

**GENERAL HEADQUARTERS
SUPREME COMMANDER FOR THE ALLIED POWERS
PUBLIC HEALTH AND WELFARE SECTION**

WEEKLY BULLETIN

**For Period
1 December to 7 December
1946**

SECTION I WELFARE

Public Assistance

A letter dated 21 November 1946 from the Ministry of Health and Welfare to the prefectural governors authorized a 50% increase in cash relief allowances. The new daily allowances (in yen), effective as of 1 November 1946, are as follows:

	<u>No. of Persons in Family</u>					Each Additional Person
	1	2	3	4	5	
Largest Cities	5.40	9.20	11.40	13.50	15.20	1.70
Intermediate cities	4.90	8.20	10.00	11.90	13.50	1.60
Town and Villages	4.20	7.20	8.90	10.30	11.90	1.50

The above allowances apply to persons both in and out of institutions. Increases up to 10% can be authorized by governors and up to 6% by chiefs of cities, towns, or villages. Higher increases require authorization from the Welfare Minister. Family income, except for small casual amounts, is to be deducted in determining allowances.

It is desired that Military Government welfare officers insure that (1) these standards are in effect (2) provisions are made for additional assistance in cash or kind, or both, when necessitated by cases of unusual hardship.

Reserve Relief Supplies

As of 1 November 1946, 2,544,649 kgs of biscuits and 4,773,851 kgs of canned foods have been distributed, according to a recent report of the Ministry of Health and Welfare. These figures represent 80% of the amounts authorized for relief distribution in 32 prefectures by SCAPIN 1713A, 13 July 1946, from former Japanese Army and Navy stocks.

Inspection of Reserve Relief Supplies

Precautionary instructions were issued by the Ministry of Health and Welfare in Tokyo suburbs on 5 November 1946, to all prefectures, as a result of a few mild cases of food poisoning from canned meats from former Japanese military stocks, held in reserve for relief purposes. In line with these instructions, Military Government Health and Welfare officers are requested to insure that these stocks are properly inspected for deterioration, and destroyed if found to be contaminated. Foods which are not injurious, but judged to be in imminent danger of spoilage may be distributed by the Japanese after prior approval is obtained from local Military Government officials.

Red Cross

Miss Edith Olson, a registered nurse with long experience in American public health and nursing programs, has been assigned as a Special Consultant on Nursing Services, to advise and assist the Red Cross Society of Japan, Korea, and China in the development of their nursing programs. Her first assignment will be in Japan where she will assist the Japanese Red Cross in the development of their extensive nursing and nurses' training programs. In this connection, she will work in close liaison with the Nursing Affairs Division and the other Divisions of the Public Health and Welfare Section of SCAP concerned with the development of improved standards of medical and nursing services. Miss Olson's initial assignment is to be for a period of three months and thereafter she will be available as a consultant to the other Red Cross Societies aforementioned.

The Japanese Red Cross will hold its 54th Annual General Meeting on 10 December 1946. Important business of the meeting will be the adoption of the revised statutes and plans for the reorganization of the Society. The Empress, as the honorary patroness, will present her annual address to the Society in ceremonies which SCAP, American Red Cross, and Japanese Government officials have been invited to attend.

SECTION II MEDICAL SERVICE

For the week ending 1 November 1946, the Japanese Civilian Hospital Strength Report shows 3022 hospitals with a bed capacity of 214,470 beds, 108,216 of which are occupied. There were 285,001 out-patients treated.

SECTION III

VETERINARY AFFAIRS

The Ministry of Agriculture and Forestry, Bureau of Animal Industry, reported that no new outbreaks of disease occurred during the period 1-7 December 1946.

SECTION IV DENTAL AFFAIRS

A meeting of the General Assembly of the Japanese Dental Association was held in Tokyo to discuss:

- (1) Dental Congress to be held in April.
- (2) Raising of membership fees.
- (3) Revision of budget.
- (4) Plan for forming a mutual aid association within the dental association.

SECTION V SUPPLY

General

During the recent Health Conferences in Kyoto and Sendai, it developed that Military Government Medical officers did not in all cases have information as to the supply points to which requisitions should be submitted for U.S. produced supplies and equipment for civilian use. This subject has been discussed with Eighth Army officials and additional instructions are being furnished each Corps concerning supply points for Military Government Teams. These supply points, as a general rule, will not maintain stockages and it will be necessary for them to forward the requisitions to other agencies for approval and supply. For this reason, supply requirements should be submitted in advance of actual need to allow for necessary processing time on requisitions and shipment of supplies.

Distribution

The Ministry of Health and Welfare issued an order to all prefectural governors, on 4 December 1946, to ascertain that the prefectural medicine distribution companies take immediate steps to distribute the controlled medicaments held in their warehouses, to the hospitals, doctors, dentists, and veterinarians in their respective prefectures. This action is necessary, not only to accelerate distribution to the practitioners, but for the prefectural distribution companies to reimburse the Central Medicine Distribution Company for their purchases. By this action, the Central Medicine Distribution Company will have sufficient funds to be able to purchase the controlled medicaments from manufacturers and maintain an even rate of distribution.

Production

A 50% increase in the production of anaesthetic ether was shown for the month of October over that of September. Although the increase of production shown falls short of the required amount, it is anticipated that the demand will be met in a short time.

A new program for production of microscopes with dark field attachments has been initiated for the first three (3) months of 1947. This program has been established as indicated below:

<u>Manufacturer</u>	<u>Jan-47</u>	<u>Feb-47</u>	<u>Mar-47</u>
Chiyoda Optical Co.	30	40	35
Fuyo Optical Co.	50	50	50
Monthly Total	80	90	85
Total - 255			

Prefectural health authorities should be instructed to submit requirements, for these microscopes, to the Pharmaceutical Affairs Section, Ministry of Health and Welfare, in order that production can be phased accordingly.

Allocation of textiles for production of sanitary materials has been made as follows:

Raw cotton (Units 1,000 lbs.)

	1st year Oct.46 to <u>Sep-47</u>	2nd year <u>(1947-48)</u>	3rd year <u>(1948-49)</u>
Bandage and Gauze	4,000	7,900	7,900
Absorbent Cotton	6,000	12,000	12,000
Total	10,000	19,900	19,900

Silk Yarn

14,540 pounds annually for production of sutures, habutai and for utilization in medicine manufacturing.
Production of DDT dusters and spraying equipment during period 25-30 November:

DDT dusters	1050
Sprayers, semi-automatic pump type	215
Sprayer, Hand Type 1/2 gallon	50

The following is a resume of total production to date, quantities for manufacture on current program and quantities established for new production program to be completed by 1 July 47:

<u>Item</u>	<u>Total Produced</u>	<u>To be Manufactured Current Program</u>	<u>New Program to be completed by 1 July 47</u>
DDT Dusters	27,379	12,621	100,000
Sprayer, knapsack, 3 gallon	10,000	0	50,000
Sprayer, semi-automatic, pump type	4,043	957	20,000
Sprayer, hand type, 1/2 gallon	50	9,950	50,000

Large scale production of sprayer, hand type, 1/2 gallon will begin on or about 15 December 1946. Large scale production of the new program for sprayer, knapsack, 3 gallon and sprayer, semi-automatic, pump type will begin during 1st week of January 1947.

Necessary action has been taken to remove electric power restrictions from manufacturers producing essential biologicals. The Ministry of Health and Welfare will send appropriate notification to manufacturers with instructions to contact local regional directors of the Commerce and Industry Ministry. The list of manufacturers concerned was published in Weekly Bulletin for period 17 November to 23 November 1946.

The following 20 companies are recognized by Public Health and Welfare Section Ministry of Health and Welfare as producer of penicillin. Attention of the Military Teams in the respective places is invited to these organizations, for the purpose of stimulating greater production, eliminating locally resolvable bottlenecks and checking penicillin output from the standpoint of discouraging possible blackmarketing of the product. Manufacturers should be reminded of the penalties for violations of these restrictions and that penicillin especially is of concern to authorities.

