200-1230
	Supper	1645-1730
Sunday:	Breakfast	0800-0900
	(Dinner and Supper at Tsuda Beach)	
Monday:	Breakfast	0800-0900
	Dinner	1200-1230

3. PX Hours: Saturday Will open at 1300  
 (Snack bar open until 2200)  
 Monday 0900 to 1200  
 (Snack bar open until 2200)

4. Church Services: Sunday: Protestant Services: 0900 at Chapel, on Castle grounds  
 Catholic Services: 0900 at Catholic Chapel (Near Girls High School)

5. Entertainment:

Saturday evening: 1900-2100 Open House in Castle Gardens for all (follow the signs from castle gate.)

Saturday night: 2100-0200 the three clubs holding separate parties. (Bars will close 2400)

Sunday: Picnic at Tsuda Beach, athletics commence at 1100. Buffet lunch and supper from 1230 until closing (Full days program posted at Information Desk and on Bulletin Boards). Transportation scheduled to Tsuda as follows:

<u>The Eagle</u> :	Lv	Takematsu	1024	Ar	Tsuda	1115
	Lv	Tsuda	1600	Ar	Takematsu	1654
<u>The Cicero</u> :	Lv	Kobe Pier	0945	Ar	Tsuda	1115
	Lv	Tsuda	1600	Ar	Kobe Pier	1830
<u>The Patricia</u> :	Lv	Kobe Pier	0945	Ar	Tsuda	1115
	Lv	Tsuda	1630	Ar	Kobe Pier	1800
The LP Boat:	Lv	Kobe Pier	0945	Ar	Tsuda	1130
	Lv	Tsuda	1600	Ar	Kobe Pier	1830

(Parties desiring to take boats to Tsuda sign up at Information Desk prior to 0900 Sunday).

By Automobile: By arrangements with the Motor Pool (Follow the "Red Arrow" to the Sei Ken Hotel, Tsuda).

Sunday evening: Movie at Chapel Theatre, 1930 hours. Social clubs will be open until 2300.



6.  
 症状に依つて容易に認識する事が出来る。

### 看護方法

看護は主として手術、繃帯、大空子油の筋肉及皮下注射の施行と患者の食餌等と補助の事が大部分である。

### 疾患防止の方法

癩患者の大部分は癩療養所で世話せられて居る。唯或期間感染を去いた事が立証せられた時にのみ釈放せられて社会生活に帰る事を許される。伏急の場合輸送を待つて居る1割特別病院で安全に世話せられる。或事情の下では患者は適當な規則に従つて自宅で看護されてよい。個人的な注意が勵行せねばならぬ。体から出る糞等の排泄物は排泄物で汚れた糞等の器具と共に消毒せられねばならぬ。敷布等は乾いたまゝ、特別段で袋に入れて洗濯屋に送らねばならぬ、又家庭では30分間煮沸してから洗濯する。食品の余り物は焼捨てる、食器や手洗器具は使用後消毒する。場合に適應して手を良く洗つて洗はねばならぬ。患者は、多くの者が、活動性の結核患者が開放せられて居ると同じ様に起きてぶらぶらして居る。感染に居ない人は患者の寝具を使つたり患者の室にねたり或は彼等の本等を使つてはならぬ。患者の使つた物一式は患者の死亡した場合或は退院した場合は湯と石鹼で充分に洗ひ清められなければならない。



QUANTITY	NOMENCLATURE	UNIT PRICE
SOUVENIR "B" (Cont'd)		
4	Footlocker Alum.	13.45
2	Lens Telephoto Cannon	32.30
2	Glass Liquier	1.85
1	Cult Pearls	41.25
1	Cult Pearls	69.95
1	Ring Gold w/Stone	3.90
4	Ring Pearl	3.50
2	Set Hors D'Oeuvre	9.10
1	Cocktail Shaker	17.65
5	Vase Cloisonne	7.90
SOUVENIR "C"		
1	Antimony Ash Tray	.50
4	Book Ends Brass	1.15
1	Crystal Figurine	1.25
SOUVENIR "D"		
3	Set Cup & Plate Straw	1.50
1	Dinner Set China 93 pcs	29.90
1	Dinner Set China 93 pcs	49.00
4	Dinner Set Cotton Damask	4.60
SOUVENIR "E"		
27	Silk Brocade	1.75
9	Silk Print	1.45
45	Silk Unspecified (Ponge)	1.50
SOUVENIR "C" (Cont'd)		
1	Crystal Figurine	1.35
3	Crystal Figurine	1.65
18	Record Phonograph	.23



## 公衆衛生

## 第三講

## 「家庭に於ける健康」

環境衛生とはどんなことを云つてゐるのでせうか、それは何故私たちの健康や幸福に重要であらうのでせうか環境とは私たちが生活し働き遊ぶ場所です。よき環境衛生とは清潔な家そして云ふまでもなく個人衛生がよく守られてゐる意味です。赤痢、チブス、コレラ、小児下痢、食あたり、皮膚病、マラリヤ、結核のやうなものでもさへもをいへば不断の生態状態がよくなつたためにおこつてくる病気があります。今申し上げた様な病気は皆「バクテリア」か又は其れに似る細菌が次の三つの道から人間の体中には入つて行くためにおこるのであります。

一、 病菌のついた飲食物を食べるためにはかりはいる  
二、 虫にさされたり又は一寸皮膚をこすつたりしたために皮膚からはいり

三、 汚れた空気を吸ふために口や鼻からはいり  
家庭衛生を全くするには次の両面があります。則ち虫鼠退治、飲食物の注意であります。

虫鼠退治——家庭で私たちが一番気をつけなければならぬ虫は蠅、シラミと蚊であります。その中でも蠅は最も気をつけねばなりません。

(A) 皆さんの町や村にはやる小児下痢の多くは蠅か虫と、あつて居るので、蠅は非常に汚ない習癖を持ってゐます。蠅は便所やごみためから生れ、コヤシ溜の中の人糞を食つて生きてゐるので、その其処から細菌をひろつて、台所や食卓の食物の

家庭に於ける健康 (一)



ところへ運んで来ます

病気を発生させるバクテリアは病人の使った便所から健康な人の食物に容易にうつて行きます。すると其の人はすぐ病気にあります。たか家庭で蠅を退治することは簡単なことです。便所は蠅がは入れないやうお仕組にし、蠅の幼虫が這ひ出ないやうにしておかなくてはなりません。台所の穢物は焼いて埋めるか、さもなければ市の衛生課の者が来て持って行かれるやうにゴミ箱の中に入れておかねばなりません。庭に積んだまゝにしておいてはなりません

(B) 昭和廿年と廿一年日本に腸チブス患者が三万人も出たのはシラミが原因でした。過去二ヶ年間は腸チブスは殆んど流行しなかつたので、何時傳染病が流行して来るか分かりません。身体を清潔にし頻繁に入浴し下着を數日毎に換へまた不断と異つた熱があるときには一医者に見て貰ふなり保健所に知らせるなどすれば腸チブスは簡単に撲滅することが出来ます。今日では石けんは自由に手に入りませんが、シラミは寒さで死にますから、戸外に着物をかけておけばシラミは容易に退治出来ます。

(C) 日本のある地方では蚊はマラリヤの原因となつて来ます。昭和廿三年の夏蚊のために眠病が流行してそのため二千五百人が死したのです。蚊はこんな病気のよと、なるだけでなく私たちに不快な感じをおたへる虫であります。蚊は私たちの家の周囲にある溜水をなくし、こへすれば簡単に駆除出来ます。空缶、穴のあいた石竹の筒や一すくた水溜り等が蚊の生れる原因となりますが、これは主婦の手ですぐ取りのけることが出来ます。各家庭で誰か、週に數回間費せば町や村から蚊の恐怖を取り除くことが出来るのです。



(D) 日本人はネズミに対する一人よがりな態度を自うなく  
 せる様にしなければなりません、ネズミが種々お澤山の  
 病気の元と、あるからです又シラミや他の虫を運ん  
 できて人間に悪い病気をうつけるのです、鼠退治  
 とは大掃除をして鼠が食べる物や鼠の住む場所を  
 かきとてしまふことです

### 水と食物

水と食物とは生命にとって大切なもの

であります、然し其の出所と取扱方が衛生的でなければ  
 らあなたらの健康をおびやかすものにあるのです

例へば日本に於ける最も普通の水の源である、簡單  
 か浅い井戸を例に挙げてみませう、最近のけんさ  
 によるとこの井戸の五割乃至七割は人間が使用するに  
 は危険なものであると云ふことが分る、また学校も  
 役所もその例にこれません、これ等の殆どが危険  
 なものであります、最も安心して飲める水は市設の上  
 水道の水であります、若し井戸を使用する必要がある  
 場合は便所から出来るだけ遠く離れた所に掘って汚  
 物が流れ込まない様にしておくべきです。

