

GHQ/SCAP Records (RG 331, National Archives and Records Service)

Description of contents

- (1) Box no. 3063
- (2) Folder title/number: (10)
Administration of Health Activities
- (3) Date: ? - June 1949

(4) Subject:

Classification	Type of record
750, 9750	z

(5) Item description and comment:

Kochi

(6) Reproduction: Yes No

(7) Film no. _____ Sheet no. _____

(Compiled by *National Diet Library*)

FILE

Yo- Hatsu No.194

17 June 1949

To: Chief, Public Health Section, KMG

Subject: Regarding commencement of Hospital Meal Service

From: Chief, Prev. Med. Section

We hereby report to you the commencement of hospital meal service which is in accordance with the latest instructions from the Welfare Ministry. It will be carried out in the following manner;

1. Date of commencement: 16 June 1949
2. Patients receiving the benefit: Patients hospitalized in the thirty-seven(37) hospitals located within the prefecture.
3. Supplementary ration:

*Staple food;	
Male patients over 11 years of age	80 gm
Female " " " "	40 gm
(except in pregnant cases --- 70 gm)	
Patients under 11 years of age	40 gm
TB and Mental cases	140 gm
*Supplementary food;	
Miso	8 gm
Shoyu	4 gm
Table salt	3.3 gm
Sugar	10 gm
Fat	4 shaku(gm)
(except in TB and Diabetes case where individuals are allotted	10 gm)
Fresh marine products	113 gm
(TB and Mental cases only)	
Except in cases of patients with <u>reserved rice</u> (Hoyumae) the above listed ration will be provided.	
4. At present only the following six(6) hospitals can serve prepared meals - Kochi Red Cross Hospital, Kochi National Hospital, Kochi National Sanatorium, Tosa Mental Hospital, Seikaen(Mental Institution), Municipal Kosei Hospital; with the other institutions only giving out the unprepared rations for the time being.
5. In order to operate this system properly the Kochi Ken Byoin Kyushoku Iinkai(Kochi Ken Hospital Meal Service Committee) has been established as an advisory organ to the Ken Governor.

List of Government and Public Hospitals
in This Prefecture

FILE

Government	National Kochi Hospital	Asakura, Kochi City
"	National Kochi TB Sanatorium	Ike, Niida, Kochi City
Public	Kochi Red Cross Hospital	Shinhon-machi, Kochi City
"	Municipal Josei Hospital	Nishihirokoji, Kochi City
"	Municipal Kosei Hospital	" "
"	Prefectural Tamamizu Hospital	62, Tamamizu-cho, Kochi City
"	Prefectural Central Hospital	142, Nakajima-cho, Kochi City
"	Pref. Central Hosp., Yokahama Annex	Yokohama, Kochi City
"	Prefectural Sukumo Hospital	Sukumo-cho, Hata-gun
"	Koryo Hospital	Susaki-cho, Takaoka-gun
"	Birafu Hospital	Uenojiri, Birafu, Kami-gun
"	Kacho Hospital	25, Noda-mura, Nagaoka-gun
"	Kokuho Hospital Nikkoryo	Motoyama-cho, Nagaoka-gun

****END****

SURVEY OF TUBERCULOSIS BEDS IN PREFECTURE - Kochi Prefecture
Others

Name & No. of Hospital	Types of Bed	Accommodation Capacity	Beds Filled at Present	Beds Unfilled	Remarks
** National Kochi Sanatorium	Lung TB	140	94	46	6 pts. temporarily hospitalized in Red Cross for surgical operation
National Kochi Hospital	Lung TB Others	32 44	32 20	0 24	
Total 2 hospitals		216	146	70	
Pref. Central Hospital	Lung TB	51	50	1	
	Others	8	8	0	
Municipal Kosei Hospital	Lung TB	60(40)	50	10(40)	Expecting completion of (40) beds by end of year
Pref. Sukumo Hospital	Lung TB	4	2	2	
	Others	4	4	0	
Total 3 hospitals		127(40)	114	13(40)	
Red Cross Hospital	Lung TB	50	50	0	
	Others	22	22	0	
Hane Hospital	Lung TB	0	0	0	
	Others	7	0	7	
Nikkoryo	Lung TB	20	14	6	
	Others	5	1	4	
Kacho Hospital	Lung TB	20	12	8	
Nakamura Hospital	Lung TB	0	0	0	
	Others	2	0	2	

Shinusa Hospital	Lung TB	9	2	7
Higashitsuno Hospital	Lung TB	5	0	5
	Others	5	0	5
Koryo Hospital	Lung TB	30	20	10
	Others	0	0	0
Total 8 hospitals		175	121	54
Private Hospitals	Lung TB	167	89	78
	Others	126	34	92
Total 36 hospitals		293	123	170
GRAND TOTAL				
Forty-nine (49) Hospitals		811(40)	504	307(40)

1. Total accomodation for pulmonary tuberculosis 628 beds
2. Totals occupied beds for pulmonary tuberculosis 415 beds
3. Total accomodation for non-pulmonary TB 223
4. Total unoccupied beds for non-pulmonary TB 134

** 40 beds will not be available until 1 April.

*Note: Besides the above given figures, there are a total of 747 beds in clinics with approximately 370 beds for tuberculosis patients. Vacancy of approximately 100 beds out of the estimated 370 reported.

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LVH/mo

AG 700 - BA

SUBJECT: Medical Intern Education

18 FEB 1949

TO : See Distribution

1. Reference is made to Welfare Ministry Directive, Ihatsu No. 263, dated June 1948, which provides a basis for the establishment of medical internship in Japan.

2. Since directors of hospitals approved for training interns do not have experience in such a program and no provision is made in the reference directive for its operation and management, full advantage is not taken of this important phase of a physician's early training. Therefore, although begun with good intent, the program has not developed to a point where either the hospital or the intern receive the desired benefit.

3. A study will be made of the presently approved hospitals and health centers in each prefecture, with a view to more efficient distribution and utilization of these young doctors. Attention should also be directed toward the improvement of other hospitals in order to attain future approval.

4. It is further desired that attention be given to the already established intern training institutions, to insure that both intern and hospital are deriving maximum benefit from the intern system. Two of the major deficiencies appear to be (1) failure to give the intern concise responsibilities in his various services and (2) failure to properly schedule services in conformity with a rotational system.

5. The reference Japanese directive provides that one month of the internship be spent in Public Health. This becomes a potential source of personnel for the presently understaffed health centers.

BY COMMAND OF MAJOR GENERAL COULTER:



C. C. CARTER
Colonel, AGD
Adjutant General

DISTRIBUTION:

2 ea MG Region & Team
I Corps Z/R
3 AG Rec, I Corps

775013

D



HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

LTH/tn

AG 710 - BA

17 February 1949

SUBJECT: Tuberculosis Control

TO: See Distribution

1. Japanese production of streptomycin will not be adequate to meet all needs for the use of this drug in the treatment of tuberculosis among the Japanese until the end of 1949.

2. In the meantime, available streptomycin will be allocated by the Welfare Ministry to those sanatoria where close surveillance can be kept over its use. Since a broad-scope program is being planned, a substantial increase in the number of beds available for tuberculosis patients will be necessary.

3. It is desired that the appropriate Japanese agency in each prefecture conduct as soon as possible a numerical survey of presently available beds and bedspace for this purpose. Private institutions, communicable disease hospitals, national and prefectural hospitals should be included so that the count will be maximum, regardless of staff and personnel facilities. The report is to be detailed and is to show by category available beds in private, governmental, or incorporated institutions. A report of this survey will be sent through military government channels to Public Health and Welfare Section, GHQ, SCAF.

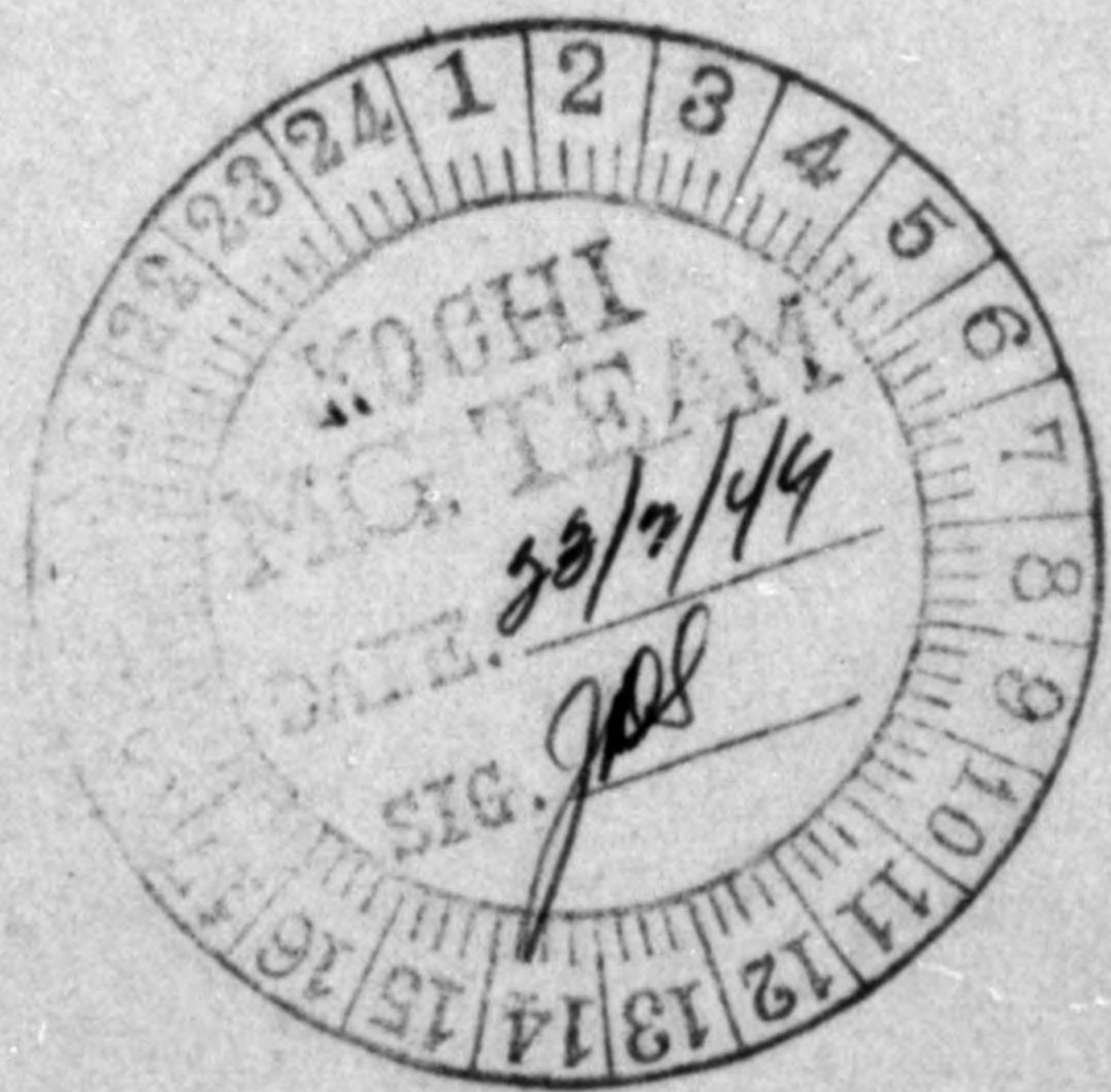
4. In order to insure correct and efficient utilization of streptomycin, military government teams will institute a program to enlighten the Japanese officials of the medical profession in the latest, most up-to-date methods in its use. This program should consist of information as to proper indications, administration, toxicity and clinical evaluation. It is to begin without delay.

BY COMMAND OF MAJOR GENERAL COULTER:

C. C. CARTER
Colonel, AGD
Adjutant General

DISTRIBUTION:

- 2 SA MG Region & Team
- 1 Corps 2/R
- 3 AG Rec, I Corps



Assignment Chart of Health Center Technicians

Primary Assignment	Present T/O 1 Jan 49	Tentative T/O 1 April 49
Public Health Nursing	1 Technical Official 70 Public Health Nurse	1 Technical Official 94 Public Health Nurse
Maternal Hygiene Guidance	7 Technical Official	1 Tech. Off.
Vital Statistics	1 Tech. Off.	0 Tech. Off.
Bacteriological & other Diagnostic Lab. Services	6 Tech. Off.	4 Tech. Off.
Oral Hygiene Guidance	2 Tech. Off.	2 Tech. Off.
Nutrition Improvement	6 Nutritionist	6 Nutritionist
Environmental & General Sanitation	30 Tech. Off.	20 Tech. Off.
Health Education		
Medical Social Service	1 Tech. Off.	1 Tech. Off.
Communicable Disease Prev.	6 Tech. Off.	0 Tech. Off. (by am)
TB Control	9 Tech. Off.	9 Tech. Off.
VD Control		?
Administration & Accounts		
Total	63 Technical Officials 6 Nutritionists 70 PH Nurses	38 Technical Officials 6 Nutritionists <u>94 PH Nurses</u>

Weekly Report of Venereal Disease Control Drugs

Week Beginning FEB 9 - X

SUMMARY

Name of Medicine	On Hand	Issued	Consumed	Balance
Penicillin (200,000 unit bottle)	158	12	11	147
Sulfathiazole (Tablets-each)	52000	1000	846	49154
Mapharsen (.06 gm amp.-each)	13800	0	38	13762
Bismuth (c.c.-each)	4950	0	15	4935

HOSPITAL *CENTRAL HOSPITAL*

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)	0	2	1
Sulfathiazole (Tablets-each)	0	176	238
Mapharsen (.06 gm amp.-each)	0	7	8
Bismuth (c.c.-each)	0	2	5

HOSPITAL *TAMMAMU CLINIC*

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)	10	9	1
Sulfathiazole (Tablets-each)	1000	660	340
Mapharsen (.06 gm amp.-each)	0	31	5
Bismuth (c.c.-each)	0	13	23

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

HOSPITAL

Medicine	Received	Consumed	Balance
Penicillin (200,000 unit bottle)			
Sulfathiazole (Tablets-each)			
Mapharsen (.06 gm amp.-each)			
Bismuth (c.c.-each)			

TABLE OF ORGANIZATION FOR HEALTH DEPT.

