SECTION IV

PUBLIC WELFARE

1st Priority

1. Public assistance.
2. Child welfare services.
3. Disaster planning and operations.

2nd Priority

1. Referral system and facilities for care of transients, migrants and homeless persons.

SECTION V

CIVIL EDUCATION

1st Priority

1. Decentralization of control of the public school system as provided by the Board of Education Law, to include informing the public of the needs and purposes of decentralization, the provisions of the law, and the necessity of voting for well-qualified board members. (Coordinate with the civil information officer.)

2. Organization and operation of democratic women's groups.

3. Reorganization of the school system.

2nd Priority

1. In-service training of teachers.

2. Development of democratic parent-teachers' associations.

3. Organization and development of democratic youth organizations, to include the training of leaders.

SECTION VI

CIVIL INFORMATION

1st Priority

1. Information programs:

   a. Board of Education Law (added program; maximum emphasis in September and October).

   b. Crop collection.

   c. Political reorientation.

      (1) Local autonomy.

      (2) Civil liberties.

      (3) Code of criminal procedure.

   d. Tax collection.

   e. Health center development.

   f. Child welfare.

   g. Coal production (in producing areas).

2nd Priority

1. Information programs:

   a. Labor-management relations. (Planning phase set back to October; maximum emphasis in November and December).

   b. National Public Service Law.

   c. Daily Life Security Law.

   d. Typhus and diptheria control.

2. Media development:

   a. Visual education program, with particular emphasis on utilization and programming.

SECTION VII

PUBLIC HEALTH ACTIVITIES

1st Priority

1. Health center development.
2. Training of public health personnel.
3. Public health education.

2nd Priority

1. Dissolution of sanitary associations.
2. Insect and rodent control program.
3. Disease control program.

I-70

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WJD/tf

21 September 1948

AG 080 - BA

SUBJECT: Dissolution of Sanitary Associations and Other Similar Organizations

TO : See Distribution

Inclosed herewith letter, Headquarters Eighth Army, file AGMGEN080, subject as above, dated 10 September 1948, and Cabinet Order 15, dated 3 May 1947 for your information and necessary action.

BY COMMAND OF MAJOR GENERAL SWING:

W. N. HORNISH
Lt Col, AGD
Asst Adj Gen

2 Incls:
As indicated

DISTRIBUTION:
1 ea MG Region & Team
I Corps A/R
3 AG Rec, I Corps

3 May 1947

Cabinet Order No. 15

Art 1. A person who held a position of chief of a Chonaikai, Burakukai or Federation thereof during the period from or prior to September 1, 1945 till September 1, 1946 consecutively shall not be installed to any office which administers those functions formerly performed by chief of a Chonaikai, Burakukai or Federation thereof concerning a district which has been under his supervision for 4 years beginning from May 1, 1947.

A person who was an assistant personnel (except those engaged mainly in menial work) of the said Chonaikai, Burakukai or Federation thereof, during the period from or prior to September 1, 1945 till September 1, 1946 consecutively shall not be installed to any office which takes charge of those functions formerly performed by him in a district in which he has managed his business for 4 years beginning from Mayl, 1947.

A person mentioned in the preceding two paragraphs who is engaged in the said public office at present shall quit his position forthwith.

Art 2. A property which is owned in the name of Chonaikai, Burakukai or Federation thereof at the date of the enforcement of this Cabinet Order shall be disposed forthwith according to the majority decision of the members. But a property the disposition of which is regulated by a special clause of a rule or contract shall be dealt with in accordance with it.

A property which will be left undisposed over two months as from the date of the enforcement of the present Cabinet Order shall be attributed at the date of expiration to the Municipality, Ward, Town or Village under which jurisdiction the said Chonaikai, Burakukai or Federation thereof has hitherto been.

In the case prescribed above, the said Municipality, Ward, Town or Village may, it is necessary to do so, make due compensation or the like consideration to a member of Chonaikai, Burakukai or Federation thereof, or a person who has contributed said property or has other special relations to it.

Art 3. An official of the government or any other public administrative agency shall not issue instruction regarding execution of administrative duties to any chief of Chonaikai, Burakukai or Federation thereof and Tonarigumi, or any similar organization including but not limited to Juchikai, Seikatsukyodokumiai, for the purpose of utilizing them.

An official who has violated the provision prescribed in the preceding paragraph shall be dismissed from service.

Art 4. A person who was a chief of Chonaikai, Burakukai or Federation thereof and Tonarigumi who was in said office during the period from or prior to September 1, 1945 till September 1, 1946 consecutively, shall not issue any instruction to the constituting members of the neighborhood

association or inhabitants of any district which were formerly under his supervision unless such instructions are incidental to the duties and responsibilities of position 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.

No person shall be obligated to comply with any instruction whatsoever issued by or under the authority of chief of a Chonaikai, Burakukai or Federation thereof and Tonarigumi, or any assistant of the foregoing in contravention of the preceding paragraph.

Art 5. A certification, necessary for ration, financial transaction and other need according to regulations or customs, which has hitherto been given by a chief of Chonaikai, Burakukai or Federation thereof, and Tonarigumi, shall not be valied hereafter if it is given by a person who is not an official of Government, Municipality, Ward, Town or Village.

Art 6. All organizations similar to the former Chonaikai, Burakukai or Federation thereof, and Tonarigumi which have been formed in succession to the dissolution of the former Chonaikai, Burakukai or Federation thereof and Tonarigumi shall be dissolved not later than May 31, 1947.

In case any organization as prescribed in the preceding Article does not dissolve until the date prescribed in the same Article, the governor of each prefecture concerned shall order to dissolve it.

The provision in Art 2 shall be applied to the disposition of property held by the dissolved organization which has been dissolved by pursuant to the two preceding paragraphs.

In this case, "at the date of the enforcement of this ordinance" in par. 1 of said Article shall read "at the date of the sissolution" and from the date of the present Cabinet Order" in par. 2 of said Article shall read "from the date of the dissolution".

Art. 7. A person who is in executive service of public office regarding ration toward general consumer shall not refuse to deliver ration material to the consumer on the ground he is not joining a certain organization.

Art. 8. A person who has violated the provision prescribed in the Art. 4, par. 1 or the preceding Article shall be punished with penal servitude or imprisonment not exceeding one year or a fine of 15,000 yen.

A person punished by the preceding paragraph shall be removed from any public office he may hold and shall be excluded from all government service for ten years.

Art. 9. All functions, duties, or actions formerly performed by Chonaikai, Burakukai or Federation thereof and Tonarigumi shall be distributed on a functional basis to the proper sections of the offices of

a Municipality, Ward, Town, Village and the Government. Liaison office or any other which is not a section of said offices and performs above-mentioned functions shall be dissolved not later than May 31, 1947, and no successive office or organization thereto shall be established unless authorized especially by the National Diet.

The present Cabinet Order shall come into force as from the day of its promulgation.

Minister of Home Affairs
UEHARA Etsujiro

Prime Minister
YOSHIDA Shigeru

I hereby promulgate the Cabinet Order concerning the Enforcement of the local Autonomy Law.

Signed: HIROHITO, Seal of the Emperor

This third day of the fifth month of the twenty-second year of Showa (May 3, 1947)

Prime Minister
YOSHIDA Shigeru

COPY

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

10 September 1948

AGMGEN 080

SUBJECT: Dissolution of Sanitary Associations and Other Similar Organizations.

TO : Commanding General
I Corps
APO 301

1. References:

a. Operational Directive 31, dated 21 April 1948, subject: "Elimination of Control Associations".

b. Cabinet Order 15, dated 3 May 1947, attached as inclosure 1.

2. According to article 6 of the Cabinet Order referenced in paragraph 1b above, subject organizations were ordered to be dissolved by 31 May 1947.

3. After promulgation of Cabinet Order Number 15, 1947, the Disease Prevention Bureau, Ministry of Welfare, requested permission to utilize sanitary associations andpublic health associations to assist in public health administration and operation on the local level. Informal permission for the existence of such organizations was granted by the SCAP in June 1947 on the condition that their activities would be confined to educational and inromational matters, only.

4. The conditions upon which exception from the provisions of Cabinet Order Number 15 were granted have not been adhered to by these organizations. Reports indicate that these organizations have assumed, on a wide scale, the functions of local governmental health organizations in violation of existing directives. Reports also indicate that these organizations have, in fact, adopted the pattern of organization and operation of the old Tonarigumi and in many cases are being operated or directly influenced by the same officials who formerly directedthe activities of the Tonarigumi.

Ltr, Hq 8th Army, file AGMGEN 080, subj: "Dissolution of Sanitary Associations and Other Similar Organizations."

5. In order to prevent any further flagrant violations, the Japanese Government was directed to issue the following instructions to the prefectural governments:

a. 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 of distribution of controlled sanitation supplies and equipment including DDT and chlorine products, etc.) and other government 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.

b. In case any organization described in the preceding paragraph shall not have been dissolved by 1 September 1948, the governors of each prefecture shall immeidately order such dissolution pursuant to paragraph 2 of Article 6 of the Cabinet Order, referenced in paragraph 1b above.

c. Any person who was a Chief of Chonaikai, Burakukai or Federation thereof, or of a Tonairgumi, 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 or higher headquarters), or who shall hereafter have issued any instruction whatsoever, to neighborhood association members, or inhabitants or 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 5a above, is believed to have violated the provisions of paragraph 1 of Article 4 of the Cabinet Order, referenced in paragraph 1b above, should be prosecuted immediately, pursuant to paragraph 1 of Article 8 of the Cabinet Order.

d. 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 Article 4 of the Cabinet Order.

Ltr, Hq 8th Army, file AGMGEN 080, subj: "Dissolution of Sanitary Associations and Other Similar Organizations."

6. Action on the dissolution of subject associations will be taken by military government units in accordance with paragraphs 5 and 6 of the Operational Directive referenced in 1a.

BY COMMAND OF MAJOR GENERAL RYDER:

1 Incl:
Cabinet Order 15,
3 May 1947

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RFS/tn

21 August 1948

AG 014.33 - BA

SUBJECT: Repatriation of Korean Nationals

TO : See Distribution

1. Authority: Letter, GHQ, SCAP, file AG 014.33 (12 Aug 48)GA, dated 12 August 1948, subject: "Repatriation of Korean Nationals".

2. GHQ, SCAP has approved the application for repatriation to Korea of the Korean national listed in attached inclosure. The number of dependents authorized for repatriation is listed opposite the head of each family in the inclosure.

3. The Korean nationals are being informed of the approval of their applications by the Japanese Government. They are also being instructed that travel to Sasebo will be at their own expense and that travel from Sasebo to Korea may be made on Shipping Control Authority Japanese Merchant Marine repatriation vessels returning illegal Korean entrants to Korea.

4. Subject repatriates must report for repatriation shipping within ninety days of the date listed on the inclosure.

5. Korean repatriates are to be permitted to convert Japanese yen for Korean won not to exceed ¥1,000 per individual. Authorized accompanied baggage will not exceed 4,000 pounds per family unit of household items.

6. It is desired that routine supervision and surveillance be given this repatriation.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

1 Incl:
List of Korean Repatriates

DISTRIBUTION:
2 ea MG Region & Team
I Corps Z/R
3 AG Rec, I Corps
1 G-3, I Corps
3 L-G, MG Section

Info copies to:
5 CG, 24th Division
5 CG, 25th Division
2 OIG USAMGIK Liaison Office,
APO 25 US Army

LISTS OF APPROVED REPATRIATES 7 August 1948

No.	Name	Address in Japan	No. of Dependents To Accompany	Applicattion No.
1.	CHOI Kil Soon	291, 2-chome, Kitazawa, Setagaya-ku, Tokyo-to	None	11
2.	PAK Kap Soo	39, 1-chome, Sakuramoto-cho, Kawasaki-shi, Kanagawa-ken	None	12
3.	PAK Choon Suk	17, Toyooka-cho, Shibamita, Minato-ku, Tokyo-to	None	13
4.	WON Se Chong	3, 2-chome, Higashiryogoku, Sumida-ku, Tokyo-to	None	14
5.	CHAE Sa Chul	Azayamane Tomuradosen, Kamiogawa, Kitaaki-gun, Akita-ken	None	15
6.	PAK Byung Dong	3599, Hatagayahon-machi, Shibuya-ku, Tokyo-to	None	16
7.	WHANG Hae Yong	1636 Shimoishihara, Chofu-cho, Kitatama-gun, Tokyo-to	None	17
8.	CHOI Neung Ho	2055 Zushishinjuku, Yokosuka-shi, Kanagawa-ken	None	18
9.	KWON Tae So	c/o Motoki Asao, 218, Minato-cho, Chiba-shi, Chiba-ken	None	19
10.	KIM Duk Soon	c/o Pak Soo Tong, 380 Suna-yama-cho, Hamamatsu-shi, Shizuoka-ken	None	20
11.	PAK Myong Pek	77 Fukata Ikushicho Oitashi, Oita Pref.	None	21
12.	KWON Cheng Bin	Nakaichi Oazakagawa Yama-guchi-shi, Yamaguchi-ken	None	22
13.	KOH Kil Sung	Onomura Asagun, Yamaguchi Pref.	None	23
14.	YUN Chung Ock	27 Higashi, 9-chome, Ikaino, Ikunoku, Osaka	None	24
15.	CHUNG Cheng Yueng	468 Kamishinjoo-machi, Higashiyodogawaku, Osaka	None	25

Incl. 1

No.	Name	Address in Japan	No. of Dependents To Accompany	Application No.
16.	KANG So Won	512/2 Minami Morimachi Higashinari-ku, Osaka	None	26
17.	CHA Jong Suk	416 Kamei Lyuge-machi, Nakakouchi-gun, Osaka	None	27
18.	AN Bock Soo	Oaza Karino Yamatamura Kasuyagun Fukuoka-ken	None	28
19.	PAK Sung Cho	73 Hanakawacho Takayamashi Gifu-ken	8	29
20.	KIM Soo Il	Watamura Nishihakugun, Tottori-ken	None	30
21.	CHANG Yong Sueng	Oaza Korino Yamatamura Kasuyagun, Fukuoka-ken	None	31
22.	CHANG Chan Suon	Oazakamino Yamadamura Kasuyagun, Fukuoka-ken	None	32
23.	KIM Myo Seng	7 Nishimachi Nishishinjyo Fukuoka-shi, Fukuoka-ken	None	33
24.	CHUNG Kang Chul	Azakobu Kokufumura Nomi-gun, Ishikawa Pref.	3	34
25.	LEE Yong Chin	789 Owatacho Nishoyodo-gwaku, Osaka	2	35
26.	KWACK Ick Hong	23/1 Bongwonchong Minatoku, Osaka	1	36
27.	KIM To Yueck	8/31 Ikainonaka Ikunoku, Osaka	4	37
28.	KIM Yue Seng	8/3 Ikainonaka Ikunoku, Osaka	None	38
29.	KIM Shin Yu	8/3 Ikaino Ikunoku, Osaka	None	39
30.	PACK Ke Seng	1892 Gukamochimoshinden Tsurashimacho Asaguchi-gun, Okayama-ken	None	40
31.	KIM Chang Chin	54 Aioicho Takayamashi Gifu-ken	None	41

No.	Name	Address in Japan	No. of Dependents To Accompany	Application No.
32.	LEE Chin Ku	3-chome Natacho Takayamashi, Gifu-ken	None	42
33.	WHANG Sung Cheul	2-chome, Hakkencho Takayamashi, Gifu-ken	2	43
34.	KIM Bok Jun	10/4 Honmachi Takayamashi, Gifu-ken	2	44
35.	HUE Ock	212 Shiginocho Jyotoku, Osaka	None	45
36.	HONG Che Suck	1032 Asaimachi Suitashi, Osaka	None	46
37.	PAK Tae Hyuen	10/4 Ikainohigashi Ikunoku, Osaka	None	47
38.	KANG Kwon Ock	10/4 Ikainohigashi Ikunoku, Osaka	None	48
39.	KOH Cheng Soon	10/4 Ikainohigashi Ikunoku, Osaka	None	49
40.	MOON Sung Chong	106/3 Ikainonishi Ikunoku, Osaka	None	50
41.	KANG Hae Seng	10/4 Ikainohigashi Ikunoku, Osaka	None	51
42.	WHANG Ha Chin	11 Yanagishidacho Higashikujyo, Shimokyoku, Kyoto	None	52
43.	KWON Tae Ki	11 Yanagishitacho Higashikujyo, Shimokyoku, Kyoto	None	53
44.	PAK Sung Iun	45 Minamotocho Hachijyo, Shimokyoku, Kyoto	None	54
45.	LEE Cha Bong	36 Hanazonocho Karashi Shimokyoku, Kyoto	2	55
46.	SHIN Sam Chel	Nakanajumyoin Shikeiyashi Kagoshima-ken	1	56
47.	CHO Soon Nam	45 Minatomachi Hachijyo Shimokyoku, Kyoto	2	57
48.	KIM Sang Kil	37 Kawaracho Koyamakamiuchi Kamikyoku, Kyoto	None	58