Factory names preceded by an asterisk are those reported, for the purpose of priorities on critical materials like electricity, coal, etc. as producing only penicillin. The others are manufacturing additional products.

Okazaki Factory, Banyu Medicine Manuf. Co. Ltd.
No.14, Kihara, Kami Rokumei-cho, Okazaki City, Aichi Prefecture

*Daiba Factory, Morinaga Medicine Manuf. Co. Ltd.
No.201, Miyakawahata, Daiba, Nakasato-mura, Tagata-gun, Shizuoka Pref.

*Tamagawa Factory, Wakamoto Manuf. Co. Ltd.
No.412, Tamagawaseta-machi, Setagaya-ku, Tokyo

Urawa Factory, Yashima Pharmaceutical Co., Ltd.
No.5, Kitaurawa, Urawa City, Saitama Prefecture

*Odawara Factory, Shinnihon-Kogyo Co., Ltd.
No.751, Itabashi-machi, Odawara City, Kanagawa Prefecture

Kawasaki Factory, Meiji Sangyo Co., Ltd.
No.580, Horikawa-machi, Kawasaki City, Kanagawa Prefecture

*Aichi Factory, Sanyo-Yushi Co. Ltd.
No.2810, Norikoshi, Horikoshi-machi, Nishi-ku, Nagoya City, Aichi Pref.

*Kakeda Factory, Lion Pharmaceutical Co., Ltd.,
No.41, Dani, Kakeda-machi, Date-gun, Fukushima Prefecture

Tsurumi Factory, Teikokusha-Nogei-Kagaku Co. Ltd.
No.13, 1-chome, Shimonoya-machi, Tsurumi-ku, Yokohama City, Kanagawa Pref.

*Meguro Factory, Mitsui-Kagaku Co., Ltd.
No.839, 1-chome, Nakameguro-machi, Meguro-ku, Tokyo

*Ayabe Factory, Gunze-Kogyo Co. Ltd.
No.62, Aono, Ayabe-machi, Suginami-ku, Tokyo

Kumagaya Factory, Osawa Milk Industrial Co. Ltd.
No.2386, Honode-machi, Hirato-ku, Kumagaya City, Saitama Pref.

*Nankai Factory, Wakodo Co., Ltd.
No.1507, Kaihotsu, Minamihara-mura, Awa-gun, Chiba Prefecture

Sapporo Factory, Hokkaido-Konokosha Co., Ltd.
No.36, Naeho-machi, Sapporo City, Hokkaido Pref.

Shimura Factory, The Riken Alimentary Medicine Co., Ltd.
No.1470, Shimura-chogo-machi, Itabashi-ku, Tokyo

*Niigata Factory, Shinagawa Electric Co., Ltd.
Shirane-machi, Nakakanbara-gun, Niigata Prefecture

Osaka Factory, Meiji Milk Dairy Manufacturing Co., Ltd.
No.643, Kashima-cho, Nishi Yodogawa-ku, Osaka City

Yamashina Factory, Yamanouchi Pharmaceutical Co., Ltd.
No.14, Yamashina-minamikawara-machi, Higashi-ku, Kyoto City.

Itabashi Factory, Nihon-Kako Co., Ltd.
No.301, 7-chome, Itabashi-machi, Itabashi-ku, Tokyo

*Nagano Factory, Nakajuma-Kagaku-Kogyo Co., Ltd.
No.222, Inazatomura, Sarashina-gun, Nagano Prefecture

*Chichibu Factory, Kowa-ekigaku-kenkyusho
Chichibumachi, Chichibu-gun, Saitama Prefecture

Narcotics

The narcotic report for the month of October reveals that ten narcotic registrants, including eight doctors, were arrested during the month for violating the narcotic laws. There were fifty-six non-registrants either arrested or being sought for violations during the same period. Five registrants and thirty-five non-registrants were convicted and received sentences ranging from four years penal servitude to 1,000 yen fine. Thirty-five cases of theft were reported.

According to the report, stocks of narcotic formerly belonging to Dojinkai, a dissolved organization, and the Osaka Medicine Distribution Company, were transferred to registered central wholesalers. Stocks so transferred included 127 kilograms of Dover's Powder, 25 kilograms of morphine hydrochloride, and 3 kilograms of codeine phosphate, in addition to large quantities of other medicinal narcotics.

Narcotic stocks of local wholesalers were not materially reduced, although sales to doctors, hospitals, and registered druggists indicate these registrants are becoming familiar with the new procedure of purchasing narcotics by means of order forms since the quantities of morphine hydrochloride and codeine phosphate so purchased reached 20 kilograms and 43 kilograms, respectively. Excess narcotic stocks being returned to local wholesalers maintained these wholesale stocks at satisfactory levels.

A quantity of damaged former Japanese military medicinal narcotics now in the custody of Sankyo Company Tokyo, a SCAP approved wholesale house, was destroyed. Representatives of Tokyo-To and of Ministry of Health and Welfare Narcotic Division were instructed in the proper procedure to inventory and witness the destruction of the narcotics which were reported by Sankyo Company as not fit for medicinal use, as a result of cleaning and repackaging the former military narcotics received in July 1946. The Ministry of Health and Welfare has been instructed to follow the same procedure in disposing of damaged stocks held by other SCAP approved firms having custody of former military medicinal narcotics.

A commendation report from the Permanent Central Opium Board, which met in London from 15 October to 21 October 1946, has been received through the War Department. The report states in part that the American Occupation authorities "have taken great interest in the control of narcotics and have taken especial care to establish a strict controlled supervision".

A former Japanese naval officer was sentenced to three years at hard labor in Tokyo Provost Court, 4 December 1946, for illegally disposing of three tons of crude opium from the Monopoly Bureau in Korea, during the surrender period. Part of this opium eventually was smuggled into Japan and sold. Eight Japanese have been convicted and sentenced in Japanese Courts in this case.

SECTION VI PREVENTIVE MEDICINES

Venereal Disease Control

The following deficiencies have been noted so often in the clinics visited that their enumeration may be of benefit in the improvement of all in-patient and out-patient facilities:

(a) Unawareness that from 50% to 90% of prostitutes are always infected with at least one venereal disease. Clinicians are relying too much on laboratory procedures, and are not making a sufficient number of diagnoses on clinical grounds.

(b) Too much emphasis on diagnostic procedures (which are poor), rather than on treating patients adequately. Examinations are too stereotyped.

(c) Inspections are not thorough and minute. Many clinical lesions are being overlooked. Clinicians are working too fast.

(d) Examinations are too mechanical, as if every patient presented the same pathology in exactly the same area.

(e) Dark-field specimens in capillary tubes should be used for sending in samples, if a dark-field substance is not immediately available. Not enough of these specimens are being taken.

(f) Clinicians should be aware that in chronic gonorrhea, the gonococcus is not on the surfaces of the mucous membranes, but is buried down in the smaller mucous glands. If material from Skene's, Bartholin's and the endocervical glands is not expressed, the laboratory specimens will not show gonococci. The orifices of the glands must be cleansed first, and the cervical mucous plug removed before the specimens are taken.

Reception of patients is poor. Patients are noisy. Only one patient should be in the examining room at one time.

Too many nurses have been noted in the examining room. Some of these women could be better utilized by training them to do contact tracing and follow-up work on lapsed patients. Some of them could be utilized to keep order in the reception rooms.

Clinicians must wear a gown and gloves.

Patients must be draped and not exposed unnecessarily.

Lighting is generally poor. The clinician must have perfect lighting, even if it is necessary to use flashlights, to obtain adequate visualization of the field.

All prefectural venereal disease control officers are currently attending a three-day conference, in Tokyo, at which time public health and some of the clinical aspects of venereal disease control work will be reviewed.

Publicity was sent out to the people through the Japanese press during the current week.