皆さんの地方の保健所では井戸の衛生について御相談に応  
 じます。

### 皆さんの家庭と保健所

保健婦は保健所でも皆さんの家庭でもの仕事をする  
 するので、どちらの場合でもよいから保健婦さんに  
 をむかへて質問下さい。保健婦の仕事は皆さんの  
 御手傳をすることです、皆さんが家庭や社会の一員  
 として丈夫な人となるために保健所で行っている目に見  
 えぬ、仕事について保健婦はよくしつています、  
 あなたが知つて、いることで保健所の衛生技師、獣医  
 營養士等に報告したいことがあれば保健婦がとりつい  
 てくれます、その人々は地域の保健状態をよくする為、毎  
 日つとめて、いるのですから。



保健婦さんは皆さんの家に来てくれます。皆さんの方の毎日の  
簡單が生活改善法を示してくれます。例へば食物の清  
潔、蠅やシラミの駆除、食料品を買ふ時の判別の仕方  
等、高理由も御聞き下さい。保健婦の仕事は保健所  
で皆さんのために何をしても下さるかを説明すること  
であります。

家庭に於ける健康 (四)



## FILM ANALYSIS

ON

WINGED SCOURGE (Public Health) (CIE #08)

蚊のばえやまゝ神Showing Time: 15 minutesSynopsis:

This picture shows how a mosquito carrying malaria germs will transmit the disease from one person to another, bringing death. It shows how the mosquito travels and how it breeds. Next it shows how to prevent mosquitoes from breeding, such as destroying pools, empty cans, spreading oil over water, cutting reeds and grass from pools and lakes, using insect spray, etc., and urging people to take all possible precautions against this dreadful disease-carrying insect.

THEMES:

Mosquitoes cause malaria

Stagnant water breeds mosquitoes.

Destroy pools to stop malaria.

Questions for Discussion;

1. What is malaria?
2. What kind of mosquito carries malaria?
3. What other diseases are caused by mosquitoes?
4. Why is it necessary to:

Spread oil on the water?

Cut reeds and grasses?

Empty cans?

5. Is malaria a problem in this Ken?
6. What preventive measures are you taking?
7. What diseases do flies carry?
8. How can we exterminate flies?



## 映画の解説

C I E 人 はねのはえたやまひ神(公衆衛生)

時間 一五分

Winged Scourge

あらまし——この映画を見るとマラリアのバイ菌をもつた蚊が人から人へと恐ろしい病気をうつしてゆくやうすやまたどういふ風に蚊かきどび廻りやだつてゆくかどまよくわかります。

次にどうして蚊が生れやだつのを防いだらよいかごわかります。水をたまりや空罐をなくし、水の上に油を撒き、水たまりや池の葦や草を刈り、虫を殺す薬をまき、又人々に、恐ろしい病気のもとになる虫を防ぐためにあらゆる方法をとりつていこうことです。

## 要旨

蚊はマラリアのもとになります。  
たまり水から蚊が生れます。

マラリアを防ぐために水たまりをなくしませう。

## 討議のための問題

1. マラリアはどんなものですか。
2. どんな蚊がマラリアをうつしますか。
3. 蚊はマラリア以外のどんな病気をうつしますか。
4. なぜ次のことをしなくてはなりませんか。
  - (1) 水の上に油をまくこと
  - (2) 葦や草を刈ること
  - (3) 空罐に水をためて置かないこと。
5. あなたの県ではマラリアが問題になつておますか。
6. マラリアの<sup>予防</sup>法としてどんなことをして居ますか。
7. はねばどんな病気をうつしますか。
8. どうしてはねをなくしたらよいでせうか。



## FILM ANALYSIS

on

THE PALE HORSEMAN (CIE #47) (Public Health)蒼白き騎士Showing Time: 20 minutesSynopsis:

World War II finally came to an end, but left in its wake destruction and starvation all over the world. On the heels of this, epidemics such as cholera, typhus and dysentery followed. People who were weak from malnutrition and fatigue were easy victims to these dread diseases, and the death toll rose alarmingly. UNRRA AND LARA set up a committee in Washington to study and prevent these pestilences, and teams were sent to or organized in all countries to purify water, give vaccines, and spread DDT. Besides these and many other preventive measures, hospitals were started in war-torn countries and nurses recalled from their hideouts. Repatriates were especially carefully checked and treated to prevent diseases from spreading.

There are many other organizations now that are cooperating in this movement to wipe out plagues and assist the needy. Health is a world-wide problem.

THEMES: The war brought destruction and starvation all over the world. Epidemics spread and caused many deaths. International relief organizations checked the diseases and took preventive measures. Everyone must cooperate to eliminate epidemics.

Questions for Discussions:

1. What caused these epidemics after the war?
2. Why are epidemics dreaded so much?
3. Why were the people easy victims to the epidemic?
4. What diseases are caused by contaminated water?
5. What diseases do we have in our community? How can we prevent them?
6. What is the job of a health clinic?
7. Are you disinfecting toilets, garbage cans, and sewers?
8. What is the condition of the water in our village?
9. What preventive measures are being taken by the government against communicable diseases?
10. Are the young people aware of the dangers of VD?
11. Are VD patients being adequately treated?
12. What can we do to help the needy and ill?



## 映画の解説

C I E 四七 蒼白き、騎士

Pale Horseman

時間 廿分

あらまし——オニ次世界大戦の砲火は消えましたか。世界至る所土地は荒れはて、人は飢えておます。そこへコレラ・チブス、赤痢といふやうな傳染病かはやり出しました。栄養失調と疲労とで体が弱り切つた人々はこのやうな恐しい病気にすぐかゝつて多くの人が死んでゆきます。アンラとララはワレントンに委員会を作つてこのやうな流行病をしらべ防ぐ仕事にとりかゝりました。衛生班を國々に送つて水を消毒し、ワクチン注射を行つたり、DDTをまいたり又國々の中に衛生班を組織しました。この他予防法を行ひ、病院をひらき、看護婦を斡員しました。引揚者の身体検査を嚴重にして治療を施し、その他にも種々の団体がこの運動に協力して傳染病をなくし、困つた人を救はうとしておます。今保健といふことは世界の問題です。

## 要点——

戦争は世界中に破壊と飢えをもたらしました。傳染病かはやつてそのため多くの人が死にました。救済団体か病気のひろがるのを止め、予防法を行ひました。

傳染病をなくすため、誰も彼も力をあはせませう。

## 討議のための問題——

1. 戦后傳染病が起つた原因は何ですか。
2. なぜ傳染病はそんなに恐しいのですか。

(1)



3. なぜ人々は直に傳染病にかつたのでせうか。
4. 汚い水かもとでどんな病気が起りましたか。
5. ある村ではどんな病気が多いですか。
6. 保健所の役目は何ですか。
7. 便所、ゴミ箱、下水を消毒して居られますか。
8. 村の水質はどうですか。
9. 役所は傳染病を防ぐためにどんなことをしておましますか。
10. 若い人達は性病の危険なことを知って居ますか。
11. 性病にかつてゐる人は十分手当を受けておましますか。
12. 貧乏で病気にまつてゐる人をどうして助けますか。



## FILM ANALYSIS

HOME CARE OF T.B. (CIE #86 ) # 63結核の家庭養生法Showing Time: 15 MinutesSynopsis:

For treatment of T.B. there are many new methods, new-type hospitals and sanatoria with modern equipment, and skilled doctors and nurses in America. Doctors and nurses cooperate in helping the patient toward recovery. First the doctor examines the patient and plans his treatment, then it is the nurse's responsibility to carry out his instructions and teach the patient and family how to cooperate.

In many homes where hospitalization cannot be afforded, the doctor examines the patient and calls the public health nurse. The nurse visits the family and gives instructions to the patient and family. The patient's state of mind is important. He should know that T.B. is not anything to be ashamed of or to be feared. He should realize that it is a contagious disease just like pneumonia or whooping cough. If the patient understands his illness well and cooperates with the doctor and nurse, he will protect his family from contracting the disease and at the same time promote his quick recovery. He must be in a separate room. The patient's utensils and clothes should be kept separate from the others'. The nurse shows the wife how to disinfect the utensils, how to keep the patient clean, and leaves pamphlets on the care and prevention of T.B. She repeats her visits regularly and gives them instructions on how the patient should be given periods of complete quiet, and the importance of nutritious food served in an appetizing way. The nurse also keeps the doctor informed as to the progress of the patient's recovery.