No.	Name	Address in Japan	No. of Dependents To Accompany	Application No.
49.	NAM Chem To	8 Umegazakicho Nagasakishi, Nagasaki-ken	None	59
50.	KIM Ho Jun	Azahonjyo Shimowachimura Funaigun, Kyoto	4	60
51.	KIM Cha Yong	10/1 Otomocho Ikunoku, Osaka	3	61
52.	PAK Cheng Soon	10/1 Otomocho Ikunoku, Osaka	5	62
53.	AN Jun Ho	10/1 Otomocho Ikunoku, Osaka	5	63
54.	LEE Ke Eun	62/2 Kumauchicho Fukiaiku Kobe-shi, Hyogo	None	64
55.	SONG Chin Yueng	7 Jyosaicho Fukuoka-shi Fukuoka-ken	None	65
56.	KIM Man Soo	4 Higashishichijyo Kaminomachi Shimokyoku, Kyoto	1	66
57.	KIM In Han	4 Higashishichijyo Kaminocho Shimokyoku, Kyoto	Nono	67
58.	KIM Kyu Yueng	13 Hieijiocho Nishikujyo Shimokyoku, Kyoto	None	68
59.	PAK Sang Yul	Nishi Shinyashikicho Shimokyoku, Kyoto	None	69
60.	KANG Che Tae	31 Yanagishitacho Higashikujyo, Shimokyoku, Kyoto	None	70
61.	KIM Sang Yueng	9 Nininshicho Hachijyo, Shimokyoku, Kyoto	None	71
62.	KIM Moo Sam	31 Yanagishitacho Higashikujyo Shimokyoku, Kyoto	None	72
63.	KANG Kyong Chak	101 Ukabecho Higashikujyo, Shimokyoku, Kyoto	None	73
64.	LEE Kwang Che	1 Kitakotsuru Tsurumachi Motohataku, Himeji, Hyogo	None	74
65.	KIM Ma Dong	117/3 Ikuno Tajimacho Ikunoku, Osaka	1	75

No.	Name	Address in Japan	No. of Dependents To Accompany	Application No.
66.	HYUN Goon Ae	21/4 Ikainohigashi Ikuno ku, Osaka	None	76
67.	LEE Won Pae	16 Shichijyo Hachtancho Shimokyoku, Kyoto	None	77
68.	SHIN Chea Tal	13/4 Miyakoshima Matsutori Miyakoshimaku, Osaka	None	78
69.	KIM Yueng Soo	2/23 Sasanamicho Otsushi, Shiga-ken	None	79
70.	PAK Sea Kun	16/36 Imakitoaza Amagasaki-shi, Hyogo	None	80
71.	CHOI Teh Bong	Hiraokamura Kakogun, Hyogo	None	81
72.	LEE Cheng Ung	Yokaichishicho Kanzakigun, Shiga-ken	None	82
73.	CHUENG Hi Jong	728 Nakanoshimacho Nishiyodo-gawaku, Osaka	None	83
74.	CHOI Kang Sueb	440 Ryukwacho Nakakochigun, Osaka	None	84
75.	PEK Soon Ki	74/2 Tsukichihonmachi Ama-gasakishi, Hyogo	2	85
76.	HUE Kue Kyong	103 Okeyacho Okayamashi, Okayama-ken	None	86
77.	SONG Chil Bong	136/2 Ouchitori Nataku, Kobe, Hyogo	None	87
78.	PAK Yang Soo	136/2 Ouchitori Nataku, Kobe-shi, Hyogo	None	88
79.	KIM Yu Whan	9/7 Tsurumibashitori Nishi-nariku, Osaka	None	89
80.	KIM Hyun Tuk	1474 Kushamuranakano Kasugun, Hyogo-ken	None	90
81.	KWACK Cheng Sook	Nakashimmichi Mibu Chukyo-ku, Kyoto	None	91
82.	LEE Soong Kwon	45 Higashi Misonocho Amaga-sakishi, Hyogo	None	92

No.	Name	Address in Japan	No. of Dependents To Accompany	Application No.
83.	PAK Che Sick	76/6 Kaguracho Nagataku, Kobe-shi, Hyogo	5	93
84.	LEE Cheng Oh	Samegaimura Sakatagun, Shiga-ken	None	94
85.	CHANG Yu Bok	Samegaimura Sakatagun, Shiga-ken	None	95
86.	CHOI Sung Yun	15/2 Sannose Fuse-shi Osaka	None	96

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

HJM/rr

11 August 1948

AG 720 - BA

SUBJECT: Equine Encephalo Myelitis

TO : See Distribution

1. Several cases of encephalo myelitis have recently been reported in the I Corps Z/R.

2. It is desired that Military Government Public Health officers contact through the chief of the Prefectural Live Stock Department all veterinarians of those departments warning them of the above facts.

3. Vaccination in contact areas should be carried out at once where this has not been accomplished. Vaccine is available at the national laboratory of the Ministry of Agricultural and Forestry in Tokyo.

4. Accurate reports on location and number of new cases should be kept so that recovered animals may be readily found.

5. It is desired that Public Health Officers contact through the chief of the Public Health Departments all veterinarians in the prefectures on meat inspection appraising them of the fact cases have been reported. The disposition of carcases of animals showing symptoms of this disease presented for emergency slaughter should be condemnation. The Animal Hygiene Section of the prefectural live stock departments should be contacted at once and made acquainted with the fact that such animals had been presented for slaughter so they will institute contact vaccinations at once.

6. Insect Control plays an important part in controlling this disease. It should be instituted at once, especially where cases occured, either this year or last. Stables should be kept clean, dry and dark for the same reason.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

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

Lt Hanson

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

0 2-E-T

HJD/tf

4 August 1948

AG 352 - BA

SUBJECT: Course on Military Government Sanitation and Veterinary Affairs

TO: See Distribution

1. There will be a five (5) day course on sanitation and veterinary affairs in Kyoto for enlisted men and Department of the Army Civilians commencing at 0800, 13 September 1948. The course will be conducted at the Sampo Building (Kinki and Kyoto Military Government enlisted men's billets).

2. Each military government unit in the I Corps Z/R will be represented by one (1) enlisted man or enlisted type Department of the Army Civilian.

3. It is desired that only personnel assigned duties contingent with veterinary affairs and sanitary engineering attend.

4. Enlisted personnel will be billeted at the Sampo Building and Department of the Army Civilians at the Kyoto Hotel. Transportation from the Kyoto Rail Transportation Office may be obtained upon arrival by calling the Kinki Military Government motor pool - 2-6037.

5. Names of personnel to attend will be reported to this headquarters, attention: Military Government Section, prior to 5 September 1948.

BY COMMAND OF MAJOR GENERAL EWING:

C. C. CARTER
Colonel, AGD
Adjutant General

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

I 10

24 June 1948

AG 310.1 - BA

SUBJECT: I Corps Military Government Plan for 1 July - 30 September 1948.

TO : See Distribution

1. References:

a. Letter, Headquarters I Corps, file AG 310.1 - BA, subject: "I Corps Military Government Plan for the Period 15 February - 30 June 1948," dated 9 February 1948.

b. Letter, Headquarters Eighth Army, file AGMGX 300.1, subject: "Priority of Military Government Activities," dated 15 June 1948.

c. Letter, Headquarters I Corps, file AG 319.1 - BA, subject: "Special Reports, " dated 21 April 1948.

2. The vigorous pursuit of objectives outlined in previous military government plans issued by this headquarters has resulted in marked progress in all military government programs. The achievements in the fields of tax collection and food control were particularly gratifying during the past quarters. It is essential, however, that there be no lessening of effort during the coming summer months and that the same high standards be maintained and improved upon.

3. Although military government has become more directly involved in governmental processes this year, it is of prime importance that the Japanese government become self sufficient. The tendency to rely on military government for distasteful decisions and actions must be discouraged. Military government must continue to work itself out of the picture by eventually building self-reliant progressive local and prefocutural governments.

4. The use of special reports in compliance with reference 1 c, above, is encourged. Indorsements on past reports returned from higher headquarters indicate that they are productive when properly prepared.

5. The provisions of paragraph 5 and 6, reference 1 a, above, continue in effect.

BY COMMAND OF MAJOR GENERAL SWING:

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

8 Incls:
Annexes A, B, C, D-1, D-2, D-3, E, F

DISTRIBUTION:
3 - ea MG Reg & Tm, I Corps Z/R
1 - ea Div & Branch, I Corps MG Sec
2 - AG Rec, I Corps

Info Copies:
2 - CG, 8th Army
2 - CG, 24th Inf Div
2 - CG, 25th Inf Div

ANNEX B

To I Corps Military Government Plan for 1 July - 30 September 1948

PUBLIC HEALTH

1. Critique of Action on Previous Corps Plan:

While all teams attempted with various degrees of success to implement the plan for 15 February - 30 June 1948, its realization was actually far from complete although satisfactory progress has been made within the individual abilities of the military government public health officers. It is expected that each team will prepare an adequate of the public health officer must not simply be a passive one of handling existing problems. Each public health officer must be aggressive and plan meaus of increasing the scope and competency of the health program. During the period 1 July - 30 September 1948, military government public health officers will exert every effort to insure that the following objectives are accomplished.

2. Public Health Administration:

a. On the basis of thorough critique by the military government public health officer of the effectiveness of prefectural public health administration, every effort will be made to continue to aid the prefectural health officials in improving their health departments. Much work is yet to be done in making this an efficiently functioning organization.

b. First prority for this period is the supervision and guidance of Health Centers. Japanese officials and the military government health officers have seen a demonstration of a model Health Center in Tokyo. Every prefecture should have one such functioning Health Center by 1 September 1948. Demonstrations should be arranged at the model Health Center for doctors and nurses in the prefecture to prepare them to operate Health Centers which will be constructed in their districts.

3. Preventive Medicine:

a. An enteric disease control program should be well established for the period. Continued strenuous emphasis must be placed on accurate case reporting.

b. Continued stress must be placed on typhoid and diptheria immunizations which are to be carried on throughout the year.

c. A more intensive typhus control program should be planned for institution during September.

4. Venereal Disease Control:

a. The enforcement of Eighth Army Operational Directive 72, dated 19 December 1947, and PHMJG, 5 November 1947, will form the basis for venereal disease control. Clinies will be established in

each health center so as to provide examination and treatment to all who present themselves. Indigents may receive free treatments.

b. In compliance with Yohatsu No. 622 issued by the director of the Disease Prevention Bureau, Military of Welfare, dated 18 May 1948; the prefectures are relieved of the obligation or responsibility of conducting weekly or routine examinations of prostitutes. The directive also states that "..... health certificates, cards or any other form of identification showing that a person is supposedly free from venereal disease shall not be issued by individuals or associations, not shall they be carried by any individual." Considerable attention should be given to the encouragement of private doctors to comply with essentials of modern venereal disease control. Venereal disease committees should be organized so that they are making concrete contributions to the program in the way of publicity, education, campaingns for legislation, etc.

c. Case finding, case holding and contact tracing are important parts of the coordinated program.

5. Tuberculosis Control:

a. Continued emphasis must be placed on the tuberculosis program of tuberculin teating, inoculation of all negative reactors with BCG, and X-raying all positives. Follow-up examinations are to be made of all those people who have had BCG immunization. These people are to be retested and reimmunized if their tuberculin test still remains negative. Accurate records are to be kept so that available in every health center. Pressure will be concentrated on the largest and best equipped tuberculosis sanatoria to see that improvements in sanitation, medical practice, diet, and isolation are made in them. In health education programs, tuberculosis should receive much cinsideration. Attention should be devoted to developing anti-TB programs in the Health Center, and organizing and teaching public health nurses to visit and educate TB patients intheir home. The Health Center should register every TB patient in the area of responsibility and then follow these patients, making arrangements for their hospitalization when nece ary, doing case tracing, follow-up examinations, home treatment supervision, education, etc. Again the cooperation of the private doctors must be sought for this program Education, isolation and treatment of all cases, and improvement of the health of the population are the basic objectives of the tuberculosis control program.

6. Sanitary Engineering:

a. During the next three months two major operating improvements of municipal water works should be accomplished each prefecture. Efforts will be made to properly chlorinate (see P.H. & W. Bul. 55) all municipal water supplies, to install chlorinators at all plants where they are deemed necessary and to insure the probpt honoring of chlorine allocation tickets and delivery of chlorine to the various cities. Laboratory facilities serving water plants should

be improved in order that routine laboratory tests (see P.H. & W. Bul. 53) may be carried out on all city supplies. Particular emphasis will be placed on the confirmed and completed bacteriological tests approved by the USPHS. To implement the above improvements the public health officer will assist the prefectural health department in completing a survey of all municipal water works according to an outline provided by the regional sanitary engineer.

b. Standard designs for rural water supplies should be developed by each prefectural health department. The installation of satisfactory well supplies should be encouraged for all welfare and education institutions, particularly where new ones are being constructed. Bacteriological well water surveys should be employed to locate poor supplies and to publicize the importance of protecting even the simplest type of water source.

c. The establishment of semi-permanent sanitary teams at the rate of one six man team for each 13,000 persons will be encouraged. Two men on each team, the leader and his assistant, are to be permanently employed throughout the year. These teams, although hired by the cities and towns should function under the direction of the Health Center Sanitation Section. A definite summer insect control program for the sanitary teams should be outlined and continuous inspections made to increase and evaluate their accomplishments. For the success of this program it is imperative that sanitary associations (Eisei Kumiai) be discouraged and prevented from assuming responsibilities that belong with the governmental health organization (See P.H. & W. Bul. 51).

7. Nursing Affairs:

The opening of the model Health Centers demands continued follow-up of public health nursing activities in these centers. Plans should be developed during the next three months to start refresher courses in public health nursing for both the prefectural and health center chief nurses of each prefecture. This should guide them into the establishment of fundamentally sound health education programs for their respective staffs. Those schools of nursing recognized as working toward becoming class A schools are to be visited to learn the number of new student nurses admitted in the last class and the curriculum set up for them. Emphasis must be placed on adequate demonstration rooms with nurse instructors in all schools. The class A school requirements should be investigated so as to meet the 1950 goal.

8. Veterinary Affairs:

a. The primary objective for the next quarterly period will be to raise the standards of the existing laboratories in the veterinary sections of public health and animal disease sections of the Agriculture Ministry. At present these laboratories are poorly equipped and very poorly staffed with the result that work performed in these laboratories does not fulfill even the bare requirements of present Japanese laws. Education of laboratory

ANNEX B, I Corps Military Government Plan for 1 July - 30 September 1948 cont'd.

personnel is essential to help improve these laboratories. Monthly meetings in all prefectures are to be initiated at which all inspectors and officials will become familiar with changes introduced.

b. Inspections for bovine toberculosis have indicated that it is of greater importance than generally recognized by either the Japanese officials or the occupation forces. Incidence of the disease is on the increase because present laws require the slaughter of only seriously diseased animals. All prefectures should now be conducting testing programs using the new improved technique which will locate all infected animals and make possible prompt slaughter of those animals should present laws be revised.

c. Much emphasis is to be put on increased sanitary practices in food establishments, slaughter houses and fish markets. At present most inspectors in the field do not realize the importance of their work nor are they aware of the means of demanding and bringing about improved conditions.

PUBLIC HEALTH

Q

I10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

JEE/mu

14 May 1948

AG 200.3 - BA

SUBJECT: Assignment of Personnel on Customs, Immigration and Quarantine Service

TO : Commanding General, 24th Infantry Division, APO 24
Commanding General, 25th Infantry Division, APO 25

1. Rescissions: The following letters are rescinded:

a. Letter, Headquarters Eighth Army, file AG 200.3 (MG-X), subject: "Personnel to Operate Customs, Immigration and Quarantine Service", 4 August 1947.

b. Letter, Headquarters Eighth Army, file AG 625.1 (MG-X), subject: "Additional Ports of Entry for Japan", 13 August 1947.

c. Letter, this headquarters, file AG 200.3-B, subject: "Personnel to Operate Customs, Immigration and Quarantine Services", dated 3 September 1947.

d. Letter, Headquarters Eighth Army, file AG 625.1 (MG-E), subject: "Additional Ports of Entry for Japan", 5 September 1947, and 1st indorsement, this headquarters, thereto.

e. Letter, this headquarters, file AG 200.3-B, subject: "Personnel to Operate Customs, Immigration and Quarantine Services, and Additional Port of Entry for Japan", dated 20 September 1947.

f. Letter, Headquarters Eighth Army, file AG 200.3 (MG-X), subject: "Medical Officers for Port Quarantine Duty", 4 October 1947.

2. References:

a. Operational Directive No. 32, Headquarters Eighth Army, 10 April 1947

b. Letter, Fukuoka Military Government Team, file AG 800, subject: "Designation of Fukuoka as a Quarantine Port", 29 July 1947, 4th indorsement thereto GHQ, SCAP, and 6th indorsement thereto, this headquarters.

c. Letter Order 1-8, Headquarters Eighth Army, 23 January 1948.

d. Letter, Headquarters Eighth Army, file AG 200.3 Gen (MG-X), subject: "Customs, Immigration and Quarantine Service", 27 February 1948.

e. Paragraph 1f (5) (9), Annex 8 to Administrative Order No. 25, this Headquarters, 28 August 1947, as amended by paragraph 6d, Administrative Order No. 25/1, 5 December 1947.

3. Maritime ports, for allied shipping, under control of this headquarters are designated as follows:

Major Ports	Responsible Agency	Operating Agency
Nagoya	I Corps	Aichi MG Team
Kobe-Osaka	I Corps	Hyogo MG Team
Moji-Wakamatsu	I Corps	Fukuoka MG Team

Minor Ports	Responsible Agency	Operating Agency
Nagasaki	I Corps	Nagasaki MG Team
Sasebo	I Corps	Nagasaki MG Team
Miike	I Corps	Fukuoka MG Team

4. It is desired that exit and entry controls be maintained at the above listed ports as provided in reference 2a and e, above.

5. Personnel:

a. Officer Personnel:

(1) One medical officer for duty at each repatriation center and at such designated ports of entry as are deemed necessary, will be provided from sources available to this and higher headquarters. Where repatriation centers are located at or near designated ports of entry, the medical officer on duty at the repatriation center will perform the duties of port quarantine officer. In the case of other ports of entry which have no medical officer assigned, the public health officer assigned to the operating agency (the military government team concerned) will perform the duties of port quarantine officer in addition to his other duties. Initially, medical officers will be provided as follows:

Activity	Officer to be assigned to
Maizuru Repatriation Center	Kyoto MG Team
Sasebo Repatriation Center	Nagasaki MG Team
Kobe-Osaka Port	Hyogo MG Team
Moji-Wakamatsu and Miike Ports	Fukuoka MG Team

(2) Other officer personnel, as indicated below, are authorized the appropriate military government team on an overstrength alloted the various military Government teams by reference 2c, above. This overstrength will not be reflected in the authorized strength sections of the strength status report, FEC AGO Form 82. The overstrength will be reflected in the actual strength collumns of this report.