SECTIONS	2nd class Clerical Off.		2nd class Tech. Off.		3rd class Clerical Off.		3rd class Tech. Off.		Unassigned		Pharmacists		Nutritionist (Apprentice)		Total	
	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0	old 1/0	new 1/0
Med. Affairs	3	3	1	-	6	4	1	-	9	5					20	12
Pharm. Affairs	-	-	1	1	4	3	5	4	5	3					15	11
Prev. Med.	1	1	8	5	12	5	4	4	13	12					38	27
=															60	42
Sanitation	2	2	4	3	4	4	47	30	3	3	(26)	(50)			(86)	(92)
Health Center	1	-	16	11	17	15	15	10	27	18	44	44	6	6	126	104
Total	7	8	30	20	43	31	72	48	57	41	(70) 44	(94) 44	6	6	(285) 259	(246) 196

0.243

Pharmaceutical Section - Kochi Ken Health Department

Item	Basic Regular for 1948	1948 Budget as of present	Budget request for 1949	Approved by Finance Sect	Approved by Governor
Pharmaceutical Affairs	0	165,000	886,000	500,000	500,000
Narcotic Control	59,000	107,000	541,000	371,000	* 407,000
Drug Distribution	86,000	182,000	672,000	285,000	265,000
Special Drugs	0	0	431,000	128,000	128,000
Control of Poisonous Drugs	0	82,000	253,000	102,000	102,000
Control of Water for Pharm. Purposes	260,000	260,000	267,000	129,000	129,000
Control of Medicinal Plants	5,000	5,000	166,000	60,000	60,000
Training of Pharm. Tech	0	0	156,000	156,000	156,000
Chem. Laboratory	0	0	1,138,000	810,000	810,000
Personnel Expenditure	185,500	582,500	822,000	?	747,000
<u>Total</u>	595,500	1383,500	5,332,000	2,541,000	3,304,000
<i>Grand total (all sections)</i>				<hr/> <hr/> 8,638,000	
				* Includes 1,000 yen for fund	

*Sumishi K.C.
 Feb 1949 sum
 Rehearsal 6.11.*

PREVENTIVE MEDICINE SECTION

- Kochi Ken Health Department

Item	Basic Regular for 1948	1948 Budget as of present	Budget Request for 1949	Approved by Finance Sect.	Approved by Governor	Remarks
Comm. Disease Control	3,975,000	5,581,580	16,947,000	6,045,000	*6,444,000	Includes 540,000 for laboratory expansion?
TB Control	1,021,000	2,147,000	6,142,000	1,936,000	3,715,000	
Leprosy Control	40,000	40,000	170,000	80,000	80,000	
Trachoma Control Facilities	395,000	395,000	328,000	293,000	293,000	
Intest. Parasite Control	300,000	300,000	1,032,000	136,000	158,000	
VD Control	40,000	133,000	4,505,000	3,863,000	3,863,000	
VD Clinic Expense	1,303,000	2,337,000	1,332,000	1,332,000	1,495,000	
Nutrition Program	32,000	32,000	751,000	300,000	350,000	
Prev of Dental Defects & Nearsightedness	0	0	155,000	0	0	
Personnel Expenditure	95,500	570,500	1,173,158	Unsettled	1,706,000	
Total	7,206,500	11,536,080	32,535,158	13,935,000	18,104,000	

* Includes 15,000 yen for food, entertainment on C. D. control and 150,000 yen for TB prevention entertainment.

MEDICAL AFFAIRS SECTION

- Kochi Ken Health Department

Item	Basic Regular for 1948	1948 Budget as of present	Budget Request for 1949	Approved by Finance Sect	Approved by Governor	Remarks
Health Center Operation	^{2,462} 1,007,000	3,121,000	12,903,000	7,306,000	2,467,000	
Health Center Construction	-	6,770,000				
H.C. Qtrs Construction			2,709,000	-		
Miscellaneous Statistics	258,000	366,000	688,000	667,000	673,000	
Medical Affairs Expense	353,000	353,000	880,000	184,000	184,000	
Pref. Hospitals	2,594,000	21,508,000	17,532,000		5,844,000	Tech. allowance included in per- sonnel expense
Mental Hospitals	563,000	1,813,000	4,745,000	4,745,000	4,745,000	
Laboratory Expense			89,000	27,000	27,000	
Pref. Hosp. Maint & Repair		10,605,000				
Personnel Expenditure	4,009,900 ^{3,557,000}	19,341,500	5,737,000		21,926,000	
Total	8,784,900	63,877,500	45,283,000	12,929,000	30,022,000	

Reduction personnel 24.37% (243 to 196)
without reduction in special personnel

SANITATION SECTION

- Kochi Ken Health Department

Item	Basic Regular for 1948	1948 Budget as of present	Budget Request for 1949	Approved by Finance Sect.	Approved by Governor	Remarks
PHNurses Assignment	396,000	496,000	2,727,000	1,340,000	3,491,000	
PHNurse Trainings	106,000	106,000	342,000	280,000	290,000	
Maternal Hygiene	94,000	444,000	695,000	601,000	611,000	
Eugenics Committee	-	-	67,000	55,000	55,000	
Hot Springs Exploitation Committee	-	-	56,000	48,000	48,000	
Animal Disease Control (Rabies, ?)	95,000	189,000	1,052,000	873,000	873,000	
Food San. Inspection	220,000	509,000	1,510,000	1,116,000	1,116,000	
Barbers Examination, etc.	7,000	39,000	77,000	57,000	57,000	
? Long Term Trainings	-	-	550,000	550,000	550,000	
Subsidies San. Affairs	2,000	2,000	6,000	3,000	3,000	
Shop Licensing Expenses	-	-	348,000	64,000	64,000	
? ^{Sanitor} Sanitation Expenses	-	-	690,000	-	84,000	
? Food San. Committee	-	50,000	176,000	84,000	450,000	
Environmental Sanitation	658,000	8,317,000	24,093,000	18,226,000	18,240,000	
Personnel Expenditure	373,000	1,137,000	2,176,000	Unsettled	3,276,000	
Total	1,951,000	11,289,000	34,666,000	Unsettled	29,203,000	

Pharmaceutical Section

ITEM	BASIC REG. 1948	TOTAL EXPENDITURES TO DATE 1948 BUDGET	BUDGET REQ. 1949	Finance Gov	
				BUDGET APPROVED Approved	BUDGET APPROVED Approved
Pharmaceutical Affairs	0	165,000	886,000	500,000	
Narcotic Control	59,000	107,000	541,000	371,000	
Dist. of Drugs	86,000	182,000	672,000	285,000	
? Special Drugs	0	0	431,000	128,000	
Control of Poison Drugs	0	82,000	253,000	102,000	
Lab Construction	260,000	260,000	267,000	129,000	
Control of Medicinal Plants	5,000	5,000	100,000	00,000	
Training in Pharmacy ?	0	0	156,000	150,000	
Chemical Tests, Experiments	0	0	1,138,000	810,000	
Personnel Expenditure	185,500	582,500	822,000	Unsettled 747,000	
TOTAL	595,500	1,383,500	5,332,000	2,541,000	

Did under Lab House

Lab Section

- 1. chemical test (Pharm) 1,138,000 810,000
- 2. Laboratory maintenance (incl affairs) 27,000
- 3. Food Sanitation tests (Public San) —

Donation for PH 5,869,000

From Natl Treasury - 7,574,000
Subsidy 13,251,000

h. Demobilization business	6,493,000
1. Salary of staffs	3,415,000
2. Allowances	1,365,000
Δ 3. Travelling expenses	676,000
4. Miscellaneous X 90,000	10,370,000 -
i. Park	1,357,000
1. Park Δ 100,000	1,357,000

Expenditures Approved for 1949-50
(Funds for Pre-Hospitals omitted)

VII. Public Health	59,745,000
a. Public Health Centre	8,609,000
1. Salary of staffs	3,618,000
2. Allowances	622,000
Δ 3. Travelling expenses	1,898,000
4. Miscellaneous	2,471,000
b. Medical Affairs	5,602,000
1. Sanitary Statistics Δ 394,000	673,000
2. Miscellaneous Δ 117,000	184,000
3. Mental Hospital	4,745,000
c. Epidemic prevention	14,553,000
1. Prevention of infections disease Δ 408,000	6,444,000
2. Prevention of T.B Δ 400,000 X 15,000	3,715,000
3. Prevention of leprosy Δ 70,000	80,000
4. Prevention of trachoma Δ 30,000	293,000
5. Prevention of parasitic disease Δ 50,000	158,000
6. Prevention of V.D. Δ 130,000	3,863,000
d. V.D. Clinics	1,495,000
1. Salary of staffs	406,000
2. Allowances	90,000
Δ 3. Travelling expenses	33,000
4. Miscellaneous	966,000
e. Dietary guidance	350,000
Δ 1. Travelling expenses	176,000
2. Miscellaneous	174,000
f. National health	4,495,000
1. Installation of public health nurses Δ 82,000	3,491,000
2. Public Health Nurse Training Δ 77,000	290,000
3. Maternal-&-child Sanitation Δ 46,000	611,000
4. Eugenic Protection Committee Δ 18,000	55,000
5. Medical Spring Survey Council Δ 13,000	48,000
g. Miscellaneous expenditures for public health	2,747,000
1. Prevention of cattle disease Δ 344,000	873,000
2. Sanitary supervision on foods Δ 821,000	1,116,000
3. Food sanitation committee Δ 60,000	84,000
4. Qualifying examination for hairdresser and others Δ 30,000	57,000
5. Short course Δ 550,000	550,000
6. Public Health subsidies	3,000
7. Expenditures concerning Business Licence Δ 24,000	64,000

h. Public sanitation		18,240,000
1. Extermination of rodents and insects	Δ 40,000	18,180,000
2. Sanitary supervision	Δ 60,000	60,000
i. Medical supplies		1,747,000
1. Medical supplies control	Δ 100,000	500,000
2. Narcotic control	Δ 200,000	407,000
3. Distribution of medical supplies	Δ 60,000	265,000
4. Special medical supplies	Δ 65,000	128,000
5. Control of poison	Δ 35,000	102,000
6. Control of drinking water	Δ 10,000	129,000
7. Guidance and control of medicinal herbs	Δ 10,000	60,000
8. Short course for pharmacy technician		156,000
j. Hygienic laboratory	Δ 156,000	1,287,000
1. Maintenance of office		27,000
2. Chemical experimental study		810,000
3. Inspection of disease of edible cattle		450,000
k. National Health Insurance		620,000
1. National Health Insurance Committee		20,000
2. Enlightenment of people on national health insurance	Δ 200,000	235,000
3. Subsidy to the enterprise expenses for national health insurance		365,000

Total (of which 13,251,000 is State subsidy)

59,745,000

Revenue

Donations for P.H

5,869,000

~~From Nat Treasury~~

7,574,000

~~State subsidies (P.H) included in above charges expenses~~

13,443,000

Hire and charge revenues

H centers

1,330,000

? clinic ?

1,145,000

Fees collected P.H

Total expenditures for P.H
" " " " for Prof

44,795,000

3,434,925,000 ✓

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

IWH/msk

AG 014 - BA

11 February 1949

SUBJECT: Birth Control

TO : See Distribution

1. The continuously increasing Japanese birth rate and resultant increase in population is having such serious effects on the economic situation of Japan that the Japanese have turned to the Occupation Forces for advice and suggestion. The ethical and moral implications involved in the encouragement of birth control and in the dissemination of educational material regarding its practice are so contentious that military government must not be associated with such activities.

2. It is desired, therefore, that all interested Japanese officials be informed that the entire subject of birth control is one of Japanese concern only and that under the recently passed Eugenics Protection Law (No. 156) and the Pharmaceutical Affairs Law (No. 197) they may proceed with any program which they deem desirable.

3. Hereafter, military government will not concern itself with the subject.

BY COMMAND OF MAJOR GENERAL COULTER:



C. C. CARTER
Colonel, AGC
Adjutant General

DISTRIBUTION:

2 ea MG Region & Team
1 Corps Z/r
3 AG Rec., I Corps

Info Copy:

CG, 8th Army
ATTN: IH Sec

70 → Public Health

UP-TO-DATE STATUS ON THE DISSOLUTION OF SANITARY ASSN'S

<u>Name of Assn</u>	<u>Location</u>	<u>Number of Members</u>	<u>Date of Dissolution</u>
1 Kochi City P.H. Assns' Federation	Kochi City	47,881	31 August 1948
2 Higashikawa-mura " "	Aki-gun Higashimawa-mura	1,034	31 August 1948
3 Muroto-machi	Aki-gun Muroto-machi	300	30 August 1948
4 Aki-machi	Aki-gun, Aki-machi	207	" " "
5 Ioki-mura	Aki-gun, Ioki-mura	567	31 August 1948
6 Zaisho-mura	Kami-gun, Zaisho-mura	96	" " "
7 Saoka-mura	Kami-gun, Saoka-mura	1,489	" " "
8 Nishikawa-mura	Kami-gun Nishikawa-mura	444	" " "
9 Maenohama-mura	Kami-gun Maenohama-mura	2,310	" " "
10 Gyoka-son	Kami-gun Gyoka-son	373	" " "
11 Kaminiroo-mura	Kami-gun Kaminiroo-mura	21	" " "
12 Gomen-machi	Nagaoka-gun Gomen-machi	500	" " "
13 Tochi-mura	Nagaoka-gun Tochi-mura	510	" " "
14 Shinkai-mura	Nagaoka-gun Shinkai-mura	450	" " "
15 Yoshino-mura	Nagaoka-gun Yoshino-mura	680	" " "
16 Higashitoyonaga-mura	Nagaoka-gun Higashitoyonaga-mura	405	" " "
17 Osaki-mura	Agawa-gun Osaki-mura	775	" " "
18 Konotani-mura	Agawa-gun Konotani-mura	5,000	" " "

63042

<u>Name of Assn</u>	<u>Location</u>	<u>Number of Members</u>	<u>Date of Dissolution</u>
19 Ino-machi	Agawa-gun Ino-machi	2,500	31 August 1948
20 Yoshiwara-mura	Agawa-gun Yoshiwara-mura	240	" " "
21 Nisai-mura	Agawa-gun Nisai-mura	340	" " "
22 Kiyomizu-mura	Agawa-gun Kiyomizu-mura	430	" " "
23 Shimoyakawa-mura	Agawa-gun Shimoyakawa-mura	530	" " "
24 Kusaka-mura	Takaoka-gun Kusaka-mura	1,050	" " "
25 Ochi-machi	Takaoka-gun Ochi-machi	1,443	" " "
26 Yusuhara-mura	Takaoka-gun Yusuhara-mura	2,138	" " "
27 Kamihayama-mura	Takaoka-gun Kamihayama-mura	877	" " "
28 Kuroiwa-mura	Takaoka-gun Kuroiwa-mura	1,023	" " "
29 Kamo-mura	Takaoka-gun Kamo-mura	460	" " "
30 Niida-mura	Takaoka-gun Niida-mura	550	" " "
31 Matsubagawa-mura	Takaoka-gun Matsubagawa-mura	750	30 August 1948
32 Susaki-machi	Takaoka-gun Susaki-machi	3,000	31 August 1948
33 Kaminokae-cho	Takaoka-gun Kaminokae-cho	1,000	" " "
34 Kubokawa-cho	Takaoka-gun Kubokawa-cho	134	" " "
35 Hewa-mura	Takaoka-gun Hewa-mura	2,723	" " "
36 Higashimata-mura	Takaoka-gun Higashimata-mura	902	30 August 1948