The public health nurse keeps coming until the patient has recovered and when that time comes, she helps to get new job for him or talks to his former employers and arranges for him to have regular checkups.

Theme:

Close cooperation between doctors and nurses is necessary for recovery of T.B. T.B. does not indicate any inherited taint in the family, but can be caught just like a cold or pneumonia.

T.B. can be taken care of at home.

Public health nurses take care of patients who cannot afford hospitalization.

For treatment of T.B. isolation, cleanliness, rest and good food are necessary. But most important is complete and quiet rest, rest, rest.

Questions

1. Why does T.B. have to be treated with such care?
2. Why is the patient's state of mind important for his recovery?
3. How can you explain it to a patient so that he will understand and cooperate?



4. why is it foolish to hide a case of T.B. in the family?
5. Do people in our community know the causes and care of T. B?
6. what is the most important means of curing T.B? (Rest)  
Do BCG inoculation help?
7. what other medicines or treatments are used in this village or town?  
Are they effective?
8. Do they know what to do when the doctor tells them they have T.B?
9. Do you think that the public health nurse in Japan has the same ability and skill and kindness? Could she have?
10. what do you think of the public health nurse in the picture?
11. what is our public health nurse doing for us?
12. Do you have any friends or relatives who have T.B?
13. Are they receiving adequate treatment? Do you think they can learn something from this picture?
14. Is our daily food rich in food values? what do we have to do to prevent T.B?
15. what do you think of a community mess in order to get a wider variety of food with high calories at a cheaper price?
16. Sunshine will kill T.B. germs. Are you getting enough sun in your house?
17. how can you get more sun in your home?
18. how can we get a trained public health nurse?



## Lesson Outlines in

PUBLIC HEALTH

(3 lessons).

LESSON I - Community HealthA. Major Presentation (20 minutes)

1. Lecture: "The Health Center" (See attached Lecture I, Public Health)

B. Illustrations (20 minutes) Choose one or more of the following:

- ✓ 1. Chart: Organization of Health Department showing levels of administration, with verbal description of each including the 12 functions or activities of the health center.
2. Bulletin Board or large chart containing posters that have been furnished by the prefecture in the past year, calling attention to the fact that these posters represent efforts and functions of the health-center programs.
3. Film - Modern Medicine (CIE-34)
4. Film - Diary of a Public Health Nurse (Made by Western Japan Film Co., (Nishi Nippon Eiga Sha), No.13, Oiichi, Yamaguchi city, Yamaguchi Ken, purchase price of 16 mm print of film, ¥ 25,000.)

C. Questions for Discussion Period (20 minutes)

1. Questions on film used. (See attached film analysis sheet on film -CIE-34)
2. Questions on the lecture.
  - (a) How does each individual avail himself of the facilities of this program?
  - (b) Where is the health center serving the district in which the lecture is being held? What does it do for the people?
  - (c) How does the health center system apply the principles of democracy?

LESSON II - Public Health ProblemA. Major Presentation (20 minutes)

1. Lecture: "Disease, the Thief of Health" (See attached Lecture II, Public Health).

B. Illustrations: (20 minutes)

1. Film - V. D. Control  
 Either (a) - Hana Aru Dokuso, or (b) Flesh and the Devil, if available through private or commercial channels.
- ✓ 2. Film - Home Care of Tuberculosis, (CIE-86), excellent film for coordination with lecture.
- ↘ 3. Graph or chart:- Shows incidence of major epidemic diseases for the past 4 years.
- ↘ 4. Film- Lady of Science- 8 copies available at SCAP, Public Health and Welfare Section.



5. Health pamphlets, "This is the TB germ" and "Diagram of TB" (both in Japanese) may be reproduced locally and handed out. Copies in Japanese attached, following Lecture II, Public Health.
3. Questions for Discussion Period

1. Questions on films used (See attached sheet on film analysis)
2. Questions on the lecture.
  - (a) Why must the government take the responsibility for your health?
  - (b) What has the government done in the past to help prevent disease?
  - (c) What is your responsibility as an individual in the overall program for public health?

### LESSON III - Personal Health and Hygiene

#### A. Major Presentation (30 minutes)

1. Lecture: "Health in the Home" (See attached Lecture III, Public Health,.)

#### B. Illustrations (20 minutes)

1. Film - Winged Scourge (CIL-8). This film is available to most teams but is only applicable in certain prefectures where malaria is endemic.
2. Film - The Fly, British training film on sanitation is good but in English. Available in limited number of prints through tactical film libraries.
3. Film - Recent Japanese film on sanitation, no other information available.
- ✓ 4. Posters: A great number of personal health and hygiene posters are available in all prefectures.
5. Diagrams of various insects to aid in lecture.

#### C. Questions for Discussion Period (20 minutes)

1. Questions on films used (See attached film analysis).
2. Questions on lecture.
  - (a) Do you feel the Eisei Kumiai was a satisfactory health organization? What has it done for you and your homes?
  - (b) Do you consider that individual efforts at insect control around the home are worthwhile even though you have had no malaria or Japanese encephalitis in your community?
  - (c) Does your village need a municipal water system? Do you know how to finance one?
  - (d) What are the health hazards in our homes? What should we do about them?
  - (e) What do you know about your public health nurse and the service she can give you?



## LECTURE I - PUBLIC HEALTH

## "The Health Center"

It would be interesting to find out just how many of you people listening to this little talk tonight know actually what a health center is? How many know what a health center is? (Answer) Where is the nearest health center? (Answer) What is it for? What does it do? (Answer) And most of all what can the health center do for each and every one of you?

The purpose of our meeting here tonight is to acquaint you with the modern facilities that are furnished for the protection of your health; to keep you well so that you will be happy and be able to take an active part in your day's work, whatever it might be. You all know that on days when you have such a simple thing as a cold or a cough - that your body does not work willingly, and consequently the thing that you are doing suffers also. On the farm when you are sick you don't feel as if you want to go out and work all day in the rice field. And the storekeeper closes his shop early because he doesn't feel well. Really the shopkeeper shouldn't open his shop at all for he might make other people sick by contact with his customers. And the schoolchild shouldn't go to school as he will infect his classmates. These are everyday examples but they serve to illustrate how far-reaching are the effects of ill-health.

And now to speak again about the health center. Many of you have the misconception that your health center is a place to go only when you are really sick, or that it is a clinic where people go when they can't pay the bills of a private doctor. Well, that's partially true, but these aspects are only a minor part of their function.

Your government has spent much money and time planning your health center. The main purpose of your center is to have at hand all the information and facilities to prevent disease. Its activities are not limited only to fighting disease epidemics in your town, but it is functioning to prevent disease epidemics from happening. It is the connecting link to all the new things that your government knows and is developing with regard to preventing disease. Your health center knows the location of all the people who have diphtheria, for instance, so that preventive measures can be taken to keep the disease from spreading to more people.

Your health center keeps in touch with the prefectural and national health departments and is in reality the hands and arms of our nationwide public health program. You may think that some of the inoculations that are given by the center are not necessary. But they represent the well-thought-out plans of the most intelligent and best-trained doctors in Japan to help your bodies fight off disease. Japan has always had brilliant men in medical fields, but there was no way of spreading the fruits of their labor until recently. Your health center serves to apply their information to the people for whom it is intended.

But the thing that has been lacking to complete our fight against disease is this: the people do not realize what the health center is and what it can do for you!

Let me cite an example. A father is sick with tuberculosis. He has 5 children, all of school age and intelligent. His work is the only source of income, their only means of support. But he is too sick to work. He begins to lose weight. He coughs, he has a fever. But he can't continue working, either. He may be too poor to pay for the services of a private doctor. What can he do?

The health center can help him. The doctor there will give the father a complete physical examination. He will make an x-ray examination of his chest. He will advise him according to the most modern medical knowledge. Perhaps the doctor will suggest treatment in a sanatorium. But will that cause the family to stop eating? No! The medical social service worker in the health center will listen to the family's problems and work out a plan to take care of the family while the father is in the hospital. Or if the father is to stay



in bed at home, the nutritionist will help the family plan appetizing and tasty meals that will help the father recover.

This is only one example of how your health center can help you. But it is not the only way. There are many other services offered. There is a complete organization within the health center to diagnose and treat any kind of venereal disease. You will find that the people in the center are understanding and your problems will be held in strictest confidence while you are undergoing treatment supervised by the doctor in charge. You will receive information as to how to prevent spreading your disease to others.