Major Port - 1 Captain, MOS 2120
1 1st Lt, MOS 2120 (not authorized for those major ports provided with a medical officer)

Minor Port - 1 1st Lt, MOS 2120

b. Enlisted personnel for Customs, Immigration and Quarantine Service are provided by reference cited in 2c, above.

6. Initially, officer and enlisted personnel have been assigned to military government units from among qualified personnel who were formerly on Detached Service for Customs, Immigration and Quarantine Service duty. Those considered unqualified for this duty were returned to their parent units. Additional officer personnel to bring the ports up to required strength (as indicated in paragraph 5a (2), above will be furnished by the military government operating the port. Shortages in enlisted personnel for this duty will be furnished by the military government teams operating the ports.

7. From time to time appropriate authority will direct allied shipping to Japanese ports not covered by this letter. In such cases, exit and entry controls will be performed by the military government team located in the prefecture concerned. Prior notification of arrival of such shipping will be furnished by this headquarters.

8. In addition to the ports listed in paragraph 3, above, the following ports have been opened for Japanese shipping only:

Hakata
Kagoshima

Only routine surveillance of Japanese quarantine procedures by the appropriate military government teams is required in the case of these two ports.

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

Ltr, Hq I Corps, AG 200.3-BA subj: "Assignment of Personnel on Customs, Immigration and Quarantine Service", dtd 14 May 48, cont'd.

DISTRIBUTION:
5 - CG, 24th Inf Div
5 - CG, 25th Inf Div
10 - CO, Kinki Mil Govt Reg
10 - Co, Kyushu Mil Govt Reg
10 - Co, Tokai-Hokuriku Mil Govt Reg
5 - Mil Govt Sec, I Corps
1 - C/S
1 - G-1 Sec
1 - G-2 Sec
1 - G-3 Sec
1 - G-4 Sec
1 - Surgeon
1 - Engr Officer
1 - QM
2 - AG File

Lt Hornish I/O

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WJK/tf

2 April 1948

AG 671 - BA

SUBJECT: Utilization of Regional Sanitary Engineers

TO: See Distribution

1. Sanitary engineers have been assigned to each military government region as follows:

Mr. A. Alexander	-	Kyushu Region
Mr. J. D. Wright	-	Tokai-Hokuriku Region
Mr. W. J. Kaufman	-	Kinki Region

2. The function of these specialists is primarily the assisting of team public health officers and local Japanese health officials in planning a sound sanitation program in each prefecture and in developing a Japanese organization to execute this program. Sanitary engineering includes the improvement of Japanese civilian water supplies, both public and private, waste disposal, and environmental sanitation with special emphasis on insect and rodent control. Regional sanitary engineers should be consulted on problems related to:

a. Japanese public works projects of a public health nature. These include the development of new water supplies and the expansion of old ones, the construction and repair of water treatment works, sewerage and drainage projects, sewage treatment plants, garbage and refuse incinerators, etc.

b. Sanitation of military government unit and dependent housing areas and particularly water supply and waste disposal problems related to these installtions.

c. Municipal water chlorination of Japanese systems serving large troop concentrations where chlorination to U.S. Army standards is desired.

BY COMMAND OF MAJOR GENERAL SWING:

W. N. HORNISH
Lt. Sol. AGD
Asst Adj General

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

I10

HEADQUARTERS I CORPS
Office of the Surgeon
APO 301 (Kyoto, Honshu)

Surg 720

10 March 1948

700

SUBJECT: Statistical Health Report
(Reports Control Symbol N-14)

TO: Commanding Officer, Kyushu Military Government Region, APO 929

1. Some confusion has arisen among Medical Units and Installations in Corps Z/R as to the proper application of Eighth Army Circular #14, Section III, dated 19 February 1948 in regards to the inclosure to the Weekly Statistical Health Report.

2. Circular #14, Section III does not in any way alter the Statistical Health Report as prepared previously but merely adds or changes an inclosure, namely, "disease incidence among command units."

3. In order to establish a more uniform reporting procedure of Corps units, it is recommended that the inclosed form be mimeographed locally and submitted with the Weekly Statistical Health Report as required.

FOR THE SURGEON:

Paul B Roach

PAUL B ROACH
Major, MSC
Executive Officer

1 Incl
Disease Incidence Among
Command Units (form)

1 Copy forwarded to Nagasaki MG Team.

2 Copies

DISEASE INCIDENCE AMONG MAJOR COMMAND UNITS

For the Week Ending _____

		24th Div	25th Div	Other I Corps	Other 8th Army	Kobe Base	5th A.F.					
DIRECT ADMISSIONS	DISEASE											
	INJURY											
DIRECT ADMISSIONS NEUROPSYCHIATRIC												
COMMON RESPIRATORY DISEASE												
BACTERIAL FOOD POISONING												
COMMON DIARRHEAS												
DYSENTERY BACILLARY												
DYSENTERY UNCLASSIFIED												
MYCOTIC DERMATOSES												
SCABIES												
GONORRHEA	WHITE											
	COLORED											
SYPHILIS	WHITE											
	COLORED											
OTHER VENEREAL	WHITE											
	COLORED											

Incl #1,

I/10 Lts

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

WJD/ay

13 February 1948

AG 720 - BA

SUBJECT: Model Health Center

TO: See Distribution

1. Reference: Memorandum, General Headquarters, Supreme Commander for the Allied Powers, subject: "Plans for Model Health Center Demonstration", dated 23 January 1948 (Copy attached)

2. Reference memorandum is forwarded for your information and guidance in implementing your plans for model health center demonstrations.

BY COMMAND OF MAJOR GENERAL SWING:

/s/ Charlie Ramsey
for /t/ W. N. HORNISH
Lt Col., AGD
Asst Adj Gen

1 Incl:
As indicated.

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

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

LGT: d
23 January 1948

MEMORANDUM TO: All Persons Responsible for Demonstration at Model Health Center

SUBJECT : Plans for Model Health Center Demonstration.

1. For the benefit of those responsible for demonstrating a given function at the Model Health Center the following paragraphs summarize pertinent information gleaned from Col. Sams verbal instructions. It is necessary that written plans be submitted without delay in order that coordination of the over-all plan may be affected. It is particularly important at this time that you turn in an estimate of the time, personnel and equipment required for demonstration in order that a master plan may be solved.

2. The manner of functioning of Health Centers of Japan is very unsatisfactory. Some do not have adequate buildings. Others do not have adequate staff or equipment but most of the inadequacy stems from the fact that prefectural authorities do not realize the place of a Health Center in their community.

3. The Health Center Law (Public Law No. 101, 5 Sept 47) furnishes a legal basis for establishing an efficient and adequate system of Health Centers throughout Japan. Approximately 780 Health Centers will be established or reorganized. To achieve the desired degree of efficiency and completeness in all of these Health Centers it is necessary to prepare a visual demonstration in the form of a Model Health Center.

4. When once this model Center is staffed and equipped, staffs from various prefectures and districts will be brought in for a course of training and a visual demonstration of what their own Health Center should be.

5. This model Center will demonstrate the scope of activity for each of the 12 functions which are enumerated in par 1 e of subject memo. The order of procedure will be:

a. Military Government Health officers will be brought to Tokyo first. The demonstration will be put on for these men. The chiefs of the Health Districts and of the prefectures will be brought in for a concentrated course of training to the model Health Center in Tokyo.

b. These officials will then return to their own individual prefectures and establish a similar model Health Center

in each prefecture.

c. Prefectural health officials will then receive courses of training at the prefectural model Health Centers.

d. The remainder of the 780 Health Centers will then be established on the same plan as the model Center but modified to fit the needs of the individual locality.

6. The 12 functions of a Health Center as outlined in a Memorandum of 7 April 1947 are listed below. With this list are the names of the individuals in Public Health & Welfare who will represent this office in assisting in operation and presentation of each demonstration:

AMERICAN	JAPANESE
1- Public Health Nursing, Miss Pickens	Miss M. Kaneko
2-Maternal & Child Hygiene, Dr. Knight	Dr. Mukamatsu
3-Vital Statistics, Mr. Phelps	Dr. N. Soda
4-Diagnostic Laboratory, Dr. Hamlin	Dr. T. Ogawa
5-Dental Hygiene, Lt. Col. Ridgley	Dr. E. Oonishi
6-Nutrition, Miss O'Donnel	Dr. K. Arimoto
7-Sanitation, Major Scothorn & Dr. Wheeler & Mr. Kaufman	Dr. U. Ishibashi Dr. K. Arimoto Dr. Y. Ozuki Dr. S. Ikeda Mr. C. Asomune
8-Health Education - Lt Col. Thomas	Dr. K. Kusumoto Dr. H. Shiga Dr. J. Ishigaki
9-Medical Social Service - Mr. Kneff	Dr. Saita
10-Communicable Disease Control, Maj. Bourland	Dr. U. Ishibashi
11-Tuberculosis Control, Dr. Knight	Dr. S. Kanai
12-Venereal Disease Control, Dr. Mieda	Dr. U. Ishibashi Dr. R. Nakahara

7. Lt Col., Thomas will function as coordinator of the entire group.

8. The demonstration should extend over a sufficient length of time to allow unhurried and complete presentation of the model Health Center. It is to be emphasized that the planned demonstration is not a one day tour but is to be considered as a complete course of training with sufficient specific information presented to the observers that they can return to their prefectures and reduplicate in its entirety the Health Center. Teaching aids such as charts, mimeographed information sheets, demonstration teams, etc., should be used as adjuncts to the teaching program.

a. The following charts should be included in the curriculum:

(1) Internal organization of the district health office.

(2) Internal organization of the Health Center.

(3) Chart of the Health Center district showing the schools number of people, etc.

(4) Geographical charts of the district showing location of Health Centers and branch centers.

b. Specific suggestions of material to be included in each of the 12 functional groups:

(1) Vital Statistics

(a) The term "Vital Statistics" must be looked upon in its broadest sense as a compilation of all Health Center Statistics. It is not confined to a record of births, deaths, and marriages but should include a whole series of charts including the following information:

1. Names and locations of doctors and hospitals in the districts, bed capacity, types of services rendered.

2. Disease rates

3. Births, deaths, marriages, etc.

(b) The demonstration should include the actual completion of various printed forms and the tracing of these forms through various channels from the patient to the file.

(2) Sanitation

(a) The demonstration should include the following charts:

1. Location of all water, sewage, and garbage disposal facilities in the district.

2. Organization of sanitary teams.

3. Spot maps showing breeding places for mosquitoes and flies.

4. Information concerning dairies and slaughter houses.

(b) There has been a woeful lack of dissemination of information to the sanitary teams themselves; in fact, in most places sanitary teams are not even in existence. It must be stressed that the sanitary teams are the men who go out and actually spray the mosquito breeding places and take care of the sewage disposal, etc.

(3) Communicable Disease Control

Demonstration should include:

(a) Spot maps showing actual location of every reportable disease in that district.

(b) Charts showing up-to-date information on every immunization program.

(c) Relationship of every other Health Center division to Communicable Disease Control.

(d) The tracing of a case of some communicable disease such as smallpox from the reporting of the case until removal of quarantine.

(4) Venereal Disease Control

(a) The following charts should be included in the demonstration:

1. Number of cases of each of the Venereal Disease within the district.

2. Location of all known prostitutes in the district.

(b) The demonstration should show how a contact is traced and how a venereal disease case is handled. It should also show what happens when a private physician sends in a specimen for diagnosis.

(5) Tuberculosis Control

The demonstration should include:

(a) Spot maps of all known cases of tuberculosis.

(b) The actual examination of children and adults by X-ray, physical examination, sputum examination, tuberculin test, etc.

(c) The channels through which the actual case of tuberculosis passes in a Health Center demonstrating the close liaison between the tuberculosis division, the nursing division, laboratory, and medical social service, etc.

(d) Information regarding the social services aspects of a case of tuberculosis such as examination of family, investigation of their financial status, their housing, clothing, food, heating, etc.

(6) Medical Social Service

Demonstration should include:

(a) Spot maps of all welfare institutions and actual capacity of social assistance.

(b) Demonstration of relationship between other divisions of the Health Center.

(c) The entire demonstration should be aimed at showing the relationship which this department has to all others.

(7) Laboratories

This demonstration should show:

(a) Complete gamut of diagnosis procedures to be done in the Health Center.

(b) The proper channels for collection specimens and distributing laboratory reports.

(c) Channels for sending specimen to laboratories for difficult procedures which cannot be done in the Health Center laboratory.

(d) Channels, through which a specimen from the time it is dispatched by private physician to the time when thereport returns to him.

(e) Relationship to Health Center laboratory to the Prefectural Diagnostic laboratory.

(8) Mother and Child Hygiene.

This demonstration should include:

(a) Pre and post natal care plus usual child clinic procedures.

(9) Nutrition

Nutrition should show graphically:

(a) Nutrition survey

(b) Spot maps of ration points

(c) Recipes for preparing imported foods.

(d) Preparation of Balanced diets.

(e) Actual methods of cooking.

(f) Relationship to mother and child hygiene clinic and to the nursing division. Nutrition charts such as those on the Health Train should assist greatly in the educational part of the program.

(10) Dental

This demonstration should show:

(a) How a dental survey is conducted.

(b) How school children and nurses are contacted.

(c) On spot maps the names and locations of all dentists in the district.

(11) Health Education

(a) This work should normally be handled by the Health Center Chief himself, It should show:

1. Coordination with all other activities of the Center.

2. Dissemination of information through local newspapers, moving picture films, etc.

3. Materials which are available from the Ministry of Welfare, and way they can be produced.

(12) Public Health Nursing

Demonstration should include charts showing:

(a) Organization of the nursing division.

(b) Relationship to other divisions.

(c) Work load for nurses in the Center.

(d) Routine for going into homes as visiting nurses.

c. These demonstrations will be held for several different groups. About 94 people will be attending these demonstrations. At least five groups will see the demonstration.

d. Preparation of these demonstrations will necessitate much minute preparation with definite rehearsals and fairly complete scripts. <u>This task should be considered on top priority within this section</u>.

/s/ Lucius G. Thomas
/t/ LUCIUS G. THOMAS
Lt Col., M. C
Chief
Preventive Medicine

I 10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

FSR/ay

9 February 1948

AG 310.1 - BA

SUBJECT: I Corps Military Government Plan for 15 February - 30 June 1948

TO : See Distribution

1. References:

a. Letter, Headquarters Eighth Army, file AG 300.1(MG-y), subject: "Priority of Military Government Activities", dated 9 December 1947.

b. Letter, Headquarters I Corps, file AG 310.1 - BA, subject: "I Corps Military Government Plan for the Period 15 November 1947 - 15 February 1948", dated 7 November 1947.

2. The vigor and imagination with which military government teams responded to the first of this headquarters' military government plans have resulted in progress -- definite and measurable achiavements. The varving excellence of programs and results, however, indicates a need for more detailed planning on region and team level to develop powerful, coordinated attacks on specific prefectural problems. The vital inter-dependence of all military government activities and the steady rise of local authonomy make it essential that each team commander, rather than tolerating a group of disparate programs, however superior individually, build a unified plan fashioned for his particular prefecture.

3. It is necessary to remember that this plan has been pre - pared to guide twenty military government teams whose prefectures differ significantly in climate, culture and economic character. Obviously then, as these many teams construct their plans, the differing intensity and nature of problems will result in emphases that are not uniform from prefecture to prefecture.

4. The objectives stated in this plan represent a movement forward by the Japanese in reconstructing and remodelling their own nation and way of life. It is military government's job to elicit from the Japanese that genuinely self-reliant, progressive attitude which will result in discerning and striving for these goals without dependence upon outside guidance. Success of this plan, than, will be measured rather in terms of Japanese than military government activity.

5. This plan covers a considerable period and has its basis in the directives of higher headquarters. Changing situations may bring directives that will alter this plan (such as a succe- ssor document to reference 1 a, above). Military government teams will make necessary readjustments in their plans as such new dire- ctives are published by this or higher headquarters.

6. A rigid routine for implementing this plan is not desira- ble, but the following steps are urged:

a. Upon receipt, make the complete plan available to all team members for careful study.

b. Hold an early staff conference to discuss the plan and the status of programs in the prefecture.

c. Decide upon methods of coordination and appoint com- mittee groups to formulate, in writing, detailed plans, tailored to specific prefectural situations.

d. At the next conference present the section plans and devolop the team program.

e. Prepare work schedules that will make possible regu - lar progress on the plan.

f. At weekly staff meetings roview work accomplished, discuss future steps, make necessary modifications in the plan.

g. Report progress and findings under appropriate head- ings in the Monthly Military Government Activities Report.

h. Submit special reports when indicated.

BY COMMAND OF MAJOR GENERAL SWING:

W. N. HORNISH
Lt Col., AGD
Asst Adj Gen

8 Incls:
Annexes A, B, C, D-1, D-2, D-3, E.F.

DISTRIBUTION:
3 - ea MG Reg & Tm, I Corps Z/R
1 - ea Div & Branch, I Corps MG Sec
2 - AG Rec, I Corps

Info copies
2 - CG, Eighth Army
2 - CG, 24th Inf Div
2-- CG, 25th Inf Div

ANNEX B

To I Corps Military Government Plan for 15 February-30 June 1948

PUBLIC HEALTH

1. Critioue of Action on Previous Corps Plan: While all teams attempted with various degrees of success to implement the plan for 15 November 1947 - 15 February 1948, its realization was actually far from complete. This stems principally from the failure of individual teams to plan means of implementation fitted to their particular prefectures. It is expected that each team will prepare an adequate schedule to carry out this new plan in all its phases. Actually the plan will meet most of the local problems as they arise. The attitude of public health officers must not simply be a passive one of handling existing problems. They must, in addition, be aggrensive and plan means of increasing the scope and competency of health program. During the period 15 February-30 June 1948 military government public health officers will exert every effort to insure that the following objectives are accomplished.

