

**WEEKLY BULLETIN  
PUBLIC HEALTH AND WELFARE  
#####, GHQ, SCAP  
14th to 20th October 1945**

1. Preventive Medicine.

a. Sanitary Engineering.

- (1) Inspection of Tokyo water treatment plants reveals plants in good ## ## ## few lack of ## for water treatment.
- (2) Preparation of directive to sixth and Eighth Armies on standards few maintenance of civilian water supplies.

b. Venereal Disease Control.

- (1) Drafting directive to Japanese government for strengthening venereal control measures.
- (2) Conference with Tokyo officials and others regarding specifics ## to be ## to ## ##, treatment, ## and reporting of infectious cases gonorrhea, syphilis, ##.

c. Nutrition.

- (1) Major Garlette, nutritionist, reported for duty.

d. Laboratories.

- (5) Plan (##) prepared few ## of Japanese Public Health diagnosis and biological production facilities to show current and future potentials.
- (6) Completed survey of ## Institute for tuberculosis.

a. General Administration.

- (2) Completed details for ## of communicable diseases reporting system in Japan. Venereal diseases to be reported for first time in history of Nation.
- (3) Drafts of directives to Japanese government, Sixth Army, Eighth Army, XXIV Corps and ## Fifth Fleet ## and transmitted to higher ##. Material deals with details of port quarantine and control of ## and Japanese ##.

1. ##

a. The following ## were issued the Adjustment Counsel.

- (3) Memorandum to the ## General, Eighth Army with ## listing nine (9) hospitals in Tokyo and four (4) hospitals in Yokohama designated to give medical and hospital treatment to Japanese civilians introduced to transfer all such patients to designated hospitals as case as the patients condition ##.
- (4) Memorandum to the ## general, Sixth Army and the ## general, Eighth Army designating the Seibo International (catholic) Hospital and the ## (former Yokohama ##) Hospital for the Tokyo and Yokohama## ## as the institutions to which all foreign ## will be referred who ## hospitalization or medical care. ## final arrangements for the ## of the ## Hospital, the Seibo International Hospital will be ## by foreign ## of both ##.

4. Veterinary Affairs

a. General.

- (1) Communicable Animal Disease first 6 month of 1945. (All prefectures).

5. Dental affairs.

## report

1. Nursing Affairs

a. General; report from Japanese

- (1) Training Schools for nurses - 907 Midwives, 69 public health, 4## Clinical.  
Red Cross Hospitals - (Training School) for nurses 90, midwives 3.  
Total. General Hospitals and sanitarium - 3609

b. Report from Japanese

- (6) Report on tuberculosis - #####
- (7) Report of training schools and location in Japan along with ## of students and list of nurse training schools and location in Tokyo, Red Cross training schools etc.
- (8) Report on number of graduate nurses and midwives in Japan.
- (9) Curriculum - Public health Nurse program, Midwives and Clinical nurse program was received.

c. Personnel

Classification		Graduates	Students	Training Schools
Clinical	Graduate Nurse	93,270	19,001	401
Public Health	Graduate	13,071	7,745	106
Midwives	Graduate	60,000	3,695	68
TOTAL		166,341	31,351	575
Red Cross Hospitals (Training Schools)			8,376	30
			39,727	605

1. Welfare

a. General.

(1) Status of Red Cross liaison.

- a. A representative of the American Red Cross has arrived in Tokyo for the process of surveying possible fields of red Cross activity in civilian relief and welfare. Discussions with this section have ## around the problems of relief in Korea, the ## of foreign nationals in Japan, who reorganization of the Japanese Red Cross. There has been ## explanation of the possible ## of trained Red Cross social work ## in ## ## welfare problem. No official personal has been submitted to this headquarters.
- b. International Red Cross, currently distributing surplus POW supplies to foreign nationals, has discussed with the Public Welfare staff the probable translation of this program. It is estimated that current supplies will be exhausted in November. The possibility of receiving surplus clothing supplies from Red Cross sources in Manila is being investigated. It is contemplated that if such supplies are received the IRC program would be continued beyond the date of the ## of POW materials.
- c. Representatives of the American Red Cross and this section have conferred with the Japanese Red Cross regarding plans for future activities and reorganization of that agency. The annual IRC meeting will be held in Tokyo on 29 October for the purposes of receiving representative ## on this topic. It is proposed that the charter be amended to diverse the agency from Army-Navy domination. No ## plans have been discussed to enlarge the program beyond its ## ## ##.

(2) Status of Korean care and repatriation.

- b. Korean repatriation through the Shimonoseki area has been in progress since 26 August 1945. It is estimated that approximately 100,000 have been departed at Fusan by the ## of Japanese repatriation shipping. Port areas are ## and conditions reported to be unsatisfactory. The Japanese Government has designated the Ministry of Health and Social Affairs (Welfare) to be the responsible agency for establishing reception centers at specific ports of ## where adequate shelter, medical attention and food will be provided to both Japanese and non-Japanese repatriates, and to coordinate the repatriation responsibilities of the wartime Ministry.
- c. This section has in preparation a ## to the Japanese government requiring the Ministry of Health and Social Affairs (Welfare) to ## the additional responsibility of providing to all Korean ## repatriation adequate food, clothing, shelter and medical care. Reports indicate ## negligence of Korean. The proposed directive ## that administrative responsibility for carrying out its provisions would be assessed by the Ministry through ## social affairs personnel.

(3) Status of Foreign nationals in Japan.

## foreign nationals are applying to the occupying forces and to the International red Cross for emergency relief, housing and other service. Partial responsibility has been accused by IRC (see above) but such care by that agency is not planned on a continuing basis. Discussions have taken place during the week looking to a long range settlement of the public responsibility by the responsible government or by an international agency. ## policy decision has yet been ##.

(4) Control of Japanese Public Welfare activities.

No new reports have been received from the Japanese Government during the past week. No specific controls measures have been taken.

a. Personnel.

- (7) Officers assigned to the Public Welfare sub-section are  
Lt. ##  
Captain ##

- (2) Reported for duty but not yet assigned;  
Lt. ##

1. Legal Affairs

h. General.