There is a clinic for expectant mothers where helpful information is available- how to keep healthy during your pregnancy- how to have a healthy baby and how to keep him that way.

There is a laboratory in the health center which keeps check on the milk and food that you eat to protect you against disease that these products carry. Milk may harbor the germs of sickness and you will not know it. The laboratory is equipped to detect these germs and thus prevent you from being sick.

I have tried to indicate to you what services the health center can provide but that's not the whole story. In order for the program of health to be effective, it needs your cooperation--without it, it will fail. But together you and the health center can be the only effective means of preventing disease, thereby making your entire life, and that of others in this community healthy and happy.



## LECTURE II - Public Health

## "Disease, The Thief of Health"

In our last talk, we discussed the importance and functions of the health center. You should know your health center, where it is and what it does. Now why is the health center so important? Why does the government spend so much of its money on health? For years now, your parents have gotten along without them. Why start worrying about health now?

In the past no accurate record was kept of the incidence of disease in Japan and in the few cases in which it was kept, the results never got any farther than the office file of some high officials in Tokyo. Hardly anything was ever done about it, let alone make the information available to the people as a whole. A democratic nation has the responsibility to compile necessary statistics on health problems and use them in informing the people for their protection. Statistics and numbers on diseases are useless unless they are made the basis for fighting the diseases with knowledge and all the weapons science has for preventing diseases as well as curing them. Only now since the institution of the health center are we beginning to know the true picture of the disease and health situation as it really exists in Japan.

One of the most prevalent communicable illnesses in Japan is venereal disease. In 1947 alone, there were 147,000 cases of syphilis reported for all Japan. And how many more cases occurred that were not reported? Even in this last year (1948) 181,000 cases were reported in the first 22 weeks of the year. These figures would seem to indicate an increase in number of cases over 1947, but the probable explanation lies in the fact more cases are being discovered through the health centers. Syphilis probably kills more people than any other contagious disease. However, the people in general do not realize that syphilis is not just the sore that appears after sexual contact with an infected person, but also the more important and often fatal stages that appear years later. These later stages can cause insanity, heart disease, blindness and death. The thing that is most important then is to detect syphilis early and get adequate treatment. Your health center is the answer to this problem, for there are trained doctors and facilities for accurate, scientific diagnosis and a friendly helpful attitude that is so necessary in treating this disease.

Smallpox, too, was rampant in Japan. This disease is spread by mere contact with another person who has the disease. Many years ago this disease killed hundreds of people or scarred them for life. Today, with the passage of a national law requiring preventive vaccination against this disease, the number of cases has fallen greatly. In 1946 a serious outbreak occurred, but since that time the disease has been well under control. Vaccination is a sure prevention against smallpox, and ample vaccine has been produced so that every Japanese may be made immune to this scourge of mankind. Again your health center takes an active part in the administration of this program by carrying on the actual vaccination and quarantine of the cases if they occur. Therefore, only by your cooperation with the program of the health center can smallpox be effectively stamped out.

Of all communicable diseases prevalent in Japan, probably the most damaging and costly is tuberculosis. Not only is this true from the standpoint of number of cases but of economic loss through lost working hours and the cost of care carried by the national government. During 1947, more than 210,000 persons were newly discovered as suffering from tuberculosis alone! Add to this the undiscovered cases and those discovered but not reported and we have an unbelievably huge figure. Compared to other countries, the Japanese people have one of the highest tuberculosis rates in the world. Perhaps



this high rate can be attributed to crowded living conditions, where many members of the family sleep in the same small room, the close contact of the people giving easy access for the spread of this disease.

Tuberculosis is a chronic disease. By this we mean it causes sickness for a long period of time. Thus it becomes an economic problem as well as a health menace. In the past, Japanese physicians have hesitated to make the diagnosis of tuberculosis because of the stigma this disease would put on a person's life. Because it was considered incurable, hardly ever, if at all, was a young unmarried girl told the true nature of her disease, that it was tuberculosis, for it would ruin her chances of marrying!

You may ask, what then can we do to prevent the spread of this dread disease? The answer is again early detection and treatment and again the facilities are at hand in your health center. Tuberculosis cannot be detected by outside appearances. The only sure way is by a physician's examination. Therefore, a program for mass examination has been formulated by your government in which every person in the younger age groups is given a tuberculin test and a chest X-ray. In this way unsuspected numbers of people are discovered as having tuberculosis. You will be surprised when I tell you that this is in reality a happy situation. In most of these cases the disease can be detected early enough so that the person can be cured. But our attack depends entirely on early detection. Again it is only with your cooperation that any effective means of fighting tuberculosis can be carried on.

Some of you may have seen at some time or other, a nurse in a blue uniform carrying a small leather bag entering a house. Let me introduce her to you. This little lady is the public health nurse who carries the health campaign right down into your home, spreading information and actually caring for sick people in their own homes. Many times a person may have tuberculosis not severe enough to require hospitalization, but requires constant rest in bed. This is where our public health nurse steps into the picture as an all important factor in the cure of tuberculosis. In the little black bag the nurse carries the few simple but essential instruments needed to care for the patient at home. She advises the housewife of the best way to cook food so that the patient will not lose his appetite. She also keeps the doctor at the health center advised as to the condition of the patient. She points out ways in which to prevent spreading the patient's disease to other members of the household.

Regardless of the severity of the disease, a tuberculous patient can always find help through his health center. As a result of this program in years to come, every case of tuberculosis should be detected and effective measures instituted to prevent the spread of this scourge of the people.



## FILM ANALYSIS

on

MODERN MEDICINE (CIE #34)最近の医学Showing Time: - 15 minutesSynopsis

The doctor plays an important role in the life of every citizen in the community. In America, in order to become a doctor, one must receive schooling in one of the medical colleges. Upon graduation, he receives practical training in a hospital during which he is called an "intern." Only after he has completed this period of training is he prepared to manage the care of the sick.

In this picture, Dr. Gibson's experience after graduation is shown. You can see his pride and happiness on being paid by his first patient. Soon after, words, he receives a midnight call from a family, and visits them to find that the patient has acute appendicitis. Dr. Gibson takes the responsibility of operating on the patient immediately. This is the first big test of his skill. The patient recovers his health and Dr. Gibson gains confidence in himself as a doctor.

Another problem in medical science that remains to be solved is that of medical care to the poor who cannot afford to pay doctor bills. There are many doctors in the United States who give free medical care to the poor. Some of them work in hospitals where hundreds of the poor come daily. These doctors are giving their time to the cause of humanity.

In recent years, the American government has called the public's attention to the importance of giving medical care to all classes of people at the lowest possible cost. As a result, a system called "Cooperative Medicine" (a cooperative organized for obtaining medical care) has been started throughout the country. By joining this cooperative, a family pays only 2 to 3 dollars a month and yet receives full medical care when necessary.

Many popular books on medicine have been published in America to teach the people the value of a good public health program. Doctors from the major universities and hospitals are cooperating.

Only through a thorough understanding of medical science can the people fully cooperate with this program.



Theme: Doctors need careful training.  
Doctors are also giving their time to free medical care of the poor.  
People can benefit greatly by joining medical cooperatives.

Questions:

1. Why do doctors have to have a period of training after graduating from medical colleges?
2. What are the qualifications for a good doctor?
3. What should poor people who cannot afford medical care do when they get sick?
4. What is "Cooperative Medicine"? Do you think that such a cooperative would work in our village or town?
5. What is the point in paying for "Health Insurance"?
6. If there is no doctor in the community is there any way we can get medical care?
7. Do you know what insulin, penicillin, and hormones are?
8. What are Japanese doctors contributing to the health of the poor and needy?
9. Could we ask a local doctor to give us talks on medical science and preventive medicine?