2. Public Health Administration:

a. On the basis of the critioue of prefectural public health administration made during the past three months period, public health officers will continue to aid the prefectural health officials in improving their health departments. Improvements should be compatible with the plans sent but by the Welfare Ministry on 27 December 1947. (See PH & W Bul. 52 & 53). It must be emphasized that these are model plans and it may be necessary to adapt the plan of organization to meet the needs of individual prefectures. Large prefectures may have to expand the basic plan.

b. In prefectures which do not already have an independent health section, special attention will be exerted to see that the provisions of the amendment to the Local Autonomy Law passed 7 December 1947 are carried out by 1 April 1948. Particular guidance should be extended to these newly created departments.

c. During January and February, the Japanese prefectural health departments should have developed plans outlining the major health programs for 1948. It is on the basis of these plans that the 1948 budget should have been planned. MG health officers should examine these plans and the budget carefully and exert surveillance to see that the plans are adequate and that the budget utilizes available funds economically and to best advantage. Health officials should be encouraged to get increases in the health department budget in prefectures where the total amount has been small.

d. Special attention should also be given to health centers which, under Public Law 101 and its regulations (to be published shortly), must assume the responsibility for district health

administration. Both the prefectural health department and the chiefs of the health centers will need much guidance in the scope of operation and administration of these local health units. The MG PHO should plan methods of providing this guidance and education and should see that the law is properly enforced.

3. Preventive Medicine:

a. Continued strenuous emphasis must be placed on developing prompt, early, accurate case reporting. Typhoid and diphtheria immunizations must be completed within the next month. T Typhus control measures must not be relaxed. An enteric disease control program should be planned now for institution during May.

b. More emphasis should be placed on the information and educational aspects of public health. Assistance should be extended to each prefecture to help it establish the public health education program outlined in PHMJG-51 and its memorandum. Coordination should be effected with the CI&E section toward the end of developing a child hygiene program in every school. Facilities of health centers should be made readily available to school children.

4. Venereal Discase Control: The enformement of Eighth Army OD 72, 19 December1947, will form the basis for the VD control program. Emphasis will be placed on the finding, reporting and treatment of all cases of VD. Clinics will be established in each health center or in sunh locations as to be available to all concerned. These clinics will provide examination and treatment to all who present themselves. Indigents may receive free treatment, Government clinics will not perform routine examinations on prostitutes, but prostitutes may voluntarily present themselves for examination. No government clinic will issue cards or certificates stating whether or not an individual is free from VD. Considerable attention should be given to the encouragement of private doctors to comply with the essentials of modern VD control. VD control committees should be organized so that they are making c concrete contributions to the program in the way of publicity, education, campaigns for legislation etc.

5. Tuberculosis Control: Pressure will be concentrated on the largest and best equipped tuberculosis sanatoria to see that improvements in sanitation, medical practice, diet, and isolation are made in them. In the health education programs, tuberculosis should receive first consideration. Attention should be devoted to developing anti-TB programs in the health centers, organizing and teaching PH nurses to visit and educate TB patients in their home. The health center should be encouraged to register every TBpatient in its area of responsibility and then follow these patients, making arrangements for their hospitablization when necessary, doing case tracing, follow-up exams, home treatment supervision, education, etc. Again the cooperation of private doctors

must be sought for this program. Education, isolation and treatment of all cases, and improvement of the health of the population are the basic objectives of the tuberculosis control program.

6. Sanitary Engineering:

a. Attention is directed to section VI of PH & W Bul. 51 on sanitary engineering. Every effort should be exerted to see that there is one full time, well-trained, year around insect and rodent control team for every health center and city ward. Eisei Kumiai are to be discouraged. At present, the teams should be engaged in redent, louse, and flea control. In May their attention should be directed to fly and mosquito control. This program should be more closely supervised by MG than it has in the past.

b. Attention is further directed to section V, PH & W Bul. 53, and to the information sheet on rural water supplies distributed by this headquarters last October. Prefectural sanitary sections should develop a programsfor improvement of the quality of private water supplies. Furthermore, provisions should be made to regulate the quality of water by laboratory control.

c. Aid should be extended to prefectural health departments toward the end of developing their sanitary engineering subsections along the lines indicated by the imformation sheet distributed by t his headquarters in December entitled "Prefectural Sanitary Engineering".

7. Nursing Affairs: Each prefectural branch of the Nurses' and Midwives' Association should make a study of the salaries, hours, living and working conditions of nurses in its prefecture for presentation at the National Association's meeting in April. The National Association can give assistance in improving the working conditions of the nurse. Hospitals which will qualify for Class A & B schools of nursing should have a staff education program for teaching nurses. Prefectural health departments should be encouraged to develop an adequate public health nursing program for the health centers. Preparation by the prefectural public health department of a manual of standard procedure for the public health nurse in health centers describing personnel policies, office procedures, technicue of visiting, record keeping etc., will do much to teach nurses and doctors working in the health centers their responsibilities and to standardize procedures, and will be encouraged.

8. Veterinary Affairs: Continued surveillance by team public health representatives of meat and dairy plants will be exercised by visits to major establishments in company with pre-inspection officials. Reasons for non-compliance with regulations of central government will be given im writing by Japanese authorities. The

prefectural health departments will be encouraged to establish a system of district supervision over the activities of local veterinary inspections in an effort to maintain minimum and uniform standards in these activities.

9. Pharmaceutical Affairs: Military government teams will exert surveillance to see that the new ration coupon system of drug distribution as described in section IV, PH & E Bul. 53, is properly organized and executed. Drug control companies will be dissolved. Responsibility for operation of drug rationing must be diverced from private industrial and professional groups and assumed by government officials. Surveillance will be exercised over narcotic transactions to insure that provisions of Eighth Army OD 1, 2 January 1948, are carried out.

I/O Lt

COPY

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RFS/ay

30 December 1947

AG 333 - BA

SUBJECT: Inspection of Prisons and Jails

TO: See Distribution

1. References:

a. Operational Directive No. 3, Headquarters Eighth Army. (1947)

b. Operational Directive No. 43, Headquarters Eighth Army. (1947)

2. Military government teams are charged with the responsibility of inspecting Japanese institutions of detention and confinement by the above listed references. Reports of such inspections are to be retained on file by the military government team concerned for reference unless conditions are uncovered which warrant a special report. In the event situations are encountered which are of special interest to the Public Health, Public Welfare or other Sections of local team level, it is desired that appropriate coordination be effected between the sections concerned.

3. Attached hereto for your information and future guidance is a suggested check list for use during subject inspection.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

C. C. CARTER
Colonel, AGD
Adjutant General

1 Incl:
As indicated.

DISTRIBUTION:
4 ea MG Region & Team
I Corps Z/R
3 AG Rec, I Corps

Info copies
2 - CG, 8th Army, APO 343, ATTN: MG Sec
2 - CG, 24th Inf Div
2 - CG, 25th Inf Div
1 - PM, I Corps

PRISON AND JAIL CHECK LIST

DATE _____

Name of Institution _____

Prefecture _____

Name of Officer in
charge of Institution _____

1. Capacity _____

2. Number of inmates _____

3. Proper segregation of:

   a. Females Yes____ No____

   b. Juveniles Yes____ No____

   c. Communicable disease cases Yes____ No____

4. Number held without public trial having begun in Japanese court:

   a. 30 - 59 days _____

   b. 60 - 89 days _____

   c. Over 90 days _____

5. Prisoners confined for possible Provost Court trial:

   a. No charges filed (ICBA - 3) _____

   b. Confined over 30 days without being brought to trial _____

6. Sanitary Conditions:

   a. What immunization and prophylactic treatments are administered to prisoners upon entry into the institution?

_____

_____

   b. Frequency with which inmates are allowed to bathe.

_____

   c. Laundry facilities _____

d. Frequency of DDT dusting _____

e. Preparation and serving of food _____

7. Medical Treatment:

a. Facilities and personnel available _____

b. Scope of treatment _____

c. Are adequate facilities available for isolation of persons with communicable diseases? _____

8. Are visitors allowed? _____ How often? _____

Are visitors allowed to bring food and clothing to inmates? ___

9. What in general is the parole policy? _____

10. Average sentence of inmates? _____

11. What types of foods and what quantities are served to the inmates?

12. In what types of work and trades are the inmates employed? ____

13. Are there any evidences of physical punishment and mistreatment?

14. Comments on the suitability, conditions, and cleanliness of clothing worn by the prisoners _____

15. General Comment _____

COPY

I-10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RWC/ay

7 November 1947

AG 310.1 - BA

SUBJECT: I Corps Military Government Plan for the Period 15 November 1947 - 15 February 1948

TO : See Distribution

1. In order to establish clearly feasible objectives for the succeeding 3-month period, to designate proper direction of effort and energy, to bring the Japanese on local levels to recognize the necessity for and possibilities of orderly progress towards the goals SCAP and their own government have set, this headquarters has initiat a planning program which will take the form of quarterly directives of which this is the first. The emphases specified in the attached annexes are intended to assure that military government's energies ar behind the most significant program, but the plan does not relieve any military government unit of responsibility set forth by other directives of this or higher headquarters. Rather, this plan points uppbasic problems and sets interim goals for their solution.

2. To implement the basic plans set out in the attached annexes this headquarters will issue various detailed directives which will push projects within the broad scope of the plan. In addition, field trips will be made by staff officers to guide subordinate units and to measure their progress.

(1947)

3. Before attempting to exploit the plan it is essential that each military government team make an estimate of the situation in its prefecture. Plans for local level action of necessity will be based on the conditions peculiar to each prefecture, as well as on overall objectives established by this headuquarters.

4. The occupation is intended to effect the demilitarization of Japan, rehabilitation of the economy to a level of self-sufficiency and the active institution of fundamental political, social and economic reforms. Physical demilitarization is virtually complete, and a sweeping reorientation of the national way of life has been successfully begun, but a continuingly morbid economy requires immediate, co centrated attention. While recognizing, then, that economic restorat

COPY

COPY

Ltr, Hq I Corps, AG 310.1-Ba, subj: "I Corps Military Government Plan for the Period 15 November 1947 - 15 February 1948", dtd 7 November 1947 cont'd

is only a part of the broad program, military government units perceive clearly that basic economic problems - such as feeding, clothing and housing the people - must be successfully met if other programs are expected to flourish. Consequently, each military government unit must turn its consolidated, coordinated energies on the economic situation.

5. Results of work done on these programs will be reported in the monthly activities report, and any matters of urgency developed will be made the subject of special reports.

6. Suggestions from military government region and team commanders as to the form and substance of these directives are invited.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

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

7 Incls:
ANNEX A - Legal and Government
ANNEX B - Public Health
ANNEX C - Public Welfare
ANNEX D-1 - Manufacturing and Industry
ANNEX D-2 - Natural Resources
ANNEX D-3 - Labor
ANNEX E - Civil Information and Education

DISTRIBUTION:
3 - ea MG Reg & Team
I Corps Z/R
1 - ea Div & Branch
I Corps MG Sec.
2 - AG Rec, I Corps

Info Copies
2 - CG, Eighth Army, APO 343

COPY

ANNEX B

To I Corps Military Government Plan for 15 Nov 47-15 Feb 1948.

PUBLIC HEALTH

During the period 15 November 1947 - 15 February 1948 military government public health officers will exert every effort to insure that the following objectives are accomplished:

1. Public Health Administration: On the basis of a thorough critique by the military government public health officer of the effectiveness of prefectural public health administration every effort will be made to see that the Japanese have formulated adequate plans for its roorganization and improvement and have begun to take action on them. Minimum standards should be set for employees of the public health service. Above all, the Japanese should have initiated action to make the prefectural health section an independent unit of the government.

2. Preventive Medicine: The military government public health officer will insure that the Japanese have completed the typhoid, diphtheria, and smallpox immunization programs as well as zonal immunization for typhus. The typhus control teams should be organized, and the system of typhus control practiced last winter as outlined in TB PH PREV MED 3 reveiwed and reinstated by prefectural health departments. Eickettsicidal spraying of public places, delousing, rodent and flea control will be actively prosecuted. Wide publicity of typhus control measures to be taken by the individual aill be insured. The Japanese health department will make every effort to improve case repoting, carly diagnosis, and prompt isolation of communicable diseases. 15 will see that adequate isolation facilities are available.

3. Venereal Disease Control: Emphasis will be placed by the Japanese health section on treatment of the general population and suppression of prostitution. Treatment clinics will be established in every health conter insofar as possible. Venereal disease control committees should bw organized so that they are making concrete contributions to the program in the way of publicity, education, campaign for legislation, etc.

4. Tuberculosis Centrol: The Japanese will finish the current tuberculin testing program, inoculating the negatives with BCG and x-raving the positives insofar as possible. Pressure will be concentrated on the largest and best equipped tuberculosis sanatoria to see that improvements in sanitation, medical practice, diet, and isolation are made. Education and the isolation of all cases will be the kevnote of control.

5. Sanitary Engincering: The public health officer will make a survey of the prefecture based on the sanitary engineering check sheet published by Kinki Military Government Region. Special efforts will be made in assisting the Japanese to train existant full time insect and rodent control teams in typhus control messures and in

the organization of voluntary teams operating under the direction of the local health authorities. The Japanese public health section will be required to make a considered estimate of the quantity of liquid chlorine and chlorination equipment necessary to chlorinate properly all municipal water supplies. Such equipment and supplies should be sufficient to make it possible to maintain a chlorine residual of 0.2 ppm or more in all reaches of the distribution system.

6. Nursing: Planning should be accomplished by the Japanese so that the new nursing and midwifery law may be established next year in nursing schools with the best teaching facilities. Although this law is not compulsory until 1950, the groundwork for its enforcement must be laid now. Prefectural branches of the Midwives, Clinical and Public Health Nurses Association should be well organized and functioning by the time of the second national meeting in April 1948. Demonstration centors for midwives, clinical, and public health nurses should be established throughout each prefecture to carry out refresher courses and raise the standards of nursing practice.

7. Veterinary Affairs: The prefectural health department will establish a scheme of district supervision of the activities of local veterinery officers in an effort to establish minimum and uniform standards of meat and dairy inspection. Effect should be made to introduce the intradermal method of tuberculin testing.

8. Drug Distribution: Attention will be given to the distribution of controlled druge in order to see that the new coupon system of rationing is properly carried out and that distribution is as equitable and fair as possible.

9. Medical Associations: Every effort will be made to see that the old Japan Medical Association is dissolved and a new one founded on democratic principles at county and prefectural levels, whose aim will be to raise the standards of medical ethics, to promote and disseminate the science of medicine and advance the public health. No opportunity to improve the private practice of medicine should be neglected, for at the present time the health program depends as much on the adequacy of private practice of medicine as it does on the efforts of the state.

adm

I-10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RLM/mmn

17 October 1947

AG 720 - BA

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) Insistance on enforcement of those present laws which are worthwhile.

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

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:

C. C. CARTER
Colonel, AGD
Assistant General

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

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

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

RLM/yo

PROPOSED MILITARY GOVERNMENT PUBLIC HEALTH ACTIVITIES
FOR NEXT THREE MONTHS

During the next three months the military government public health officer will exert every effort to insure that the following objectives are accomplished:

1. In the field of public health administration he will have thoroughly familiarized himself with the public health organization in his prefecture and will have prepared a critique of this organization which will indicate its faults and weaknesses. On the basis of this critique every effort will be made to see that the Japanese have formulated adequate plans for the reorganization and improvement of their prefectural health administration and have begun to take action on them. Minimum standards should be set for the employees of the public health service. Above all, the Japanese should have initiated action to make the prefectural health section an independent unit of the government.

2. In the field of preventive medicine the military government public health officer will insure that the Japanese have completed the typhoid, diphtheria, and smallpox immunization programs as well as zonal immunization for typhus. The typhus control teams should be orgarized, and the system of typhus control practiced last winter as outlined in TB PH PREV MED 3 reviewed and reinstated by prefectural health departments. Rickettsicidal spraying of public places, delousing, rodent and flea control will be actively prosecuted. Wide publicity of typhus control measures to be taken by the individual will be insured. The Japanese health department will make every effort to improve case reporting, early diagnosis, and prompt isolation of communicable diseases. It will see that adequate isolation facilities are abailable.

3. In the field of venereal disease control emphasis will be placed by the Japanese health section on the treatment of the general population and suppression of prostitution. Treatment clinics will be established in every health center insofar as possible. Venereal disease control committees should be organized so that they are making concrete contributions to the program in the way of publicity, education, campaigning for legislation, etc.

4. In the field of tuberculosis control, the Japanese will finish the tuberculin testing program, inoculating the negatives with BCG and x-raying the positives insofar as possible. Pressure will be concentrated on the largest and best equipped tuberculosis sanatoria to see that improvements in sanitation, medical practice, diet, and isolation are made. Education and the isolation of all cases will be the keynote of control.

5. The Japanese public health section in each prefecture will begin to collect and compile their health laws into a manual for the use of their public health officers. Laws should be revoked, revised, or added where necessary. Every effort should be made to achieve better enforcement of existing health regulations.

6. In the field of sanitary engineering the public health officer will make a survey of the prefecture based on the sanitary engineering check sheet published by Kinki Mil Govt Region. Special efforts will be made in assisting the Japanese in training existing full time insect and rodent control teams in typhus control measures and in the organization of voluntary teams operating under the direction of the local health authorities. The Japanese public health section will be required to make a considered estimate of the quantity of liquid chlorine and chlorination equipment necessary to properly chlorinate all municipal water supplies. Such equipment and supplies should be sufficient to make it possible to maintain a chlorine residual of 0.2 ppm or more in all reaches of the distribution system.