(1) V.D. control;

In conference with representatives of the Sanitation Department of Tokyo Municipality it was learned that the ## ## re, weekly physical examination for disease will prescribe ## ## technique and that ##/ will be ## in the provision. ## same conference it was learned that the Sanitation Department of Tokyo ## had taken ever in 1942 the ##/ of the Sanitation section of the National Health Ministry. Under this authority the Tokyo sanitary office will get the ## into ##/ about 23 October and has introduced all ## Governors to ## and have ## ## ## ordinances throughout Japan.

(2) Korean repatriation;

A ## to the Japanese Government has been forwarded to ##/ the Government to ## adequate clothing, shelter, rail transport to the ports and not less than 2000 salary per day of ## for all ##/ ## ## return to their homes.

This ##/ will ##/ and specify ## ## (##) Subjects, Repatriation Centers in Japan for Processing repatriates. The ## ## the ## and maintaining of center ## at in ports, for Japanese returning and for Koreans and Chinese departing, ## and ##/ to be under supervision of the Army Commanders.

b. Personnel.

Officer assigned to legal sub-section;  
Lt. Col. ##

1. Supply

a. General.

- (1) In accordance with recent directive on above subject the following status report is submitted for the period 2400, 13 Oct. to 2400, 20 Oct;  
During above period the medical Supply sub-section performed the ## routine administrative duties and visited several Japanese medical supply manufacturing establishments in the Tokyo area. Definite action was taken in the following instances;

2. Additional requirements for typhus control supplies submitted to CO. AF##?PAC.
3. Directive issued to Japanese Government on the subject of ## Control.
4. ##, XXIV Corps. advised of policies of this headquarters concerning control of narcotics.
5. Shipment of small supply of vaccine ## for Korea.
6. Requirements of bi##? for civilian relief submitted to CO, Af##?PAC.
7. Occurrence of ## and Scientific Section for survey of ## ##.
8. ## submitted to G-4, concerning establishment of an "emergency reserve" of medical supplies in U.S. for civilian relief.

c. Personnel assigned;

a. Supply Status.

(1) Military stocks for civilian relief:

- c. These consist mainly of a shipment destined for civilian relief in the Philippines and subsequently diverted to Japan. These supplies are in storage at Yokohama under control of the 8th army. Recent instructions to 6th and 8th armies from GHQ SCAP have diverted that no ## for civilian relief to make without approval of that headquarters. Supplies originally "##" for civilian relief are to be stored and ## for ##. ## items will be issued for army use to prevent ## and replaced from army stocks

d. Civilian stocks

Available information indicates a considerable shortage based on pre-war standards. Replace of Japanese Army and Navy stocks, now in process, should alleviate some of the shortages.

d. Manufacturing establishments

A listed survey has been made of several plants in the Tokyo area. Practically no stocks of finished products are on hand and only a small ## are being produced at present. One large manufacturing plant

reports sufficient ## material on hand and ##/ to start operating within the next month. It is doubtful whether large ## production may be ## for at least six month.

e. Narcotics

Preliminary survey of a few supply courses indicates a surplus of raw and ##-processed opium, based upon medical requirements. All ## stocks of opium have been “##” and manufacture prohibited ## further instructions from GHQ SCAP.

i. Miscellaneous

The following institutions in the Tokyo area were visited by personnel of this sub-section, during the week; Hygienic Laboratory of the Ministry of Welfare Japanese Army Medical Depot (Bureau of medical supplies).

Seibo International Catholic Hospital.

Takeda Drug Manufacturing Plant.

Hosi Drug Manufacturing Co.

1. Miscellaneous;

a. The following directives concerning Public Health and Welfare were issued to the Imperial Japanese Government by the Supreme Commander for the Allied Powers during the period;

(3) Supply of ## -

AG 440 (12 Oct. 45) PH.

(2) ## of DDT by Japanese

AG 4## (8 Oct. 45) PH

(1) Control of Narcotics Products and Records in Japan

AG ## (12 Oct. 45) PH.

b. ## information to the Surgeons of the Sixth and Eighth Armies;

(1) Communicable Diseases Reporting in Japan, 19 October 1945.

CRAWFORD F. SAMS,  
Colonel, Medical Corps.  
Chief, Public Health and Welfare Section.

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

APO 500  
21 October 1945

PH 319.1 (22 Oct 45)

SUBJECT: Transmittal of Reports

TO: Surgeon, Sixth Army APO 442  
Surgeon, Eighth Army APO 343  
Surgeon, XXIV Corps APO 235  
Chief Surgeon, AFPAC (ADV) APO 500  
Chief Surgeon, AFPAC (Manila) APO 500

Transmitted herewith is a copy of the basic operational report of this section.

C. F. SAMS  
Colonel, Medical Corps,  
Chief, Public Health and Welfare  
Section, GHQ, SCAP

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

22 October 1945

PH 319.1 (22 Oct 45)

SUBJECT: Transmittal of Reports

TO: The Surgeon General, U.S. Army, Washington, 25, D.C.

Transmitted herewith, for your information, is a copy of the basic operational report of this section.

C. F. SAMS  
Colonel, Medical Corps,  
Chief, Public Health and Welfare  
Section, GHQ, SCAP

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

SUMMARY REPORT PUBLIC HEALTH AND WELFARE  
CONDITION IN JAPAN

The following is a summary report of conditions as found to exist in Japan after approximately one month of occupational experience. The report is derived from two sources: reports of Japanese governmental officials, and observations made by members of this section. The observations were limited to the Tokyo-Yokohama area.

The administration of public health and welfare activities in Japan is vested largely in the Ministry of Public Health and Social Affairs (Welfare) – (the translation of the Japanese word “koseisho” may mean either welfare of social affairs). Ramifications are found in the Ministry of Home Affairs and in the Ministry of Agriculture and Forestry. All branches of the Japanese Government are at present quite fluid. For the current organization of the Ministry of Public Health and Social Affairs see Annex 1.