Typhus Control

The Typhus Control Officer, Ministry of Health and Welfare, met with the Japanese press during the current week. He emphasized to the press the value of pictures and press items at regular intervals, as a means of making the Japanese people "SHIRAMI TYPHUS" conscious. He also gave out information on what the individual could do to help control lice and typhus. The press was encouraged to publish typhus articles at regular intervals, rather than sporadically.

An attempt is being made by Japanese health officials to have a national law enacted which will improve typhus control by requiring physicians to report all typhus cases promptly. This law would also require specific isolation and quarantine procedures and would place a time limit on the institution of these procedures.

A set of comic posters on the life of the louse and its role in typhus fever are being reproduced in large numbers and will shortly be circulated throughout Japan by itinerant KAMI SHIBAI (Paper Plays). In this way; it is expected that a large number of selected audiences will learn much about the louse, its relation to typhus, and control of this disease.

Sanitation

Plans have been formulated for demonstrating the organization and training of sanitary teams in each Military Government region. During December, such meetings will be held at Nagoya, Hiroshima and Kumamoto. Prefectural health officers and Military Government health officers will be in attendance. These meetings are primarily for the purpose of discussing and demonstrating typhus control procedures. However, sanitary teams and their functions will also be demonstrated.

Progress has been made in improving environmental sanitation in most prefectures. In some prefectures, improvement is outstanding. An excellent response to plans and suggestions formulated at the Kyoto and Sendai conferences has been noted.

Educational programs being carried out in the schools have resulted in a remarkable improvement in the mental attitude toward sanitation. Some prefectures have prepared posters and charts illustrating various phases of public health, with particular emphasis on personal hygiene and the part the individual can play in the insect and rodent control program. These are proving very valuable as an adjunct to community control programs. Their value has been clearly demonstrated by the fact that in certain areas where they are used, wide-spread clean-up programs have been carried out. Garbage and refuse containers have been built and placed on the streets. The open street have been cleaned and repaired. Accumulations of refuse and garbage have been removed.

SECTION VII VITAL STATISTICS

Month of October

Births The number of births reported in October totalled 190,727. The birth rate was 30.7 per 1,000 population; the preceding quarterly rate, 26.8.

Deaths Deaths totalled 93,588; the death rate (15.1 per 1,000 population) declined sharply, continuing the downward trend established in the three preceding months; the quarterly figure for which was 20.5.

Infant Deaths Deaths of infants rose to 10,087, causing the rate to rise to 52.9 per 1,000 live births, although still below the preceding quarterly rate of 60.7.

Stillbirths The number of stillbirths (8,206) reached its highest point during the four-months-period July-October, establishing a rate of 43.0 per 1,000 live births, thus exceeding the preceding quarterly figure of 41.6.

Marriages A marked reduction was recorded in marriages, the number being 37,654; the rate of 6.1 per 1,000 population decreased well below the preceding quarterly rate of 8.1. Further study of this reduction is necessary before an explanation of it can be made.

Divorces Just as in the case of marriages, the number of divorces (5,237) decreased to almost half of the September figure; the rate of divorce was 0.8 per 1,000 population compared with 1.6 for the preceding quarterly period. We must wait for further reports before we can interpret the sudden decrease.

Birth Rate*	Death Rate*	Infant Death Rate**	Still Birth Rate**	Marriage Rate*	Divorce Rate*
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All Japan

July	26.1	21.5	74.0	44.8	7.1	1.3
August	28.5	20.4	61.3	42.6	7.0	1.4
September	32.2	19.5	49.3	38.1	10.2	1.9
October	30.7	15.1	52.9	43.0	6.1	0.8

Total all "Shi"

July	23.6	20.0	68.1	54.2	6.3	1.2
August	27.4	18.6	50.5	47.4	6.3	1.3
September	31.0	17.9	39.5	44.3	8.8	1.8
October	30.8	14.6	42.1	49.8	6.2	0.9

Total all "Gun"

July	27.1	22.2	76.2	41.2	7.4	2.1
August	28.9	21.2	66.7	40.7	7.3	1.9
September	32.7	20.3	53.3	35.6	10.7	2.0
October	30.7	15.3	57.6	40.0	6.0	0.8

* Rate per 1,000 population.

** Rate per 1,000 live births.

MONTHLY VITAL STATISTIC REPORT

Number of Births, Deaths, Infant Deaths, Stillbirths, Marriages, and Divorces
Reported According to Prefecture, October 1946
Population, 26 April 1946

Area	Population	Births	Deaths	Infant Deaths	Stillbirth	Marriages	Divorces
All Japan	73,110,995	190,727	93,588	10,087	8,206	37,634	5,237
Total all "Shi"	22,204,223	58,142	27,594	2,448	2,898	11,772	1,759
Total all "Gun"	50,906,772	132,585	65,994	7,369	5,308	25,882	3,478
Aichi	2,919,085	7,422	2,935	305	324	1,413	143
Akita	1,195,813	3,509	1,961	277	156	789	162
Aomori	1,089,232	3,557	1,673	386	133	640	100
Chiba	2,008,114	5,672	2,259	321	238	829	100
Ehime	1,380,700	3,675	1,594	200	145	642	96
Fukui	695,703	1,541	1,196	85	57	374	52
Fukuoka	2,906,644	8,582	4,309	460	374	1,922	270
Fukushima	1,918,746	4,596	2,253	247	206	878	139
Gifu	1,444,000	3,083	1,823	165	154	697	92
Gunma	1,524,635	4,140	1,504	173	198	672	69
Hiroshima	1,901,430	4,946	2,478	240	220	1,299	161
Hokkaido	3,488,013	11,248	4,943	719	373	1,906	196
Hyogo	2,826,192	6,487	3,492	290	299	1,329	201
Ibaraki	1,840,633	4,962	2,073	290	209	894	67
Ishikawa	877,197	2,577	1,104	134	118	579	87
Iwate	1,217,070	3,151	2,374	286	153	551	120
Kagawa	872,312	2,094	1,006	123	104	530	87

Kagoshima	1,629,760	4,525	3,205	232	178	755	135
Kanagawa	2,019,943	5,691	2,103	187	230	926	101
Kochi	797,876	2,102	1,041	111	84	471	81
Kumamoto	1,631,976	4,460	2,106	233	171	870	107
Kyoto	1,621,998	3,723	1,900	147	150	689	113
Mie	1,371,858	3,297	1,619	170	140	680	91
Miyagi	1,462,100	3,333	1,744	191	132	620	94
Miyazaki	957,856	2,922	1,228	165	130	485	97
Nagano	2,028,235	4,727	2,780	215	200	823	77
Nagasaki	1,417,924	4,055	2,494	229	156	966	162
Nara	744,381	1,626	1,087	87	82	465	68
Niigata	2,326,811	6,179	3,100	292	278	1,148	160
Oita	1,148,009	3,137	1,474	157	133	741	97
Okayama	1,536,621	3,362	2,289	212	171	711	69
Osaka	2,976,146	6,868	3,379	289	390	1,282	219
Saga	856,692	2,259	1,121	140	80	511	81
Saitama	2,128,553	5,912	2,137	292	258	1,025	105
Shiga	831,306	1,706	1,467	111	77	405	42
Shimane	848,995	2,090	1,126	118	106	384	77
Shizuoka	2,260,059	5,704	2,869	283	237	1,475	202
Tochigi	1,503,619	3,964	1,570	227	146	693	77
Tokushima	828,784	1,995	1,088	148	112	524	63
Tokyo	4,183,072	10,984	4,289	395	439	2,068	239
Tottori	557,429	1,432	908	70	72	315	51
Toyama	932,669	2,694	1,196	171	76	561	93
Wakayama	933,231	2,050	1,241	97	87	504	49
Yamagata	1,294,934	3,245	1,921	239	143	564	114
Yamaguchi	1,375,472	3,711	2,140	182	190	754	154
Yamanashi	796,973	1,877	789	96	89	295	51