7. In the field of nursing sufficient planning should be accomplished by the Japanese so that the new nursing and midwifery law may be established in nursing schools with the best teaching facilities next year. Although this law is not compulsory until 1950, the groundwork for its enforcement must be laid now. The prefectural branches of the Midwives, Clinical and Public Health Nurses Association should be well organized and functioning by the time of the second national meeting in April 1948. Demonstration centers for midwives, clinical, and public health nurses should be established throughout each prefecture to carry out refresher courses and raise the standards of nursing practice.

8. In the field of veterinary affairs the prefectural health department will establish a scheme of district supervision of the activities of local veterinary officers in an effort to establish minimum and uniform standards of meat and dairy inspection. Effort should be made to introduce the intradermal method of tuberculin testing.

COPY

I/1024

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

AG 319.1 - BA

29 September 1947

SUBJECT: Special Reports

TO : See Distribution

1. It is the current policy of this headquarters that a more extensive use be made of special reports by teams in reporting military government problems and in making recommendations and requests in connection therewith. The monthly activities reports will hereafter include references to such special reports generally, without the full details.

2. Attached as an inclosure hereto is a listof special reports control symbols assigned by this headquarters. It is desired that appropriate control symbols, in accordance with the attached list, be placed directly below the date in the upper right hand corner of each special report submitted.

3. Further, in order to insure positive follow-up action, it is desired that a log be maintained by each team on all special reports submitted, such log to be constituted as indicated in the inclosure.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

COPY

COPY

CONTROL SYMBOLS AND LOG FOR SPECIAL REPORTS

1. Control Symbols:

Public Health

47/PH/MA/#	Medical Affairs
47/PH/A/#	Public Health Administration
47/PH/PM/#	Preventive Medicine
47/PH/S/#	Sanitation
47/PH/LL/#	Public Health Legislation and Laws
47/PH/PA/#	Pharmaceutical Affairs
47/PH/VA/#	Veterinary Affairs
47/PH/LA/#	Laboratory Affairs
47/PH/ST/#	Statistics
47/PH/NA/#	Nutritional Affairs
47/PH/ERT/#	Public Health Education, Research and Training

Explanation of Symbols: for example, 47/LG/BM/3 - the "47" denotes the year 1947, "LG" denotes Legal and Government, "BM" denotes Black Markets and the number "3" indicates that it is the third special report on blackmarketing for the year 1947.

2. The log for special reports will be constituted as follows:

Date	Symbol	Subject	Action Taken By This Hqs	Action Taken By Higher Hqs
Example:	6/13/47	47/CIE/R/2	Anonymous Religious Letter	

Note: Constant reference will be made to this log to insure that action on special reports is prompt and complete.

COPY

To:

I

10

HEADQUARTERS I CORPS
Office of the Surgeon
APO 301 (Kyoto, Honshu)

MEMORANDUM

30 April 1949

SUBJECT: Correction

TO: Commanding Officer
Kyushu Military Government Region
APO 24-5

With regard to Section IX, Headquarters I Corps Medical Bulletin, dated 25 April 1949, list of Station Hospitals making final type physical examinations within the I Corps Zone of Responsibility should include the 8th and 35th Station Hospitals.

FOR THE SURGEON:

Samuel J. Price

SAMUEL J. PRICE
Lt Colonel, MSC
Executive Officer

HEALTH see Sec. II

I 10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

MEMORANDUM
NUMBER 22

19 April 1949

RESCISSION:

Section III, Memorandum No. 29, Headquarters I Corps, dated 15 October 1948

REFERENCES:

Section I, Circular No. 26, Headquarters Eighth Army, dated 15 April 1948
Department of the Army Circular 267 and Air Force Letter 160-7, dated 30 August 1948
TM 10-250, Appendix V, dated 1 March 1946
TM 5-600, November 1945 as amended by Change 7, 20 July 1948
TM 5-632, October 1947
Memorandum 40-250-2, War Department, dated 13 December 1946
Circular No. 39, General Headquarters, Far East Command, dated 9 October 1948

SECTION I - RODENTICIDES AND FUMIGANTS

1. Reports arriving in this headquarters in recent months indicate that certain units throughout the command are stocking Sodium monofluoracetate (Compound 1080), Stock No. 51-R-475 an item of quartermaster issue authorized for use when required for special problems in the control of rodents.

2. Due to the extreme toxicity of this agent, the special precautions required in storage, and the lack of knowledge at present of any antidote; strict compliance with the provisions of Department of the Army Circular No. 267 and Department of the Air Force Letter 160-7, dated 30 August 1948 is directed. Paragraph 3 of above cited reference states as follows: "When sodium monofluoracetate is required for control operations, requisitions will show justification for the choice of this rodenticide, and will be submitted through the unit or installation surgeon to the appropriate major command for approval. Requisitions will be reviewed by a qualified entomologist or biologist of the command headquarters prior to approval and forwarding to the appropriate depot for supply."

3. Rodenticide fumigant dust (Calcium cyanide) QM Stock No. 51-R-460 which is also a very deadly poison and extremely dangerous for use in the hands of inexperienced and improperly trained personnel will be cleared for use through unit or installation surgeon with the concurrence of this headquarters.

4. All units having either of the above items listed in paragraphs 1 to 3 in stock will not employ these agents without the recommendation of the unit or installation surgeon with concurrence of this headquarters.

5. Strong boxes or other containers equipped with locks will be provided to permit the safe handling and transportation of such toxic insecticides, rodenticides, and fumigants as sodium monoflouracetate, alpha naphthyl thiourea, thallium sulphate, zinc phosphide, hydrocanic acid of HCN discoids, methyl bromide, lead arsenate or other arsenicals, and toxic organic and inorganic insecticides. Such containers will be utilized for the storage and distribution of these toxic materials in order to prevent unauthorized access and to minimize the handling hazards.

6. Commanding officers will assign a suitable vehicle for the transportation of these toxic materials at such times as they are being transported to and/or applied at installation.

SECTION II - INSECT CONTROL

1. Inspections by personnel of the medical section, this headquarters indicate the presence in buildings and homes of some mosquitoes and occasionally considerable numbers of flies even during the colder months of the year in southern Japan. In late fall, these insects enter sheltered places to hibernate and in heated buildings will continue to be active even during the winter months. With the onset of warm weather they constitute the first insects in these groups to seek favorable environments to deposit eggs and start a new generation. In the presence of these insects, it is desired that active preventative measures including residual spraying with DDT be instituted. During period 1 April through 1 November the greatest emphasis will be placed upon the control of mosquitoes, flies and other insects. Although rodent control will be carried out during the remainder of the year, the period 1 November through 1 May requires particular emphasis on the control of rodents.

2. Coakroach control presents an important pest control problem in installations throughout the command. Experience gained in the use of DDT in the control of these insects reveals that DDT, 10% in inert dust, is ineffective in bringing about a good kill. A mixture of equal parts of insecticide powder, roach (sodium flourlde), QM Stock No. 51-I-210 and DDT, 10% in inert dust, will give much better results. It is directed that the above mixture be employed in coakroach control. (S)

BY COMMAND OF MAJOR GENERAL COULTER:

OFFICIAL:

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

EUGENE L. HARRISON
Brigadier General, GSC
Chief of Staff

DISTRIBUTION: C

Kyushu M Surgeon 24-5

APR 29 1949 10 23

I 10 a

HEADQUARTERS I CORPS
Office of the Surgeon
APO 301 (Kyoto, Honshu)

MEDICAL BULLETIN: 25 April 1949

Section I - Medical Department Activities
Section II - Ratio Albumin to Globulin in Serum Protein
Section III - Leave of Absence
Section IV - Poisons and Antidotes
Section V - V.D. Contact Reports
Section VI - Monthly Sanitary Reports
Section VII - Narcotic Control
Section VIII - Revaccination
Section IX - Final Type Physical Examinations
Section X - Management of Venereal Diseases
Section XI - Low Quarter Shoes

1. This issue Number 4 of the I Corps Surgeon's Office Medical Bulletin, published at irregular intervals, is furnished I Corps Medical Officers for their information. Comments, recommendations and/or suggestions on future issue material will be appreciated.

I. Medical Department Activities.
Attention of all Medical Department personnel is directed to Hq Eighth Army, Circular No. 23, dated 30 March 1949 which is concerned entirely with Medical Department activities.

II. Ratio Albumin to Globulin in Serum Protein.
"The albumin portion of serum or plasma protein normally constitutes about 3/4 of the total, so that the ratio of albumin to globulin is in the neighborhood of 2:1 or 3:1. While alterations in the ratio are significant, the actual concentrations of albumin and globulin are much more important. In particular, this is true of globulin. It, more than albumin, is subject to deviation in both directions from the normal; changes in it, especially excesses, may provide an important clue to some of the more unusual or uncommon diseases, otherwise less likely to be suspected."
(John B. Youmans, M.D. American Journal of Medicine;, Jan 1949)

III. Leave of Absence.
Attention is again directed to Section IV, Eighth Army Weekly Directive No. 25, dated 26 February 1949, reference, the taking of leave.

IV. Poisons and Antidotes.
Attention is directed to the convenient chart of poisons and antidotes in Section XIV of GHQ, Surgeon Circular Letter No. 3, dated 1 March 1949, and the table of contents of Poison Emergency Cabinet in Section XIII, same issue.

V. V.D. Contact Reports.
Attention of all units reproducing and/or using V.D. Contact Reports. Hq I Corps Memorandum #16, Subj: "Character Guidance Program," dated 29 March 1949, Inclosure #1 indicates the use of the patient's name in addition to serial number and other information. This listing will be used in reproducing new forms; old forms with provision for number only will be used until present supplies are exhausted.

VI. Monthly Sanitary Reports.
The report will be prepared monthly and forwarded through command channels so as to reach this headquarters in three copies, not later than 10th day following close of report period. Additional copies of the report may be made if required.

VII. Narcotic Control.
Units and installations other than hospitals will maintain narcotic registers, hospitals will use WD AGO Form 421, showing receipts, expenditures and current status of all narcotic stocks. These accounts will be audited monthly be a disinterested officer. See Eighth Army Circular No. 75, dated 22 October 1948 and ARs 40-590 and 40-1705.

VIII. Revaccination.
Attention is directed to Monthly Medical Bulletin No. 4, Hq Eighth Army, dated 1 April 1949, Section X, reference, the requirement for revaccination against smallpox and typhoid and paratyphoid fever in May.

IX. Final Type Physical Examinations.
Attention of all concerned is directed to the fact that this type of examinations is made, in the I Corps Z/R, only at the 28th and 118th Station Hospitals.

X. Management of Venereal Diseases.
Attention of all Medical Corps officers is directed to Department of the Army Technical Bulletin, TB MED 230, dated 6 January 1949 on the Management of Venereal Diseases. Distribution of this bulletin has been made to all Corps Medical Installations.

XI. Low Quarter Shoes.
Recent directives authorising the issue to and use by enlisted men on duty in fixed hospitals, including those maintained by regimental medical company and [illegible]asaries authorize such duty use only in hospitals.

FOR THE SURGEON:

Samuel J. Price

SAMUEL J. PRICE
Lt Colonel, MSC
Executive Officer

I/10

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

1 April 1949

OPERATIONS MEMORANDUM

NUMBER 2

REPATRIATION

1. Rescissions: All publications in conflict with the contents contained in this operations memorandum are rescinded.

2. References:

a. SCAPIN No 4287/a, file number AG 014.33, 6 August 1947, subject: "Medical Examination of Repatriates for Protection of Patients with Syphilis."

b. SCAPIN No 6146/a, file No AG 014.33, 8 October 1948, subject: "Conditions Aboard Repatriation Vessels and in Repatriation Reception Centers."

c. SCAPIN No 1966, file number AG 130 (18 Jan 1949) ESS FIN, subject: "Property Individuals are Authorized to Carry on Entering and Leaving Japan."

d. SCAPIN No 927/17, file number AG 370.5, 9 March 1949, subject: "Repatriation."

3. Repatriation is a responsibility of the Japanese Government and will be carried out by the Japanese, under the surveillance of the Occupational Forces, in accordance with SCAP directives to the Japanese Government. The supervision of repatriation is a command function and will be the responsibility of the commander within whose area repatriation centers are located.

4. Within this headquarters, the G-3 Section will exercise general staff supervision over repatriation functions.

5. Division Commanders will be responsible for:

a. Supervising Japanese officials in the maintenance of law and order eiehin repatriation centers operating in their areas.

b. Supervising Japanese officials in the maintenance of adequate standards of sanitation within repatriation centers operating in their area.

c. Supervising Japanese officials to insure compliance with medical inspections, quarantine procedures, currency and security regulations, and all functions as set forth in existing SCAP directives and Eighth Army Operational Directives pertaining to the processing of repatriates.

d. Supervising Japanese officials to insure that adequate fire prevention measures are taken in repatriation centers operating within their areas.

e. Making a daily report to SCAP on repatriation activities within their areas when active repatriation agencies are located therein.

f. Forwarding shipping dispatches immediately upon the departure of each ship from ports in respective zones by radio (priority) to SCAP as action addressee and to Commanding General, Eighth Army, and Commanding General, I Corps, as information addressees. An information copy of shipping reports will be sent to the controlling authority of ports of entry giving a complete breakdown of passengers and other pertinent information.

g. Providing necessary allied guards upon request of the Japanese Government to add prestige to Japanese guards aboard repatriation trains in the respective areas. The number of guards so provided will be left to the discretion of the local commander.

h. Providing relief for guards aboard repatriation trains travelling from other areas and furnishing messing and billeting to these guards while awaiting return to their own organizations.

i. Furnishing US guard personnel aboard outbound repatriation ships when requested by the Japanese Government, such requests having first been approved by this or higher headquarters.

6. Military Government personnel will support division commanders in repatriation functions by:

a. Maintaining liaison with repatriation officials within the Japanese Government to insure compliance with provisions of SCAP directives to the Japanese Government.

b. Advising division commanders and higher headquarters on matters pertaining to repatriation.

c. Maintaining contact with repatriation centers through frequent visits and other available means, also by maintaining liaison with local Japanese repatriation officials in order to advise center commanders.

d. Inspecting repatriation trains at points of origin, within I Corps zone of responsibility to insure that:

(1) The Japanese repatriation officials cause an inspection to be made of repatriation trains for sanitary conditions, sickness among repatriates, and supply of food and water.

(2) The best available facilities are prepared for the US Occupational Force train guards.

(3) No repatriation train leaves the exchange point until provisions of 1 and 2 above been complied with and corrective measures taken when necessary.

(4) Liaison is maintained between Japanese officials and the RTO at exchange points and destinations in matters pertaining to schedules and delays of the repatriation trains.

c. Furnishing Military Government Public Health Officers or port quarantine officers who will be responsible for surveillance of Japanese quarantine activities and sanitary procedures on incoming and outgoing repatriation ships in compliance with existing SCAPINS.

7. The use of US Occupation Forces, in a supervisory capacity, to insure that the Japanese carry out SCAP directives pertaining to repatriation, will be held to a minimum number necessary to insure compliance.

8. Direct communications between adjacent units to insure notification of train arrivals is authorized.

BY COMMAND OF MAJOR GENERAL COULTER:

EUGENE L. HARRISON
Brigadier General, GSC
Chief of Staff

OFFICIAL:

PEPLOF
G-3

DISTRIBUTION: "A" & "B" Plus
2 - CG, 8th Army
2 - CO, Maizuru Repat Center
2 - CO, Sasebo Repat Center

C O R R E C T E D C O P Y

I 10014

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

MEMORANDUM
NO. 39

6 December 1948

VENEREAL DISEASE CONTROL

1. Reference is made to Memorandum, Number 35, this headquarters, subject: "Venereal Disease Control", dated 8 November 1948, as amended.

2. All soldiers going on pass will be required to sign out in a register which will record the date, time of departure, and designation of his pass. Upon return, he will enter in the same register the date, time of return, and whether or not he has had illicit sexual intercourse. Attached (as Inclosure 1) is a suggested form for the register.

3. Non-commissioned officers in charge of quarters will check and interrogate each soldier upon his return from absence from his post on pass. In the event the soldier has indicated he has had illicit sexual intercourse, but has not taken a prophylaxis, he will be directed to take one; and the non-commissioned officer in charge will personally see that he does so. Any man returning to the organization so drunk as to provoke doubt about his ability to answer questions reliably will likewise be required to take a prophylaxis.

4. Non-commissioned officers in charge of quarters who fail to carry out their full duties and responsibilities concerning soldiers going on and returning from pass as provided above will be considered for reduction in grade for efficiency or trial by courts-martial for neglect of duty.

5. Military personnel will not consort or associate with prostitutes, or with persons who solicit or assist or engage in activities in anyway connected with prostitution.

6. Any soldier who develops VD will be taken to the Provost Marshal's office where he will be shown the pictures of prostitutes and other diseased women which are on file and directed to indicate the woman or women with whom he has had contact.

C O R R E C T E D C O P Y

C O R R E C T E D C O P Y

Memo No. 39, Hq I Corps, dtd 6 Dec 48, cont'd.

7. Commanders of units will furnish to the Provost Marshal of the area in which they are located the names, photographs and other identifying data of every soldier who contracts venereal disease. Such soldier will be reported in person to the Provost Marshal for interview at the earliest possible date.

8. Provost Marshals will maintain an office record of all data pertinent to the elimination of venereal disease among troops. Records will include photographs of and data on all prostitutes, procurers, agents, and others engaged in prostitution, of women known to have acquired venereal disease illicitly and of soldiers found infected. Interviews with soldiers will be to determine the name and whereabouts of the woman who infected him and persons with whom the soldier has had sexual contact since contracting his disease, and such other useful information as can be elicited.