## 映画の解説

CIE 34 『明日の医学』

("MODERN MEDICINE")

〔公衆衛生〕

所要時間——十五分

あらまし——お医者さんは私たちの生活になくてならぬものです。アメリカではお医者さんになるにはどこかの医科大学で勉強し、卒業後、病院で実習せねばなりません。これをインターンといいますが、この実習を了してはじめて病人を受持つことができるようになります。この映画では医師ギヴソンの学校卒業後はたうまぶりが見られます。はじめて患者の手当をしてお礼をもらつたとき、どんなに得意だつたか、よくわかります。真夜中にギヴソン先生は病人の家から呼ばれて行つて見ると急性の盲腸炎でした。ギヴソン先生はすぐ病人を手術することに決めました。これはギヴソン先生にとって最初腕のめしでした。患者はよくなりギヴソン先生は自信がつかってきました。いまひとつ考へねばならぬのは医者としてのめい人々の医療の問題です。アメリカでは貧しい人々をたゞみておけるお医者さんがたくさんあります。何百人もの貧しい患者がやつてくる病院が無料奉仕する人もあります。このよるお医者さんには貧乏な人々を救わねばならないという思いやりから自分たちの時間をさいてこれらの人々をみてあげています。できるだけ少いお金ですべての階級の人々を診察してやることが必要です。このことにおもひあたアメリカでは医療協同組合が方々にできました。この組合にはいろいろと一世帯が月にわずか二ドルか三ドル出せば病気になつたとき十分の手当を受けられることができます。またアメリカでは公衆衛生がどんなに大切なものであるかを知らせるために沢山の本が出ています。おぼたつた大学や病院のお医者さんがこの仕事をてつたっています。一般の人たちには医学にたいする理解ができたなら公衆衛生の問題をとりあげないといふれなくなるのです。

大切な点——

「医者になるには十分な教育が必要です。また、医者には自分の時間をさして無料で貧乏な人達を見てあげておます。」

(1)



医療組合に入ると大変利益があります。

### 討議のための問題

- 一、なぜお医者さんは医科大学を出てから一定の期間  
 真地の勉強をしなければいけないのでせうか。
- 二、どういふ入をよのお医者さんと云えますか。
- 三、医療費の出せ方の人は病気の時どうしなければ  
 なりませんか。
- 四、「医療協同組合」とは何ですか。このやうな組合が利達  
 町や村で成立つてせうか。
- 五、「健康保険」は一体何のため、はいるのですか。
- 六、町や村に一人お医者さんが居られると、其れで比喩な  
 手当てを受けられるでせうか。
- 七、インシュリン、ヘニシリン、ホルモンはどんなも  
 ちか知っていますか。
- 八、日本のお医者さんは貧乏な人達の健康を守るために  
 何かしておますか。
- 九、地方のお医者さんに医学や予防医学について我々に  
 話してもらふことが出来るでせうか。

明日の「医学」に



PUBLIC HEALTH  
LECTURE III

PERSONAL HEALTH AND HYGIENE

**General:** What is meant by environmental sanitation? Why is it important to our health and welfare? Our environment is the place in which we live, where we work and where we play. Good environmental sanitation means a clean home and, of course, good personal hygiene. Diseases such as dysentery, typhoid fever, cholera, infant diarrhea, food poisoning, impetigo and similar skin disorders, malaria, and even tuberculosis are all due primarily to a lack of good living habits. All of these diseases are caused by bacteria or similar microscopic organisms that find their way into the human body in three ways; (1) through the mouth by the consumption of contaminated foods and beverages, (2) through the skin from insect bites or through minor skin abrasions, and (3) through the nose and mouth by inhaling polluted air. In trying to establish rules for home sanitation we might divide the various environmental factors into two major categories: insect and rodent control and food and drink.

**Insect and Rodent Control:** The most important insects we have to deal with in the home are the fly, the louse, and the mosquito.

a. The fly is probably the most important of these being responsible for a great deal of the diarrhea that occurs in the community. The fly has very filthy habits. It breeds in our benjos and in piles of garbage; it feeds on human wastes in our nightsoil storage tanks, and then carries the germs it picks up there to the foods we eat, in our kitchen and on our tables. Disease producing bacteria are very easily carried from the benjo used by a diseased person to the food of the well individual. He promptly becomes sick. The control of the fly in the home is quite simple. Latrines should be constructed so that flies cannot enter there and so that the fly larvae can't crawl out. Kitchen waste should be burned, buried, or placed in a box for removal by your city cleaning section. It should not be permitted to pile up in your yards.

b. The louse was responsible for over 30,000 cases of typhus in Japan in 1945-46. Although very little typhus has occurred in the past two years the threat of another epidemic is always with us. Typhus is controlled simply by personal cleanliness, by bathing frequently, by changing ones' underwear every few days, and by reporting any unusual fevers to your doctor or Health Center. Even though the soap supply may be limited, clothing may be freed of lice by hanging it out-of-doors over night since cold will kill lice quite easily.

c. In some areas of Japan the mosquito is the cause of considerable malaria and in the summer of 1948 it carried Japanese B encephalitis to 2,500 causing their death. In addition to these diseases the mosquito is an unpleasant pest and causes us considerable discomfort. Most mosquitoes may be destroyed by simply eliminating the standing pools of water around the house in which they breed. Tin cans, stone bowls, bamboo ends, and small puddles are responsible for most mosquitoes and can be very easily removed by the house wife. Just a few minutes work a week by a member of each house-hold will almost entirely rid a community of the mosquito menace.

The Japanese must rid themselves of their complacent attitude toward rats for they constitute a source of much disease. They carry lice and other insects on them which in turn transmit disease to human beings. Rodent eradication is also merely another aspect of home cleanliness, of eliminating the food the rodent must eat and the places in which they live.

**Water and Food:** Water and food are essential to life but unless they come from a healthful source and are properly handled they can be a real threat to your health. Take for example the most common source of water in Japan, the simple shallow well. Recent tests have proven that 50 to 70% of these wells give water that is unsafe for human consumption. Schools and city offices are not exceptions, a high percentage of these, also being unsafe. The safest water is that



provided by your city government. If it is necessary to use a well, care should be taken to see that it is properly located as far as possible from the house and constructed so as to exclude contamination. The Health Center in your community has personnel willing to advise you on proper well sanitation.

**Your Health Center**

The public health nurse serves you both in your Health Center and in your home. She comes here at each place and ask her questions. Her job is to help you. She knows all the unseen work done in the Health Center to make you a healthier member of your family and of your community. She can tell you what to report to the sanitarian, the veterinarian, the nutritionist, and all those Health Center people who are working daily to improve the health in your community. The public health nurse will visit you in your home. She will suggest simple measures to improve your daily living - how to keep your food clean, how to rid your home of insects and lice, how to inspect your food before you buy it - ask her why. It is her job to know and explain clearly what services are offered by your health center to you as a member of your community.

...the nurse will visit you in your home. She will suggest simple measures to improve your daily living - how to keep your food clean, how to rid your home of insects and lice, how to inspect your food before you buy it - ask her why. It is her job to know and explain clearly what services are offered by your health center to you as a member of your community.

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**HEALTH CENTER AND NURSE**

ENCLOSURE III  
PUBLIC HEALTH



(ハ) 全面的な公衆衛生の計画方針に対して個人としてどんな責任がありますか

第三時限

個人の健康と衛生

A 重兵の提示 (三十分)

一、講義 家庭に於ける健康 (添付の公衆衛生講話を参照)

B 参考資料説明 (二十分)

一、映画 飛びまはる疫病神 この映画は大概の軍政府で入手出来るがマラリアが流行して居る縣にのみ適してゐる

二、映画 蠅 衛生に関する英國の教育映画であるが英語版で映画図書館にて一定の数量に限り入手出来る

三、映画 衛生に関する最近の日本映画 (特に指

示すものあり)

四、ポスター 個人衛生についてのポスターは各府縣で数多く入手出来る

講義の時間用いる種々なる昆虫の圖表

① 討議にともなふ問題

一、上演されたフィルムに関する問題

二、講義内容に関する問題

(イ) 衛生組合は衛生のための団体として満足するに

(ハ) 衛生 (三)



事をしたと思ひますか、皆さん方のために又家庭のためにそれは何をしましたか

(ロ) たとえ皆さんの村に嗜眠性脳炎も流行してゐないとしても各個人が家の内外の蚊を退治することほしかいのあること、思ひますか

(ハ) 皆さんの村には上水道をしいて貰ひ度いですが上水道をしくお金はどこから出しますか

(ニ) 家の中で病氣にかゝる原因となるのは何々ですか  
どうしたらそんな原因をとり除くことが出来ますか

(ホ) 保健婦について、又どんなことをして貰へるかについて知つてゐますか

(公衛四)



HEADQUARTERS I CORPS  
APO 301 (Kyoto, Honshu)

28, December 1948

AG OO.8 - RA

SUBJECT: I Corps Plan for the Organization of Adult  
Education Course

TO : See Distribution

1. Purposes and Description of Adult Education Course

a. In order to educate the masses of people in democracy so that they will understand their rights and responsibilities as citizens of the new Japan, and so that they will become a force for democracy, this headquarters has prepared for widespread use in every prefecture of I Corps plans and outlines for a course of study on the "Principles and Processes of Democracy." The course is designed to be a very simple presentation and discussion of the reasons for democracy, aimed at the little man, the farmer and the fisherman in the towns and villages, not yet reached by schools or conferences.

b. The course is planned to meet two periods a week, each period to extend one to one-and-a-half hours and the total course to cover approximately 20 periods. Each period should be an entity in itself so that people may join the course at any time, and receive the full benefit from those classes which they attend. The scope of the course should include the democratic reforms in each of the six fields of specialty in military government. Legal and Government (6 lessons), Economics and Labor (4 lessons), Public Health (3 lessons), Public Welfare (2 lessons), Civil Education (3 lessons), and Civil Information (1 lesson). Suggested lesson outlines in each field, prepared at I Corps Headquarters, are enclosed as a guide in setting up the course. Prepared lectures and film analyses in English and Japanese are enclosed.

c. The team's responsibility will be to suggest sites throughout the prefecture for the course and to assist in the training of the discussion leaders for it. A strong publicity program should be stimulated by military government to get the largest possible participation of citizens as leaders and participants. It is anticipated that the program will require several hundred courses in different localities in each prefecture and the training of an equal number of discussion leaders.