BIRTH, DEATH, INFANT DEATH, STILLBIRTH, MARRIAGE AND DIVORCE RATES ACCORDING TO PREFECTURE, OCTOBER 1946

Prefecture	Birth Rate	Death Rate	Infant Death Rate	Stillbirth Rate	Marriage Rate	Divorce Rate
All Japan	30.7	15.1	57.9	43.0	6.1	0.8
Total all "Shi"	30.8	14.6	42.1	49.8	6.2	0.9
Total all "Gun"	30.7	15.3	57.6	40.0	6.0	0.8
Aichi	29.9	11.8	41.1	43.7	5.7	0.6
Akita	34.5	19.3	78.9	44.5	7.8	1.6
Aomori	38.5	18.1	80.4	37.4	6.9	1.1
Chiba	33.0	13.2	57.0	42.3	4.9	0.6
Ehime	31.3	13.6	54.4	39.5	5.5	0.8
Fukui	26.1	20.2	55.2	37.0	6.3	0.9

Fukuoka	34.8	17.5	53.6	43.0	7.8	1.1
Fukushima	28.2	13.8	52.7	44.8	5.4	0.9
Gifu	25.1	14.9	52.5	50.0	5.7	0.8
Gunma	32.0	11.6	41.8	47.8	5.2	0.5
Hiroshima	30.6	15.3	48.5	44.5	8.0	1.1
Hokkaido	38.0	16.7	63.9	33.2	6.4	0.7
Hyogo	27.0	14.5	44.7	46.1	5.5	0.8
Ibaraki	30.1	12.6	48.4	42.1	5.4	0.4
Ishikawa	24.6	14.8	52.0	45.0	7.8	1.2
Iwate	30.5	24.9	90.8	45.6	5.3	1.2
Kagawa	28.3	13.5	58.7	49.7	7.2	1.2
Kagoshima	32.7	15.9	51.3	39.3	5.5	1.0
Kanagawa	32.6	12.3	33.4	41.1	5.4	0.6
Kochi	31.0	15.4	52.0	40.0	7.0	1.2
Kumamoto	32.2	15.2	52.2	38.3	6.3	0.8
Kyoto	27.0	13.8	39.5	40.3	5.0	0.8
Mie	28.3	13.9	51.5	42.5	5.0	0.8
Miyagi	26.8	14.0	57.3	45.6	5.0	1.2
Miyazaki	35.9	15.1	56.5	44.5	6.0	0.4
Nagano	27.4	16.1	45.5	42.3	4.8	1.3
Nagasaki	33.7	20.7	54.5	38.5	8.0	1.1
Nara	25.7	17.2	53.5	50.4	7.4	0.8
Niigata	31.3	15.7	47.3	45.0	5.8	1.0
Oita	32.2	15.1	50.0	42.4	7.6	0.5
Okayama	25.7	17.5	43.1	50.9	5.4	0.9
Osaka	27.2	13.4	42.1	56.8	5.1	1.1
Saga	32.0	15.4	62.0	35.4	7.0	1.1
Saitama	34.3	12.4	49.4	43.6	5.9	0.6
Shiga	24.2	20.3	65.1	48.1	5.7	0.6
Shimane	29.0	15.6	56.5	50.7	5.3	1.1
Shizuoka	29.7	14.9	49.6	39.8	7.7	1.1
Tochigi	31.0	12.3	57.3	36.8	5.4	0.6
Tokushima	28.3	15.5	74.2	56.1	7.4	0.9
Tokyo	30.9	19.3	35.0	40.0	5.8	0.7
Tottori	30.2	19.2	46.9	50.3	6.7	1.1
Toyama	34.0	15.1	63.5	28.2	7.1	1.2
Wakayama	25.0	15.7	47.3	42.4	6.4	0.6
Yamagata	29.5	17.5	73.7	44.1	5.1	1.0
Yamaguchi	31.8	18.2	49.0	51.2	6.5	1.2
Yamanashi	27.7	11.7	51.1	47.4	4.4	0.9

SECTION VIII
LEGAL CONSULTANT

S. Kamiwade, former Japanese Naval Captain, was tried before a Provost Court for illegal sale of narcotics in Korea.

Ministry of Health and Welfare and Ministry of Finance were informed of the necessity of establishing and maintaining Medical Examiner offices in its principal cities.

SECTION IX
CONSULTANTS

Nutrition Surveys

Preliminary nutrition survey materials for November were received from the Japanese Metropolitan Bureau of Health Office. However, the data were not sufficient to predict any change that may have taken place. They do indicate a level at least as high as that of August.

Conferences

(a) The Nutrition Consultant attended, with representatives of the Supply and the Welfare Division, PH&W, and Licensed Agencies for Relief in Asia (LARA), a meeting on 3 December of prefectural officials to consider the school lunch program throughout Japan. This meeting was preliminary to a meeting to be held in January.

(b) The Nutritional Efficiency Committee of the National Research Council met 5 December. This committee is at present considering a desirable food pattern toward which the Japanese can work in developing their agriculture and imports.

SECTION X
INSTRUCTIONS TO THE IMPERIAL JAPANESE GOVERNMENT

On some occasions SCAP instructs the Imperial Japanese Government verbally on matters that it is desired to have executed. In order to keep Military Government officers informed as to what instructions have been given on public health and welfare matters, a listing of these subjects will be made in this bulletin as they occur.

Establishment of a Child Welfare Bureau in the Ministry of Health and Welfare (see Weekly Bulletin PH&W 17 Nov to 23 Nov 1946).

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

2 Incls:

- 1 - Weekly Summary Report of Cases and Deaths from Communicable disease in Japan, Week ending 29 Nov 46, w/Digest
2. Venereal Disease Report for week ending 16 Nov 46.

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

**WEEKLY BULLETIN
For Period
8 December - 14 December
1946**

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SECTION VIII - Legal Statistics
SECTION IV - Memoranda to I. J. G.

SECTION I WELFARE

Reserve Supplies Held for Relief Distribution

The Public Health and Welfare Section issued a Memorandum to the Japanese Welfare Ministry, dated 10 December 1946 on above subject, authorizing the distribution of remaining Japanese military reserve relief supplies. These supplies consist of some 2,873,700 kgs of biscuits, and 11,539,500 kgs of canned food, according to latest reports from the Ministry of Health and Welfare. The amounts to be distributed are specified for each prefecture, based on current estimates of numbers of needy persons and amounts previously distributed. Distribution is to be made as soon as possible, but not later than April, 1947 in accordance with policies established in SCAPIN 1713-A, 13 July 1946, in which authorization was given for distribution of party of these reserves. Exception was made in the case of 5,000,000 kgs of canned protein foods, included in current inventories, which are to be used specifically in the projected school lunch program.

To allow for changes in inventory (including changes due to discovery of stocks not yet reported), the Ministry of Health and Welfare was authorized to increase or reduce individual allocations up to 25%. Changes in excess of 25% require SCAP approval.

Copies of instructions from the Ministry of Health and Welfare to prefectures, listing specific allocations, transfers to be effected between prefectures, and amounts of canned protein foods to be used by various prefectures for the school lunch program, are to be furnished to SCAP.

MG teams are requested to maintain close liaison with responsible Japanese officials to insure that these instructions, implementing the Public Health and Welfare Memorandum, are properly carried out.

Public Assistance

The October Public Assistance Report submitted by the Ministry of Health and Welfare showed a decrease in persons assisted and an increase in grants, over the previous month. Comparative figures for both months are shown below:

	<u>September</u>		<u>October</u>	
No. of persons (not in institutions) assisted		2,787,390		2,636,392
No. of persons in institutions assisted by Government		65,521		67,047
Total no. of persons assisted		2,852,911		2,703,439
Net Cash Grants	Yen	118,691,725	Yen	120,410,112
Cost of grants in kind	Yen	8,915,362	Yen	16,585,715
Total grants	Yen	127,607,087	Yen	136,995,827

Chief reasons for dependency were listed as "children without support," "damaged property," "unemployment," and "health problems," in that order.