9. Provost Marshals will maintain close liaision with Japanese police in order to cooperate fully in the enforcement of Diet Law 167 of 1948, the Venereal Disease Prevention Law, in cases involving military personnel, by furnishing information and insuring the presence of military witnesses in Japanese courts. The Japanese Police departments have been directed to render complete cooperation with the Provost Marshal.

10. Military government will handle all matters pertaining to this program which are to be taken up with the Japanese, with the exception of the direct contact and liaision of military police with Japanese police as provided above.

11. All commanders of tactical and military government units will give personal attention to insure the successful accomplishment of the objectives of the venereal disease program. (B)

BY COMMAND OF MAJOR GENERAL SWING:

C. C. CARTER
Colonel, AGD
Adjutant General

DISTRIBUTION:
"C"

1 Incl:
Pass sign in & out sheet.

C O R R E C T E D C O P Y

Note: This form must be signed by soldier before going on and upon return from pass and initialed by the C. Q. This is a permanent record. It will be retained for use as evidence of false official statement or failure to comply with standing orders by a soldier granted a pass and of failure of the C. Q. to properly execute his responsibilities.

Duty NCO will check men who do not sign in because of physical condition.

No.	CQ Section	Destination	Signature	Time	Time	CQ Section			Signature	Initial
	Name (Printed)		(Soldier)	Out	In	Contact	Exposed	Pro	(Soldier)	C. Q.

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

6 December 1948

MEMORANDUM

FOR : All Japanese Officials in the I Corps Zone of Responsibility Concerned with the Enforcement of Diet Law #167, Venereal Disease Prevention Law, 1948.

1. Strict enforcement of Diet Law #167, Venereal Disease Prevention Law 1948, is expected and in addition thereto all Japanese law enforcing agencies concerned, including Japanese civil police, will cooperate with military authorities in enforcing the following orders applicable to persons under the jurisdiction of the Japanese Government:

"Any person who accosts a military member, in uniform, of the occupation forces to assist or to solicit prostitution, or who provides a place for prostitution to a military member of the occupation forces shall be deemed to have committed an act prejudicial to the security of the occupation and therefore triable by occupation courts."

2. Japanese authorities, in accordance with paragraphs 4 or 28 of Article 1 of the Minor Offenses Law, Law 39, May 1 1948, will arrest prostitutes soliciting by accosting persons other than military personnel on the streets in areas of the I Corps Zone of Responsibility where tactical troops of the occupation forces are stationed, or in areas designated by a commander of tactical troops of the rank of Major or higher, and prosecute them.

3. In carrying out provisions of Diet Law 167, "Venereal Disease Prevention Law", 1948, Japanese public authorities concerned with this enforcement in areas of the I Corps Zone of Responsibility where tactical troops of the occupation forces are stationed, or in areas designated by a commander of tactical troops of the rank of Major or higher, will accomplish the following:

a. See that Article 16 of said Law is complied with at the earliest practicable date.

b. Under Article 11, arrange for frequent examination of all known prostitutes.

c. Under Articles 14 and 15, have infected prostitutes placed in hospitals until no longer contagious and thereafter have them report to proper authorities until cured.

d. Institute a complete follow-up system to effect the provisions of Article 10 in checking contacts and to pick up suspects under the provisions of Article 12.

e. Deliver copies of photographs now on hand of known prostitutes and photographs of persons apprehended in compliance with paragraphs 1 and 2 above to the nearest Provost Marshal.

f. Under the provisions of Article 22, arrange immediate inspections of houses of prostitution which soldiers have been seen entering, and of houses which soldiers are seen entering with a prostitute. A military policeman will constitute a member of the inspecting party in such cases.

g. Cause persons who are picked up for violations of any law and who are suspected of being infected with venereal disease to be given physical examinations, and if necessary, treatment, and be kept under control until cured.

J. M. SWING
Major General, U.S.A.
Commanding, I Corps

I/O

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

MEMORANDUM:
NUMBER 35/1

16 Nobember 1948

VENEREAL DISEASE CONTROL

Memorandum No. 35, this headquarters, Subject: "Venereal Disease Control", dated 8 November 1948, is changed as follows:

Paragraph 10, is rescinded and the following substituted therefor: POSTED

"10. Venereal Disease Contact Report (Reports Control Symbol Circular 33, Headquarters Eighth Army, dated 26 May 1948. An appreciable decrease in the instance of Venereal Disease may be effected by prompt and efficient contact tracing. Successful contact tracing depends upon the completeness and accuracy of the information supplied by the medical officer preparing the contact report and the promptness with which the report is received at the office which is to arrange for the investigation. The contact report will be prepared and forwarded on the same day that the diagnosis is established. The tracing of Japanese contacts will be an activity under the supervision of the Area Provost Marchal, in close cooperation with the appropriate Japanese Health authorities. When the contact report involves women other than Japanese, the provisions of paragraph 3b aforementioned Circular, will be complied with. Unit surgeons will establish and maintain liaison with their Area Provost Marshal. If desired by the Area Provost Marshal, and if practicable, the individual who contracted the disease will be made available to assist in the identification of the female listed on the contact report." (B)

BY COMMAND OF MAJOR GENERAL SWING:

OFFICIAL:

EUGENE L. HARRISON
Brigadier General, GSC
Chief of Staff

W. N. HORNISH
Lt Col, AGD
Asst Adj Gen.

DISTRIBUTION:
A & C
3 copies G-1

I 10 M

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

MEMORANDUM:
NUMBER 35:

8 November 1948

VENEREAL DISEASE CONTROL

1. RECISSIONS:

a. Memorandum No. 47, this headquarters, Subject: "Venereal Disease Control", 3 June 1947, as amended.

b. Memorandum No. 76, this headquarters, Subject: "Re-Education and Rehabilitation Camps, 28 August 1947, as amended.

c. Letter, this headquarters, AG 726.1, Subject: "Contraction of Venereal Disease by Non-Commissioned Officers", 30 June 1947.

d. Letter, this headquarters, AG 726.1-B, Subject: "Venereal Disease", 24 January 1948.

2. REFERENCES:

a. Circular No. 41, GHQ FEC, Subject: "Venereal Disease Control" 17 April 1947, as amended by Section I, Circular No. 104, GHQ FEC, 30 October 1947. Rege by 56 for 48

b. Circular No. 43, Headquarters Eighth Army, Subject: "Responsibility for Venereal Disease", 21 June 1948.

c. Circular No. 33, Headquarters Eighth Army, Subject: "Venereal Disease Contact Tracing", 26 May 1948, as amended by Circular No. 231, Department of the Army, Subject: "Character Guidance, 3 August 1948.

d. Circular No. 60, Headquarters Eighth Army, Subject: Intoxicating Liquor", 3 September 1948.

e. Paragraph 12, C-1, Administrative Order No. 21, Headquarters Eighth Army, Subject: "Medical Care by Japanese Physicians", 17 August 1948. Changed

f. Messageform, Headquarters Eighth Army, AGDH 726.1 Subject: "Venereal Disease", 14 June 1948, as amended.

g. Messageform, Headquarters Eighth Army, AG 726.1 (NI), Subject: "Venereal Disease", 12 February 1948.

h. Letter, Headquarters Eighth Army, AG 726.1 (D), Subject: "Venereal Disease", 10 January 1948, as amended.

i. Messageform, Headquarters Eighth Army, AG 726.1, Subject: "Venereal Disease Control", 15 December 1947.

j. Messageform, Headquarters Eighth Army, AG 726.1, Subject: "Venereal Disease", 2 August 1947, as amended.

k. Circular No. 58, Department of the Army, Subject: "Prevention and Control of Communicable Disease of Man", 1 December 1947.

l. Circular No. 231, Department of the Army, Subject: Character Guidance", 3 August 1948.

m. Training Circular No. 3, War Department, Subject: "Venereal Disease Control", 17 July 1947, as amended by Circular No. 43, War Department, Subject: "Training in Basic Medical Subjects", 9 February 1946.

n. Section X, Weekly Directive No. 3, Headquarters Eighth Army, Subject: "Control of Venereal Disease Among Civilian Employee", 25 September 1948.

3. The control of venereal disease in an organization is a command function. A high venereal rate indicates failure in command and reflects upon the efficiency of commanders of successive echelons. Commanders who condone dilatory tactics in the suppressionof venereal disease in their organizations are not complying with Department of the Army directives. Unit commanders should plan some form of recreation for the men of their command. This plan should take in practically every evening. Many of the activities that have been so successful in Red Cross and Hostess Clubs can very easily be conducted in the average company by an energetic and ingenious officer or non-commissioned officers. The condition of the dayroom is a very definite means of measuring the interest a commander takes in the morale and welfare of his command. It is tangible and exact and the unit commander who neglects the dayroom has failed to use his easiest and most available means of supporting morale.

4. Reference paragraph 2f, above, enlisted men who demonstrate undesirable habits and traits of character by repeated incurrence of venereal disease may be separated from the service under the provisions of AR 615-368 or AR 615-369.

5. Individuals who fail to report that they have contracted a venereal disease will be tried by Courts Martial. The following is cited as a guide:

"CHARGE: Violation of the 96th Article of War.

SPECIFICATION: In that _____, did, at _____ , on or about _____, knowing that he may have contravted a v enereal disease, wrongfully fail to report the fact to his immediate commanding officer without unnecessary delay, in violation of paragraph 23 F (1), AR 40-210, dated 25 April 1945."

of thirty (30) days, or for a longer period, not to exceed ninety (90) days in all, on recommendation of a medical officer in order to diminish the chance of relapse or early reinfection and to insure, in the instance of gonorrhea, that a coexisting syphilitic infection has not been masked by the administration of penicillin. Center commanders are enjoined to insure that the nature of this restriction is such as to make it impossible for an individual so restricted to have contact with females during the period of his restriction.

9. Orders issued by Corps non-divisional units will place enlisted men on DS status to the organizations, as indicated in paragraph 8 above, for the respective center, and will quote Section I, Circular 185, Headquarters Eighth Army, dated 15 November 1947, and this Memorandum, as authority for issuance of orders. Upon completion of required training, the center commander will issur orders returning each individual to his proper unit. Divisions will issue orders for personnel of their assigned and attached units in accordance with current directives. Individuals placed on DS with these Centers will take with them appropriate clothing and complete field equipment. Individual weapons will not be taken, these to be provided by the center commander.

Resc by 35/1 16 Nov 48

10. Venereal disease contact report (Reports Control Symbol N-27) will be prepared and distributed as directed in Section I, Circular No. 33, Headquarters Eighth Army, dated 26 May 1948. An appreciable decrease in the incidence of venereal disease may be effected by prompt and efficient contact tracing. Successful contact tracing depends upon the completeness and accuracy of the information supplied by the medical officer preparing the contact report and the promptness with which the report is received at the office which is to arrange for the investigation. The contact report will be prepared and forwarded on the same day that the diagnosis is established. Unit surgeons will establish and maintain liaision with the medical officer of the appropriate Military Government unit. If desired by the Military Government unit, and if practicable, the individual who contracted the disease will be made available to assist in the identification of the female listed on the contact report.

11. a. Divisions and this headquarters for non-divisional Corps troops, will publish quarterly the rates of incidence of venereal disease for the preceding quarter, broken down to include companies and separate detachments.

Memo No. 35, Hq I Corps, dated 8 Nov 48, cont'd.

6. Any officer who contracts a venereal disease will be administratively informed that his conduct has been a discredit to the venereal disease control program of the Army, which will be noted on his next efficiency report. Upon report of a second infection resulting from a new exposure, such officer will be ordered to appear before a reclassification board under the provisions of AR 605-230, or action taken in accordance with War Department Radio IX 83443; Messageform, this headquarters, AG 320.2-B, Subject: "Relief from Active Duty of Certain Department of the Army Personnel", dated 31 December 1947, and paragraph 6b, Circular No. 27, Department of the Army, 3 February 1948. In order to expedite this action, Medical Corps officers who diagnose and treat officers for venereal disease will forward without delay to the officer having general courts martial jurisdiction of the area involved, two (2) copies of the diagnosis giving therein the officer's full name, rank, serial number, organization, and diagnosis with an information copy forwarded directly to the Commanding General, I Corps. Officers exercising general courts martial jurisdiction will upon receipt of such notification take action as indicated above.

7. Facts regarding the effectiveness of prophylactic kit must be brought to the attention of all personnel. The important thing is that a prophylaxis be taken as soon as possible. However, if it is impracticable to take a prophylaxis within a short period of time, the kit is still capable of reducing chances of infection even though it may be used three or four hours after exposure.

8. Re-education and Rehabilitation Centers have been established as indicated below for enlisted men of this command who have contracted a venereal disease:

a. By Commanding General, 24th Infantry Division, for all Corps and Division Troops on Kyushu:

Camp Kokura (3d Engr Combat Bn).

b. By Commanding General, 25th Infantry Division, for all Corps and Division Troops on Honshu:

Camp Shinodayama, (near Osaka), (Co G, 27th Inf Regt)

Commanding Officers concerned will insure that enlisted men who have contracted venereal disease are delivered with the least practicable delay, upon completion of treatment, to the appropriate center commander. Restriction will be to the confines of a Re-education and Rehabilitation Center for a

b. Copies of divisional quarterly announcement of incidence rates will be furnished this headquarters.

12. When the venereal disease rate of any unit exceeds 50 per 1000 per annum, the unit commander will indorse the Monthly Venereal Disease Statistical Report required by Circular 184, Headquarters Eighth Army, 15 June 1946, outlining steps taken to reduce the excessive rate.

13. A copy of this memorandum will be furnished to members of all boards concerned with reduction and discharge of personnel.

PUBLIC HEALTH
YOUR COPY FROM

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

OPERATIONS MEMORANDUM)
:
NUMBER 1)

8 January 1948

Beverages, Poisonous

CONTROL OF TRAFFIC IN POISONOUS BEVERAGES

1. Rescissions: Operation Memorandum No. 15, this headquarters, dated 15 October 1947.

2. References: Operational Directive No. 50, Headquarters Eighth Army, dated 17 May 1946. SCAPIN - 871, dated 9 April 1946.

3. Division commanders will be responsible within their repective areas for the control of traffic in poisonous beverages. In the execution of this function they will:

a. Assist the prefectural authorities in making inspections of all distilleries, producers, wholesalers, and vendors of intoxicating liquors to insure that poisonous beverages do not become available to occupation force personnel.

b. When any suspected poisonous liquors are found, immediately seize such liquors and cause them to be tested for tolerances as provided in inclosure #1 of this directive. If it be determined by appropriate laboratory tests that such liquors are poisonous, they will be turned over to the Japanese police and destroyed.

c. Institute the prosecution of personnel for the possession or sale of liquors found to be poisonous under Operation Directive #29, Headquarters Eighth Army, dated 11 March 1946.

d. Institute through TI & E and PIO information covering the danger of consuming poisonous liquors procured from unlicensed dealers.

e. (1) Make frequent inspections of "on-limits" installations selling intoxicating beverages of Japanese origin to insure that all bottles are properly stamped with lot number and are approved by testing authorities.

(2) Remove from sale immediately beverages bearing no lot number or one reported as not meeting standards.

f. Publish a list from time to time of intoxicating beverages by brand or trade name which are approved for purchase and consumption by occupation forces.

g. At frequent intervals pick up samples from approved distilleries and producers and have them tested in United States Army laboratories in accordance with procedure outlined in inclosure #1.

4. Provost Marshals of Kyoto and Nagoya Metropolitan Areas will perform the duties prescribed in Paragraphs 3 a, b, c, d, and e.

5. The I Corps Surgeon in the Kyoto Area and the Surgeon of the 5th Air Force in the Nagoya Metropolitan Area (by agreement) will perform the duties as prescribed in paragraphs 3 f and g, above.

6. In order to facilitate commanders' control of traffic in poisonous beverages, Military Government will:

a. Require each prefecutal government to register and regularly inspect all distilleries, producers, wholesalers, and vendors of intoxicating beverages in its prefecture and enforce provisions of SCAPIN - 871.

b. Require that each prefecture maintain an adequate laboratory for testing beverages. Frequent inspections will be made of this laboratory to insure that analyses of samples are performed as outlined in inclosure #1.

c. Require prefectural authorities to submit a report of all distilleries, producers, wholesalers, and vendors in each prefecture to be used as a guide for spot checking such establishments for compliance with directives cited in Paragraph 2.

d. Require that all disilleries and producers of intoxicating beverages number each lot of beverages produced, labeling the lot number on each bottle so that the testing authority may place an official stamp on each bottle of an approved lot.

e. Report any lots reported to them by Japanese Government that do not meet the standards outlined in Operational Directive No. 50, Headquarters Eighth Army, 17 May 1946, to the surgeon and the provost marshal of the area concerned.

f. Require prefectural government to give publicity through Japanese channels to:

(1) The provisions of Japanese laws prohibiting sale of traffic in any poisonous beverage.

(2) The punishment provided by Japanese law for violation.

(3) The fact that such offenses are also punishable by provost court.

7. Sale of alcoholic beverages to occupation force perssonel will be made only from inspected distilleries or licensed prefectural stores selling package liquors acquired from those distilleries or establishments duly licensed by Japanese authorities to dispense liquors.

8. Division commanders and the Kyoto and Nagoya Metropolitan Area Provost Marshals are authorized to close any place of business violating the terms of this directive and to supervise the destruction by Japanese police of all liquor found on the premises. Such places of business will be permitted to reopen only with the approval of the commander closing them.