2. Administration

a. Under the supervision of the newly-elected prefectural School Board, the Social Education Section of the prefectural education department should be responsible for



the planning and administration of the course.

BASIC: Ltr, Hq I Corps, subj. "I Corps Plan for the Organization of Adult Education Course," dated 16 December 1948, cont'd

This will include financial controls, selection of sites and their maintenance, selection and training of speakers and discussion leaders, publicity and information. To assist in the latter it is suggested that the School board set up an advisory "Adult Education Council." Members should be representative men and women in the six specialized fields selected from organizations already interested in this type of adult education such as the following:

- Local Autonomy Dissemination Association
- Citizens' Public Halls
- Civil Liberties Unions
- Parent-Teachers Associations
- Coordinating Councils
- Teachers Unions
- Other Unions

b. This Council should be advisory to the School Board on such matters as application of the outline to local needs, community reaction to it, evaluation of the results, and encouragement of participation by community leaders as discussion leaders.

### 3. Finance

a. The adult education course should make use of Ministry of Education subsidies grante to prefectures for holding Shakai Gakyu, or community classes for adults, and any other community funds for adult education which are available. Ordinarily, it should not tap the regular school budget. Where necessary, supplementary budgets may have to be approved by prefecture or local assemblies. However, costs should be kept to a minimum; volunteer services should be used for all supervision, training, and instruction; and already-established facilities (such as schools, Citizens' Public Halls, etc) should be used as classrooms wherever possible.

### 4. Discussion Leaders

a. Since the success of the whole course depends on the skill of the discussion leaders, the section chiefs in military government, under the chairmanship of the civil education officer, should plan with the Social Education Section a training program for discussion leaders throughout the entire prefecture. It is suggested that as a means of preparing discussion leaders for their job the Social Education Section set up a demonstration course in the capital to which they will be invited for at least one session to observe techniques of conducting the course before they begin their local courses. These leaders should be selected from school teachers at any level, recently trained youth and adult group leaders, (from Mr. Typer's Youth Leadership Course and others), or from other



BASIC: Ltr, Hq I Corps, subj. "I Corps Plan for the Organization of Adult Education Course," dated 16 December 1948, cont'd

interested citizens who are willing to volunteer their services and who know discussion techniques. The discussion leader can then call in to assist him in giving the course local specialists who can serve as consultants to give the major presentations and answer questions. It is hoped that the classes can be held down to 30-50 persons to permit active participation by all. If groups promise to be larger, they might all be subdivided into discussion groups of 30 or so after the major presentation and showing of film.

#### 5. Method of Presentation

a. As per attached suggested lesson outlines, each class should begin with a short, simple presentation of the major problems in a specific field by the discussion leader or specialist-consultant. The consultant should be especially warned to key his presentation roughly to a 14-year old intelligence. This should last from 15 to 20 minutes. When possible it should be followed by a 20-30 minute motion picture, film strip, radio drama, kamishibai, a locally presented skit, or a panel discussion to illustrate the problems under consideration. All resources of the prefectural film library should be placed at the disposal of this program. Open discussions should then follow under a trained discussion leader for 20 to 30 minutes, consisting of challenging questions on both major presentation and the film or skit used to illustrate the subject. The leader should summarize at the end, the major learnings in the field, together with outstanding conclusions reached in the discussion. This discussion period should be made the most important part of the meeting and should be carefully planned to achieve the greatest possible participation and learning, suggested lesson outlines, together with talks to be given in the major presentation, and lists and analyses of films to be used, are enclosed.

#### 6. Timing

a. The course should be started at the earliest practicable date depending on the local situation. Target date, weather permitting, should be about 1 February 1948. Throughout the prefecture there should be staggered beginnings for the course and varied sequences of lessons to make fullest possible use of film or film-strip materials. Careful course planning and preparation of discussion leaders in the early lessons should have been accomplished before the course is allowed to begin.

#### 7. Suggested Sites for Course

a. Every lower secondary school and active citizens' public hall are recommended as appropriate sites for the course. The exact places should be selected by the Social Education Section and the list forwarded to this headquarters by 10 January 1949.



BASIC: Ltr, Hq I Corps, subj: "I Corps Plan for the Organization of Adult Education Course," dated 16 December 1948, cont'd

8. Discussion Techniques

a. Suggest use of panel, forum, town hall, and other discussion techniques at all meetings. See description of panel technique in English and Japanese sent out from this headquarters in CIA&E News Letter, dated 24 June 1948. Recommend that M G bring this to the attention of the Social Education Section as a basis for the training of all discussion leaders.

9. Reports

a. Starting with the February reporting period, teams will include in Annex E of Monthly Activities Report figures on (1) the total number of sites where course is held, (2) total number of sessions held during the month, and (3) total attendance at all sessions (sum of attendants at different meetings) e.g., a class of 20 people meeting 8 times would equal total attendance of 160.

BY COMMAND OF MAJOR GENERAL SWING:

Incls: Introudctory Lecture, with questions, and  
19 lesson outlines, major presentations, and film analyses (all in English and Japanese).  
Info Program Adult Eduo Course

C. C. CARTER  
Colonel, AGD  
Adjutant General



Attached is the plan and outline of the course of study for your particular field of work.

It is requested that

1. the plan and outline be examined closely
2. one lesson be chosen for presentation as a model lesson for the training course
3. under item B in all lessons, the item best suited for use in this prefecture be chosen for use
4. a. if your course includes more than one lesson that item B be varied in each lesson to prevent monotony  
b. material under B be provided for use in the course
5. a Japanese qualified to take part in the training course in your field be trained by you



# 全国清掃美化運動週間

## 市内放送原稿

高知中央保健所

### ◎ 毎日放送の介

皆様——、こゝからは中央保健所宣傳班でございます

今日から（五月十六日から）一週間全国清掃美化運動週間として我々の生活環境の清掃美化と生活向上を旨として全国的に一大運動がくりひろげられて居ります

この目的に添ふ為に先づ我々の<sup>からだ</sup>身体を清潔に保ち健康でありたい事は勿論でございます  
その為には毎日生活してゐる我々の週囲を明るくきれいにする事が最も必要であります  
昔から居る人の心をうつすとか申されて居ります。垢によつた衣服をわけ芥の立ち舞ふ環境に生活してゐたのではいくら健康を期し明るい生活を望んでも無駄であることは言ふ迄もありません。健康で文化的な生活を営むためには先づ私達の家庭の中をきれいに清掃し整備して何人々々の家庭を明るくすると共に市民としての公衆衛生に深い関心を持たなければなりません。特にこれからは蚊や蠅、蚤など家の中の昆虫が増へて参ります。これ等の昆虫は蚊や蚤と共に私達の生活をこの上なく不愉快にするばかりでなくあの恐ろしい傳染病の媒介をなす事は皆様よく御承知の通りでございます。直接にはこれ等の蚊や蚤や昆虫を駆除するのは勿論、間接にはこれ等の発生成長する條件をなく

する様打めなければなりません。皆様の御家庭の週囲や町などに不潔な水溜りはござい

ませんか、不潔な庭や水溜りなどはございませんか、又溝や小川などにゴミや



これ等のむずみや昆虫を駆除するのは勿論、肉接にはこれ等の発生成長する条件をなく

する様力めなければなりません。皆様の御家庭の周囲や町などに不用な水溜りはごい  
ませんが、不潔な塵芥だめなどはごいませんか。又溝や小川などに塵や芥など放込ま  
れてはいないでせうか。道路や公園其他公共の施設は立派に其の使命が果される様条件  
使用されて居るでせうか。どうか皆様、この様な不潔な不合理な箇所は直ぐに補修改善  
して全国的なこの度の清掃美化運動に御協力下さいませ。