The report is divided as follows:

Section I	Preventive Medicine
Section II	Hospitals
Section III	Veterinary Affairs
Section IV	Dental Affairs
Section V	Nursing Affairs
Section VI	Welfare
Section VII	Legal
Section VIII	Supply

SECTION I  
Preventive Medicine

1.

a. The following diseases are reported under Japanese law:

Epidemic Meningitis (Cerebro-spinal)	Plague
Cholera	Scarlet Fever
Diphtheria	Smallpox
Dysentery (Includes Ekiri)	Typhoid Fever
Paratyphoid Fever	(Includes louse-borne and Tsutsugamusi)

b. Preliminary investigations reveal a serious problem regarding venereal diseases. While the “on paper” control program looks good – field practice, at best, brings only a small percentage of the known infected group under control. Cases are found among the licensed prostitute group but actual check reveals very few arrive at isolation centers. Steps have been instituted through the VD Control Officer of this section to institute more effective control, including detection, treatment and isolation, of civilians by the official Japanese health agencies concerned. A complete outline of the procedures in process of development will be incorporated in the succeeding monthly report.

c. Epidemic louse-borne typhus has been reported in Hokkaido and in Northern Honshu quite recently. Typhus Commission personnel at GHQ, AFPAC (Manila) have been ordered forward and will proceed in accordance with plan of action approved by the Surgeon, AFPAC (Manila) and the Chief Public Health Officer, this Division, prior to our arrival in Japan. Estimates for equipment and supplies have been completed and appropriate steps taken to procure same.

d. The return of Japanese Military and Civilian repatriates to Japan will create a special marine and perhaps aerial quarantine situation. Japanese quarantine facilities at the ten (10) or more ports designated as “Ports of entry” for these groups are grossly inadequate to meet recognized minimum needs. Action has been initiated for the Army Liaison Quarantine Officer, attached to the Chief Surgeon’s Office, AFPAC (ADV), to represent the Chief Public Health Officer and the Chief Surgeon as technical advisor in dealing with U.S. Military Commands and Japanese



Officials. The Japanese government will have full responsibility quarantinable diseases into Japan. Quarantine plans contemplate the use of DDT for the delousing of all repatriates in view of the gross inadequacy of indigenous facilities. Lt. Colonel Knies, Army Liaison Quarantine Officer, will act as Technical Advisor pending the arrival of the U.S. Public Health service trained quarantine officer requested through the office of the Surgeon General, War Department.

e. Filth-borne disease (typhoid, paratyphoid and dysenteries) are normally of high incidence. Except for summary report previously referred to, no data are available as to the true situation as of 30 September.

## 2. Sanitary Engineering, including Control of Insect Vectors.

The Sanitary Engineer has been able to content and establish cooperative working relationship with opposite in most U.S. Military Commands in the Tokyo – Yokohama area.

a. The public water supply in Tokyo prefecture is ample. Treatment routine is deficient for potable water according to U.S. standards. “Token” chlorination is now in effect by the Japanese. Adequate chlorination will be instituted immediately upon receipt of chlorine supply requisitioned through Military channels or as soon as raw materials can be found for manufacture of chlorine in Japanese plants. The possibility of Japanese military stocks of chlorine being available are being investigated.

b. Sewage systems, in the main, are largely intact but inadequate to handle peak loads at certain hours in selected buildings and areas where military billets are located. Adjustments are in process to correct this condition where possible.

c. Insect vectors have not presented a problem to date, except in connection with the typhus situation referred to in a preceding section.

## 2. Nutrition Problems and Food Supply.

a. Sufficient time and data have not been available to make an appraisal of the food and nutrition situation. Preliminary contacts indicates certain Japanese groups continue experiments on food substitutes. A more logical approach at this would appear to be an all-out effort to increase food production throughout the Japanese Home islands.

## 3. ABSTRACTS FROM JAPANESE REPORTS

The following data have been abstracted from a report prepared by the Bureau of Sanitation, Japanese Ministry of Health and Welfare in compliance with a directive by the Supreme Commander for the Allied Powers.

### a. General Problems.

- (1) Shortage of foodstuffs, medical supplies, sanitary supplies, health personnel and over-work have caused breakdown in health organization. Special reference made to nutrition problems in children. Clinical evidence of Malnutrition reported on increase with increasing used of “artificial nourishment” for infants.
- (2) Communicable disease – diphtheria and filth-borne diseases reported as increasing. Death rate from tuberculosis around 225 per 100,000 population with general increase throughout area.
- (3) Inadequate medical care due to shortage of physicians, drugs and supplies and inadequate hospital facilities.
- (4) Sanitation services have deteriorated as result of labor shortage, lack of materials and bombings.

### b. Public Health and Medical Care Measures.

General over-all plan basically as outlined in TB Med 160 with increasing attention being given to “physical strength” measures.

- (1) The Japan Medical Corporation organized to reconstruct medical facilities.
- (2) Medical and related professional groups (exclusive of Military) in 1944 were:

Physician	49,234	Nurses	94,861
Dentists	19,784	Midwives	36,329
Pharmacists	26,054	Special Nurses	11,678
- (3) Cultivation and collection of Medical plants encouraged because of shortages. Controlling institute established to control production and distribution. Prices regulated officially. All medical and sanitary supplies under institute control.

(4) Preventive Measure include –

Tuberculosis control – increasing rates observed among “youth” are groups. A total of 192 “Sanatoriums” with 30,000 beds reported. Special care through Healthy Nation Training Stations for “male youth of tuberculosis delicate constitution”. Considerable stress is placed on use of BCG. (Data observed do not reveal any encouraging results).

Infectious diseases – Cholera, dysentery, typhoid and paratyphoid fevers, smallpox, “eruptive” typhus, scarlet fever, diphtheria and epidemic cerebro-spinal meningitis are classed as “legal epidemics” and are the only diseases that are reportable by law. “Compulsory smallpox vaccinations are carried on twice a year”. Quarantine stations were functioning at important ports.

Control of venereal disease emphasized in prostitute group. Reporting not required by law. Control of positive cases known to have been very lax.