Red Cross

The Japanese Red Cross has appointed a member of its Nursing Staff to work with the American Red Cross Consultant on Nursing Affairs in the development of its varied nursing programs. This is the first step taken by the Japanese Red Cross indicating recognition of the need for participation of a professionally qualified nurse in planning and coordinating nursing services as they relate to their medical and hospital programs, and in the development of standards of nursing education within the organization.

Conferences were held with the President of the Japanese Red Cross concerning the need for maintaining close liaison with the Ministry of Health and Welfare. It was pointed out that the Ministry should be made aware of the possible assistance which might be rendered by the Red Cross Society in the development of programs with which the Ministry is concerned. The typhus control program is an example in which the Red Cross might be of very great assistance to the government authorities; first, by carrying on a program of education through its chapters, branches and various medical facilities, and, second, by working our plans with Prefectural health authorities by which trained Red Cross medical and nursing teams might be made available in the event of epidemic outbreaks.

The Japanese Red Cross Health Museum has developed a number of food exhibits showing the nutritional values of foods now available on local markets. The exhibits emphasize the nutritional values of foods which may be substituted for rice. American authorities interested in the development of visual health and education exhibits applicable to Japan have found the Museum and excellent resource.

SECTION II MEDICAL SERVICE

For the week ending 8 November 1946, the Japanese Civilian Hospital Strength Report shows 3022 hospitals with a bed capacity of 214,470 beds, 107,342 of which are occupied. There were 279,920 outpatients treated.

The First National Medical License examinations were held on the 29th and 30th of November at Nippon University. 262 doctors who have had an abbreviated medical course and 6 months internship were allowed to qualify for license by special permission of the Medical Education Council.

Public Health Training Program

The officials of the Public Health Institute were directed to reorganize the public health courses of instruction. This is being done in conjunction with representatives of this Section and Sub-committee on the Japanese Council on Medical Education. The inadequate number of properly trained doctors for public health work make this step mandatory. An over-all program was outlined to this group for re-organization of the Institute of Public Health as a teaching institution. The new Public Health Program in Japan is modern, and cannot be properly administered by the doctors with their present training. The teaching phase of the Institute of Public Health will be integrated with that of the Institute for Infectious Diseases and a new research institution on nutrition will be established. All phases of the program will be carefully coordinated by representatives of this Section. Separate courses will be given in all phases of public health work, sanitary engineering, nursing, veterinary affairs and general public health officers will all be trained.

SECTION III VETERINARY AFFAIRS

Reports from the Japanese

The Ministry of Agriculture and Forestry, Bureau of Animal Industry, reported the following new outbreaks of disease during the period 8 to 14 December 1946.

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Kumamoto	Texas Fever	69
Chiba	Anthrax	1

SECTION IV DENTAL AFFAIRS

A meeting of the faculties from the prosthetic departments of all dental schools was held in Tokyo to discuss new teaching methods and techniques.

SECTION V SUPPLY

Production

Production of DDT Dusters and Spraying Equipment during period 2 - 7 December:

<u>Item</u>	<u>Produced 2-7 Dec.</u>	<u>Total Produced</u>
DDT Dusters	962	28330
Sprayer, pump type, semi-automatic	224	4267

Arrangements were completed for procurement and allocation of three chemicals vital for efficient penicillin production; namely, phenyl acetic acid, lactose and amyl acetate. This planning covers the year 1947.

A lecture conference designed to induce heavy industries to enter the penicillin manufacturing field was held attended by twelve manufacturers. Present manufacturers are considered unable to fulfill the requirements of the penicillin program within a reasonable time. Several of the latest scientific articles on the technical aspects of penicillin were released to the Penicillin Manufacturing Association.

A laboratory in which to construct the Central Pilot Plant was designated at Tokyo Imperial University. The Ministry of Health and Welfare is asking the Finance Ministry for 4,000,000 yen to meet the cost of the government penicillin program for 1947. A statement, warning the public of the health hazards of using black market penicillin, was formulated for publication in the Japanese press.

Narcotics

The Kato Pharmaceutical Company, a narcotic compounder, has made application, to prepare approximately 680,000 ampoules from tropococaine, which was processed before its classification as a narcotic derivative made it subject to restriction under the new narcotic regulations. The company has only 685 grams of tropococaine as yet not crystallized, according to the report, and this amount will be crystallized before 1 January 1947. It is estimated approximately five months will be required to have all the tropococaine available for marketing in ampoule form.

In an effort to prevent burglaries and thefts of narcotics, Tokyo narcotic officials assembled 48 narcotic addicts for photographing and for completion of addict forms. None of the addicts had a medical need for narcotics, and all stated they are not now using narcotic drugs. This is in line with the effort being made to collect data on all narcotic addicts in Tokyo-To.

At a meeting attended by Tokyo-To narcotic officials, representatives of the Japanese Government, and the Narcotic Control Officer, a narcotic association of all compounders, producers, central and local wholesalers of narcotics, in Tokyo-To, was organized for the purpose of studying and discussing narcotic problems and becoming better acquainted with the new narcotic regulations.

Tokyo-To narcotic officials, representatives from the Metropolitan Police Bureau, Tokyo Procurators and the Narcotic Control Officer formulated plans for better cooperation among Japanese officials concerned with narcotic law enforcement. Information derived from monthly and yearly reports of narcotic registrants, from which abstracts of purchases can be prepared, will be used in investigating and prosecuting registered dealers guilty of violations.

Japanese Government narcotic officials have been directed to immediately instruct prefectural narcotic officials to effect transfer of all 250 gram, 500 gram and 1,000 gram packages of narcotics to licensed producers for repackaging.

SECTION V PREVENTIVE MEDICINE

Typhus Control

Complement fixation tests of blood samples taken from persons diagnosed as typhus fever cases in Tokyo and Kobe, indicated the presence of murine typhus. It is requested that an effort be made to obtain complete case histories from each suspected case of typhus. This section is particularly anxious to determine if such cases are

recent arrivals in Japan. The date of entry into Japan and the locality from which they came should be noted; that is, Korea, Manchuria, China, etc., or from other prefectures in Japan.

Diphtheria Control

The nation-wide diphtheria immunization program which was started in September has not been carried out to the full satisfaction of this Section. It was anticipated that all children ten years of age and under would be immunized by 15 November 1946. Information from various sources indicates that the program has not progressed smoothly in some prefectures. The administrative machinery for notifying persons to report for inoculation and the actual inoculation of these persons has not been well handled in some cases. Although the diphtheria rate is approximately 40% of the rate in 1945, it is still far too high and does not reflect an adequate immunization program. Military Government health officers are urged to exercise surveillance in their respective prefectures to see that this program is fully completed without delay.

Smallpox Control

Smallpox is on the increase at the present time. Since a nationwide immunization program was completed during the spring and summer months, smallpox should not present a problem this winter. However, it is questionable whether all non-immune individuals were adequately vaccinated during the recent immunization program. In view of this fact, and in order to insure that adequate control measures are continuously enforced, Military Government health officers are urged to keep a very close check on all cases occurring in their respective prefectures and to exercise surveillance over prefectural health authorities to see that isolation, quarantine and local immunization procedures are properly carried out.

Venereal Disease Control

At the three day school for all prefectural venereal disease control officers held in Tokyo last week, physicians were informed of basic public health principles and modern treatment regimes were demonstrated.

The venereal disease reports from Military Government health officers are still coming in. Almost without exception they have been very informative so that when they are all summarized, there will be available a good picture of this work in Japan. The personal comments of the Military Government health officers are particularly helpful.

The Ministry has been given a sample of a venereal disease report card to be translated, reproduced and sent out to all prefectures. When these cards are available, every new case seen by a public or private physician will be reported on this form.

Four pamphlets on venereal disease information to the public have been given to the Ministry for reproduction and distribution to the public. Plans for radio publicity have been initiated. Lectures to physicians and to medical students are continuing.

The main difficulty seems to be getting the Japanese actually to set up and start operating clinics for the care of the general public.