そして健康で明るい、よりよき生活を営むは勿論、清潔な土佐、きれいな高知市を作り  
高度の文化國家としての日本を復興しやうではありませんか。



第一日

皆様 ちらは高知中央保健所衛生班でござります

この度全国清掃美化運動が実施されて居りますすが今日は其の第一日の家庭清掃の日でござります 我が国も過去の殻をぬぐい去り

高次の文化国家として輝かしい発足をしるます現在 我達日日の生活の本據で有りますとこの家庭の状況を今一度静かに見直して見なければならぬ事はござりませぬか

健康で明るく能率の高い生活を営む為には清潔で無駄のない家庭の生活環境を作らなければならぬ事は勿論で有ります お部屋のすみや炊事場、お風呂場のさては物置のすみ 掃削の端やお度

等に手のとぎかたの所はござりませぬか 見えられたる居る所はござりませぬか 下せうか

特にこれからは傳染病の媒介をする昆虫類や活発に発生する時期でござります

この際今日の家庭清掃の日を契機と致しまして西家庭の内外を充分に清掃して頂きますと共に昆虫類の発生し易い汚水、下水、芥だり等をまわりのお取除け下さいませ

そして家庭を明朗化し明日の健康な活動にやなへ交いと存じます

尚明日は下水河川清掃の日となっております 本日の備へたは



生し易い汚水、下水、芥だめ等をまじりにお取除り下さいませ

多しご家庭を明朗化し明日の健康な活動にそなへたいと存じます  
尚明日は下水河川清掃の日となりました(ご留意下さい) 本日は倍の協力  
力の程ご願ひ申し上げます



才二日

皆様 ニちらは中央保健所衛生班トジサイマス

昨日に引続きまして全国清掃美化運動才二日 今日け下水、河

川清掃の目トジサイマス

追々暑くなつて参ります。蚊や蠅、蚤などが次第に数を増して参ります。

皆様の西家庭でこころに昆虫の発生場所となり易いお炊

事場のすみやお風呂場の附近に十分お臭り、お水溜り、おどろき

おせへおせうか。下水の承はけはよろしくおせうか。お近所の溝の水は

お如何おせうか

芥がたまつたり、草が茂つたり、おボトトラがわつたりする箇所はツカ

おせへおせうか

かうした臭に十分お臭り下す。蚊などの発生し易い場所に対し

す。おけおぬおりのないお手入を御願ひ致し、おうツカいます。

尚お近所の川などへ塵や芥、或は野菜の切端など投込お水

おけおせへおせうか。下流では此の川の水を多数の人が使つたりする

お水お水の流れを見る程、お女のおを明くるお。おせへおせへ

又ころある事が衛生の第一条件トモツカいます。

皆様の近所の汚水下水、溝、お川など、お下清掃、改善、お備へ







オ三日

皆様 こちらは高知中央保健所衛生班でございます

今日は全国清掃美化運動週同のオ三日 道路、公園清掃の

日としておさうらの徹底と塵や芥を処分する事に協力を頂く事に

なっております(皆様の貴家庭の清掃美化につきましては決り

願いのたしてございすので十分の手入れ下さった事とは存じますが尚一

点ご見直し下さいます

尚掃き集められた塵や芥などはきれいに回収頂きますのでせうか

又溝や川などには絶対に投込まれせん様お願い致します

特に今日は道路公園などをきれいに致しますので皆様もみ家の前の道路

の清掃や撤水に十分お気をつけ下さいます 道路に物を置いたり物を

投げ捨てたりする事は直接交通の妨害になるばかりでなく衛生的の

見地からしても非常に悪い影響のある事は皆様決り承知の通

りでございます

どうぞ道路をきれいに致しより明らかな街に致します様協力下さ

ませ

又公園などにも紙屑や芥など撒き散らしたりする事のございません様に

お庭の公園などには植へられた草や木の類も可愛がり美しく



又公園守にも紙屑や芥など撒き散らしたりする車のゴカイませへ様に  
 松達の公園より植へられてゐる草や木の類も可愛かつて美しく六月  
 ぐわう顔うまと思ひます

道路をよみて教へて明るい街に教へてすは橋の下を



二十四日

皆様 こちらは高知中央保健所衛生班でございます

今日は全国清掃美化運動同日、空地清掃の日といたしまして

おこなわれている塵や芥などの処分にご協力願ふ事になって居ります

皆様方のご家庭の近所の空地に塵や芥の積まわつてある箇所はございませ

んぞさうか、蠅などの発生し易い条件となる。この様な不潔な場所は、この際、出来得

る限り、速取除下さいます

尚皆様方の塵箱には必ず蓋をおつけ下さい

又露天の便所を所持の方も必ず蓋をおつけ下さる様、ご願ひ致します

明日は洗濯の日、洗濯の日といたして居ります

ご家庭も寮も、寮宿舎の方も明日は、衣類類の日光消毒、

衣類の洗濯等に一般のご努力もご願ひ致します

二十五日

皆様 こちらは高知中央保健所衛生班でございます



丙五日

目標

こちらは高知中央保健所衛生班でございす

今日は全国清掃美化運動丙五日

洗濯の日となつて居りす

造家庭に於かれましても寮や、宗宿舎等でも夜具類の日光消毒や、衣服類の洗濯の徹底したは実行を願ひ致しす

清潔な夜具やさっぱりした衣服は個人々々の衛生の第一要件下あるばかり  
下かく明るい家庭生活を営む上にも丙一番に取上げたりおぼたらない車柄柄の  
でございす

殊にこれから傳染病の媒介をする昆虫類の発生する時期に向ひす  
折柄下でございすので一層こころした方面に特には留意下さいます様  
願ひ致しす



## 第六日

皆様こちらは中央保健所衛生班でございます  
 今日には全國清掃美化運動週間第六日公共施設  
 清掃の日として、官衛、学校、劇場、公会堂等を  
 一斉に清掃して頂く事になって居ります

公共の施設は其の目的から考へて一般大衆に  
 及ぼす影響は随分大きいものがありますのでそ  
 れ責任者に於かれましては徹底した清掃をお願い  
 致します  
 吾々日本人は個人の所有物は大切に取扱  
 います。公共の施設に対しましては比較的尊重愛護の  
 觀念が薄いのが欠点とされて居ります。公園、道路、病  
 院、其他役所の建物、劇場、学校などは我々の生  
 活になくてはならない目的を以て作られて居るもので  
 ございます

どうか皆様こうした公共物は不潔にしない様にして頂

ぎますのは勿論すべて大切に取扱ひ立派に施設の目  
 的的使命が果たされます様御協力下さいませ



ぎますのは勿論すべて大切に取扱ひ立派に施設の目  
 的使命が果されまます様御協力下さいませ  
 尚明日は鼠・蠅・蚊・蚤などを一斉に駆除して頂く事に  
 なって居りますので御協力をお願い致します

どうか皆様こうした公共物は不潔にしない様にして頂  
 きます様  
 お願い致します



第七日

皆様こちらは中央保健所衛生班でございます  
 今日には全国清掃美化運動が七日最終の日でございます  
 ます  
 去る十六日から一週間皆様の御熱意と御協  
 力によりまして町々の到る所がきれいに清掃美化  
 されて居りますことに對しまして厚く御礼申上げま  
 す

今日は最終日の行事といたしまして家庭のねずみや  
 昆虫即ち蠅や 蚤・蚊などを駆除して頂く事になって  
 おりますねずみや これ等の昆虫などは私達の日々  
 の生活を直接関係におびやかしております 殊に暑い  
 時期に向ひます折柄これ等の撲滅はゆるがせに出  
 来ない重要な問題でございます  
 この際徹底した駆除に御協力下さいますと共に前日か  
 ら御願ひしてあります様にこれ等の発生する条件を  
 なくして頂きます様御願ひ致します

尚駆除につきましては其の方法や薬剤の使用法等 當  
 保健所の係りの者が地区的に出張しましてその御説



この際御座りました見解に御協力下さいませと共に前日か  
ら御願ひしてあります様にこの水等の発生する条件を  
なくして頂きます様御願ひ致します

尚駆除につきましては其の方法や薬剤の使用法等 當  
保健所の係リカ者が地区的に出張しましてその御説  
明御指導申し上げておりますが何分広範圏に亘りますの  
と係の人員の關係で各御家庭全部に行届きませんか若  
し御不明の点がございましたら直接市役所或は當保健所  
に御南合せ下さいませ薬剤の調達 其の使用方法なども  
十分に御説明申し上げます