“Water-works” established as follows:

Cities, etc. over 10,000 population	228
Cities, etc under 10,000 population	<u>462</u>
TOTAL	690

Sewage systems:	Cities	48
	Towns	4
	Villages	<u>1</u>
	TOTAL	53

(5) Various Social Insurance programs include:

Health Insurance Law	Crew Insurance Law
Labor Injury Insurance Law	Welfare Annuity Law
Nations Health Insurance Law	

(6) “Sanitary” Administration organizations are classed as follows:

- Administrative organizations
- Investigation and deliberation organizations
- Outside organizations

Functions of Sanitation Bureau includes:

- Medical treatment, medicines and drugs
- Sanitary materials
- Food and drink Sanitation and environmental problems
- Medical inspection and epidemic prevention
- Laborer’s sanitation

National Health Bureau functions includes:

- General sanitary life of the nation
- Control of physical strength
- Physical training
- Protection and direction of Mothers and Babies
- Social enterprises and direction of the nations life

The Insurance Bureau handles:

- Health Insurance, Nations Health Insurance and Laborer
- Injury Insurance, Crew Insurance, Welfare Annuities Insurance,
- Employees Funds, Retiring Allowance and other Social Insurances

A special bureau in Ministry of Health and Welfare handles special services for soldiers who are discharged on medical grounds. National nurseries are maintained for children of decreased veterans.

Examination and research organizations are listed as the Research Institute of the Ministry of Welfare. The Hygienic Laboratories and Epidemic Research Institute.

c.

(1) Communicable Diseases Reported:

81 cases of typhus in Hokkaido prefecture from July 1-10

6 cases of typhus in Shizuoka prefecture during July

1 case of typhus in Gunma prefecture during July

Steam disinfestation is only means available for delousing.

(2) Smallpox reported in Hokkaido and North Honshu prefectures during July.

(3) Numerous widespread outbreaks of dysentery reported during July and August.

#### 4. Summary, Conclusions and Recommendations.

a. Disintegration of public health service and organization in Japan was rather rapid after the breakdown of the reporting system in 1942. Also the legal limitation on the number of reportable diseases as for instance, venereal disease, malaria, and other communicable diseases are not reported, places a distinct handicap on the communicable disease control program.

Due consideration must be given the reporting of certain additional communicable diseases, particularly venereal diseases and those diseases likely to be transmitted to the Occupation Forces. It has not been possible up to the present time to get a clear picture of the exact procedure for handling cases and case reports at all levels.

b. The venereal disease control plan requires extensive overhauling and something more than the "on paper" plan that has been more or less inoperative for the past three years at least, if the health of the Occupation Forces is to be effectively safeguarded. Reporting of cases must be made compulsory, more modern treatment plan inaugurated and rigid control of infectious cases instituted. Some progress has been made toward these objectives.

c. The presence of typhus fever (epidemic louse-borne) in Hokkaido, northern Honshu and Korea will require immediate control action. The overall situation is further aggravated by the action of the Japanese government in releasing Korean and other workers in Foci areas (Hokkaido) and leaving these workers to get home the best way they can. The probability of this group spreading typhus to previously free areas is likely.

d. The immediate reestablishment of effective aerial and marine quarantine service by the Japanese government is mandatory because of the problem anticipated as a result of Japanese repatriates returning from Pacific, Asiatic mainland and other areas.

e. The apparent desire of the Japanese officials to cooperate in every possible way has been quite contrary to what was expected. The presence of a number of former Rockefeller Foundation trained medical officers among the official health group has made official contacts and understanding much easier.

## SECTION II

### Administration of Hospitals

1. The Japanese Government on 15 September 1945, reported 2,567 hospitals and sanitariums having 101,508 patients with a total bed capacity of 155,654; physicians 37,391; nurses 93,270. These statistics do not include the number of hospitals, number of patients and hospital bed capacity in Nagasaki prefecture. No data has been submitted for Yamaguchi, Saga and Kumamoto prefectures. The report shows 983 hospitals totally destroyed and 50 hospitals partially destroyed by war disaster in 42 prefectures having a total bed capacity of 51,397

2. According to reports received from the Imperial Japanese Army approximately 78,000 sick and wound veterans were being treated in 268 and 9 hospitals in Japan and Korea respectively on 15 August 1945. Of these 8 hospitals were destroyed by war disaster in whole or in part most of which have subsequently been moved to inns, schools, or other civil buildings. In addition to those hospitals and 4 clearing hospitals which are now being gradually demobilized. The exact number and addresses of those now actually in operation is not known.

3. The Ministry of the Japanese Navy reported ### hospitals a total capacity of 14,000 beds. The report stated 3 hospitals having a total capacity of 700 beds were 70 to 80 per-cent destroyed by fire.

4. On 15 September 1945 the Japanese Government reported 15,700 physicians, 29 dentists, 1500 pharmacists and 15,000 nurses had been demobilized from the Army. At the same time the navy had demobilized 3,279 physicians, 253 dentists, 213 pharmacists and 500 nurses.

5. Inspections have been made of 14 hospitals and sanitoria in the Tokyo and Yokohama area. Those inspected included a typical general hospital, psychopathic hospital, tuberculosis sanatoria, leprosaria, naval hospital, venereal disease hospital, maternity hospital and a Red Cross Hospital. Some of these were found to be

partially destroyed but this fact has apparently not prevented provision of adequate hospital care as none of those visited were utilized more than 50 per-cent of total capacities. Total hospital personnel and equipment was more than adequate. According to the directors of the institutions visited, medical supplies were inadequate. Lack of food and fuel was found to be common to all.

SECTION III  
Veterinary Affairs

1. Veterinary affairs in Japan are administered by two Ministries:

- . The Ministry of Agriculture and Forestry.
- . The Ministry of Public Health and Welfare (Social Service).

Both Ministries are hampered by a shortage of personnel and a disruption of activities due to the war when many of their functions were discontinued or became so inefficient as to be of no value. This was particularly apparent in all reporting functions so that little statistical data is available for the past three years.

2. The Ministry of Agriculture and Forestry reports the following data for 1945:

Number of Veterinary Surgeons	21,878
Number of Horses	1,191,130
Number of Cattle	2,403,264
Number of Swine	309,678
Number of Sheep	180,685
Number of Goats	251,973
Number of Rabbits	3,226,532
Number of Poultry	22,491,701
Number of Ducks	387,172

Communicable disease first 6 months 1945.

Blackleg	3 Outbreaks	4 cases
Anthrax	8 Outbreaks	8 cases
Texas Fever	1 Outbreak	8 cases
Swine Cholera	8 Outbreaks	486 cases
Swine Plague	8 Outbreaks	297 cases
Swine Erisipelas	3 Outbreaks	25 cases
Bovine Infectious Abortion	16 Outbreaks	390 cases
White Diarrhea Chickens	20 Outbreaks	12,832 cases

Tuberculosis eradication in dairy cattle showed 3.143% affected in 1942, date of last report.