SECTION VI VITAL STATISTICS

At the meeting of the Advisory Committee on Vital Statistics to the Cabinet Bureau of Statistics, which was held in Tokyo on Dec. 13 and 14, subjects including the Revision of the International List of Causes of Death, Joint Cause of Death Selection, Monthly and Annual Reports, Special Studies, Methods of Checking for the Completeness of Registration, and the Coordination of Prefectural and Statistical Offices were discussed.

SECTION VII LEGAL CONSULTANT

The ministry of Welfare was directed to establish a Medical Examiner's Office in the principal cities of Japan. The Ministry submitted a plan to establish and maintain a Medical Examiner in the following cities: Tokyo, Yokohama, Osaka, Kobe, Kyoto, Nagoya, Fukuoka.

SECTION VIII
MEMORANDA TO IMPERIAL JAPANESE GOVERNMENT

PHMJG-1 12 Dec 46 - Establishment of Health Intelligence Broadcast.

PHMJG-2 12 Dec 46 - Establishment of Medical Examiner's Office.

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

3 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 30 Nov 46, w/Digest.

2. Summary report of Cases of Deaths from Communicable Diseases in Japan for five-week period ending 30 Nov 46.

3. Venereal Disease Report for week ending 23 Nov 46.

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

**WEEKLY BULLETIN
For Period
15 December - 21 December
1946**

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SECTION X - Social Security and Insurance

SECTION I WELFARE

Relief Food and Clothing for Japanese Earthquake Disaster

Immediately following the earthquake which occurred at 0425, 21 December 1946, action was taken to determine the extent of damage and to estimate disaster relief needs.

A conference was held with officials of the Welfare Ministry for the purpose of coordinating the activities of all agencies and organizations concerned. The Welfare Ministry were to dispatch two (2) representatives to each of the following prefectures at 0300, 22 December 1946, for the purpose of investigating and reporting to the Welfare Ministry disaster relief requirements of food and clothing in those areas affected:

Wakayama Prefecture
Tokushima Prefecture
Kochi Prefecture

The prefectural authorities in Hyogo Prefecture were requested to investigate conditions on the Island of Awaji-shima.

Mr. Mizuno, Chief, Supply Division, Social Affairs Bureau, Welfare Ministry was instructed to communicate with the Home Ministry and the Commerce and Industry Ministry concerning the utilization of stocks under the jurisdiction of these Ministries.

Prefectural Governors are charged with the full responsibility for relief in this emergency and are authorized to use all facilities at their disposal.

Note: This information is a brief on the initial steps taken as this bulletin goes to press. More details covering this operation will be given in following week's bulletin.

LARA (Licensed Agencies for Relief in Asia)

The first overseas shipment of LARA relief supplies, approximating 350 tons, which arrived from the United States on 30 November 1946 for distribution in Japan has been allocated. For details on the supplies included in this shipment, see Public Health and Welfare Section Weekly Bulletin, for period 24 November to 30 November 1946.

These supplies are now 70% distributed and the full amount will be distributed on or before 31 December 1946. The allocation (by weight) will approximate:

Tokyo Area	35%
Yokohama Area	8%
Nagoya Area	8%
Kyoto Area	6%
Osaka Area	18%
Kobe Area	6%
Hiroshima Area	2 1/2%
Nagasaki Area	2 1/2%
Other	14%

Note: Under the provisions of SCAPIN-1169, dated 30 August 46, the Imperial Japanese Government will assume sale responsibility for security, movement, allocation and distribution of these supplies from dock side to the using agency and will, prior to the distribution of the supplies, inform SCAP of the plan of allocation. The Imperial Japanese Government will also report monthly to SCAP on LARA supplies received and distributed.

Civic Public Halls

The establishment of Civic Public Halls was encouraged and endorsed by the Education Ministry to Prefectural Governors in an official letter (No.122) dated 5 July 1946.

The Civic Public Hall is to be a cultural organization, as well as combining an adult school, a library, a museum, an assembly hall, and a technical and industrial advice bureau. The initiative for the establishment of

Civic Public Halls in cities, towns and villages is not be taken by government officials, but left to the citizens themselves to cooperate with each other to determine the necessity and/or need for such civic halls and contribute from their own resources for its support.

Recently the Social Education Section, Education Ministry and Social Affairs Bureau, Health and Welfare Ministry submitted a proposed joint letter to the Prefectural Governors, to Welfare Division, Public Health and Welfare, for approval, relating to the use of Civic Public Halls for welfare activities. There were no objections to the letter as it was drafted in final form since any participation by the government (national or local) in the Civic Public Hall, as it relates to Welfare Activities, must be in conformity with SCAPIN 775 and the established policies regarding government subsidies to private welfare.

Any official governmental welfare activity within a Civic Public Hall is a legitimate expense providing it is totally an official governmental function and such expenses are in compliance with SCAPIN 775 and the Daily Life Security Law. Thus, no welfare funds are to be expended or dissipated in underwriting or assisting to underwrite the establishment of any Civic Public Hall or be its source of maintenance.

Central Social Undertaking Committee

This committee was recently organized and it will study, discuss and make recommendations to the Welfare Ministry on all matters relating to public welfare. The sub-committee is responsible for special studies and recommendations and is to meet weekly and make its report to the Central Social Undertaking Committee.

The president of the committee is Mr. Y. Kawai, Welfare Minister, and the other committee members include representatives from the House of Peers, House of Representatives, Welfare Ministry, Repatriate Relief Board, Tokyo Imperial University, and All-Japan Welfare Committee.

The committee currently is making a study on Child Welfare with the intent to assist in strengthening this program.

SECTION II MEDICAL SERVICE

For the week ending 15 November 1946, the Japanese Civilian Hospital Strength Report shows 3022 hospitals with a bed capacity of 215,044 beds. 106,936 of which are occupied. There were 280,679 outpatients treated.

SECTION III VETERINARY AFFAIRS

General

A representative of the division conducted a survey of veterinary affairs in Shizuoka Prefecture.

Ante-mortem and post-mortem inspection is being maintained in all slaughter houses. Post-mortem procedure is faulty in that the method of ineising lymph glands is not sufficient to detect possible pathological lesions. Faulty sanitation of equipment and disposal of waste products is apparent in the majority of the slaughtering establishments.

Pasteurization of milk is faulty due to an absence of thermometers and the re-contamination of the milk during the bottling and capping processes. Much of the dairy equipment is old, rusty, and in poor condition. Over-all sanitation of plants processing raw milk for resale purposes, is faulty due to improper cleaning methods employed. The bacterial examination of milk is partially neglected.

The tuberculin test of dairy cows is proceeding too slowly to complete a full test in a one year period.

The proper procedure for conducting milk and meat inspections were demonstrated to all Prefecture veterinarians at a meeting held in Shizuoka City in an effort to create uniformity of methods.

Officials concerned were instructed to institute necessary corrective measures.

Reports from the Japanese Annual Disease Report

The Ministry of Agriculture and Forestry, Bureau of Animal Industry, reported the following new outbreaks of disease during the period 15 to 21 December 1946:

<u>Prefecture</u>	<u>Disease</u>	<u>Cases</u>
Chiba	Anthrax	1

Monthly Annual Disease Report for November 1946

Following is a summary of the monthly animal disease report submitted by the Bureau of Animal Industry, Ministry of Agriculture and Forestry.

<u>Diseases</u>	<u>Number of cases</u>
Anthrax	2
Blackleg	1
Brucellosis	3
Trichomoniasis	47
Texas Fever	69
Equine defunctious abortion	4
Swine Erysipelas	2
Swine Plague	24
Equine Scabies	1
Strangles	199
Rabies	3
Equine defunctious anemia	78
Pullorum chick	5994
Fowl cholera	284

Monthly Meat Inspection Report for October 1946

Following is a summary of the monthly meat inspection report for October 1946, submitted by the Veterinary Hygiene Section, Ministry of Health and Welfare.