皆様今日迄一週この度の運動に御協力下さいました  
ことを重ねて御礼申し上げます

私達生活環境の美化は單に週間行事として取上げ  
られたものではございません この運動により得た体験を  
私達の生活習慣にまで発展させ常に清潔で明朗な  
そして健康な生活を営むことは文化國家の市民として  
欠ぐことの出来ない條件でありますことを御忘れにさ  
りませんやう御願ひ申し上げます



Kochi Nippo May 20, '49  
Translated May 20, '49; by J. Yasuoka

5 (PH)

Local News

Pref Sanitary Dept's Anti-Epidemic Counter-Measures

- Typhoid fever, dysentery, children's summer diarrhoea, etc. rage every year in the summer season. This year all the children of 3 to 6 shall have typhoid fever immunization injections. There are no injections against dysentery and children's summer diarrhoea. So guidance will be conducted as to the attention to edibles, banishment of flies, and such other living-sanitation. Besides, a sanitary culture show will be held at the Central Health Center to make the prefectural people epidemic-minded.
- Last year there were 25 Japanese Bencepheaditis cases out of which there were 10 deaths. This year an intensified anti-epidemic network has been spread by forming special health teams. This disease will prevail from July to September, taken all around.
- The small pox now raging in Osaka city threatens to visit this prefecture presumably through ship-passengers. As provisional steps, vaccinations are to be given to those who were not vaccinated last year. Babies of 2 months and 1 year, children before entering primary schools, and those before completing their course are to be vaccinated. In the prefecture there are around 150,000 people had no vaccination due to last year's suspension.



○ As to diphtheria whose cases were 148 last year, preparations are being pushed to have every one immunized. About 150,000 babies remain to be injected due to last year's injection menace. Authorities concerned are afraid whether or not their parents will believe in them.

Epidemic diseases are decreasing every year thanks to the assistance of the Occupation Forces. Technicians and health nurses engaged in epidemic prevention are so few, and isolation homes and other facilities so imperfect, that the authorities concerned have decided to take a thorough-going anti-epidemic structure by supplying necessary personnel and ~~for~~ repairing facilities in order to guard prefectural populace from epidemics.



P 14 Kochi Shinbun issued on May 15  
Translated by Ukanoto - 15-

Local news: 9 A

The Poor And Birth Control; A  
Study on Eugenic Protection Amend-  
ment Bill

FILE

A part Revision Bill of the Eugenic Protection Law ("Yuseihogoko") intended to ease the poor men's getting too many children or settle the population problem more or less by law, has been submitted to the Diet. By this Bill, those poor men lacking means to bring up their many children can legally suspend artificially their pregnancy and those who can not pay the charge of operation can be exempted from payment thereof with a certificate of the welfare commission ("muissein"). Our paper office asked the learned persons coming in contact with the poor to gather and study how can this method afford us our expected results:

#### CONFERERS

- △ Takiko Sugimoto 31, a public health nurse,
- △ Mo Ikegami 62, a pref. eugenic protection commission, and a city welfare commission.
- △ Kaneichi Kubota 46, Chief of the pref. Welfare Section,
- △ Mieko Saito 37, a teacher of the Kochi Girls High School,
- △ Toyonobu Tokuhashi 59, a physician, chief of the city medical association.

#### LEAVE TO PHYSICIANS

- △ Tokuhashi: They suffered from childbed fever till sometime ago, in the rural countries and most of them caused the illness by attempting to cause abortion by themselves by inserting strange things because they could not receive a doctor's treatment as it was banned strictly by the National Eugenic Law ("kokumin yusei ho"). Such trend has much been lessened since last year when the Eugenic Protection Law was instituted and the doctors can give the women in pregnancy the suspension of pregnancy legally in order to protect the mother's body. If it be broaden so much in future that they can apply the same operation to them from an economical situation, some counter effects will be experienced without fail for some time, though the methods may be joyous for



them. The needy now being relieved will lack knowledge of contraception and the contraceptives now on sale are used rather by the rich than them. The very needy become naturally pregnant and then the artificial suspension of pregnancy will be unexpected to them, and charge of \$1,500 - 2,000 will make them hesitate to use the operation even if they wish earnestly. The charge had better be paid by state as they say now, and one thing which prevents them from undergoing the operation is their inclination to dislike any troublesome procedures. In order to undergo the artificial operation to suspend pregnancy they must present, through the health centers, a certified copy of the domiciliary register, and the physician's prospectus and this will make them feel troublesome and flee to secret operators. Saving all the troublesome procedures, if they believe in the physicians' character and leave everything to them, that must be a royal road to the full application of the Law. Also the law will be applied satisfactorily if they can be afforded freedom to judge whether the abortion is applicable or not, and selection of physicians must become important. We sometimes have heard the nonsense the people saying "None is coming down though I have undergone the abortion" and "A baby was born though I have an abortion performed". The physicians must strictly be designated lest some may misuse the operation.

### Scientific foundation needed

- △ Saito: In proportion to the necessity of dialectic development of social situation, the historical change of the population problem is interesting. About 3,000 years ago, in Greece, Aristotle, Plato and other philosophers discoursed the population problem advocated the theory of birth control. In Rome just the adverse theory was advanced through policy, and in fifteenth and sixteenth century the policy of national prosperity and conscription was taken, and in nineteenth century, Malthusianism was advocated and the restriction of population was studied. But, as that result, an unexpected decrease of population was seen with decline of birth rate. Hence, in the European countries their



population had been restricted for a long period. As the world was began they encouraged to increase population under a policy to strengthen races, and especially the USSR seemed to have studied the problem earnestly as a link of plan to develop its territory. Even in Japan, the infanticide and abortion was performed informally among the people during the era of the Tokugawa Shogunate though they did not advocated the theory of the adjustment of population. After the Meiji restoration Japan's population increased remarkably in line with the colonial policy of the imperialism colour, and even now after the end of the war her birth rate does not lowered if that of death does. Now the population of Japan numbering as many as 90,000,000 have to live narrowly in four islands. <sup>We must realize that</sup> a state consisted of superior people, if rather few in number, needs no fighting, and that the people thereby will be able to enjoy their ideal lives. Somebody voices that when the contraceptives are put on sale or the contraceptive measure is discussed in the Diet, morality will be cor-



rupted and they must be used by the upper class people as a means of enjoyment, but I think the birth control may be taken up legally, judging from the national situation on the adultery after the Adultery Law was abolished. We want to go on depending upon scientific foundation. We want handy information centres be easily available for the doll caste, be established and that 'the poor gets too many children' be missed, and thus we must establish a strong policy to settle problems of emigration or rehabilitation of various industries, in order to rescue people against ruin.



Kochi Shimbum May 15, '49

Translated May 16, '49; by J. Yasuoka

9B (PH)

Birth ControlRestriction by Deciding Number

Kubota. What must be considered when birth control is advocated with the needy as the objects, is that they think light of <sup>the</sup> population problem. So that, however hard we may reason with them, and however clearly we make them realize that the artificial discontinuation of pregnancy can be accomplished, most of them practise it. In case they have enough money to buy contraceptives, they buy and eat something delicious. If we offer them some operation money, they regard the operation as ~~too~~ terrible. After all, however broadly we may propagate such a ~~poor~~ policy as has not grasped the actual situation of the needy, the principle that the poor are blessed with many children does not budge <sup>an inch</sup> ~~which~~ in so far as there is a system that if they <sup>have</sup> many offsprings they can receive much subsidies, and that when they come to be worse off, their children can be accommodated into some charity centers. Moreover, now that we are in such a housing shortage as to jam 5 or 6 family-members into one 3-mat room, there shall be no contraceptive measures. These measures can never be practiced before we have a room assured as a ~~sleep~~ bed-room. In this sense, it would be the pre-requisite to give the needy their dwellings. If the measures should be enforced in the status quo, there would be no effect, unless <sup>such</sup> drastic measures should be assumed as to decide the number of offsprings as 3 or so and to give no subsidies when they have over that number. In effect, such a problem will be settled by itself, when a cultural level is upped. If not, it would be difficult to urge the measures compulsorily. Only when everyone has grasped the reason to check the instinct, the population problem can be solved.

House Structure Unfitted