The 1944 laboratory statistics indicate Veterinary Biologicals were manufactured for all types of animals.

3. The Ministry of Public Health and Welfare reports as follows:

Number of slaughter houses	712
Number of cattle slaughtered	382,340
Number of calves slaughtered	35,817
Number of sheep slaughtered	5,317
Number of goats slaughtered	12,035
Number of swine slaughtered	603,180
Number of horses slaughtered	36,415

Number of cattle condemned.

Ante Mortem	51
Post Mortem	
Total carcass	147
Partial carcass	4,702
Viscera only	73,667

Number of Swine condemned.

Ante Mortem	127
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Post Mortem	
Total carcass	249
Partial carcass	3,274
Viscera only	203,673
Number of Horses condemned.	
Ante Mortem	42
Post Mortem	
Total carcass	52
Partial carcass	2,550
Viscera only	4,720

Similar figures were submitted for calves, sheep and goats.

#### Dairy Inspection

Total Milk consumed	
Pasteurized	2,840,904 Litters
Raw	242,889,354 Litters

#### 4. Conclusions.

- a. Statistics are being brought up to date as the disrupted Veterinary Service is reestablished in the various prefectures.
- b. The animal slaughter at the present time is about 10 percent of normal due to the fact that Animals are not available.
- c. Dairy production is almost at a stand still except in Hokkaido.
- d. Sanitation at all establishments visited was sub-standard.
- e. Veterinary inspectors appear to be efficient and interested in their jobs but their methods leave much to be desired.

### SECTION IV Dental Affairs

#### 1. Dental Administration

- a. Industrial Dental Hygiene is under the Sanitary Bureau of the Ministry of Public Health and Social Affairs. This service was impaired during the war but elaborate plans are made for its rejuvenation.
- b. Dental licensure comes under this same Bureau but examinations are held only for foreigners and self-educated applicants. Graduates of recognized schools are permitted to practice without examination.
- c. Dental Health insurance participates in the Health Insurance benefit controlled by the Insurance Bureau.
- d. School Dental Hygiene is under the jurisdiction of Department of Education. Dental Colleges are also under the same Department.
- e. The Department of Army and Navy until two years ago received dental care by attaching civilian dentists to organizations. From then until surrender, service was rendered by a Dental Corps of 292 plus attached civilians.

#### 2. Supplies and Equipment

- a. Manufacture of supplies and equipment is at 50 % required capacity with normal capacity anticipated within a year.
- b. Supplies are rationed and the price controlled through the Dental Materials Control Co. whose President is appointed of Ministry of Public Health and Social Affairs.

Sales for Oct 1942 – March 43	3,627,319.34 Yen
Sales for Oct 1944 – March 45	1,854,927.15 Yen
- c. A small stock of excess Japanese army and navy supplies are available and under control of Home Ministry.

#### 3. Dental Education

- a. There are six dental colleges for men and two for women in Japan with a total of 4,500 students.
- b. The faculties and physical facilities are adequate but methods and techniques are obsolete and sub-standard.

- c. One college for women completely destroyed and one college for men 50% damaged.
- d. One college (governmental) is a combined Medico-Dental School both degrees being attainable in six years.
- e. The students are uninformed and salute the instructors giving a militaristic air to the college.
- f. The text books are obsolete many of which are translations from German.

4. Practitioners:

- a. No. Dentists in Japan 17,542
- b. No. displaced 7,000
- c. No. in Military service as soldiers 2,732
- d. No. in Military service in profession 292
- e. Estimated no. that can be immediately rehabilitated 2,100
- f. Most dentists practice in own homes instead of office buildings.
- g. There are many traveling dentists giving service to rural areas whose population has been increased by

evacuees.

5. Dental Health

- a. All prior existing sponsored Dental Health programs have broken down during the war years.
- b. Nine five percent of school-age children are dental cripples. Mal-nutrition plus lack of care and preventive measure has resulted in national ravage of oral health.
- c. "Protruding upper antereos" (mal occlusion) is a racial characteristic caused by constructed nasal opening resulting in mouth breathing. Sleeping habits also contribute to this abnormality.

6. General Remarks

- a. Analysis of the water supply shows a negligible amount of fluorine which is perhaps a contributing factor in the high incidence of cavities.
- b. Intervention of the government is evident in all phases of dentistry – i.e., the schools, the Societies and Associations.

SECTION V  
Nursing Affairs

1. In Japan, all nurses fall into the following classifications:

- a. Clinical or bedside nurses.
- b. Public health nurses.
- c. Tuberculosis nurses (a new classification since 1941).
- d. Military nurses.
- e. Midwives
- f. Others.

g. Sub-classifications of public health nurses are:

- (0) Those working in health centers.
- (0) Those working in official agencies.
- (0) School nurses.
- (0) Industrial nurses.
- (0) Health Insurance nurses.
- (0) Others,

2. Their standards of education, registration and organization vary considerably. Graduate of St. Lukes' College of Nursing and the Red Cross Hospitals more approximate U.S. standards of nursing than any of the others. Before the war, there was a trend toward standardization, but there are evidences that this failed during the war years, and gradually standards were lowered. Students were admitted to schools of nursing at an age younger than 18 years, courses were shortened to 1 1/2 to 2 years, and a depletion of adequate trained personnel occurred with the absorption of approximately 34,000 nurses by the Army and Navy.

3. Schools of nursing and midwifery are classified as follows:

- a. Red Cross Hospitals offering a 2 year war emergency program for clinical or bedside nurses. Red Cross Hospital offering a 2 year program for midwives.
- b. Other private and government hospitals, including St. Lukes' College (now being used by U.S. Army) offering a 1 to 2 year program for clinical nurses.
- c. Other private and government hospitals offering an 8 to 10 months program for midwives.

- d. Private and government public health nursing training schools of the following classifications:
  - (0) 1st class – for high school graduates and offering a 2 year program.
  - (0) For graduate nurses, offering a 6 to 8 months program.
  - (0) For midwives, offering an 8 to 10 months program.
- e. Government owned training school for graduate nurses, offering a 6 months program in tuberculosis nursing.