9. Reports of violations of this directive will be forwarded to this headquarters.

BY COMMAND OF MAJOR GENERAL WOODRUFF:

RALPH I. GLASCOW
Colonel, GSC
Chief of Staff

OFFICIAL:

Pegloe
PEGLOE
G-3

1 Incl:
"Methods of Alcoholic
Beverage analysis"

DISTRIBUTION:

1 CG, Eighth Army
1 CG, Fifth Air Force
1 CG, Kobe Base
15 CG, 24th Inf Div
15 CG, 25th Inf Div
2 Each MG Reg and Team
1 PM, Nagoya Met Area
1 PM, Kyoto Met Area
2 CO, 35th Med Sta Hosp
2 CO, 118th Sta Hosp
1 Each, Surg, PM, MG,
G-2, G-3, TIE, PIO

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

ENCLOSURE #1 TO OPERATIONS MEMORANDUM NO. 1; HEADQUARTERS I CORPS, 8 JANUARY 1948

"METHODS OF ALCOHOLIC BEVERAGE ANALYSIS"

Place 50 ml of whiskey in a distilling flask, add 50 ml water, mix, and using an efficient condenser, slowly recover 50 ml of distillate.

TESTS TO BE PERFORMED ON DISTILLATE:

Methanol:

To 5 ml of sample add 2.5 ml potassium permanganate 2%, 0.2 ml conc sulfuric acid; let stand three minutes. Add 2 ml 5% oxalic acid, 1.0 ml sulfuric acid, and shake until decolorized. Add 5 ml of Schiff's reagt., let stand 1 hour. Read against standards prepared simultaneously with the unknown and containing 0.4, 0.6, 0.8, 1.0 and 1.2 mg. methanol/ml in 5 cc of a 45% solution of ethyl alcohol in water. These are most easily prepared by diluting the appropriate quantity of a stock solution containing 2 mg. methanol/ml of 45% ethyl alcohol solution to a total quantity of 5 cc., using 45% ethyl alcohol as the diluent.

(Schiff-Elvove Reagt. - Dissolve 0.5 gm basic fuchsin in 200 ml hot water, and cool. Dissolve 6 gm sodium bisulfite in 100 cc water. Add fuchsin solution to bisulfite solution, and quickly add 10 cc conc HCl. Q. 500 cc. Let stand until solution is a pale straw color; store in amber bottle. Will keep for two to three weeks).

Acceptable liquors are liquors with less than 1.0 mg methanol/ml.

Aldehydes:

Make 1 : 100 dilution of distillate. To 5 cc of diluted liquid add 0.25 ml Schiff-Elvove solution. Place in incubator at 37° C for ten minutes. Acceptable liquors will be colorless, or have a very faint pink color. Definite pink or violet color is not acceptable, (Sensitivity - 1 : 5000 on diluted distillate).

Ketones, acetone, isopropyl and tertiary butyl alcohols:

To 2 cc of distillate add 3 cc distilled water and 10 cc mercuric sulfate T. S. (Denige's reagt.): heat in boiling water bath for 3 minutes. No precipitate forms in three minutes if liquor is acceptable.

(Mercuric sulfate T. S. - 5 gm yellow mercuric oxide in 40 cc distilled water. Add while stirring 20cc conc sulfuric Acid. Add 40 cc distilled water; let stand until dissolved).

Sensitivity - 1 : 1000.

Phenols:

To 3 ml distillate add 2 ml Millon's reagt. Heat on water bath for three minutes. Acceptable solution will have no color.

(Millon's reagt. - Dissolve 50 gm mercury in 50 cc conc nitric acid. When solution is complete add 100 cc distilled water).

Chloral hydrate:

To 3 ml of distillate add 1.5 cc Kessler's reagt. Heat to boil. Chloral hydrate gives a bright red precipitate in a clear green solution. Acceptable liquors contain no chloral hydrate.

(Note: Orange or grey precipitates are due to aldehyde and/or alcohols, and will be disregarded).

(Kessler's reagt. - See T. S. 8-227).

Cyanides:

To 3 ml of distillate add 5 drops NaOH; add 3 drops ferrous chloride (sat.). Heat to boil, add excess 10% sulfuric acid; add 5 drops ferric chloride (sat.). Cyanides give intense blue precipitate. Acceptable liquors contain no cyanides.

Fusel Oil:

Mix 20 cc of whiskey with 20 cc of distilled water and shake the mixture with 10 cc of ether. Allow the mixture to stand until separation takes place. Separate the ether layer and allow it to evaporate spontaneously on a watch glass. The residue has no disagreeable or irritating odor.

Heavy metals:

Evaporate 10 cc of whiskey to 5 cc and dilute with 10 cc of distilled water. Acidulate with 5 drops of HCl and add 5 cc of hydrogen sulfide T. S. No precipitate is formed before or after rendering the mixture alkaline with ammonia T. S.

(Hydrogen sulfide T. S. - Saturated aqueous solution H_2S. Pass H_2S through cold distilled water. Keep in small amber bottles. Should have strong H_2S odor and form precipitate of sulfur with ferric chloride.

Ammonia T. S. - 395 ml ammonia water Merck QS 1000 cc).

Alkaloids:

Acidulate 10 cc. of whiskey with 5 drops dilute HCl. Evaporate to 5 cc. Dilute with distilled water to 10 cc and filter. Add a few drops of mercuric potassium iodide T. S. (Mayer's reagt.) The mixture develops no precipitate.

(Mercuric potassium iodide T. S. — Dissolve 1.358 gm mercuric chloride in 60 cc of distilled water. Dissolve 5 gm potassium iodide in 10 cc water. Mix: q.s 100 cc).

c. Beverages containing any of the following ingredients are considered uns fe for consumption:

(1) Methyl alcohol in amounts in excess of 1.00 mg/ml or 0.1%.
(2) Phenols.
(3) Chloral hydrate.
(4) Cyanides.
(5) Heavy metals
(6) Aldehydes in amounts in excess of 0.20 mg/ml or 0.02 per cent.
(7) Ketones in excess of USP standards for whiskey.
(8) Fusel oil, in excess of USP standards for whiskey.

HEADQUARTERS I CORPS
APO 301 (Kyoto, Honshu)

26 June 1946

MEMORANDUM :
:
NUMBER 72 :

INSTRUCTION IN VENEREAL DISEASE CONTROL

1. PURPOSE: In order that all personnel may be thoroughly indoctrinated with the importance of Venereal Disease control measures; to reduce the incidence of Venereal Disease among the occupation troops and to insure that every soldier is acquainted with proper individual preventive measures, the following program of instruction will be carried out by each unit.

2. PROGRAM:

a. Between 1 July and 15 July 1946, all units assigned or attached to I Corps will conduct two one half hour periods of instruction in Venereal Disease and its control. These periods will be in addition to any other periods of instruction presently required or scheduled.

b. The two one half hour periods of instruction will be repeated during the first two weeks of each succeeding month by all units whose VD rate exceeds 50/1000 per annum for the previous calendar month.

c. Instruction will be conducted by an officer or VD NCOs of the unit under officer supervision and will be given to squad or platoon size groups.

3. OUTLINE OF INSTRUCTION: The following outlines of instruction to be given during each period will be used. Reference material is furnished in the pamphlet on Venereal Disease attached as Incl 1. The provisions of par 2, AFPAC Circular 103, 1945 will be brought to the attention of all personnel in each of the two periods; this circular provides that men, regardless of number of points or length of service, will not be returned to the States if they have an infectious stage of Venereal Disease.

a. First period -Venereal Disease - (30 Min)

(1) Introduction (2 min)

(2) Syphilis (10 min)

(a) Definition

(b) History

(c) Prevalence

(d) Causative Agent

.... 18 1947 11 25

(e) Symptoms and Clinical Course

(1) Early Syphilis

(2) Late Syphilis

(3) Congenital Syphilis

(f) Diagnosis and Treatiment

(3) Gonorrhea (8 min)

(a) Definition

(b) Causative Agent

(c) Transmission

(d) Anatomy

(e) Incubation and Symptoms

(f) Diagnosis and Treatment

(g) Complications (Emphasize that Penicillin treatment is not 100% efficient)

(4) Chancroid (3 min)

(a) Definition

(b) Causative Agent

(c) Symptoms and Course

(d) Treatment

(5) Lymphogranuloma Venereum (3 min)

(a) Nature and Incidence

(b) Causative Agent

(c) Symptoms

(d) Treatment

(6) Summary (4 min)

b. Second Period - VD Prevention - (30 min)

(1) Review of First Period (3 min)

(2) Prostitution and Venereal Disease (5 min)

(a) Segregation and control

(b) Suppression (why the Army uses the "Off Limits" system)

(3) VD Preventive Measures

(a) Continence

(b) Prophylaxis before exposure

(c) Prophylaxis after exposure

(d) The Army Pro Station

(4) Examination (7 min)

(Oral questions on preventive measures)

BY COMMAND OF MAJOR GENERAL WOODRUFF:

KARL N. MARKS
Lt Col, AGD
Asst Adj General

1 Incl:
Pamphlet - Veneral Disease

DISTRIBUTION:
A, B, and X

INTRODUCTION

No pen could trace a fraction of the human misery that has resulted from such diseases as gonorrhea and syphilis. Through the ages these and other venereal diseases have wrought mental and physical havoc among mankind. They have blinded babies, maimed women, wracked men, disrupted families, destroyed homes, denied the sacred right of parenthood and have killed. From early childhood to the grave one constantly hears about the diseases of sex, or as they are commonly called, "venereal diseases". Much of this information is erroneous and is the result of folk-lore and popular misconceptions of the true facts regarding these human plagues.

Fortunately there exists today a more enlightened, changing public and medical opinion regarding these venereal diseases and sex education. This general enlightenment and education cannot be brought about too rapidly, for the present worldwide conflict, like all wars in recorded history is bringing about a tremendous social upheaval which in part favors the spread of venereal disease. The danger is real and is ever present, and unless Americans rise to the situation in all of its complexities we are in grave danger of being overcome by the devastating forces of these venereal diseases.

An increased knowledge relative to the venereal diseases and social hygience exists and every man, woman and child is directly or indirectly affected. Therefore, let us consider what steps can be taken to improve the techniques which will reduce the spread of disease and the associated unhealthful turmoil. It must be constantly borne in mind that only through education can it be hoped that these diseases may be brought under control. To bear out this latter point it is interesting to point out that the prevalence of venereal diseases is greater among the uneducated elements of the world's population than among the more enlightened groups. Recent studies on men inducted into the Army of the United States has again confirmed this well-known fact that has been reiterated in both medical and lay literatutre for many years.

The transmittal of knowledge regarding sex and sex diseases to the civilian population is obviously beset with many obstacles. On the other hand the education of the members of the armed services, although not an easy undertaking, should be comparatively facile with the rigid control the military exercises over the daily lives and habits of its members; and the Armed Services have made great strides in this educational program. But much more remains to be done, for venereal disease still takes a high place in the cause of man days lost. Therefore, it is of profound and vital necessity that the program of enlightenment among the military personnel be intensified and that every echelon of command marshal its full efforts in bringing all elements of our army, both commissioned and enlisted, to realize the seriousness of venereal disease and the urgent necessity for rapid eradication of this plague which, if not checked, will undermine our civilization.

On the following pages an attempt has been made to epitemize the knowledge of venereal disease in all of its aspects. The scope of a work of this size is necessarily limited but will briefly cover the clinical, physical, pathological, and social aspects of the four venereal diseases:

1. Syphilis
2. Gonorrhea
3. Chancroid
4. Lymphogranuloma venereum

SYPHILIS

(lues, lues venerea, pox)

start

DEFINITION

Syphilis is a chronic, specific, infectious disease, caused by the Treponema Pallida (Spirocheta Pallida). It is acquired by sexual intercourse, rarely by kissing and very rarely by direct contact with infected secretions. It is manifested clinically by an initial lesion of the skin or mucous membrane at the site of entrance of the causative organisms, secondary manifestations involving these same structures, late manifestations in which any tissue of the body is likely to be involved, especially the cardiovascular and nervous system. Syphilis is protean (variable) in character and atypical manifestations are common.

HISTORICAL

The complete history of syphilis is not known. It is well within the range of probability that it existed in antiquity and even in prehistoric times, but we have no records to prove its existence before the middle of the 15th Century. In 1495 it broke out in epidemic form in Naples, ITALY and quickly became one of the disease scourges of the Middle Ages. Itsappearance at this time and the route of its spread was probably the reason for the theory that the disease was brought back to Europe by Columbus and his sailors following his discovery of America three years previously. This theory, while not universally accepted by medical historians, has never been conclusively disproved and today it is rather widely accepted as the true version of its introduction into Europe. Antagonists of the theory claim that it existed in Europe in the form of sporadic (occasional) cases since the beginning of civilization, but this theory is also impossible to prove. In any case, by 1495 it existed in epidemic form, at which time it was variously known in the different countries of Europe as the King's Disease, the French Pox, the Spanish Pox, The Neapolitan Pox, etc., no one country wishing to accept the doubtful honor of giving a name to this "new" disease. It was also known as

the "Plague" during its epidemic form (not to be confused with the true bubonic plague) on account of its rapid, raging spread. It must be remembered that at this stage in the history of medicine no one had even imagined the existence of microsopic organisms which could cause disease - - in fact there were at that time no microscopes to foster such a theory. There was, therefore, much confusion regarding the cause of syphilis upon its appearance in Europe. It was variously attributed to the eating of decayed meats, to the peculiar disposition of the heavenly bodies at the time, to the presence of devils in the body of the victim, etc., in fact, its venereal character was not recognized until about 1520, at which time gonorrhea was first described and with which syphilis was often confused. Fortunately, however, physicians of the time had been using an ointment containing mercury to treat such skin conditions as leprosy, chronic eczema and other dermatological conditions, and as a measure of desperation it was tried on the lesions of the new disease and was found to be effective. This treatment continued to exist as the ~~sheet~~ basis anchor of anti-syphilitic therapy until modern times - - indeed, it still exists as part of our ~~armamenterium~~ equipment in the form of calomel ointment, ~~which is used universally as the anti-syphilitic step in the Army prophylactic routine~~. For 400 years the world lived in ignorance of the cause of syphilis and it was not until 1903 that a Russian named Metchnikoff and a Frenchman named Roux proved the infectious nature of the disease and two years later, two German scientists, named Schaudinn and Hoffmann, discovered the germ that causes the disease. They named the newly found organism "Spirocheta Pallida". In more ~~contemporary~~ recent times this name has been changed to "Treponema Pallida". The use of either name, however, is correct.

The name "Syphilis" had been given to the disease long before modern times. During the Middle Ages a monk, Fracastorius by name, wrote a poem about a shepherd who had the disease. The shepherd's name was Syphilis.

As has been suggested above, the treatment for syphilis progressed very, very little until comparatively recent times. In the early 1900's a German chemist and research worker became interested in chemical affinities. He visualized a drug which would kill the germ of syphilis, but would not harm human tissue. Working on this theory, he tried injecting 605 different chemical compounds into laboratory animals with disappointing results. His 606th attempt proved to be the drug for which he had been searching and he named it "Arsphenamine". Its popular name is "606". This tremendous achievement formed the basis of the modern treatment for syphilis and all improvements in therapy are the result of refinements of this scientist's original discovery. His name was Ehrlich. Contemporary modifications of the arsphenamine treatment will be discussed under "Treatment" below.

PREVALENCE

Syphilis is ~~endemic~~ found in every country in the world today. Its incidence varies from its lowest point, in Sweden, where it is practically non-existent, to certain small localized areas where almost 100% of the population is infected, having acquired the disease congenitally and non-sexually as well as through venery. ~~We know that some 600,000 newly infected persons apply for treatment in the United States each year. We also know that the national average of syphilitics to the population in the United States is about 4% (45.2 per thousand), that the Army average is between 6 and 7 thousand. Rates among the colored population are much higher than among the whites, the diseases being about ten times as frequent. Tables of rates of incidence appear at the end of this compendium for purposes of reference.~~ 147,000 new cases were diagnosed in Japan in 1947; of the problem

~~A casual consideration of some of the figures quoted above~~ may easily lead to a ~~myopic~~ shortsighted, optimistic attitude toward the seriousness of the ~~epidemiological~~ problem of syphilis. It must be remembered that ~~figures relative to cases per thousand include~~ this includes all levels of society including the so-called middle and upper classes where the rate is very low, much lower than the general figures. The great number of cases of syphilis is found in that stratum of society variously referred to as the "half world" or "underworld" -- the level of society which includes the professional prostitute. It is obviously impossible to quote accurate figures on an illegal profession, but various estimates indicate that between 25% and 50% of all prostitutes are syphilitic. ~~We will see in the discussion of prostitution later in this compendium where this fact is all-important in the consideration of the control of syphilis.~~

CAUSATIVE AGENT (ETIOLOGY)

The organism which caused syphilis, the Treponema Pallidum, is a delicate, spiral or corkscrew-shaped organism, microscopic in size, which is actively motile. That is, when seen in the living state it moves very energetically in a spiral boring motion. The number of spirals varies from 6 to 24 and it is about 7 microns in length. A micron is one millionth part of a meter or one thousandth part of a millimeter -- 25,000 of these germs laid end to end would equal one inch. It is a very difficult organism to grow in the laboratory and it is also very difficult to stain under the usual procedures, necessitating special technique for purposes of recognition in the living state.

INOCULATION AND INVASION

The Treponema enters the body through the skin or mucous membranes (which line the mouth, nose, urethra, vagina and rectum). Abrasion of the skin or mucous membrane favors the invasion of the parasite, but this is not necessary for a successful penetration. THE TREPONEMA CAN PENETRATE THE APPARENTLY INTACT SKIN. It can also be transmitted from mother to unborn child by transmission through the placenta from the blood of the mother to the blood of the fetus. This is the mechanism by which congenital syphilis is acquired.

SYMPTOMS AND CLINICAL COURSE

The clinical course of syphilis falls more or less naturally into two phases. These are called "Early Syphilis" and "Late Syphilis".

EARLY SYPHILIS - Includes:

a. Incubation period. 10 to 90 days. Usually about 21 days. No symptoms.

b. Primary syphilis. Following the incubation period a hard pimple or ulcer-like chancre is present but in many instances may be overlooked due to its small size or failure to produce pain or discomfort.

c. Secondary syphilis. Appearance of skin rash, mild or severe.

d. Early latent syphilis. Symptomless period during the first year.