HEADQUARTERS
KOCHI MILITARY GOVERNMENT TEAM
Kochi, Shikoku
APO 317

Milk Plant & Dairy Check Sheet

Date _____

Name: _____

Location: _____

Owner's name: _____

Date of plant construction: _____

Average daily milk production: _____

Number of cows supply milk: _____

Are all the cows producing: _____

Is high or low sterilization used: _____

Facilities for cold storage & cooling: _____

Sanitation of plant & stables: _____

Price of milk: _____

Average number of consumers per day: _____

B.F. content: _____

Date of last inspection by Pref: _____

Remarks: _____

Inspected by: _____

<u>Name of Assn</u>	<u>Location</u>	<u>Number of Members</u>	<u>Date of Dissolution</u>
37 Warabigaoka-mura	Hata-gun Warabigaoka-mura	386	31 August 1948
38 Yamana-mura	Hata-gun Yamana-mura	2,952	" " "
39 Okata-machi	Hata-gun Okata-machi	2,249	" " "
40 Yatsuka-mura	Hata-gun Yatsuka-mura	624	" " "
41 Hirata-mura	Hata-gun Hirata-mura	540	" " "
42 Egawasaki-mura	Hata-gun Egawasaki-mura	575	" " "
43 Tsudai-mura	Hata-gun Tsudai-mura	975	" " "
44 Saga-cho	Hata-gun Saga-cho	101	" " "
45 Nakasuji-mura	Hata-gun Nakasuji-mura	440	" " "
46 Izuta-mura	Hata-gun Izuta-mura	1,200	" " "
47 Tsukinada-mura	Hata-gun Tsukinada-mura	4,923	" " "
48 Hashigami-mura	Hata-gun Hashigami-mura	2,433	" " "

17392

Total 100,529

HEADQUARTERS
KOCHI MILITARY GOVERNMENT TEAM
Kochi, Shikoku
APO 317

Milk Plant & Dairy Check Sheet

Date _____

Name: _____

Location: _____

Owner's name: _____

Date of plant construction: _____

Average daily milk production: _____

Number of cows supply milk: _____

Are all the cows producing: _____

Is high or low sterilization used: _____

Facilities for cold storage & cooling: _____

Sanitation of plant & stables: _____

Price of milk: _____

Average number of consumers per day: _____

B.F. content: _____

Date of last inspection by Pref: _____

Remarks: _____

Inspected by: _____

PH & ECON

KIK

BASIC: Ltr, Hq Shikoku MG Region, 24 Jun 48, subj: Neighborhood Sanitary Associations.

AGMIPH

3rd Ind

Headquarters Eighth Army, APO 343

30 Aug 48

**TO: Commanding Officer
Shikoku MG Region
APO 1050**

1. Attention is invited to the 2nd Indorsement.
2. An operational directive covering the surveillance and reporting required of military government teams is being prepared and will be issued in the near future.

BY COMMAND OF MAJOR GENERAL HYDER:

s/ **R. SCHAFER**

**R. SCHAFER
Lt Col AGD
Asst Adj Gen**



4th Ind

JEM/ei

HEADQUARTERS, SHIKOKU MILITARY GOVERNMENT REGION, APO 1050 7 Sep 48

**TO: Commanding Officer, Nagawa Military Government Team, APO 1050
Commanding Officer, Ehime Military Government Team, APO 1050
Commanding Officer, Kochi Military Government Team, APO 1050
Commanding Officer, Tokushima Military Government Team, APO 1050**

JEM
JEM

AG 080 (24 June 48)PH Subject: Neighborhood Sanitary Associations

"Any person who was a Chief of Chonakai, Burakukai or Federation thereof, or of a Tonarigumi, who was in said office during the period from or prior to September 1, 1945 till September 1, 1946 consecutively, who has issued any instruction of a compulsory nature (unless authorized by this Headquarters), or who shall hereafter have issued any instruction whatsoever, to neighborhood association members, or inhabitants of any districts which were formerly under his supervision, incidental to or in connection with the activities of any so-called Sanitary Association or Public Health Association, or any other organization described in paragraph 3 of this Memorandum, is believed to have violated the provisions of paragraph 1 of Article 4 of the Cabinet Order, quoted in para 1 c above, and should be prosecuted immediately, pursuant to para. 1 of Article 8 of the Cabinet Order, quoted in para. 1 d above.

"The rules issued by the Supreme Court, pursuant to the Potsdam Declaration, for expediting the trial of criminal cases involving violations of the Imperial Ordinances relating to the exclusion, removal, etc. from public office and public services and the Order relating to the abolition of certain political parties, associations, societies and other organizations, shall be made applicable to prosecutions brought pursuant to the preceding paragraph of this Memorandum."

BY COMMAND OF GENERAL MACARTHUR:

S/J. F. BRADSHAW
J. F. BRADSHAW
Major, AGO
Asst Adj Gen



AG 080 (24 Jun 48)PH Subject: Neighborhood Sanitary Associations

AG 080 (24 Jun 48)PH 2nd Ind

GENERAL HEADQUARTERS, SUPREME COMMANDER FOR THE ALLIED POWERS, APO 500
23 August 1948

TO: Commanding General, Eighth Army, APO 343

1. Reference is made to Cabinet Order No. 15, of 1947, which required dissolution of "all organizations similar to Chonikai, Burakukai or Federations thereof and Tonarigumi," and the assumption of their functions by the proper governmental agencies. Successor offices or organizations were prohibited unless authorized by the National Diet. Subject Cabinet Order also prohibited former Chiefs of Chonikai, Burakukai and Tonarigumi prior to 1 September 1946 from issuing "any instruction to constituting members of the neighborhood organization or the inhabitants of any district"....."formerly under his supervision unless such instructions are incidental to the duties and responsibilities of positions in a public service for which he has been screened by Cabinet Ordinance No. 1, 1947 and to which he has been duly appointed or elected."

2. The Japanese Government, Ministry of Welfare, has been informed by PHMJG 69 dated 16 August 1948, subject; "Dissolution of Sanitary Associations and other Similar Organizations" that present activities of Sanitary Associations as reported to this Headquarters are in violation of the provisions of Cabinet Order No. 15, reference above.

3. The Japanese Government has been further informed and directed by PHMJG 69 that:

"All so-called Sanitary Associations or Public Health Associations, and any other similar organizations in other fields of governmental activity, whatever their name may be, which are organized on the basis of local areas (such as a block, neighborhood, Municipality, Ward, Town or Village) to assist health centers and other local authorities in carrying out governmental health programs (e.g. programs of immunization, parasite control, mass examination of tuberculosis, procurement or distribution of controlled sanitation supplies and equipment including DDT and chlorine products, etc.) and other governmental functions, whether such assistance is alleged to be voluntary or not, are considered to fall under the prohibition of the aforesaid Cabinet Order, and they must be dissolved, and any successor or similar organizations prohibited.

"In case any organization described in the preceding paragraph shall not have been dissolved within fifteen days from the date of this Memorandum, the governors of each prefecture shall immediately order such dissolution pursuant to paragraph 2 of Article 6 of Cabinet Order No. 15 of 1947."

BASIC: Ltr, Hq Shikoku Mil Govt Region, dtd 24 June 1948, subj;
Neighborhood Sanitary Associations

AGMGPH 091 Japan

1st Ind

Headquarters Eighth Army, APO 343

13 Jul 48

TO: Supreme Commander for the Allied Powers, APO 500

1. Attention is invited to basic communication.
2. The problem as presented has been reported by other regions and is believed common to all regions throughout Japan.
3. Assumption of duties and responsibilities which properly belong to the prefectural public health agencies tends to undermine prefectural authority in the minds of the people which in turn causes confusion. Further, the existence of these unofficial organizations remains a potential threat as a control association.
4. It is recommended that the Welfare Ministry be instructed to issue instructions to prefectural governors and other interested agencies advising them that the Neighborhood Sanitary Associations are in no sense to be regarded as official organizations and that it is not their responsibility or function to carry on infectious disease control measures or sanitary programs. Rationed sanitation and medical supplies should not be permitted sold or otherwise turned over to these organizations for use, distribution or for any other purpose.
5. It is requested that this headquarters be informed as to the action taken on this communication.

FOR THE COMMANDING GENERAL:

S/R. Schafer
R. SCHAFER
Lt Col, AGD
Asst Adj Gen

HEADQUARTERS
SHIKOKU MILITARY GOVERNMENT REGION
APO 1050

Takamatsu, Shikoku
24 June 1948

SUBJECT: Neighborhood Sanitary Associations

TO : Commanding General
Eighth Army
APO 343
ATTN: Military Government Section
Public Health Branch

1. This is a special report designed merely to note for higher headquarters an undesirable trend in the Japanese government.
2. In all four prefectures of Shikoku the Neighborhood Sanitary Associations (Eisei Kumiai), which are in essence a carry-over of the old feydakustac Neighborhood Associations (Tonari Gumi), are continuing to function and, in fact, to gain strength. The prefectural health department officials profess to realize the danger of these associations and apparently do not desire their improper functions, but the associations are receiving support and encouragement from municipal officials which, in the absence of specific regulations to the contrary, the prefectural officials are unable to curb.
3. Local efforts to curb these associations have consisted of admonitions to municipal officials in areas where the sanitary associations have taken too much responsibility; continuous pressure on prefectural officials to avoid the use of these associations and actually to organize functioning paid sanitary teams and health center staffs instead; and the repeal, in Kochi, of local ordinances requiring the formation of Neighborhood Sanitary Associations.
4. As local efforts have not produced satisfactory results, and as the present type of functioning Neighborhood Sanitary Association is so undesirable, it is recommended that:
 - a. Action be taken on a national level to specifically discourage these associations on Shikoku.
 - b. Information be forwarded to this headquarters indicating effective measures that may be taken and the extent of authority which prefectural officials have in discouraging these associations.

s/ R. E. Coughlin

R. E. COUGHLIN
Colonel CE
Commanding

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AG 600.1 (MG-En)

30 March 1948

SUBJECT: Sheet Glass Allocation for Building Construction

TO : Commanding Officer, Shikoku Military Government Region
APO 1050

1. Reference is Operational Directive 55 for 1947, this headquarters, 13 August 1947, subject: "Building Policies of the Japanese Government,"

2. The following information is forwarded in sufficient number of copies for distribution to all military government units in your area:

a. Inclosure 1 - Allocation of sheet glass by prefecture for the fourth quarter of the Japanese Fiscal Year 1947.

b. Inclosure 2 - Sheet glass allocation instructions to local agencies from the Board of Reconstruction.

3. Sheet glass, which is in a critically short supply, is often diverted to black market channels or hoarded locally. Home builders in particular occasionally report that they do not receive sheet glass allocation from the local office of the Board of Construction. The inclosed information may be of value to the Military government teams in exercising surveillance over the building programs in their respective areas.

BY COMMAND OF LIEUTENANT GENERAL EICHELBERGER:

/s/ R. Schafer
/t/ R. SCHAFFER
Lt Col, AGD
Asst Adj Gen

2 Incls:
As ind in par. 2

AG 600.1

1st Ind

HEP/JEM/ty

HEADQUARTERS, SHIKOKU MILITARY GOVERNMENT REGION, APO 1050

3 Apr 48

TO: Commanding Officer, Kagawa Mil Govt Team, APO 1050
Commanding Officer, Kochi Mil Govt Team, APO 1050
Commanding Officer, Tokushima Mil Govt Team, APO 1050
Commanding Officer, Ehime Mil Govt Team, APO 1050

2 Incls:
n/o

/s/ J.E.M.
/t/ JEM

SHEET GLASS ALLOCATION
By Board of Reconstruction
Fourth Quarter

January - March 1948
UNIT - Box of 100 sq.ft.

Prefecture Kochi

New Construction

Educational Institutions	626
Institutions of Welfare	22
Residences	997
Transportation and Tele communication	37.5
Mining and Refining	
Industry	16.5
Agriculture, Forestry and Fishing	18
Government Offices	10.5
Private Offices	
Others	13.5
Sub Total	
New Construction	1,741

Repair

Educational Institutions	115
Institutions of Welfare	59
Residences	253
Transportation and Telecommunication	12.75
Mining and Refining	12
Industry	79
Agriculture, Forestry and Fishing	11
Government Offices	22.5
Private Offices	
Others	12
Sub Total	
Repair	576.25
Total	<u>2,317.25</u>

**SHEET GLASS ALLOCATIONS
BOARD OF RECONSTRUCTION
INSTRUCTIONS TO LOCAL AGENCIES**

Changes in allocations can be made only when quantities allocated are larger than requirements for any particular category.

Redistribution of such excess must be done according to the following priorities:

1. Educational and Welfare Institutions. (new construction and repair)
2. Residences. (new construction)
3. Residences (repair) and all other buildings.

A report must be made of the final, actual, allocation and reasons for changes certified by responsible official.

No ticket shall be issued for a new building until it is ready to have glass installed. Tickets for a particular building may be reserved by the local agency.

Definitions of categories

Educational Institutions

Primary schools, high schools, colleges, universities, academies, research laboratories, vocational guidance agencies, museums, libraries, art galleries, churches, temples, etc.

Welfare Institutions

Ordinary hospitals, maternity hospitals and child welfare centers, isolation hospitals, sanitariums, hygienic laboratories, orphanages, poor houses, homeless and repatriation centers, public bathhouses, crematoriums.

Residences

Small dwellings and dwellings combined with small stores and home factories and offices.

Transportation and Telecommunication

Station buildings for railway, bus and boat, Service stations on platforms, factories and repair shops, dockyards, warehouses, post, telephone and broadcasting offices.

Mining and Oil Refining

Power and watch houses, factories, laboratories, welfare and recreation buildings (dining halls, bathhouses).

Agriculture, Forestry and Fishing

Factories, offices, laboratories and warehouses, for handling and processing of agricultural, fishing and forestry products.

Industry

For all other industries including electric power, gas, tobacco, etc. Factories, powerhouses, offices, watchhouses, laboratories, warehouses, welfare and recreation buildings.

Government Offices

National, prefectural and local, including Diet buildings, police stations, fire brigades, prisons, reformatories, weather bureaus, lighthouses, etc.