4. The clinical nursing program in Japan has suffered the most severely. The requirements for entrance are low and the training appears to be very inadequate; thereby graduating girls who are very young and immature in their judgment. There are 401 training schools for clinical nurses in Japan Today with 19,911 students enrolled.

5. Qualifications for entrance vary according to Prefecture. Average age required is 18 to 25 years, (Japanese count 16 to 23) most schools require oral, written and physical examination along with a letter of recommendation from school. Applicants may be graduates higher elementary or high school.

6. Courses range from 1 year to 3 years, depending on school, prefecture and training received before entering hospital. Training schools 401 – students 19,911 – graduate nurses 90,000.

7. Tuition ranges from nothing to three yen. Schedules have been received, stating hours and courses received. If the school is not an accredited school, prefectural examination must be taken.

## SECTION VI

### Welfare

1. Before the war Japan's public welfare activities were administered by a large number of public and private agencies, controlled to a limited degree and supported by the Government. During the war an additional group of agencies, boards, bureaus and divisions were established for various welfare purpose but these organizations were not integrated by any level of government nor were their functions correlated. The result is a hodgepodge of agencies, etc., without central direction or organization.

2. The Health and Welfare Ministry is woefully lacking in factual data, statistics and knowledge of operations conducted at the lower levels of government, i.e., the Ministry does not receive information relative to the number of persons receiving relief nor the amount of money spent, except upon a fiscal year basis. No liaison or field supervision is maintained by the Ministry. Lines of responsibility and authority are not clearly drawn. No supervision or even liaison is maintained with as important an agency as the Japanese Red Cross.

3. ##### Insurance program was strengthened by the adoption of the Workers Annuity Insurance Act of 1941 and its 1942 amendments. It incorporated into the custom of giving separation allowances to employees terminating their employment with industrial, commercial and transport companies, and provided sickness, old age and survivors insurance benefits. It does not provide unemployment insurance and apparently was adopted to counteract the wartime inflationary trend and to provide a long-term outlet for government war bonds. Under the act contributions totaled eleven percent of the payroll. An examination of the fund statistics indicated that as of 31 August 1945 the Reserve Fund totaled 848,164,000 Yen while total benefits paid in 1944 equalled 835,765 Yen, less than one-tenth of one percent of the reserve.

It is planned to develop a through study of the entire Social Insurance system in order to properly evaluate it in terms of present needs.

4. A great deal of time has been devoted to sifting through the maize of diversified Japanese Governmental agencies, bureaus and Ministries each of which is responsible for a part of the Korean Repatriation program. A directive to the Japanese Government on this subject has been prepared by this headquarters.

5. The Veterans Bureau of the Health and Welfare Ministry has been directed to prepare a detailed report on its organization, functions, payments, etc. Problems relative to the operation of veteran's Army and Navy hospitals have been referred to the Hospital Administration Sub-Section, this headquarters.

## SECTION VII

### Legal

### Venereal Disease Control

1. Present legislation in Japan indicates that the control is entirely inadequate. The Law for Prevention of Infectious Disease does not cover the Venereal Diseases nor does it unconditionally prescribing the periodic examination of individuals refer to licensed prostitutes only and decree that examinations shall be conducted in accordance with prefectural ordinances.

As a result of conferences with Tokyo Metropolitan and Health Ministry officials the following results have been secured.

a. A new ordinance for Tokyo City, effective about 23 October, will make weekly physical examinations mandatory, including microscopic tests.

b. The new ordinance will cover not only licensed prostitutes but geisya, who has been among the worst offenders.

c. All Ken Governors have been instructed to enact precisely the same ordinance for their respective Prefectures.

2. It is anticipated that these measures will be backed by a memorandum from this headquarters to the Japanese Government prescribing that all persons whose occupations constitute serious hazard or source of venereal infection be brought under the ordinances prescribing periodical physician examinations.

3. Reports from Japanese agencies and spot checking by personnel of this headquarters will test the effectiveness of enforcement.

## SECTION VIII

### Supply

1. Surveys of the status of medical and sanitary supplies in Japan have been accomplished, mainly, by contact with representatives of the Ministry of Health and Welfare and study of reports submitted by the Japanese covering stocks of medical supplies and capacity of manufacturing facilities.

2. An intelligent estimate of Japanese requirements cannot be made from the incomplete data submitted by the Ministry of Health and Welfare. The short ### as of supplies reported are grossly in excess of any possible ### the medical care and treatment of the civilian population. It appears ### as though the Japanese are endeavoring to accumulate a stock pile which may subsequently be utilized for export purposes.

3. The Japanese estimate that 50% of medical supply manufacturing facilities have been destroyed or converted to other use. The remaining 50% can manufacture only 20% of pre-war production due to shortage of critical materials. An estimate of production capacity was submitted but the figures were based on a proposed program rather than what might be produced with existing facilities and resources. The proposed program undoubtedly is in excess of domestic requirements and contemplates extensive imports.

4. From a review of all available data and observations during visits to hospitals, clinics and sanatoriums the following assumptions may be made:

a. Stocks of drugs, surgical dressings, and surgical instruments and supplies are extremely low.

b. Hospital equipment such as x-ray and sterilizers is inadequate and the limited amount on hand is in need of considerable repair and maintenance.

c. Dental supplies are barely sufficient to provide emergency treatment and numerous substitutes are being used. Normal Japanese standards of dental care cannot be maintained with existing facilities.

d. The occurrences of any unusual epidemic of disease will necessitate supplementations of present stocks as a protection to the Health of occupation forces and to prevent acute suffering and distress among the civilian population.



**GENERAL HEAD QUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section**

**WEEKLY BULLETIN  
21st to 27th October 1945**

1. Preventive Medicine

- b. Directives governing Japanese traffic were published as follows
  - (3) Establishment of Port quarantine control of all Japanese returning to homeland from any area.
  - (4) Establishment of control of all traffic from Hokkaido to other home islands and Korean returning to Korea.
- b. The Army Quarantine Liaison Officer completed survey of designated ports of entry is the home islands areas south of Tokyo.
- c. Communicable diseases report (##) received from Japanese government. Special condition proved and forwarded to ##, AFPAC (##), Sixth Army, Eight Army, ## and ## ## ##, ## ##.