LATE SYPHILIS - Includes:

e. Late latent syphilis. Symptomless period after the fourth year.

f. Cardiovascular syphilis. Syphilis of the heart and large blood vessels. May not appear until 3 to 20 years after primary infection.

g. Neurosyphilis. Syphilis of the brain and/or spinal cord. May occur anytime from secondary stage to 30 years after primary infection.

h. Visceral syphilis. Syphilis of any internal organ.

i. Osseous syphilis. Syphilis of any bone.

j. Muco-cutaneous syphilis. Ulcers of the skin or mucous membranes.

EARLY SYPHILIS --- The Incubation Period.

As has been stated above, the treponema enters the body through the skin or mucous membrane, wherever infected material may make a contact. It must be remembered that in the case of an infected sex partner, any body secretions may be infectious. This includes the saliva,

skin, lesions, if any, breaks in or sores of the mucous membranes, the mucous secretions about the cervix (neck of the uterus, or womb) and vagina. Because almost every case of syphilis is acquired during sexual intercourse, the chancre is found most often in the male on the head of the penis, inside the penis, in the urethra, but rarely elsewhere on the body. By virtue of its rapid motility, the cork-screw motion, the organism then has penetrated the skin or mucosa at the site of inoculation and the infection is established. Immediately following invasion, the organism enter the lymphatic channels which drain the point of entry and begin to multiply, meanwhile escaping from the lymph channels into the blood stream from where they are carried to all parts of the body. After a period varying from 10 to 90 days, averaging 3 weeks, a sore or lesion appears at the site of inoculation. The delay between the inoculation and the appearance of the initial sore is called the "incubation period" and represents the time it takes for the organisms to overcome the local tissue reaction or local defense of the body, and form the sore which is called the chancre.

EARLY SYPHILIS --- Primary Syphilis.

This is the first external evidence of infection. It is the primary or initial lesion of syphilis and is commonly referred to as chancre ("hard chancre"). The typical chancre (~~the so-called Hunterian chancre, named after a physician by that name~~) has a definite appearance and a typical development. It begins as a small red papule or "pimple" or a crusted superficial erosion of the skin which in a few days or weeks becomes more deeply ulcerated, rounded in outline, the edges raised and "pearly" appearing, enclosing a raw central area which is moist with a clear watery fluid. This fluid contains millions of germs (treponema pallida) and is highly infectious. The sore is usually painless and does not bleed easily. The lymph glands in the area are usually enlarged and are sometimes tender. It is important to remember that only a small percentage of primary lesions take the form of the typical ~~Hunterian~~ chancre, however. The lesion may vary from a small, hardly noticeable reddish "pimple" to a deeply ulcerated secondarily infected spreading, ugly sore. The lesion is usually single but may be multiple and in considerable percentage of cases THERE IS NO DEMONSTRABLE LESION. This fact becomes of vital importance in consideration of the spread of the disease. ANY NEW LESIONS ON OR ABOUT THE GENITALS MUST BE CONSIDERED SYPHILITIC UNTIL PROVEN OTHERWISE. At this stage in the disease the ~~Wassermann reaction~~ blood test is usually not yet positive but the clear fluid which exudes from the chancre is teeming with millions of the treponema and diagnosis of the disease can be made by examining a drop of this liquid under the microscope with the aid of the so-called dark-field-condensor. This special attachment causes light to be directed against the side of objects in the microscopic field; the objects, that is the treponema, glisten against a dark background and become easily visible. Finding the treponema in the dark-field examination constitutes DEFINITE PROOF of the presence of syphilis and treatment may begin on the evidence thus obtained.

EARLY SYPHILIS -- The Positive Blood Test.

If left untreated the chancre tends to disappear spontaneously in from about 3 weeks to 3 months. Although no other signs or symptoms of syphilis appear immediately, the germs are multiplying rapidly throughout the body. The various blood tests for syphilis usually become very strongly positive for years unless the patient is treated. Treatments often cause the blood test to become negative before the patient is cured. During this same period the disease seems inactive and many people wrongly think that they are cured. Actually the disease is penetrating numerous vital organs throughout the body where serious damage will appear years later when it is too late to cure the disease and sometimes too late to save the health of the patient or even his life.

The use of penicillin in treatment of gonorrhea will not, in case the diseases are co-existant, cure early syphilis, but it may be sufficient to prevent formation of a chancre. Thus, syphilis may develope, insidiously, to a dangerous state of infection if frequent blood tests are not taken after treatment of gonorrhea.

EARLY SYPHILIS -- Secondary Syphilis.

About the time the chancre disappears, or usually a little before, constitutional symptoms of generalized syphilis appear, but MAY BE SO SLIGHT THAT THE DISEASE ESCAPES DETECTION. These symptoms and signs usher in the so-called "secondary" stage of syphilis and usually consist of a skin rash, sore throat, sores in the mouth or around the body orifices (openings), headaches, generalized pains, the sensation of "feeling bad" and usually a slight fever. This is also an infectious stage of the disease because each moist syphilitic lesion on the mucous membrane is covered with germs. The skin lesions themselves are also filled with germs (trep onema pallida) but usually the skin is intact and these germs are not on the outside surface. The skin rash may be so slight that the disease escapes detection. This skin rash, the most typical manifestation of the secondary stage, may take one of many forms; it may simulate (imitate or resemble) many other skin conditions such as measles, chicken pox, fungus infections, etc. to the extent that syphilis has earned the title of "The Great Imitator". It is obvious that any skin rash must be regarded with suspicion as being syphilitic in nature until it is proven to be otherwise.

Another frequent secondary lesion is the "mucous patch". This is a flat, grayish appearing, rounded erosion, covered by a dirty, soggy membrane which usually appears on the tonsils, the tongue, the throat and also on the lips, gums, and in the female, inside the vaginal opening. These lesions are, of course, very infectious and it is by means of contact with such lesions in kissing or by using utensils which have come in contact with them that the so-called "innocent infections" or "non-venereal infections" are acquired.

Other evidences of the disease in this stage are the "condyloma" - soft, red, often mushroom-like growths, with moist, weeping surfaces which appear in the folds of moist skin especially around the genital areas; there may be falling of the hair of the scalp, beard or eyebrows. In scalp involvement the areas denuded of hair may be patchy, giving a peculiar moth-eaten effect called "syphilitic alopecia".

EARLY SYPHILIS -- Latent Syphilis.

If the individual case of syphilis has not been treated, or has had inadequate treatment, lesions of secondary syphilis tend to disappear spontaneously and this tage is followed by a long period during which no external evidences of the disease are noted, a condition somewhat similar to the "incubation period" noted above. The patient has no symptoms which would bring him to the physician, but slowly and progressively over a period of years the treponema pallida are damaging and destroying tissues in the brain, spinal cord, heart, nerves and blood vessels. This period between early and late lesions of syphilis is called Latent Syphilis. ~~In the Army nomenclature of disease,~~ A latent period which exists less than four years after inoculation is called "Early Latent Syphilis". Cases of latent syphilis are usually picked up by means of routine blood tests (~~"Wassermann reactions"~~). The length of the latent period varies considerably in different cases. It is not uncommon for the symptoms of late syphilis to appear 20 to 25 years after the disappearance of secondary manifestations. Indeed, not infrequently the victim of such a tragedy has entirely forgotten about the small penile lesion which "just went away" 25 years before he first consulted a physician.

LATE SYPHILIS -- The Gumma.

It is in this, the final stage, occurring from 5 to 30 years after acquiring the infection that syphilis becomes the horribly destructive, maiming, killing disease that it really is. It can and does attack any tissue in the body, although it does have sites of predilection; certain tissues which are more often attacked than others. There is obviously not sufficient space in a work of this scope to describe the many lesions characterizing this stage of the disease, but a short discussion of the more frequent processes is essential.

The gumma is the typical lesion of late syphilis. It begins as a small nodule, enlarges slowly, attaining a diameter of 1 centimeter or more. The inner, or central portion of the nodule often undergoes degeneration and dies (necrosis) forming a deep punched-out appearing ulcer. The most frequent location for the gumma is the lower leg, forming ulcers which are often mistaken for varicose ulcers. Bone is frequently attacked, in fact no tissue of the body is exempt, and great disfiguring loss of tissue is the invariable result. This type of lesion happily reacts well to treatment even in this late stage.

LATE SYPHILIS -- Cardiovascular Syphilis.

One site of predilection for the gumma is the aorta, the largest artery in the body and which leads directly from the heart. The walls of the aorta may become thickened and the heart valves, especially the aortic valve, disfigured so that complete closure is not possible, resulting in back-flow of blood into the heart and eventually causing death from failure of the heart to compensate for the added strain placed upon it.

It may result in the formation of weak spots in the wall of the aorta which is followed by a ballooning out of that portion of the aorta to form a fragile, thin walled, blood-filled sac (aneurysm) which is easily ruptured, causing sudden death from the resulting massive hemorrhage.

LATE SYPHILIS -- Neurosyphilis.

Here again syphilis reacts in a protean manner. It may attack the spinal cord, destroying certain cells which affect the gait, resulting in the familiar "slapping" gait of locomotor ataxia (tabes dorsalis). It may even render locomotion impossible. It may attack the coverings of the brain causing a syphilitic meningitis and as one of the final destructive processes it may invade the brain tissues itself. The unfortunate victim of this form of syphilis gradually loses all intellectual power, he becomes a silly, prattling, insane idiot with eventual complete mental dissolution and he ends his days in an institution where he requires the care and attention of a newly born child. This pitiable and almost completely hopeless condition is known as "General Paralysis of the Insane" or "General Paresis".

LATE SYPHILIS -- Visceral, Osseous and Mucocutaneous Syphilis.

In addition to the specific lesions mentioned above, the disease process in this late stage may attack any of the other body tissues. We have already mentioned how the gumma most often attacks the lower leg. Another favorite site is just inside the nose where the developing gumma eventually causes a perforation of the nasal septum. All organs of the body are fair prey for the treponema in this late stage and lesions of the skin are frequent, varying from small, easily overlooked sores to large unsightly fungating growths which often disable the individual completely.

CONGENITAL SYPHILIS

We have mentioned that the treponema pallida may penetrate the placenta of the pregnant woman and invade the blood stream of the child-in-utero, the fœtus. From the blood it enters all of the glands and tissues of the unborn child, resulting usually in death of the child before delivery. In other instances it may result in extensive

skin eruptions, scars about the mouth or blindness in the newly born infant. Stunted growth, mental retardation, bone changes and peculiar changes in the teeth, Hutchinson teeth, are other results of congenital syphilis. The face of the congenital syphilitic with the dimming of the eyes, the sleepy, tired, fagged, clouded or dreamy expression with the peculiar squinting or frowning, the smudging of the feature lines like a smeared crayon portrait, while almost impossible to describe, is quite typical in appearance. Children showing these stigmata appear all too frequently in children's clinics in company with the mother who very often is entirely ignorant of the fact that it is her syphilitic infection that has doomed the child to a life of conscious inferiority and hopeless inaptitude.

There is no such thing as "hereditary syphilis". Syphilis in the new-born is contracted only in the manner just described and has nothing to do with true heredity as associated with color of hair and eyes, stature, disposition, and tendencies toward certain physical characteristics.

TREATMENT OF SYPHILIS

Ehrlich announced his tremendous discovery of arsphenamine in 1912. After suitable clinical trial, it was universally adopted as the specific medicine for the treatment of syphilis. It did not prove to be, indeed it was not represented to be, the perfect specific, however Arsphenamine is an arsenic compound and like many other arsenic compounds, it in itself was toxic, that is, it was mildly poisonous. Many patients could take only a limited number of injections of 606 before becoming poisoned from the drug; others could not tolerate it at all. Also, treatment with this drug usually took a minimum of 18 months before a cure could be expected. Since 1912, therefore, millions of dollars have been spent on research to find a drug, or drugs which would not have these undesirable characteristics. Some of the drugs which have been developed as a result of all this work are neo-arsphenamine (916), silver arsphenamine, sulf-arsphenamine, trysparsamide, and finally mapharsen. The last named drug is now used almost universally ~~in this country~~ in the treatment of syphilis. The heavy metal drugs, mercury and more particularly the recently developed bismuth compounds are used as adjuvants to the arsenic drugs. The curative action of these drugs proceeds at a much slower pace than that of the arsenicals, but it exerts a prolonged and steady influence on the disease and is particularly well adapted for certain forms of syphilis. Attempts to shorten the period of treatment have resulted in experiments in different rates of administration of mapharsen ranging from one injection per week to a continuous drip treatment over a period of a few days, with and without artificially induced fever as an adjuvant. In evaluation of the different methods of treatment undergoing experimentation, it must be said that the ultra-rapid cure, that is, cure within a few days of intensive treatment, is still highly experimental. It is dangerous and may yet prove to be entirely impractical. ~~In United States Army~~ Japanese Clinics have adopted what is probably the safest, surest, and yet as satisfactorily rapid a method of treatment as is obtainable in any syphilis clinic in the world today. Duration

of the course is 6 months in an early uncomplicated case. Mapharsen is given twice weekly for twenty of the twenty-six weeks in the form of injections in the vein of the arm, along with bismuth injections in the muscle of the buttocks. There is a rest period of 6 weeks in the middle of the couse during which time bismuth alone is given.

The latest treatment of syphilis is the use of penicillin. The patient is hospitalized and receives 2,400,000 units of penicillin intramuscularly in sixty consecutive doses. This method of treatment seems to be the simplest and most effective divised in the long struggle to find such a drug. The ultimate effectiveness of penicillin treatment is not yet know since it is relatively new. It is known that a high rate of reinfection occurs since there is no opportunity for the body to develope immunity with such rapid treatment. It is also felt, though not clearly demonstrable as yet, that the rate of relapses is quite high.

Further details of treatment have no place in this lecture compendium. It must be remembered that syphilis, being so variable in its manifestations, requires defferent treatment in different cases. Treatment should be instituted immediately after the diagnosis of syphilis is established. The best results, of course, are obtained when diagnosis is made and treatment begun during the chancre stage, before the appearance of the positive ~~Wassermann~~ blood test. With the best available treatment, the "chance of cure" during this stage is approximately 100%. In the primary stage, with positive ~~Wassermann~~ blood reaction this figure is about 95%; in early secondary syphilis, from 80% to 90%. Inadequate treatment is worse than no treatment, especially in early stages of the disease, as it seems to predispose to more frequent relapses. In summary, the following three points must be considered to be of the greatest importance:

1. Treatment MUST begin as soon as diagnosis is established.
2. The full schedule of treatment MUST BE COMPLETED.
3. Treatment must be absolutely regular with NO LAPSES.

THE DIAGNOSIS OF SYPHILIS

The diagnosis of syphilis is never made without absolute laboratory proof. No matter how typical or suggestive the symptoms or characteristic the signs or lesions may be, treatment is NOT started until one of the laboratory procedures enumerated below actually proves that syphilis is present.

The dark-field examination. This has already been mentioned above. As stated, a dark-field examination, which in the hands of a competent laboratory technician, demonstrates the presence of the actual organism (the treponema pallida) in any lesion of the body, proves the presence of syphilis. This test is usually used in the chancre stage only as it is very difficult, technically, to obtain material for examination from the much smaller and usually drier lesions of secondary syphilis. Further, the blood ~~Wassermann~~ test is always positive in secondary syphilis and this test is usually

used in that stage. While a positive dark-field is conclusive evidence of syphilis, a NEGATIVE DARK-FIELD EXAMINATION MEANS ABSOLUTELY NOTHING. It merely indicates the necessity for further dark-field examinations, or in cases of further failures, repeated blood Wassermann examinations.

The Wassermann reaction. Named after a German scientist by that name, the Wassermann test is a highly complicated laboratory procedure which reveals, indirectly, the presence of syphilis in the body, by an examination of the patient's blood or spinal fluid. Other tests of blood and spinal fluid often taken as a check on the Wassermann reaction are the Kahn test, the Eagle test, etc. In the presence of any suspicious clinical lesions, a single negative blood Wassermann test, like the negative dark-field examination, does not mean that syphilis is not present. It merely requires further and repeated examination of the blood or spinal fluid. Also, a single positive Wassermann examination, except under very unusual circumstances, is not used as conclusive proof of the disease. Repeated positive blood examinations are necessary before treatment is begun. Under vigorous treatment the positive Wassermann reaction tends to become negative again and this fact is used by the physician to determine the progress of the disease and as a guide to determine the eventual "cure". In some patients, however, the positive reaction remains constant through life in spite of treatment. These people are said to be "Wassermann fast".

The Spinal Fluid Examination. When syphilis first begins to attack any part of the nervous system, certain changes appear in the fluid which constantly bathes and protects the brain and spinal cord, the so-called "spinal fluid". Laboratory examination of this fluid detects the fact of the invasion by the treponema and no course of treatment is complete until such an examination is done to rule out the imminence of tabes or paresis. The spinal fluid test should be performed after treatment is started in primary and secondary syphilis and, if negative, repeated at the end of the treatment period. In latent syphilis it should be performed at once to prove the absence of neurosyphilis, the presence of which would alter the treatment plan. When spinal fluid examination is positive, it is repeated every 2 to 6 months to determine progress resulting from the treatment.

SYPHILIS AND MARRIAGE

Most of the responsibility for syphilis in marriage can be laid squarely on the pre-marital and extra-marital sexual exposures of the man. Different investigators of this phase of syphilology offer statistics that reveal that as many as 90% of such infections are so acquired. Knowledge of such a situation points directly to the problem of prostitution as do so many other aspects of the epidemiology of this disease. A detailed discussion of this phase appears below.

The question of fitness for marriage following a syphilitic infection is a very, very difficult one to decide. It is, in the first place, a question for the attending physician to ponder. Each individual case