Private Offices

Banks, insurance companies, commercial offices, water, gas and electric supply bureaus, etc.

Others

Theatres, music halls, restaurants, stores, barbershops, etc.

... (mirrored text) ...

... (mirrored text) ...

... (mirrored text) ...

... (mirrored text) ...

... (mirrored text) ...

REGISTRATION OF BUILDINGS

... (mirrored text) ...

REGISTRATION OF BUILDINGS
BOARD OF SUPERVISORS
CITY OF LOS ANGELES

April 20, 1948

*CO
Copy to PH Dept*
Kochi Ken 23 I No. 142

To : Commanding Officer of
Kochi Mil Gov't Team.

From : Minoru Seiyo, Director of
Public Health Dep't.

Through: Kochi Liaison Office

Subject: Budget for public health in the 1948
fiscal year.

Sir,

I respectfully beg to report on the above subject which was passed in the Prefectural Assembly held in January as shown on the attached sheet.

It is expected that the budgets for the construction of the Model Health Center and for Rodent & Insect Control will be introduced in the Prefectural Assembly to be held in April and that budgets for the construction of Local Hygienic Research Institution and miscellaneous expenditures to be required by the transfer of hospitals and dispensaries that have hitherto been under the control of Japan Medical Corporation, to the prefectural authorities, will also successively be laid before the diet as additional ones immediately after the arrangement with the Central Gov't as well as other expenditures needed.

Yours truly,

Minoru Seiyo

Budget passed

<u>Items of expenditures</u>	<u>Amount of expenditures</u>	
Health Centers	2,462,000	OK
^{P.H. nurses} Promotion of health of ^{? Education?} general public	628,000	
(communicable disease control) Prevention of epidemics	3,975,000	OK
Prevention of T. B.	1,021,000	OK
Prevention of leprosy	40,000	OK
Facilities for prevention of trachoma	395,000	OK
Rodent and Insect Control	558,000	OK
Lice control	100,000	OK - put to sanitation Sec of H. I.
Prevention of V. D.	40,000	
Clinics for V.D. patients	1,308,000	OK
Miscellaneous hygienic affairs	2,173,000	
Personnel in charge of public health	3,654,000	
Relief	563,000	
Grant for medical treatment	2,443,000	
Hygienic affairs in schools	296,000	
Health Insurance	188,000	
Juvenile welfare ^{? child health program}	1,095,000	watch H.
Total	¥20,939,000	

what happened to increase of P.H. nurses 628,000
 food inspection, water tests?
 health statistics

PH

Mar. 27, 1948

To : Commanding Officer of Kochi Mil Govt Team.
From : Naomi Momo, Governor of Kochi Pref.
Subject: Public Health Planning Deficiencies

I respectfully beg to report as attached sheets on the public health planning deficiencies of Kochi Pref., on which you kind recommendations were given on Feb. 28, 1948.

- I. The ratio of the health budget in the total 1948 fiscal budget is as stated in the report previously submitted to Kochi Mil Gov't Team by the chief of Public Health Department. The health budget, in its nature, should be included in the current prefectural budget. But as the rate of the State subsidiers is not certain yet, we are compelled to postpone the demand for the budget. We are planning to refer the budget to the Pref. Assembly in coming April, as soon as the subsidies by National Treasury is definitely settled. However, the earthquake damage recovery works in this pref. bring unavoidable increase in the total budget. So, it is financially difficult to raise the rate of health budget higher than the average in other prefectures, though special stress is laid upon the health problems.

II. Public Health Education

1. Establishment of full time personnels in charge of health education.
2. Establishment of Health Education Coordination Conference participated in by the representatives of governments, civil organizations and news circles to make the most effective use of the health education.
3. Dissemination of information concerning health and welfare.
 - (a) To launch hygienic knowledge dissemination activities in Spring and Autumn.

It is needless to say that the health education will be carried out at any time. But a large campaign concerning health knowledge dissemination will particularly be carried out all over the prefecture in spring and autumn. The summer infections diseases will be the object of the campaign in the former and tuberculosis, winter infections diseases and parasitic diseases in the latter.
 - (b) Collective utilization of dissemination measures.

Lecture course, movies, magic lanterns, poster, pamphlets, newspapers, local broadcasting etc will collectively be used for the dissemination of health knowledge.
4. Cooperation in the work of the health train.

With the arrival of the exhibition train, various health consultation stations, lecture course, movie activities will be opened in local districts. The expenditures necessary for these activities will be appropriated in the additional budget.

5. Lecture course for the persons engaged in health work.
It is planned to give lecture course at more than 2 places in the district under charge of each Public Health Center at least 4 times per year.
The lecture will be given by the more active guidance of each official concerned, with the pref. officials in charge of health education as the leaders.
The lecture course will be given to mayors of city and town, headmen of village, officials in charge of sanitation and Welfare Committees, and persons in charge of sanitation in factories and school.

6. Establishment of Health Education Team in each Public Health Centre.
The team will consist of those personnels selected from the staff of the Public Health Centre.
It will carry out it's duties at every proper time and place, holding local meetings concerning practical health education in each district together with the activities on a large scale all over the pref. in close coordination with the pref. government officials in charge of health affairs.
Every effort will be made to give the most successful education with the present appropriation of 250,000 yen calculated in the current budget.
However, if the above appropriation absolutely falls short of the real need for the successful execution, the pref. government will demand the additional budget.

III. Public Health Centre and Health Research Institute

(1) The fixed number of the staff of the Public Health Centre was increased from 71 to 131 in accordance with the instruction of Welfare Ministry, and at the same time various measures necessary for the change of the staff as a result of the enlargement of the enterprises were taken in the matter of the budget.

We have not yet received concrete instructions from the Welfare Ministry concerning the revision of pay to the staff of the Public Health Centre.

It is decided, however, in this prefecture that the research allowance of 1,000 yen per month is paid to the technical officers qualified for doctors.

Special attention is paid to the improvement of the salaries of the staff in general and the basic salary estimated in the 1948 fiscal budget is more than the average designated by the Welfare Ministry.

The pay system will be revised in the near future, because the salaries of public officials and employees in general is decided to be revised.

(3) As to the equipments of the Public Health Centre, necessary measures for the establishment of a disinfecting house, improvement of the present X-ray apparatus, and the purchase of the new portable Röntgen ray apparatus have already been taken so far as the budget concerns.

(4) The expenditure for the construction of a Model Public Health Centre was not appropriated in the current budget owing to the obscurity as to the sum of the State subsidies.

But the preparations such as the selection of the place and the design of the equipments are now under way. With a view to swift construction, therefore, we will ask for their approval of the Pref. Assembly for the construction budget as soon as the subsidies by National Treasury is definitely settled.

(5) Every effort is made to have a chief in a Public Health Centre. So its realization will not be long. And in order to fill vacancies of other medical officers, the negotiations are in progress with the several physicians and surgeons including those living in other pref.

(6) As to the institution for public health study and experiments, the preparations are now under way for the establishment of a synthetic Public Health Research Institute by

Sc AP does not want local officials to wait. Well the times are set to compel compliance with a minimum 2

S.S.P.

[Handwritten signature]

unifying the former Public Health Experimental Institute and the Microbe Research Station.

- IV. As to your recommendations concerning the basic monthly salary of 20,000 yen for the chief of Public Health Centre and the salary of the chief of Public Health Dep't raised in proportion to the above pay, it is very difficult at present, if we consider the balance between these officials and other pref. government staffs in the matter of salary.

I respectfully beg to ask for your understanding for these circumstances.

V. Insect and rodent control

1. We are making effort for realization of the plan of this year, holding the conference on insect and rodent control at 10 places in the Pref. during Mar. 11 - Mar. 24.
2. Following 21 towns and villages will be requested to have the control team and constant efforts be focussed on their training.

Kochi City, Kan-no-ura-cho, Muroto-cho, Aki-cho, Akaoka-cho, Kishimoto-cho, Yamada-cho, Gomen-cho, Ino-cho, Noda-mura, Motoyama-cho, Takaoka-cho, Shin-usa-cho, Sakawa-cho, Ochi-cho, Susaki-cho, Kure-cho, Kubokawa-cho, Nakamura-cho, Shimizu-cho, Sukumo-cho.

- VI. With regard to contaminated food, the control and guidance are now being conducted by Food Inspector according to the Food Hygiene Law. The budget for the plan, has been made and the number of the inspector been decided to be increased by 4 persons (23 in all) for the year of 1948. Moreover, it is expected that a considerable number of the assistant inspector will be supplied under the expense for the relief of the unemployed in the intellectual class.

Local hygienic laboratories are now planning to prepare the equipment and building for the hygienic experiment on food. As for control of water, ¥70,000 has been included in the budget as expenditure therefor. Examination will be surely made more than once a month into the condition of water supplied in Kochi City and other 15 places in the Pref. Furthermore, the sterilization by chlorine will be carried out at water facilities. These facilities and health centers will have portable water-gauges to investigate into the quantity of chlorine. 10 personnels are prepared for such investigation by both Public Health Dep't and the health center. Additional budget, if necessary, will be made for these plans.

VII. Salary for public health nurses.

The salary paid to public health nurses was very insufficient in the past, so improvement in pay was made by raising the salary at higher rate than other pref. personnels at the time of regular increase of salary in Sept. and Dec. of last year. Such improvement will be successively carried out in future, too.

VIII. Enhancement of public health activities in towns and villages.

1. As town and village officials have hardly been concerned with public health activities up to this date, Pref. authorities are requesting health officials in towns and villages for their brisk activities hereafter, calling them together

to a meeting in each area and giving them proper instructions.

- (2) Taking advantage of various meetings, we are strongly advocating that at least 5% of the total budget of towns and villages should be ensured for public health activities.
- (3) Public Health Dep't's chief laid stress on the above-mentioned (1) and (2) at the town and village headmasters' conference held at the Pref. Assembly Hall on Mar. 16, 1948. We will do our best for promotion of public health activities, making use of every opportunity.

Expenditure Estimate for the Fiscal Year of 1948
Public Health Department

17 February 1948

Health Center (model not included in cost)	2,462,000		
Personnel expenditure		1,492,000	
Installational accessories, expendable supplies, correspondence, etc.		970,000	
Increase of Public Health nurses	628,000		
Personnel expenditure		452,000	
Installational accessories, building rent, etc.		176,000	
Prevention of Communicable Diseases	3,725,000		
Personnel expenditure		258,000	
Installational accessories, expendable supplies, correspondence, etc.		467,000	
Subsidy to towns & villages		3,000,000	
	<i>too small</i>		
<u>Public Health Education</u>	<u>250,000</u>		
Tuberculosis Control	1,021,000		
Personnel expenditure		41,000	
Installational accessories, expendable supplies, building rent, etc.		980,000	
Leprosy Control	40,000		
Personnel expenditure		40,000	
Trachoma Control	395,000		
Personnel expenditure		10,000	
Expendable supplies		5,000	
Subsidy for treatment to towns & villages		380,000	
Insect and Rodent Control	558,000		
Personnel expenditure		117,000	
Expendable supplies		339,000	
Subsidy to towns & villages		102,000	
	100,000		
Louse Control	<u>100,000</u>		
Personnel expenditure		3,000	
Expendable supplies		97,000	
Venereal Disease Control	1,348,000		
Personnel expenditure		149,000	
Installational accessories, expendable supplies, correspondence, etc		1,199,000	
Control of Intestinal Parasites	300,000		
Research Work of technicians(MD's)	300,000		
Examination's for Midwives, etc.	7,000		
Education of public to gather herbs, etc.	5,000		
Operational subsidy for health organizations	2,000		

1,348,000
149
1087

Team 6 per 10,000 pop

Cont'd

	Pers. Exp.	Misc.
Health Statistics	¥ 200,000	¥ 52,000
Drug Distributions	41,000	45,000
Narcotic Control	42,000	17,000
Prevention of Animal Diseases	327,000	65,000
Food Inspection	632,000	68,000
Water Tests	35,000	35,000
School Hygiene	700,000	
Medical Aid	4,017,000	
National Health Insurance work	168,000	
Departmental Personnel Expenditure (Only Prefectural paid salaries)	3,654,000	

24 INSPECTORS 1200 yen/mo. allowance
 Small
 Food San Committee 30 members & allowances

region analyzed

what is this medical aid. This is all? welfare expense.

 Grand Total ¥ 21,239,000

 Percentage of Total Prefectural Budget 3.8% (?)

 70% of total basic budget (local origin minus subsidies) = 47%

Welfare has a 30 million yen budget. Medical aid can't be charged to a Public Health Dept. Social Health Ins. are welfare Dept functions and utterly distort the 70% of budget allotted to P.H. Charge to welfare & reduce their budget if any revision to be made

Ogawa

R-E-S-T-R-I-C-T-E-D

HEADQUARTERS EIGHTH ARMY
United States Army
Office of the Commanding General
APO 343

AG 319.1 Gen. (MG-X)

31 December 1946

SUBJECT: Military Government Reports

TO : (See Distribution)

1. An advance copy of paragraph 10, Annex 8 to Administrative Order Number 20, this headquarters (issue pending) is forwarded herewith (Inclosure 1) for compliance beginning with reports submitted as of 15 January 1947.

2. Instructions contained in inclosed advance copy of paragraph 10, Annex 8 to Administrative Order Number 20, supersede all previous instructions concerning military government reports listed therein.

BY COMMAND OF LIEUTENANT GENERAL EICHEMBERGER:

1 Incl.
Adv. Copy par. 10.
Annex 8 to Adm. O 20
this Hq.

R. SCHAFER
Lt Col, AGD
Asst Adj Gen

Distribution:
5 copies each addressee
3 copies each Mil. Govt Unit

R-E-S-T-R-I-C-T-E-D

Prefecture H. Section Budget

1. Date as of 29 November 1947

Prefecture total 1,083,467,328

P.H. Section (Salaries excluded) 2,502,424

Percentage 0.2% *(figure not correct)*

2. The above budget included all emergency allocations for earthquake (Dec 46) repair.

Prefecture budget (normal) 318,567,000

Prefect. P.H. (? normal) 2,502,424

Percentage 1.53%

1948 Budget

welfare - 28 million yen
(welfare + labor birth)

Basic

Pref Total Basic 1948		P.H		%
縣豫算總額		保健衛生関係 豫算總額		比率
565,911,000 ₁₄		20,855,000 ₁₄		3.7%
Basic		Total prefectural budget financed locally		
縣豫算總額	Mat Gov Subsidy whole prefecture 縣財源=関係 及臨時の豫算額	差引豫算額	合上	合上
565,911,000 ₁₄	31,721,000 ₁₄	534,190,000 ₁₄	20,855,000	= 3.9%
Supplementary		Total prefect budget financed locally		
縣豫算總額	Total planned supplementary sum for 1948 from which 31,721,000 used	差引豫算額	合上	合上
565,911,000 ₁₄	118,811,000 ₁₄	447,100,000 ₁₄	20,855,000	4.7%

118,811,000 - 32,721,000 = 87,090,000
534,190,000 - 87,090,000 = 447,100,000

Recommend that lab + model H.C funds
come partly from basic budget. plus net subsidy

OFFICIAL GAZETTE

English Edition

No. 431

FRIDAY, SEPTEMBER 5, 1947

Law No. 101

The Health Center Law

Article 1. Health Center shall be established by Tokyo Metropolis, Prefectures, and by cities determined according to the Cabinet Order for the purpose of improvement and advancement of public health in that district.