4. Tokyo Health Department officials ## to ## ## in following ## for control of venereal disease. 以下解読不能

5. Administration of Hospitals

a. The Japanese government reported medical personnel and hospital facilities in ## ## ## (Prefectural) to have ## physicians; ##### doctor follows; 976 dentists; 1149 nurses; ## government hospitals; 97 ## hospitals; 114 private hospitals; 48 tuberculosis sanatoria; 1230 tuberculosis sanatoria ##; 9 ##; ## ##.

b. The Japanese government reported the number of physicians, dentists, pharmacists and nurses in Japan for the period of 1936 to 1945 ##. the report showed 59,786 physicians in 1936 had declined to 39,269 in 1945. According to the Ministry of Health and Social Affairs there are an additional 20,000 physicians who are being demobilized from the Army and Navy. For the period covered in the report dentists were ## in number from 21,067 in 1936 to ##438 in 1945 with an estimated additional 3,600 to be demobilized. There was an increase of approximately 1,000 pharmacists during the period with a total of 27,873 for 1945. Total number of nurses showed a decrease from 113,987 in 1936 to 96#### In 1945. An estimate of the number of pharmacists and nurses in the armed services was not stated.

c. On 15 October 1945, the Ministry of Health and Social Affairs were requested to obtain hospital strength report from each prefecture at weekly intervals ## 12 October 1945. Prefectures were ## by the Ministry to submit reports by telegraph. For the period ending 12 October 1945, reports received from 21 prefectures ## a total of 963 hospitals; 66## hospital beds; 39,245 occupied beds; ## outpatients. For the period ending 19 October reports provided from 13 prefectures show a total of 924 hospitals; 99,338 hospital beds; 21,386 occupied beds; 66,728 outpatients. These did not show a significant change in the total number of occupied hospital beds and outpatients treated.

5. Veterinary Affairs

a. General.

Communicable Animal Diseases 19 - 25 October 1945

Prefecture	Disease			
	Infectious Abortion	## Fever	Anthrax	White Diarrhea
Chiba	2			
Gunma			1	
Wakayama			1	
Hyogo				297
Shimane	24			
Saga		17		
Oita	3			
<b>Total</b>	<b>29</b>	<b>17</b>	<b>2</b>	<b>297</b>

6. Dental Affairs

a. General.

- (1) The latest available statistics (1945) indicate that the incidence of dental caries in the 6 - 14 year age group for both ## is 7%.
- (2) College Deans and the Director of Technical Education have agreed to ## the requirements and improve the standards of dental education following the plan outlined by this office.
- (3) These still ## to be some difficulty in re## of war plants to the manufacture of dental products.

1. Nursing Affairs

a. Reports received from the Japanese government.

- (1) 解読不能

2. Welfare

a. General

(1) Care of foreign nationals.

- (a) International Red Cross has indicated its introductions to ## ## ## POW supplies to foreign nationals effective 1 December 1945. A committee representing various nationalities has met in Tokyo for the purpose of establishing an agency to ## the ## and IRC is ## a similar committee has in the 6th Army area (Kobe). The Tokyo committee has indicated that it will not be prepared to ## the distribution of supplies before 15 November.
- (b) Representatives of the Public Welfare Sub-section during the week ## an ## of the condition of foreign nationals in the ## area of ## prefecture. The ## ## was found to be the inadequacy of the Japanese ration to #####

以下、解読不能

Crawford F. Sams,  
Colonel, Medical Corps.  
Chief, Public Health and Welfare Section.

**GENERAL HEAD QUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section**

**WEEKLY BULLETIN**

**28th October to 3 November 1945**

## 1. Welfare

### a. General

#### (1) Care of foreign nationals.

- (e) An investigation was conducted of inadequate ration supplied foreign nationals who require hospitalization and special diets.
- (f) An inquiry was also instituted regarding use of excess Army supplies for emergency relief in Hokkaido for certain nationals in a newly established hospital.
- (g) Reports from 6th Army revealed that certain // nationals were receiving extra ration privileges from Tokyo Police. At a conference with Economics and Scientific section it was divided to ## the ## Ministry to ## this extra ration privilege to all nationals reporting them.

#### (6) Korean repatriates.

- (g) The 6th Army reported uncontrolled movement of Korean nationals to ports for Korea. Newspaper publicity was instituted to old Japanese is ## were effective control of ## and ## migration which ## facilities for Korean at port cities.

#### (7) Welfare Administration.

- (a) Preliminary reports of the reorganization of the Bureau of Social Affairs, Welfare Ministry have been received
- (h) Detailed reports of the number and amounts of ## paid to military and civil service personnel have been received and are being studied.
- (i) A survey of current program and plans for special week education has been instituted with the assistance of the New Japan Social Work Interim Committee.

## 8. Administration of Hospitals

- a. Tables showing tuberculosis sanatoria and preventories, specialized hospitals, and hospitals is destroyed by air raids in Japan were furnished the Surgeons of Sixth and Eighth Armies, Chief Surgeon, GHQ, AFPAC, Advance ## and the Statistics and Reports Section.
- b. Copies of incomplete weekly civilian hospital strength reports for periods ending 12 October, 19 October were furnished the Surgeons of Sixth and Eighth Armies, Statistics and reports Section, Chief Surgeon, GHQ, AFPAC, Advance ##, and G-4. To date reports have been submitted by 36, 32 and 29 prefectures for the periods ending 12, 19 and 26 October respectively.

## 1. Medical Supplies

a. During the past week several reports have been received covering stocks of medical supplies, including narcotics, which have been located by occupational forces. It is now apparent that considerable stocks of medical supplies, pertaining to the Japanese armed forces are stored throughout the Home Islands. Since the Ministry of Health and Social Affairs had no jurisdiction over the armed forces it is I## To secure any information from that source as to the location or extent of stocks pertaining to the Japanese Army and Navy. The Home Ministry has been charged with the distribution of these stocks to civilian sources but so far has not taken any positive action in that connection. A conference has been scheduled for 5 November with representatives of the Home Ministry and Ministry of Health and Social Affairs at which time the Japanese officials will be ## as to their plan of distribution and a definite procedure formulated to carry out the project.