	<u>Cattle</u>	<u>Calves</u>	<u>Sheep &Goats</u>	<u>Swine</u>	<u>Horses</u>
Number slaughtered	28970	775	313	4634	7348
Condemned Ante Mortem	0	0	0	0	1
Condemned Post Mortem					
Total	7	1	0	0	15
Partial	320	13	0	14	356
Viscera	5326	44	0	1493	933

Monthly Dairy Inspection Report for October 1946

Following is a summary of the monthly dairy inspection report for October 1946, submitted by the Veterinary Hygiene Section, Ministry of Health and Welfare.

Special Milk

Farm Inspections	3
Samples examined	4
Over bacterial standards (50,000 per cc)	0
Under butterfat standards (3.3 percent)	0
Plant Inspections	2
Over bacterial standards (50,000 per cc)	2
Under butterfat standards (3.3 percent)	0

Ordinary Milk

Farm Inspections	8102
Samples examined	8605
Over bacterial standards	699
Under butterfat standards	1119
Plant Inspections	3290
Over bacterial standards (2,000,000 per cc)	365
Under butterfat standards (3.0 percent)	487

Goat Milk

Farm Inspections	38
Samples	60
Over bacterial standards (2,000,000 per cc)	10
Under butterfat standards (3.0 percent)	2

SECTION IV
DENTAL AFFAIRS

As office space becomes more difficult to obtain and dental equipment becomes more expensive fewer dentists are being rehabilitated. Only six dentists were re-established in practice during the past month.

SECTION V
NURSING AFFAIRS

1. The Demonstration School of Nursing has been recognized by the Japanese Ministry of Education as a College of Nursing; date retroactive to 29 June 1946.

Affiliation of two-weeks duration for fourth year students at Matsuzawa Mental Hospital was completed and was very satisfactory.

2. The second Graduate Nurses Refresher Course was completed 19 December and fifty received certificates. The graduates of the two groups are uniting and will assist in the plans for the next refresher course.

3. Four more prefectural surveys of schools of nursing have been completed.

To date this completes 31 prefectures.

4. The Directors meeting of the Japanese Nurses Association was held on 20 December in Tokyo to make organizational plans and budget for the Association and to prepare the program for the meeting to be held April, 1947.

SECTION VI
SUPPLY DIVISION

Distribution

Limited stocks of Japanese-produced Typhus Vaccine are now available. The Ministry of Health and Welfare is notifying all prefectures to submit requirements for Typhus Vaccine direct to the Ministry by telegram. Requests will be submitted to Public Health and Welfare Section for screening. Japanese vaccine should be used, when available, to supplement U.S.-produced vaccine in carrying out prescribed typhus control programs.

The Japanese public has been warned through the press concerning the dangers of purchasing penicillin through other than prescribed channels.

Manufacturers are required to report all penicillin production to the Ministry of Health and Welfare for distribution in accordance with recommendations of the Penicillin Allocation Committee. Manufacturing plants must keep a record showing disposition of all penicillin approved for sale. These records should be supported by a definite release from the Welfare Ministry showing quantities authorized for distribution. Physicians and hospitals must keep a record showing the names of patients to whom penicillin was administered.

Military Government Medical Officers should exercise close supervision over manufacturing plants and using agencies to insure that penicillin is not reaching the blackmarket. It is equally important that direct supervision be maintained over quantities of out-dated U.S. penicillin released to Japanese agencies.

Production

Production of DDT Dusters and Spraying Equipment during period 9-14 December:

DDT Dusters	1045
Sprayer, semi-automatic, pump type	530

Report of the Welfare Ministry indicates production of biologicals during November as follows:

Cholera Vaccine	#,600 cc
Plague Vaccine	38,400 cc
Typhus Vaccine	150,970 cc
Triple Typhoid Vaccine	757,000 cc
Smallpox Vaccine	1,410,000 cc
Diphtheria Antitoxin	124,000 cc
Diphtheria Toxoid	567,780 cc

Program for production of Hydrogen Cyanide for fumigation of Japanese shipping has been initiated. Requirements for a period of one (1) year have been estimated and order for manufacture has been issued by the Welfare Ministry, Japanese Government.

Results of comparative test experiments conducted by Central Research Laboratories showed the superiority of American molds over the Japanese and these were distributed to the manufacturers at the 20 December meeting of the Japanese Penicillin Research Association. All penicillin manufacturers complain that electricity and coal shortages curtail production and steps have been taken to insure high priority for such plants. Visits to six more plants in the Kyoto-Osaka area confirm previous observations that stimulation of the penicillin activities is greatly needed and that most manufacturers fail to consider penicillin a high priority rush program. They were duly edified on this score. Several valuable technical aspects of penicillin extraction under Japanese conditions already have been experimentally obtained and distributed by the Central Research Laboratories.

Narcotics

Medical Association meetings representing the doctors from three Tokyo wards were attended by the Narcotic Control Officer who outlined the duties and responsibilities of practitioners under the new narcotic regulations. Careful handling and dispensing of narcotics to permit their use only when necessary for medical treatment were emphasized. A recent theft of 4 five-gram bottles morphine reported by a doctor was cited with the additional statement that the narcotic inspector should first of all ascertain why the doctor had four instead of one 5-gram bottles. The only complaint made by the doctors was that small vials of morphine hypodermic tablets,

1-gram bottles of morphine, and 5-ampoule packages of morphine should be made available for purchase by doctors rather than the larger packages now stocked by local wholesalers.

Reports are being received of former Japanese military medicinal narcotics being shipped to the 5th Medical Depot. All such medicinal narcotics have been removed from the 5th Medical Depots, Yokohama and Kobe, and future seizures should be turned over to prefectural narcotic officials who will receipt for the narcotics and make proper disposition as directed by the Ministry of Welfare.

Increased security has been provided for narcotic according to a statement received from Tanabe Pharmaceutical Company, Ltd., Osaka. It is considered the reconstructed vault, as set forth in the statement, provides adequate security.

Destruction of damaged and adulterated narcotics at Takeda Pharmaceutical Company, Tokyo, completes the cleaning-up process undertaken for former military medicinal narcotics held by SCAP-approved wholesale houses in Tokyo. Repackaging of the narcotics has made large quantities available for release to central wholesale houses. One item of importance to be repackaged is approximately 7,000,000 cc of narcocon from 21 and 22 cc ampoules to 1, 1.1 and 1.2 cc ampoules. Although the wastage during this operation is expected to be from 20 to 30 percent, the large ampoules are not suitable for medical practitioners in civilian practice.

SECTION VII PREVENTIVE MEDICINE

General

A staff visit was made by the division chief to Military Government prefectural teams at Gifu, Shizuoka and Nagoya and conferences were held with the health officers thereof.

The epidemiologist of this division returned from a visit to the Hokkaido Regional Team and the prefectural team at Aomori. At the present time the situation, as regards acute communicable diseases, is generally very satisfactory. In Hokkaido, epidemic typhus fever, which had broken out to a considerable extent by this time last year, still remains at a low level of incidence. Smallpox, however, is occurring in somewhat larger numbers than typhus. Control measures were discussed.

There have been no cases of either smallpox or typhus fever in Aomori Prefecture for a considerable period of time. A somewhat greater problem is constituted by diphtheria. The Prefectural Health Officer has initiated a plan for investigation of diphtheria cases to determine whether they fall into the group which was to have been immunized, and if so, why the immunization was not performed. Such a plan is worthy of emulation by all Prefectural Health Officers.

The typhus consultants departed for Southwest Japan and Kyushu for the purpose of continuing instruction courses in typhus control. Courses are to be held at Nagoya, Hiroshima and Kumamoto.

The re-broadcasting of weekly Health Intelligence Reports received by radio from H.M. Special Commissioner, S.E.A. via the Singapore radio station has been re-established and was commenced during the present week.

Venereal Disease Control

The basic venereal disease control reports have now been received from approximately two-thirds of the Military Government health officers. As soon as the other reports come in, a summary will be made.