Article 2. Health Center shall give guidance concerning such matters as mentioned in the following items and undertake enterprises necessary for the purpose:

1. Matters concerning the diffusion and improvement of hygienic knowledge;
2. Matters concerning vital statistics;
3. Matters concerning the improvement of nutrition service including sanitation of food and drinks;
4. Matters concerning sanitation of houses, water-works, sewerage, disposal of garbage and refuse, and other environments;
5. Matters concerning public health nursing;
6. Matters concerning improvement and advancement of medical social service;
7. Matters concerning material and child hygiene;
8. Matters concerning dental hygiene;
9. Matters concerning diagnostic laboratory service;
10. Matters concerning control of tuberculosis, venereal diseases, communicable diseases and other diseases;
11. Matters concerning improvement and advancement of other public health services in local districts.

Article 3. Chief of the local public body stipulated in Art. 1 may entrust to health centers, affairs concerning matters belonging to his official authority which are mentioned in items of the preceding Article.

Article 4. Health Center may treat, in case of necessity for the improvement and advancement of public health in its district, tuberculosis, venereal diseases, dental diseases and other diseases designated by the Welfare Minister.

Article 5. Health Center may practise, for the purpose of improvement and advancement of public health in its district, necessary diagnostic laboratory service.

Health Center may permit those who are physicians, dentists, pharmacutists and others to use the facilities concerning the abovementioned services.

col same
linked
repeatedly

- Article 6. The Welfare Minister may, if deemed necessary for the improvement and advancement of public health, order matters of necessity concerning establishment and management of Health Center to a local public body under Article 1.
- Article 7. A local public body under Article 1 may establish a branch for the convenience of managing affairs of a Health Center.
- Article 8. Any institute, which is not established under this Law shall not use the name of Health Center (or the letter of Hokensho). This rule, however, shall not be applied when authorized by the Welfare Minister.
- Article 9. Rents, charges or medical fee concerning the avail of facilities and the services of Health Center shall not be collected except when provided for by Order or regulation.
- Article 10. The National Treasury shall, to a local public body that disburses expense concerning a Health Center, subsidize not more than a half of its disbursement amount.

Supplementary Provision:

The date of enforcement of this Law shall be determined by the Cabinet Order.

Minister of Welfare
HITOTSUMATSU Sadayoshi
Prime Minister
KATAYAMA Tetsu

See Col Sans talk (W. Bulletin 55 11-17 Jan 48)

1. P. H nursing
2. Maternal & child welfare
3. Vital statistics
4. Diagnostic laboratory
5. Dental Diagnostic Treatment
6. Nutrition
7. Sanitation & Hygiene
8. Public Health Education
9. Medical Social Services
10. Communicable Disease Prevention
11. Tuberculosis Control
12. V. D. Control

HOSPITAL ADMINISTRATION

Points as approved by 8th Army Hospital Inspector. In large hospitals, each section has a separate Chief. Combine functions in smaller hospitals.

1. Chief Administrator
Responsible for policy. Should be M.D. He sees whole picture - administrative and professional.
2. Executive (Ass't Administrator) -
Responsible for execution of policies.
3. Adjutant (Chief Clerk) - A desk man
4. Personnel Chief - Records on personnel, time
5. Registrar - Records and finance (collects bill of patients)
6. Fiscal director - Pays all bills for hospital and personnel salaries.
7. Supply Chief - Medical and non-medical
Buys food ordered by # 8 ?
8. Food service - Responsible for diet, preparation of food, service and procurement of food.
9. Nursing Chief
11. Sanitation Chief - (housekeeping)
11. Professional services - Maintenance of doctor's administrative work.
12. Recreation and rehabilitation
13. Construction, Maintenance and Repair (Building and grounds chief)

HEADQUARTERS
KOCHI MILITARY GOVERNMENT TEAM
Kochi, Shikoku
APO 317

Milk Plant & Dairy Check Sheet

Date _____

Name: _____

Location: _____

Owner's name: _____

Date of plant construction: _____

Average daily milk production: _____

Number of cows supply milk: _____

Are all the cows producing: _____

Is high or low sterilization used: _____

Facilities for cold storage & cooling: _____

Sanitation of plant & stables: _____

Price of milk: _____

Average number of consumers per day: _____

B.F. content: _____

Date of last inspection by Pref: _____

Remarks: _____

Inspected by: _____

(2)

TRANSLATION OF ARTICLE

Name of Publication: _____ Date of Issue: _____

Date of Translation: Dec 24 '47 Translated by: UETA

4. Matters concerning materials for prevention
5. Matters concerning goods other than medicines
6. Matters concerning the pharmacist association
7. Matters concerning medical herbs
8. Matters concerning poison
9. Matters concerning sanitary examination
10. Matters concerning hot-springs and mineral water
11. Matters concerning other affairs connected with medical hygiene

Noted by: _____

No. Rules of Sanitary Union

衛生組合規約

一 保健衛生事業ヲ協力シテ執行スル為メ組合ヲ設ケ左ノ地域ノ住民ヲ以テ組織シ寮永町北衛生組合ト稱ス

第一區 弥生町三番地 同五五番地 同五九番地

第二區 寮永町一八番地 同一九番地 同二一番地 同二四番地

第三區 寮永町九番地 同九五番地 同一二番地 同二四番地 同二五番地 同二六番地

第四區 寮永町九六番地 同九七番地 同九八番地 同九九番地

第五區 寮永町九六番地 同九七番地 同九九番地

第六區 北新町七四番地 同七五番地 同七六番地 同七八番地 同八〇番地 同八二番地

第七區 寮永町九八番地 同九九番地 同一〇三番地 同一〇四番地 同一〇五番地

第八區 鉄砲町五七番地 同五八番地 同六一番地 同六三番地

二 組合ニ左ノ職員ヲ置キ組合事務ヲ処理ス其ノ任期ハ一年トス

十一月一日至十二月三十一日迄トス

組合長 一名

日章

(A)

No.

副組合長 一名

委員 八名

任期満了ノ際後任者ニ事務引續ヲナスコト能ハサルトキハ其ノ終了スル迄在任スルモノトス

三 組合長副組合長、委員会ニ於テ委員ハ各區ニ於テ選定スルモノトス

四 組合長ハ組合ヲ統理シ組合事務ヲ執行ス

副組合長ハ組合長ヲ補佐シ組合長事故アルトキハ其職務ヲ代行スモノトス

委員ハ組合長ノ指示ニ依リ選出區ニ於ケル組合事業又ハ事務ヲ分担シテ行フモノトス

五 組合事業運営ニ係リ經費ノ收支其ノ他重要事件ハ委員会ノ決議ヲ經テ行フモノトス

六 組合費ハ必要ノ都度各力ニ平分シ集約スルモノトス

日章

2

No.

組合経費ノ收支ハ事件毎ニ決算シテ
天正モト下
委員会ニ報告

組合長 坂本氏富
副組合長 友村仁平

一戸数 七五戸

世帯数 七九世帯
人口 三三〇人

日章

3

Constitution Jan 48

Agreement of the Sanitary Association

1. In order to execute co-operatively the Public Health and Public Hygiene programs we establish an association which is organized of people in the below mentioned districts, named Sanitary Association of Hiei-cho-kiita.

First District

3 Yayoi-cho, 155 Yayoi-cho, 156 Yayoi-cho

Second District

108 Hiei-cho, 109 Hiei-cho, 111 Hiei-cho, 114 Hiei-cho

Third District92 Hiei-cho, 95 Hiei-cho, 112 Hiei-cho, 114 Hiei-cho, 115 Hiei-cho
116 Hiei-choFourth District

96 Hiei-cho, 106 Hiei-cho, 110 Hiei-cho

Fifth District

96 Hiei-cho, 97 Hiei-cho, 99 Hiei-cho

Sixth District74 Kitashin-machi, 75 Kitashin-machi, 76 Kitashin-machi
77 " " , 80 " " , 81 " "
82 " " "Seventh District

98 Hiei-cho, 101 Hiei-cho, 103 Hiei-cho, 104 Hiei-cho, 105 Hiei-cho

Eighth District

57 Teppo-cho, 58 Teppo-cho, 61 Teppo-cho, 62 Teppo-cho

2. The association has the below mentioned staffs to manage its businesses. The term is for a year from Jan. 1 to Dec. 31.

President	1 person
Vice-president	"
Committee	8 person

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ASN _____

Type of Container _____

No of Tag _____

If the officers can not pass on their work when the term has expired, they should hold offices until it is finished.

3. The President and the Vice-president should be chosen by the Committee-members and the Committee-men by people of every district.
4. The President presides over the Association and executes the businesses of the same.
The Vice-president assists the President and in case of the president's absence, he acts for the president & carries out his duties.
The Committee-members execute the business of the district from which they are chosen, taking charge of the work under the instruction of the President.
5. The important matters, such as the management of the business of the Association or the finance of the expenditure, should be executed through the decision of the Committee.
6. The expense of the Association should be collected by allocating equal amounts to every household whenever it is necessary.
The receipts and disbursements of the expenditure of the Association should be settled on account every time of an affair and it should be reported to the next Committee meeting.

President	Ujitomi Sakamoto
Vice-president	Hihei Tomomura
Number of households	79
Number of houses	75
Population	330

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ACN _____

Type of Container _____

No of Tag _____

Agreement of the Sanitary Association of Tenjin-machi, City of Kochi

- Article 1.** This association shall be organized voluntarily by the inhabitants of Tenjin-machi, city of Kochi, and shall be entitled the Sanitary Association of Tenjin-machi, city of Kochi.
- Article 2.** The aim of this association shall be as follow:
 To keep the whole area sanitary; to prevent and cure epidemics, diseases by parasites, and local diseases; and to maintain and promote public health affairs.
- Article 3.** In order to accomplish its aim above mentioned, this association shall carry out the following matters:-
- (1) Matters concerning neatness.
 - (2) Matters concerning disinfection.
 - (3) Matters concerning rodent control, and extermination of insects.
 - (4) Matters concerning prevention of epidemics, and education on public health and sanitation.
 - (5) All matters concerning accomplishment of its object.
- Article 4.** The officers of the association shall be elected from among the members as follow:
- | | |
|-----------------------------------|---------|
| (1) President of association | 1 |
| (2) Vice-president of association | 1 |
| (3) Members of Committee | Several |
- Article 5.** The terms of the officers shall be one year, and they can be reelected.
 The remainder of the former officer's term of office shall be given to the officer that comes from by-election.
- Article 6.** Representing the association, the President carries on the business of the association.
 The Vice-president shall assist the President and carry on the business of the association.
 The members of Committee shall assist the president and Vice-president and shall carry on the business according to their duties.
 In case the president cannot carry on his business, the Vice-president shall take the former's place.
 In case both the president and Vice-president can not carry on their business, the members of the committee shall elect a proxy from among them and the proxy shall take place of the president.

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ASN _____

Type of Container _____

No of Tag _____

- Article 7. As a rule the officers shall be honorary position, but where a decision given by the general meeting of the members of the association, they shall be paid proper allowances.
- Article 8. When there is a decision of the general meeting some paid clerks may be employed.
- Article 9. The expenses of the association shall be defrayed by its members.
The members' share of defrayment shall be allotted by the decision of the general meeting.
- Article 10. The president shall furnish a book and in it the expenses of the association shall be entered fully. Within two months after the fiscal year's end, an account shall be made and approved by the next general meeting.
- Article 11. There shall be a general meeting and a committee meeting in the association.
The general meeting shall be formed of the members, while a committee meeting by the president, Vice-president and the members of committee.
The general meeting shall be divided in two - the regular meeting and special meeting.
The regular meeting shall be held once a year.
The special meeting shall be held where the head or the committee necessitates it or the major members request to hold.
The meeting of the committee shall be held where the head or the major member of the committee find it necessary.
- Article 12. The president shall call up every meeting and preside as a chairman.
When the president cannot attend the proxy shall take his place.
- Article 13. The discussed matters in the meetings shall be decided by majority of the attendants and when tied, the president shall decide the pros and cons.
- Article 14. All the member are requested to observe the matters regulated in this agreement, and the matters informed by the president, and they are also requested to exert their best voluntarily to develop this association.
- Article 15. The fiscal year of this association shall be from April 1 to March 31 of the following year.
- Article 16. In order to accomplish the objects this association shall join the Public Health Joint Associations in city of Kochi and collaborate with it closely.

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ASN _____

Type of Container _____

No of Tag _____

Hosp Adm

File TH

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

APK:b
 25 August 1947

MEMORANDUM FOR RECORD

SUBJECT: Tuberculosis Survey at Kochi Prefecture.

1. Captain Lawrence, of MGT, met with Dr. Katani, Dr. Seijo, prefectural health officer, and two other prefectural health officers and the undersigned at the prefectural office for a conference on the control of tuberculosis in this prefecture. In this location there is one national tuberculosis sanatorium. There are three Japanese medical treatment corporation hospitals and one sanatorium. There is a total of 247 beds, for the care of tuberculosis. There is some discussion that the medical treatment hospitals probably will be operated by the prefectural rather than the national government. As of August 5 1947 there were 89 patients in the tuberculosis sanatorium and 10 in the national hospital, a total of 99 patients hospitalized. The population of this prefecture is 800,000 which makes about 1 bed per 1000 people. There is extremely good cooperation between the health centers and the national sanatorium in this prefecture. Cases are referred back and forth by the health centers and sanatoriums. There are five health centers throughout Kochi and these are placed along the coast, which is the most thinly populated. Some centers are needed back among the hills. *check in my list*

2. In the national sanatorium which has only been opened the past two months there is no x-ray equipment but there are two pieces of x-ray equipment apparatus in the national hospital. In the health center there are five of the fixed type which are said to be in working order. At the national sanatorium the extra ration is being obtained.