- (1) Reports of shortage of certain items of medical supplies have been received from the Tokyo-to and Kanagawa and Hiroshima prefectures. In these cases it was definitely determined that the Japanese did not have sufficient stocks to provide the required medical service and limited amounts have been ## to ## use for the purpose for which released.
- (2) The status of the stocks of civilian relief supplies which were originally destined for the Philippines, but subsequently diverted to Japan, has been definitely determined. These supplies will be stored under jurisdiction of ## at Yokohama and ## for as "civilian relief supplies", ## constituting a small emergency reserve, which may be issued only an authority of SCAP.
- (3) ## XXIV corps submitted requisitions covering a six month requirement of ## basis medical units. A total of 360 units were requested, to be phased for delivery a the rate of twenty each ten days. These

supplies should be sufficient to cover routine requirements for approximately six million people. Sufficient smallpox vaccine also was requested to vaccinate 350,000 ## ##.

- (4) Contact has been made with the Chief of the Industrial Division Education and Scientific Section SCAP concerning production of medical, dental and veterinary supplies. Limited surveys of manufacturing ## in the Tokyo - Yokohama area have been made, jointly, by personnel from Public Health and Welfare and Economic and Scientific Section. As far as may be determined at present very little manufacturing is now being done and there is no evidence of an overall plan of production or for ## of damaged installations. A conference of all interested Japanese agencies will be arranged in the near future and representatives of the Medical Supply Sub-Section will attend.
- (5) Inventories of narcotic stocks were published by the Japanese Government during the week. Sufficient information is now available to permit insurance of instructions concerning disposition of “## stocks” and concurrent directives are being issued to the Japanese government and the ## Sixth and Eighth Armies on the subject.

#### 4. Nursing Affairs.

##### a. Reports received from Japanese

- (9) English translation of the Constitution and By-laws of the Japanese Public Health nurses Association (April 1945).
- (10) Curriculum St. Lukes' College of Nursing (1945).
- (11) Report on number of members of Japanese Public Health Nurses' Association (6,921 members).

#### 1. Veterinary Affairs.

a. As with other communicable disease reporting, communicable disease control., and general health ## the Japanese government was directed to reestablish their laws on these subjects. After a trial period it became evident that the laws were either inadequate or their operation unsatisfactory so it was ## necessary to inaugurate new measure in an attempt to correct these deficiencies. Accordingly a memorandum to the Imperial Japanese Government AG 723 (30 Oct. 45) ## was published by the direction of the Supreme Commander.

b. A report of Animal Diseases for the period 1 January to 31 October 1945 was received from the Japanese Ministry of Agriculture and Forestry (see Annex 1).

1. Mental Affairs: No report.

1. Legal Affairs: No report.

#### 1. Preventive Medicine:

##### a. General considerations.

- (1) Arrangements with Institute of Public Health Staff for visiting Schistosomiasis staff to study areas where Japanese have made special studies.
- (2) Conference with newly appointed Port Quarantine Officer of Japanese Government regarding measures to be enforced on Japanese Government responsibility at ports of entry and ports of ## for foreign nationals.
- (3) Details regarding distribution of DDT and equipment clarified with USA typhus Commission Staff.

##### b. Sanitary Engineering

- (1) Directive to Sixth and Eighth Armies on “Civilian Water Supply” completed.
- (2) Continued investigations of public water supplies with Eighth Army Engineers.

##### c. Venereal Disease Control

- (1) Continued efforts toward getting more effective diagnosis, treatment and control of infected persons in Tokyo - Yokohama area.
- (2) Special study initiated toward the development of laboratory evaluation service for checking examination results of laboratories in Tokyo area. Legal program to be considered as “proving ground” for more extensive national service.

(1) Effective directed toward procurement of materials for Japanese agencies for more effective treatment of infectious venereal disease section.

a. Laboratories

(1) Investigations made of indigenous facilities and personnel available for inauguration of evaluation service referred to is venereal disease section.

1. Miscellaneous:

a. The following instructions or information was furnished as indicated free this section;

- (1) Letter ## Eighth Army re Medical Supply required for civil relief.
- (2) Letter to Sixth and Eighth Armies in regard to quarantine control of repatriates.
- (3) Letter to Eighth Army Welfare Officer, Military government Section concerning distribution of unused POW supplies
- (4) Radio to ## Sixth and Eighth Armies in regard to Japanese narcotic stocks.
- (5) Letter to Military Government Officer, Sixth and Eighth Armies concerning ## of SCAP representatives.
- (1) Report of specialized hospitals in Japan to Surgeon Sixth and Eighth Armies.

b. The following directives to the Japanese government originated in this section.

- (1) Dojinkai (Dojin Medical Society), AG ## (31 Oct. 45) PH.
- (2) Information on Animal Disease Control, AG 928 (30 Oct. 45) PH.

Crawford F. Sams,  
Colonel, Medical Corps.  
Chief, Public Health and Welfare Section.

ANIMAL DISEASE REPORT 1 JAN TO 31 OCT 1945

DISEASE

Prefecture	Black Leg	Texas Fever	Anthrax	Sacabies	Swine Fever	Swine Plague	Swine Erysipelas	Fowl Pest	White Diarrhea of Chicks	Infectious Abortion
<b>Eighth Army</b>										
Akita										
Aomori						41			2	
Chiba	1		1	1		3	9		16	20
Fukushima					8					
Gunma			2						179	
Hokkaido									206	
Ibaraki									20	
Iwate	3	13		8	60	110	13		24	
Kanagawa									215	8
Miyagi					85	17				
Niigata						28				
Saitama					5				400	
Tochigi										
Tokyo					30					
Yamagata										9
Yamanashi										
<b>Sixth Army</b>										
Aichi			1					3	9882	17
Ehime										

Fukui											
Fukuoka											
Gifu									1078		1
Hiroshima									4		4
Hyogo			11			10			191		487
Ishikawa											
Kagawa											
Kagoshima									300		17
Kochi											
Kumamoto	1										
Kyoto			1						20		2
Mie											
Miyazaki			1								85
Nagano		31									1
Nagasaki											1
Nara			1						13		
Oita						287			127		95
Okayama									58		47
Osaka							10		84		
Saga		17							685		10
Shiga							68		290		
Shimane			2								49
Shizuoka			1								
Tokushima											
Tottori							23				
Toyama											4
Wakayama			3			1					
Yamaguchi			1			33	57				
<b>TOTAL</b>	5	61	25	9	519	357	25	685	13109		857