3. A visit was made to the national sanatorium which was quite small and it has just been opened a few months. DDT spraying has been done in the kitchen which was remarkably free from flies although there were no screens. The ventilators in the roof were not made bird proof. "On the job" training concerning the proper management of both the kitchen and the latrines was done. There is inadequate bed space throughout this prefecture for the care of tuberculosis. It was suggested that Wassermanns be done in all national sanatoriums, hospitals and health centers.

4. The health center at Aki was inspected and found to be capable of doing a much larger amount of work than is being done at the present time. Case finding and home followup visits need to be enlarged in scope. This was recommended at the time of the visit. The same procedures are to be insisted upon in the other health centers in the prefecture. It was in the health centers that trachoma is being cared for in their clinics. The treatment used was as follows:

SAVE

1. Silver nitrate 0.5%
2. Zinc Sulphate 1%
3. Copper Sulphate 0.5%
4. Copper Sulphate crystals
5. Yellow oxide mercury 2%
6. Massage

5. Upon inquiry Captain Lawrence was unable to find out from where they had obtained this treatment and asked if the latest treatment for trachoma in the United States could not be obtained for his files.

6. On 18 August 1947, an address on the control of tuberculosis in Japan was given to approximately 100 people and prefectural officers.

7. Action: On the job corrections were made at the time as above stated.

ALBERT P. KNIGHT, M. D.
Tuberculosis Consultant

SNE

TO: Mr. Yamamoto, Mayor of Kochi

FROM: Mr. Kenichi Hayashi, Head of Association
Mr. Shigezo Kubouchi, Vice Head of Association

DATE: August 5, 1947

SUBJECT: Information of Establishment of Sanitary Association

Dear Sir:

Having established a Sanitary Association, we have honor to inform you its full terms and agreement.

Terms

1. Title: The Sanitary Association of 3 Chome Obiya-machi, city of Kochi
2. Covering district: Whole area of 3 Chome Obiya-machi, city of Kochi
3. Houses: 93
4. Households: 108
5. Populace: 411

Agreement

- Article 1. This association shall be titled Sanitary Association of 3 Chome, Obiya-machi, city of Kochi.
- Article 2. This association is organized by the inhabitants, offices and shops in the whole area of 3 Chome Obiya-machi, city of Kochi.
- Article 3. The officers of the association shall be as follows:
- | | |
|-------------------------------|-----|
| President of association | 1 |
| Vice-president of association | 1 |
| Accountant | 1 |
| manager | few |
- Article 4. All staffs shall be honored offices, and shall be elected by the members, and their term of office shall be one year.

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ASN _____

Type of Container _____

No of Tag _____

Article 5. The association shall take charge of prevention of epidemics and sanitary affairs.

Article 6. The association expenses shall be defrayed by the members when needed.

Article 7. The working year of the association shall be from April 1 to March 31 of the following year.

Supplementary rule: This agreements shall be effective on and after August 3, 1947.

Certificate of Retention and Customs Declaration
(Strike out portions inapplicable)

I certify and declare that the following items of Government Property were purchased by me and are my personal property.

Name

Rank and Arm

CUSTOMS DECLARATION

I declare that all items listed herein consist of personal and household effects either taken abroad by me or acquired abroad, for my personal use, except the following:

Date _____

Signature _____

Rank & ASN _____

Type of Container _____

No of Tag _____

File - Administration
of Hosp (Health
activities)

May 16, 1947

Regulations Of The Sanitary Association

- Art. 1. The city, town and village shall establish a sanitary association and make it carry out matters concerning cleaning, disinfection and epidemics prevention.
- Art. 2. A sanitary association shall be established at each city, town and village. The city shall have as many sanitary associations as the mayor thinks it necessary. Sanitary associations in a 'gun' shall organize a federation. Sanitary associations in the city shall organize a federation. The regulations relative to sanitary associations shall also be applied to the federations of sanitary associations.
- Art. 3. All residents in the district of a sanitary association shall be members of the association.
- Art. 4. The sanitary association shall set up its rules in accordance with the provisions of this regulation, which shall need the governor's authorization. The governor's authorization is also necessary in case the rules are revised.
- Art. 5. Omitted
- Art. 6. The sanitary association shall have one president, one vice-president and several committee members selected from among its members. In case of necessity, officers other than the above shall be set up in the sanitary association. The president and vice-president of the federation shall be elected from among sanitary association members.
- Art. 7. The term of office of the sanitary association shall be 2 years. They may be re-elected. The term of the succeeding officer shall be the remaining term of the preceding officer. The elected officer shall not be able to refuse the election nor resign during the office term without due reasons.
- Art. 8. The president of sanitary association shall report addresses and names of its members to the city, town or village and the governor within 10 days after his assumption of the post. He shall also report any change of the members' addresses and names to the city, town or village master and the governor.
- Art. 9. The sanitary association shall duly pay the officers.

- Art. 10. The president of sanitary association shall supervise the business of the association. The vice-president shall assist the president and act for the president in case of necessity. The committee members and other officers receive orders from the president and execute the respective business under their charge.
- Art. 11. Expenses of the association shall be shouldered by its members.
- Art. 12. The president shall prepare books to clarify the revenue and expenditure of the association. He shall work out a balance sheet within 2 months from each fiscal year's end and report it to the governor. The balance sheet shall be introduced to the general meeting of the next fiscal year and shall be recognized.
- Art. 13. In case the governor thinks it necessary, he shall make the public officials inspect the business of the association or order the change of the association's rules or election of the officers.
- Art. 14. The rules of the sanitary association shall prescribe the following matters:
1. The territory, name and the office address of the association.
 2. Matters concerning the officers' election, discharge and duty.
 3. Matters concerning the associations' revenue and expenditure.
 4. Matters concerning the associations' conference.
 5. Matters concerning the practise of the associations' rules.
 6. Matters concerning the associations' business.
 - a. Matters concerning Cleaning.
 - b. Matters concerning Disinfection.
 - c. Matters concerning Inoculation.
 - d. Matters concerning Elimination of Rats and Insects.
 - e. Matters concerning Prevention of Epidemics.
 - f. Any other matters necessary for Prevention of Epidemics.
 7. Administration of business of the Association.
 8. Matters concerning reward of members of the association.
 9. Any other matters which the association deems necessary.
- Art. 15. The sanitary association shall be equipped with tools and medicines necessary for the prevention of epidemics.

- Art. 16. The business results of the association shall be informed to the Prefectural Governor within a month after the termination of every fiscal year.
- Art. 17. The sanitary association may notify the Prefectural Governor of their opinion concerning their business.
- Art. 18. Documents to be rendered to the Prefectural Governor in accordance with these regulations, shall be sent through the Municipal Office, town or village offices, or the Public Health Institute.

Hosp. adm.

Prefecture Government

1. General Affairs Department
2. Department of Welfare
3. Department of Education
4. Economic Affairs Department (includes labor)
5. Public Works Department
6. Department of Health
7. Department of Agriculture Land

SLAUGHTER HOUSE CHECK SHEET

DATE 23 Dec. 47

NAME: *Kubokawa-cho Slaughter House*
 LOCATION: *Kubokawa-cho, Takao-ken*
 WHEN WAS IT INSPECTED LAST: *10 November 47*
 NUMBER OF ANIMALS SLAUGHTERED IN PAST MONTH: *(1) ?*
 IS THE SLAUGHTERING INCREASING: *?*
 WERE THE ANIMALS INSPECTED BEFORE SLAUGHTERED: *Yes, supposedly*
 ARE ANIMALS INSPECTED AGAIN AFTER KILLED: *"*
 IS THERE THE PROPER DISPOSAL OF WASTE: *No.*
 ARE THE CONDEMNED PARTS DISPOSED OF: *?*
 IS THE SANITATION OF BUILDING FAVORABLE: *No.*
 ARE THE CARCASSES AND HIDES LYING AROUND: *Yes (hide)*
 ARE THE DRAINAGE DITCHES CLEAN: *No.*
 ARE DISEASED ANIMALS ISOLATED: *No facilities for isolation*
 IS ANY PART OF A DISEASED ANIMAL USED: *?*
 WHO INSPECTS ANIMALS BEFORE SLAUGHTERING: *Provincial veterinarian in Kubokawa.*
 IS THE EQUIPMENT KEPT CLEAN: *Fair*
 GENERAL INFORMATION: *Large hole in the floor of the house drains unsuitable for general cleanliness. Refuse pit very unsatisfactory. Recommend immediate actions for improvement.*

INSPECTED BY: *A/Sgt. Hazleton*

Hosp. Adm.

Prefecture Public Health Department

Chief: Dr. M. Seijo

Asst Chief: Dr. Nakaya

Public Hygiene Section (Includes veterinary)
Chief: Dr. Nakaya
(also Asst Dept Chief)

Medical Affairs Section
Chief: Mr. Akaboli
Public relations officer: _____

Medical Supply (pharmacy) Section
Chief: Mr. K. Ueta

Preventive Medicine Section
Acting Chief: Dr. Seijo

HOSPITAL CHECK SHEET

DATE _____

NAME OF HOSPITAL:

LOCATION:

DIRECTORS NAME :

NUMBER OF NURSES:

AVERAGE NUMBER OF IN-PATIENTS EACH DAY:

AVERAGE NUMBER OF OUT-PATIENTS EACH DAY:

ACCOMMODATION CAPACITY:

ANY DAMAGE FROM EARTHQUAKE:

HAS IT BEEN REPAIRED:

NAME THE TYPES OF DOCTORS:

IS THE X-RAY MACHINE IN GOOD ORDER:

ARE THERE SHORTAGES IN MATERIALS:

IF SO, NAME THEM:

ARE THE SANITARY CONDITIONS FAVORABLE:

WHEN WAS THIS HOSPITAL INSPECTED LAST:

GENERAL INFORMATION: _____

INSPECTED BY:

Health Center

PUBLIC HEALTH: (CJ)

1. Attention is invited to the following Japanese laws published in the Japanese Government's Official Gazette:

a. Official Gazette for 5 Sept 47:

(1) Health Center Law: This law implements SCAP memorandum PHMJG-16, 7 Apr 47, and gives to health centers the basic functions outlined therein. Health centers will be financed locally, but can be subsidized up to 50% by the National Treasury. No fees will be charged for services rendered by health centers unless special authority is obtained from the Welfare Minister.

(2) Regulations regarding standards to be adhered to by dentists giving dental treatment under the health insurance program.

b. Official Gazette for 22 September 47:

Law Concerning Delivery of Dead Bodies to Medical Educational Organs. This law permits bodies which are unclaimed for 48 hours after the medical examiner's examination to be used in medical or dental colleges for educational purposes. The school must bear all expenses and religious rites must be observed according to other existing laws and customs.

Up To-date Facts on Health Institutions

05 47

1. Operated by: Kochi Ken Agricultural Association
2. Official Name: Kacho Byoin (Kacho Hospital)
3. Name of Director: Shigehisa Okamune
4. No. of Doctors excl. (3): 9
5. No. of Nurses: 23
6. No. of Technicians: 2
7. Other personnel: 17
8. Accommodation Capacity: 78

1. Operated by: Kochi Ken Agricultural Association
2. Official Name: Koryo Kemmin Byoin (Koryo Kemmin Hospital)
3. Name of Director: Kaname Izeki
4. No. of Doctors excl. (3): 10
5. No. of Nurses: 20
6. No. of Technicians: 2
7. Other personnel: 19
8. Accommodation Capacity: 79

Up To-date Facts on Health Institutions

1. Operated by: National Health Insurance Association
2. Official Name: Kokuho Byoin (Kokuho Hospital)
3. Name of Director: Kosaku Hamada
4. No. of Doctors excl (3): 0
5. No. of Nurses: 3
6. No. of Technicians: 0
7. Other personels: 2
8. Accommodation Capacity: 10

1. Operated by: National Government (Ministry)
2. Official Name: Kochi National Tuberculosis Sanatorium
3. Name of Director: Akira Sakamoto
4. No. of Doctors excl (3): 2
5. No. of Nurses: 24
6. No. of Technicians: 1
7. Other personels: 0
8. Accommodation Capacity: 100

UP To-date Facts on Health Institution

1. Operated by: Medical Treatment Corporation
2. Official Name: Japan Med. Treatment Corp., Sukumo Hospital
3. Name of Director: Shunso Hijiya
4. No. of Doctors excl. (3): 1
5. No. of Nurses: 10
6. No. of Technicians: 0
7. Other personnels: 10
8. Accommodation Capacity: 30

1. Operated by: Japan Medical Treatment Corporation
2. Official Name: Yokahama Annex of JMT Corp., Kochi Ken Central Hospital
3. Name of Director: Nobumale Takeda
4. No. of Doctors excl. (3): 0
5. No. of Nurses: 4
6. No. of Technicians: 0
7. Other personnels: 2
8. Accommodation Capacity: 20

Up To-date Facts on Health Institutions

1. Operated by: Kochi Ken
2. Official Name: Kochi Kenritsu Tamamizu Byoin
(Kochi Prefectural Tamamizu Hospital)
3. Name of Director: Toshio Shimidzu
4. No. of Doctors excl (3): 0
5. No. of Nurses: 4
6. No. of Technicians: 0
7. Other personnels: 2
8. Accommodation Capacity: 48

1. Operated by: National Health Insurance Association
2. Official Name: Nikkoryo
3. Name of Director: Minoru Akiyama
4. No. of Doctors excl (3): 2
5. No. of Nurses: 12
6. No. of Technicians: 1
7. Other personnels: 7
8. Accommodation Capacity: 45

Up To-date Facts on Health Institution

1. Operated by: Japan Red Cross Society
2. Official Name: Kochi Red Cross Hospital
3. Name of Director: Zenzo Kasai
4. No. of Doctors excl. (3): 15
5. No. of Nurses: 36
6. No. of Technicians: 5
7. Other personnel: 27
8. Accommodation Capacity: 170

Up To-date Facts on Health Institution

1. Operated by: Japan Medical Treatment Corporation
2. Official Name: JMT Corp. Otaguchi Hospital
3. Name of Director: Onko Kimura
4. No. of Doctors excl. (3): 0
5. No. of Nurses: 4
6. No. of Technicians: 0
7. Other personnel: 2
8. Accommodation Capacity: 10

1. Operated by: Japan Medical Treatment Corporation
2. Official Name: JMT Corp., Kochi Ken Central Hospital
3. Name of Director: Minoru Seiyo
4. No. of Doctors excl. (3): 9
5. No. of Nurses: 21
6. No. of Technicians: 2
7. Other personnel: 13
8. Accommodation Capacity: 50

Explanation on "Nippon Iryodan" (Japan Medical Treatment Institute)
August 5, 1946

The Japan Medical Treatment Institute is a corporation which was born by the strength of the Law No. 70 of February 25, 1942, and is backed up by the Government.

It aims at the development and the diffusion of medical treatment in line with the national policy of promoting the physical condition of people.

It is invested in by the Government, and its headquarters is located in Tokyo. The competent minister is in charge of the appointment of its president, vice-president, directors and inspectors.

The prefectural governor is liable to assume the part of councillor, and he is manager of the branch of the institute.

Kochi branch of the institute is situated in the Prefectural Hygiene Section. The chief of the Home Affairs Dept. acts as its sub-branch manager, and its executive director. The status quo of the branch is as follows, and it is our project to continue the expansion of its facility in the future.

1. Counter-measures for tubercle: -

- (A) Kochi Health Encouragement Dormitory (Yokohama, Kochi City),
- (B) Osato Health Encouragement Dormitory (Yamakita-mura, Kami-gun).
- (C) Establishment of sanitorium (at the ruins of "Urado Air Corps").

2. General Facility: -

- (A) Kochi Prefectural Central Hospital
- (B) Sukumo Hospital
- (C) Aki
- (D) Otaguchi Hospital
- (E) Kochi Sying-in Hospital
- (F) Diagnosis & Medical Treatment Offices. (Choja-mura, Onomi-mura, Osaki-mura and Kamiya-mura, and now under construction, in Hirooka-Shimono-mura, Zaisho-mura and Hatayama-mura.)

Hosp Adm

KHK

HEADQUARTERS
KOCHI MILITARY GOVERNMENT TEAM
APO 317

13 October 47

SUBJECT: Expansion of Tuberculosis Facilities

TO: Governor, Kochi Prefecture

1. It is understood by this office that the National Hospital is to be returned to its original pre-war location in Asakura in the near future. Should this be true, the Military Government Public Health Section recommends transfer of all buildings and equipment not moved to Asakura to the Kochi National Tuberculosis Sanatorium.

2. Hospital space and equipment in this prefecture, as elsewhere in Japan, is inadequate to care for the cases of tuberculosis until the disease has reached the incurable stage. Therefore, it is also recommended that money be allotted as soon as possible for the execution of the improvement plan now in the hands of the Prefectural Health Officials.

3. The most urgent items are increase in space for beds, new water supply, and parallel increase in staff and staff facilities.

CHESTER D. HAISLEY
Lt. Col., Infantry
Commanding

HEADQUARTERS I CORPS
APO 301 (Ayoto, Honshu)

RIM/mmn

17 October 1947

AG 720 - 5a

SUBJECT: Basic Military Government Plan for Improvement of
Public Health Service in Japan

TO : See Distribution

1. The following programs are basic and of first priority in the foundation of an adequate public health service in Japan. The materialization of these projects will be the basic endeavor of the Military Government Public Health Section during the next year.

a. Establishment of an adequate organization on prefectural, district, and local levels to carry out public health programs.

- (1) Investigation and study of present organization.
- (2) Creation of plans with prefectural governments which will develop the present organization into an adequate system. This means establishing the public health department as a separate bureau, hiring more doctors and technicians on a prefectural level, and developing systems for local and district health administration which are, at present, extremely weak.
- (3) Study of the budgeting and financing of these organizations.
- (4) Encouragement of legislation to realize these ends.

b. Modernization of health legislation.

- (1) Study of present health laws.
- (2) Encouragement of the development of prefectural sanitary codes and other health legislation.
- (3) Insistence on enforcement of those present laws which are worthwhile.

SAVE

0453

Ltr, Hq 1 Corps, File AG 720 - D1, subj. "Basic Military Government Plan for Improvement of Public Health Service in Japan", dtd 17 Oct 47, cont'd.

c. Stimulation and improvement of public health education.

- (1) Improve educational facilities and opportunities for public health workers, sanitary engineers, doctors, nurses, dentists, and generally strive to raise the standards of medical practice.
- (2) Work closely with the education section to improve schools, encouraging raising of admission requirements and development of adequate curricula, etc.
- (3) Encourage the government to see that trained men are well paid and that jobs are available for them.
- (4) Enforce national licensure.
- (5) Stimulate education of general public on health matters.

d. Establish minimum requirements for employees of public health service. See that only qualified people get important jobs.

e. Encourage the Japanese to assume full responsibility for their health program, urging prefectures to take more initiative and to demand more leadership from the Ministry of Welfare.

f. Popularize concept of government responsibility for public health.

g. Encourage research projects and public works projects designed to protect the general population. Sanitation requires particular emphasis.

h. Improve laboratories and encourage their use.

i. Study the production and distribution of medical supply with a view of correcting present faults.

j. Improve hospital service and encourage development of the health center as a center for district health administration and planning as well as a treatment center for the needy.

k. Maintain and enlarge health projects already underway.

2. The accomplishment of these programs constitutes the first and basic step required for the development of an adequate health service in Japan. Many of the projects may never be fully accomplished, but work

Ltr, Hq + Corps, File AG 720 - DA, subj: "Basic Military Government Plan for Improvement of Public Health Service in Japan", dtd 17 Oct 47, cont'd.

on them must always be in progress. After work is initiated on each of these, additional projects may be planned. These would include such things as health insurance, special programs for research and disease control, national planning for medical service, etc.

3. At present military government's chief concern is the development of the first three projects listed, with gradually increasing emphasis on the other eight. Corps and regions will guide the development of these projects by issuing a series of directives which will be aimed at accomplishing the ends outlined. More careful supervision will be exerted over the teams by more thorough, longer, and more regular inspections. These inspections will be designed to be constructive, informative and helpful rather than critical. Check sheets will be issued to the teams at an early date for use as a guide in inspections and in standardizing methods of approach and evaluation.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

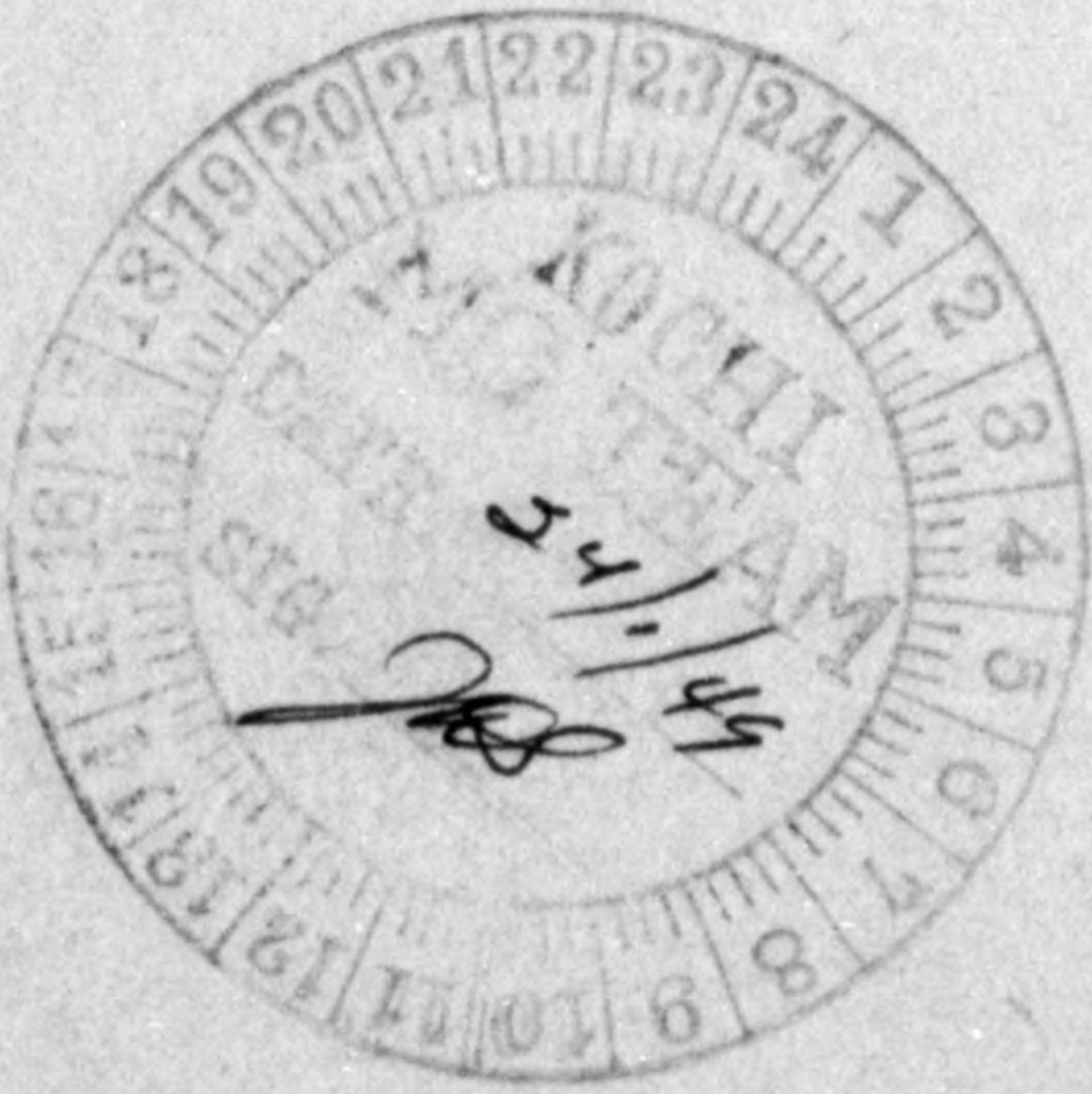
DISTRIBUTION:

2 ea Team & Region
1 Corps L/R
3 AG Sec, 1 Corps

C. C. CARTER
Colonel, AGD
Adjutant General

Info Copies:

2 CG, Eighth Army, APO 343
ATTN: Mil Govt Sec



HEADQUARTERS I CORPS
APC 301 (Kyoto, Henshu)

RLM/mc

26 August 1947

AG 333.5 - BA

SUBJECT: Investigation of Prefectural Public Health Administration

TO : See Distribution

1. In addition to regular military government public health activities, a special investigation of public health administration in each prefecture will be carried out during the month of September.

2. Annex E-1 of the monthly activities report (RCS OPH-01) for September will contain in Section XI, labelled public health administration, a summary of the findings of this investigation which will include at least the following:

a. A statement as to the position the public health department occupies in relation to other sections of the prefectural government. Is the public health department independent and directly under the Governor?

b. A chart or outline showing the breakdown of the prefectural health department into its component sections. The duties and composition of each section will be described, including number of personnel employed in each.

c. An outline or description showing the agencies whereby prefectural and national health programs are carried to the people and how health laws are enforced.

d. A discussion of present means and adequacy of local health administration. Are there district public health officers? If so, are they adequate? Do health centers act as district health offices? If so, are they equipped with an adequate administrative staff to fulfill such duties? Who is responsible for health administration and enforcement in towns and villages?

e. A statement of the number of full time doctors employed in the prefectural health department and paid by the prefecture.

f. An indication of how many different jobs each doctor indicated in c above is responsible for.

Ltr, Hq I Corps, AG 333.5 - BA, subject: "Investigation of Prefectural Public Health Administration," dtd 26 Aug 47, cont'd.

3. This investigation will provide a basis for understanding the public health administration in each prefecture. It will reveal faults whose correction would materially aid the development of the health program. Without good organization, there is little means of carrying out the ambitious health program planned for Japan. In order to implement the occupation program every effort must be exerted to develop a modern health department.

4. Every effort will be made by military government to see that the public health section in each prefecture is established as an independent section of the government and directly under the governor. Public health administration will be reorganized according to SCAPIN 945. A suggested guide for prefectural health department organization is inclosed herewith. This guide is merely indicative of what activities a prefectural health department should carry on and is not necessarily a plan of organization.

5. Monthly activities reports in the future will describe the progress made and action taken to improve public health administration.

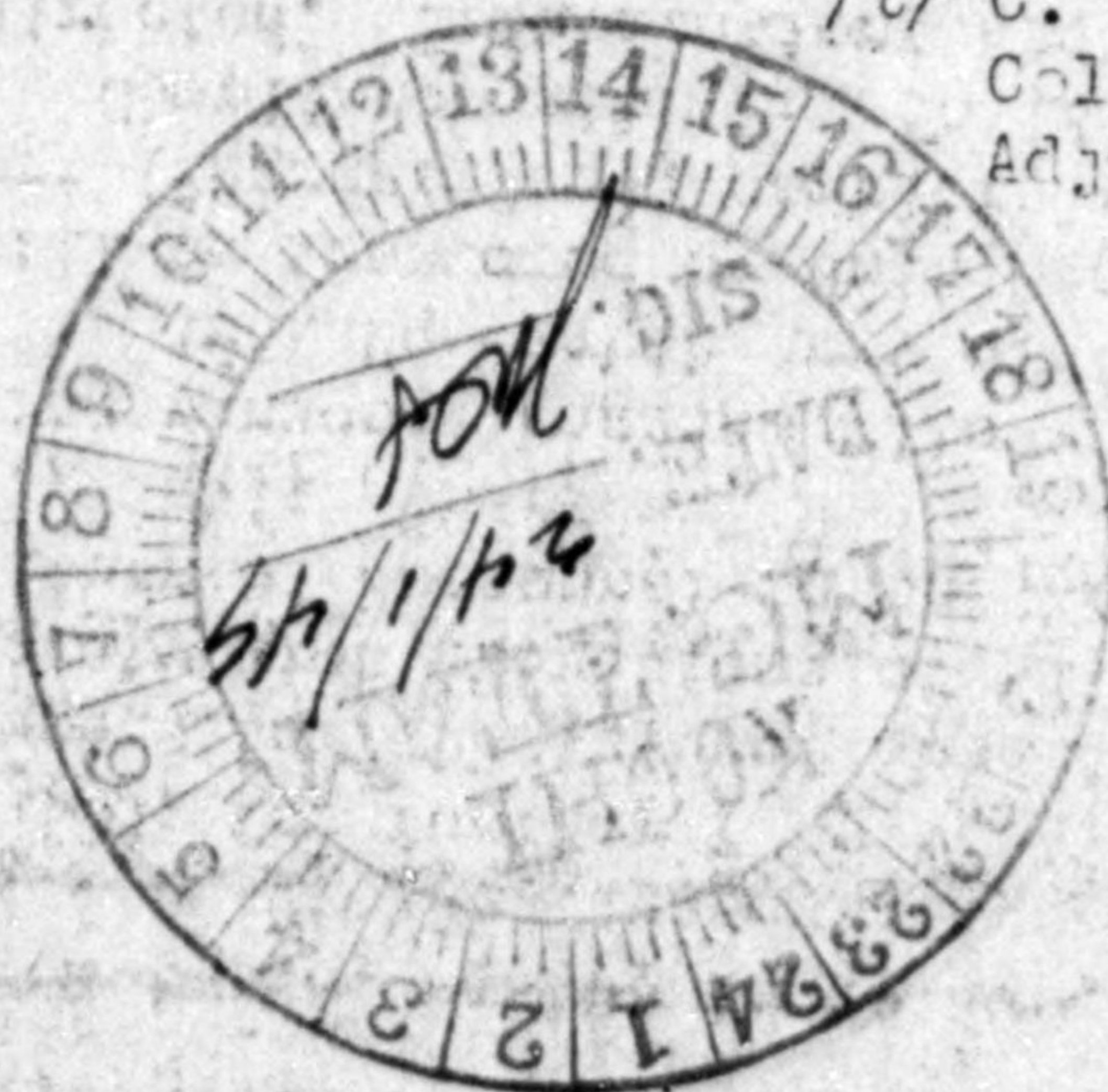
BY COMMAND OF MAJOR GENERAL WOODRUFF:

1 Incl:
Chart.

/s/ C. C. Carter
/t/ C. C. CARTER
Col, AGD
Adjutant General

DISTRIBUTION:

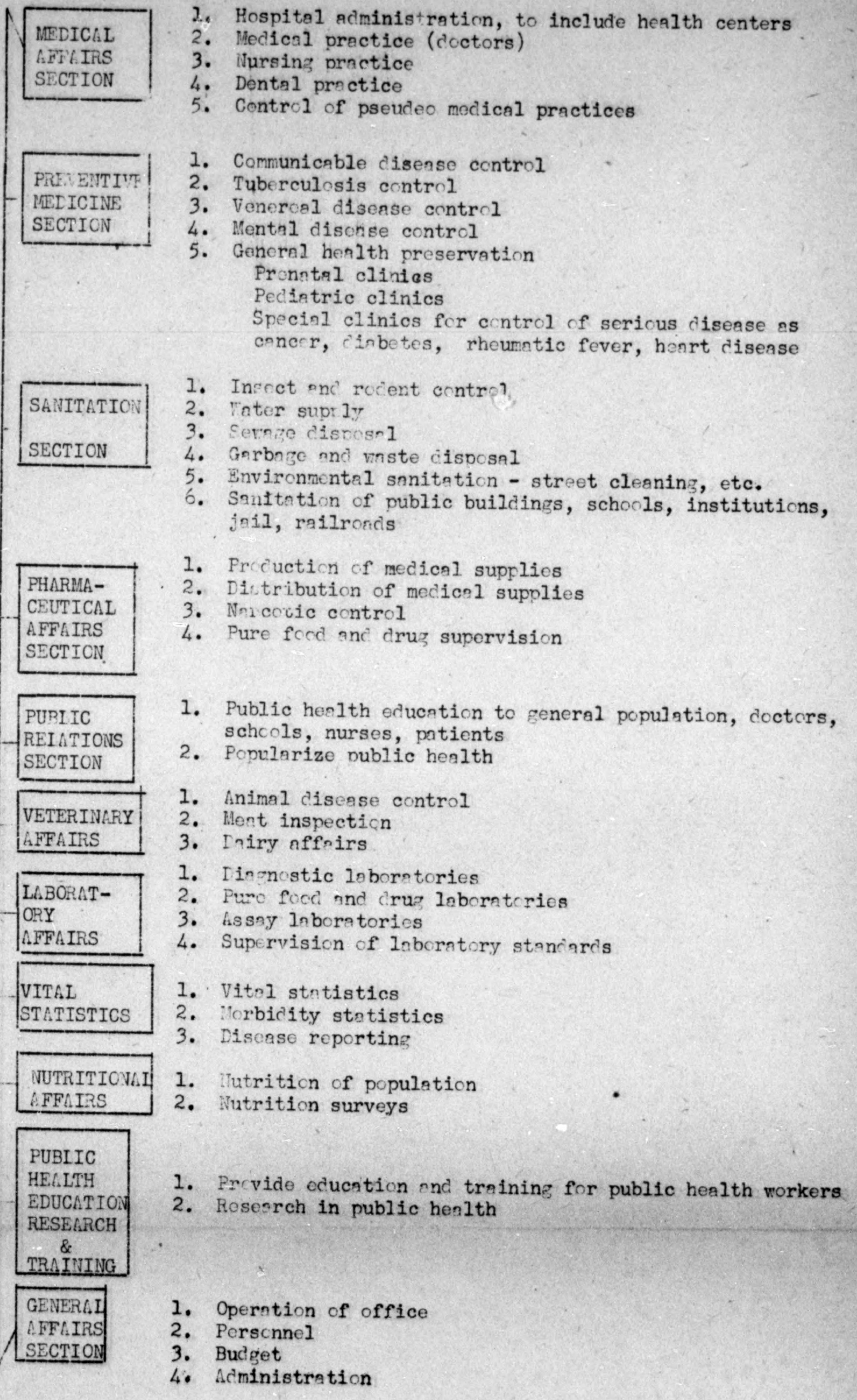
- 2 ea MG Region & Team
- I Corps Z/R
- 3 AG Rec, I Corps.



*This organization is full & void.
Superseded by H. Carter Law Sept 1948*

SUGGESTED ORGANIZATION FOR PREFECTURAL PUBLIC HEALTH SECTION

GOVERNOR
CHIEF PUBLIC HEALTH



SUBJECT: Protocols of the Hospitals
from Government of Kochi Prefecture
Date: 10 July 1947

.....
Kinds of management, Names of the Hospitals, address, principal departments, capacity and names of directors as follows.

1. Public; KOCHI RED CROSS HOSPITAL; Shinhonmachi, Kochi City; Medical, surgical, E.N.T., Gynecology and midwifery; 170; Kasai-Zenzo
2. National; NATIONAL KOCHI HOSPITAL; Ike, Niida, Kochi City; Medical, surgical, and dental; 70; Takahashi-Satoru.
3. Public; JOSEI HOSPITAL; Nishihirokoji, Kochi City; Medical, 120; Ishikawa-Kan.
4. Public; NIPPON IRYODAN KOCHI CENTRAL HOSPITAL; Nakajimacho, Kochi City; Medical, surgical, pediatrics, onstetrics and midwifery; 50; Seijo-Minoru.
5. Private; MIYAMOTO HOSPITAL; Honmachi, Kochi City, surgical; 34; Miyamcto-Satoru.
6. Private; MIYAJI HOSPITAL; Shiromicho, Kochi City; Pediatrics, gynecology and midwifery; 19; Miyaji-Katsuro.
7. Private; MACHIDA HOSPITAL; Obiyamachi, Kochi City; Eyes, psych-iatrics, gastrointestinal, and ENT.; 24; Machida-Masanao.
8. Private; UJIHARA HOSPITAL; 3 chome, Asahi, Kochi City; medical and surgical; 18; Ujihara-Torataro.
9. Public; TAMAMIZU HOSPITAL; Tamamizu, Kochi City; Venereal dis.; 48; Shimizu-Aio.
10. Private; TOSA NO-BYOIN; Shinhonmachi, Kochi City; psychiatrics; 92; Sudo-Goichiro.
11. Private; MINAMI HOSPITAL; Nakajimacho, Kochi City; pediatrics; 17; Minami-Shojun.
12. Private; HIRATA HOSPITAL; Takajimacho, Kochi City; surgical ; 93; Hirata-Takuji.
13. Private; TAKAHASHI HOSPITAL; medical, surgical, orthopedic surgery; 5; Takahashi-Tadaomi.
14. Private; YAMAMOTO HOSPITAL; Honmachi, Kochi City; medical; 11; Yamamoto-Ichiro.
15. Private; SEIKEN HOSPITAL; Nagahama, Kochi City; psychiatrics; 89; Machida-Masanao.
16. Private; UTSUNOMIYA HOSPITAL; 53, Otesuji, Kochi City; medical Utsunomiya-Kazutaka.

17. Private; KUSUNOKI HOSPITAL; 55, Otesuji, Kochi City; medical and pediatrics; 17; Kusunoki-Masami.
18. Public; YOKOHAMA HOSPITAL attached to KOCHI CENTRAL HOSPITAL; No. 1 Yokohama, Kochi City; 20; Takeda-Nobumaro.
19. Private; KOCHI KOMON-BYOIN; 54, Otesuji, Kochi City; anus diseases; 11; Tamura-Noboru.
20. Private; MATSUMOTO HOSPITAL; Nakajimacho, Kochi City; obstetrics and gynecology; 13; Matsumoto-Kaoru.
21. Private; HAMADA HOSPITAL; Marunouchi, Kochi City; medical; 20; Hamada-Hikokuro.
22. Private; TSUKAMOTO HOSPITAL; Inomachi, Agawa-gun; medical surgical obstetrics and gynecology; 14; Tsukamoto-Toshio.
23. Private; MIMOTO HOSPITAL; Inomachi, Agawa-gun; medical, surgical obstetrics and gynecology and skin diseases; 16; Mimoto-Hironao.
24. Public; KACHO KENMIN-HOSPITAL; Nodamura, Nagaoka-gun; medical, ophthalmological, surgical, and E.N.T.; 78; Okamune-Shigehisa.
25. Public; OTAGUCHI HOSPITAL; Nishitoyonaga-mura, Nagaoka-gun; medical; 10; Kimura-Onko.
26. Public; KOKUHO HYOIN NIKKORYO; Motoyamamachi, Nagaoka-gun; medical and surgical; 45; Akiyama-Minoru.
27. Private; KYOAI HOSPITAL; Muroto-machi, Aki-gun; medical, surgical and obstetrics and gynecology; 28; Sakurai-Sakae.
28. Private; OGI HOSPITAL; Akimachi, Aki-gun; medical and pediatrics; 13; Takekichi-Ogi.
29. Private; TAKIMOTO HOSPITAL; Muroto-machi, Aki-gun; medical and surgical; 12; Takimoto-Tsuruya.
30. Private; KIRAGAWA HOSPITAL; Kiragawa-cho Aki-gun; medical and surgical; 13; Miyake-Yoshikazu.
31. Private; OTANI HOSPITAL; Aki-machi, Aki-gun; pediatrics and medical; 12 beds; Tokuno-Michisada.
32. Private; HATAKENAKA HOSPITAL; Aki-machi, Aki-gun; orthopedy and surgical; 15 beds; Hatakenaka-Takusuke.
33. Private; MORISAWA HOSPITAL; Aki-machi, Aki-gun; surgical and orthopedy urology; 19 beds; Morisawa-Yasujiro.
34. Private; TAKESHITA HOSPITAL; Akaoka-machi, Kami-gun; medical, pediatrics surgery and orthopedy; 12 beds; Takeshita-Atsuo.
35. Public; KOKUHO SYOIN; Shinusa-machi, Takaoka-gun; medical, surgical, eyes, E.N.T. obstetrics and gynecology; 10; Akisawa-Akira.

36. Private; HIROTA HOSPITAL; Takaoka-machi, Takaoka-gun; medical and surgical; 18 beds; Hirota-Kosaku.
37. Public; KORYOKENMIN HOSPITAL; Takaoka-gun, Susaki-machi; medical, surgical E.N.T. obstetrics and gynecology; 79 beds; Kseki-Kaneo.
38. Private; TAKEDA HOSPITAL; Kubokawa-machi, Takaoka-gun; medical, surgical and gynecology; 22 beds; Takeda-Hideo.
39. Private; YAIDA HOSPITAL; Yamada-machi, Kami-gun; obstetrics and gynecology; 18 beds; Yaida-Hiroshi.
40. Public; NIPPON IRYODAN SUKUMO HOSPITAL; Sukumo-machi, Hata-gun; medical, surgical, obstetrics and gynecology; 28 beds; Hijiya-Shunso.
41. Private; SUGI HOSPITAL; Nakamura-cho, Hata-gun; medical, surgical, E.N.T.; 27 beds; Sugi-Sasuke.
42. Private; HOSOKI HOSPITAL; medical; 16 beds; Hosogi-Shigeru.
43. Private; KANEMATSU HOSPITAL; Nakamura-machi, Hata-gun; medical and surgical; 15 beds; Kanematsu-Shigeru.
44. Private; HATA HOSPITAL; Yamada-machi, Kami-gun; obstetrics, gynecology, medical and pediatrics; 9 beds; Hada-Chikayoshi.
45. Private; YANAGIHARA HOSPITAL; 12. Otesuji Kochi City; E.N.T.; 12 beds; Yanagihara-Norio.
46. Private; NISHIOKA HOSPITAL; Aki-machi, Aki-gun; medical surgical and obstetrics and gynecology; 11 beds; Nishioka-Kanichi.
47. Public; HIGASHI TSUNO KENMIN HOSPITAL; Higashi Tsuno, Takaoka-gun; medical and surgical; 10 beds; Matsumoto-Ryoji.

Admin of Health Dept

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

I. Duties of the Department Medical Service:-

The department of Medical Service is charged with the supervision of the following activities of the Public Health and Welfare Section of S.C.A.P.

1. Administration of hospitals, sanatoria, leprosaria, dispensaries and clinics.
2. Evaluate therapy and medical procedures in institutions.
3. Medical education in all its phases (pre-medical, medical schools, postgraduate and interne.)
4. Medical schools and medical school inspections.
5. Medical licensure.
6. Medical associations and societies, with particular attention to the reorganization of the Japan Medical Association.
7. Liaison with other scientific sections of S.C.A.P.
8. Study of the system of medical practice as carried out in Japan.

II. Approach:-

We will cover the more important of these functions in some detail for it is desirable that you be brought up to date as to the progress made in reference to these interests and that your attention be directed, within your own sphere of activities, to the carrying out of these policies and supervision of operations.

Each problem is interwoven into a general whole. No one phase can be considered independently and alone.

For example we cannot consider effecting reform and improvement in the hospitals and institutions of Japan without at the same time appraising the material and professional means available.

III. Medical Education:-

Early in the occupation, reform was begun affecting medical education.

The Council on Medical Education was formally organized on 1 Mar. 1946 and has met regularly in monthly session thereafter.

It was hoped by Col. Sams that the Japan Medical Association could be called upon to initiate the needed reforms and take onto itself the organization of this council but, this not being possible, because of the lethargy of the association and of its semi-governmental controlled nature, the council was formed by the selection of progressive medical educators, representing various medical colleges and representatives of the Ministry of Health and Welfare and of the Education Ministry.

Many of the reforms measures advocated by the Council have already been adopted by the Ministry of Education, so that it is now safe to say, that the future physician of Japan will have completed:-

6 years of grammar school education

3 years of Junior middle school

3 years of Senior middle school

3 years of college (pre-medical)

4 years medical school

1 year Internship