Education of the public was the main work this week. Lectures, followed by discussion and a motion picture, were given to women members of the Diet, labor union representatives, farm organization representatives, and to social workers and educators. The response shows that in these representatives at least, enthusiasm and desire for better public health facilities surpasses that of many government officials working in venereal disease control. Many of these public officials still think of venereal disease control in terms of periodic examination of prostitutes. It is suggested that the sooner the public is educated to demand good public facilities, the quicker a Venereal Disease Control program will be actually in operation. Developing your community venereal disease councils should be helpful in this regard. No program can succeed on a national level unless it is successful in the communities.

Port Quarantine Weekly Report

On 13 December 1946 a command letter was dispatched from the Chief of Staff to Commanding General, Eighth Army, establishing air and maritime ports of entry as follows:

Maritime

Otaru
Hakodate
Yokohama
Yokosuka
Nagoya
Kobe
Kure
Moji
Nagasaki

Air

Haneda
Iwakuni

The Commanding General, Eighth Army, was directed to set up health and customs control at the above named ports as provided for in the SCAP circulars governing entry and exit of persons, vessels and aircraft into and from Japan.

In connection with establishing quarantine at these ports, the port quarantine consultant has recently visited the ports of Nagasaki, Moji, Ujina, Kobe, Nagoya, and Yokohama, and the airports of Haneda and Iwakuni, in company with the quarantine officer assigned to 8th army Military Government Headquarters.

The first lift of 25,000 repatriates from the Soviet areas has been virtually completed. Plans to repatriate greater numbers of Japanese from those areas are now being put into effect under the terms of an agreement between the Supreme Commander for the Allied Powers and the Soviet authorities. These repatriates shall be routed into Japan through the ports of Hakodate, Maizuru and Sasebo.

SECTION VIII VITAL STATISTICS

The third conference of the National Advisory Committee on Registration of births, deaths, stillbirths, marriages and divorces was attended at the Justice Ministry, Tokyo, on 19 December 1946. Proposed changes in the Civil Laws of Japan and their effect upon vital registrations were discussed. Ways and means of securing more complete and accurate registrations were reviewed. The need for strengthening the Koseki offices, by obtaining a larger budget for their operation and better qualified workers, was discussed. Reference was also made to the problem of the confidentiality of the records which contain a statement of the cause of death.

On 20 December 1946, a meeting was attended at which the Koseki chiefs of the city of Tokyo met. At this meeting, the chiefs who had served long-periods of time, some as much as 22 years, were presented honorary statements of recognition of their services.

SECTION IX NUTRITION

Surveys

The Japanese Welfare Ministry report that data on the nutritional Survey for November of the cities Nagoya, Tokuoka and Sendai and the prefectures Ibaraki, Tochigi, Aichi, Shizuoka, Shiga and Kukuoka have been submitted, however, the final reports will not be available before the end of next month.

Conference

A meeting of the sub-committee members of the Japanese Institute of Public Health met on the 20 December in the Mitsubishi Shoji Building. Dr. J. Miki, of the Japanese Welfare Ministry represented the Nutritionist. Discussions followed on nutritionist requirements and the number that could be accommodated for the initial class.

SECTION X SOCIAL SECURITY AND INSURANCE

Personnel Assignment

With the assignment of George F. Pollock, War Department Civilian, to this Section, it is announced that he has been appointed Deputy Chief of the Social Security and Insurance Division, effective 7 November 1946.

Japanese Nationals on Duty With the Occupation Forces

Under provisions of the Employees' Relief Ordinance, as promulgated by Imperial Japanese Ordinance No.382, as amended, and in accordance with Vice Minister's decision of 31 May 1946, full responsibility and liability rests with the Imperial Japanese Government for Japanese Nationals on duty with the Occupation Forces, as to medical care, hospitalization, disability, and death benefits for accidents or illness incurred in connection with their duties. Those Japanese Nationals working in dependents' homes are also eligible for benefits under provisions of this ordinance.

The Central Liaison Office has been verbally directed to properly and with expedience disseminate full information regarding the Employees' Relief Ordinance to subordinate agencies with instructions that all Japanese Nationals on duty with the Occupation Forces be fully informed of their eligibility for benefits under provision of the said ordinance. The Medical Service Division concurred in the directive to the Central Liaison Office, and added that in compliance with the responsibility for radical care, suitable facilities will be provided and immediately established.

Interested Bureaus of the ministry of Welfare were also given the information regarding the instructions to the Central Liaison Office, for the purpose of coordinating and cooperating in making the benefits available for all eligible employees as a part of the health and social insurance program. The Central Liaison Office, branch for control in Tokyo, has designated six municipal hospitals as places for government employees to receive treatment under provisions of this ordinance. It is interpreted that similar procedure can be followed by the municipal government in the prefectures.

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

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 7 Dec 46, w/Digest.
2. Venereal Disease Report for week ending 30 Nov 46.

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

**WEEKLY BULLETIN
For Period
22 December - 29 December
1946**

SECTION I - Welfare
SECTION II - Medical Service
SECTION III - Veterinary Affairs
SECTION IV - Dental Affairs
SECTION V - Supply
SECTION VI - Preventive Medicine
SECTION VII - Vital Statistics
SECTION VIII - Nutrition
SECTION IX - Social Security and Insurance
SECTION X - Memoranda to I. J. G.

SECTION I WELFARE

School Lunch Program

The school lunch program was inaugurated by the Education Ministry in cooperation with the Health and Welfare Ministry, on 23 December 1946, in Tokyo-To.

Representatives from the Education Ministry, Health and Welfare Ministry, LARA and SCAP (Civil Information & Education, Public Health & Welfare and Public Relations Office) visited the Nagato-Cho Primary School to observe the program in operation.

This first noon day meal was served in 389 primary schools to a total of 76,316 school children. Each meal consisted of 20 grams of stew, containing meat, potatoes, onions, cabbage, carrots and salt.

The food components for these lunches were obtained from normal ration sources, LARA supplies and other imported stocks. Powdered milk will be added to the school lunch menu within the next two-week period. The school lunch is food which is additional to that received by the children through normal rationing channels.

There is a nominal charge for the school lunches served to those children whose parents can afford such payments. The Japanese Government underwrites the lunch expense of those children whose families cannot afford such payments.

Disaster Relief (Southern Honshu Earthquake)

Immediately following the earthquake, the Public Health and Welfare Section, SCAP, called a conference with representatives of the Welfare Ministry to coordinate disaster relief for the sufferers.

Three two-man teams were dispatched to the area by the Ministry of Health and Welfare, to establish liaison within the area and to report the extent of damage to property, injured persons and loss of life.

At the same time, the Public Health and Welfare Section sent three representatives, one each from the Medical Division, Supply Division, and American Red Cross, to survey and coordinate the relief activities. An eight-car special train loaded with Civil Affairs medical supplies and relief materials left for the disaster area.

After the arrival of personnel in the field, it was discovered that in some places the disaster reports had been exaggerated due to the hysteria which naturally follows a disaster.

Reports as of 2300, 29 December 1946, the disaster had taken the following toll:

Deaths	1289
Injured	2364
Missing	30
Private Homes Completely demolished	9045
Private Homes Damaged	23374
Other Buildings Completely demolished	1141
Other Buildings Damaged	1058
Factories Completely demolished	33
Factories	19
Houses washed away	1541
Houses lost in fire	2497
Flooded Homes	25431
Fishing Vessels lost	2602
Bridges lost	48
River Banks broken	91
Roads damaged	155
Estimated homeless	94669

Areas most affected:

Wakayama Shikoku Tokushima Kochi Kagawa

All Japanese governmental agencies, Ministry of Health and Welfare, Agriculture Ministry, Japanese Red Cross, American Red Cross, and Eighth Army Military Government Teams are combined in administering relief under the coordination of Public Health and Welfare Section, SCAP.

Japanese Red Cross Society

The past week has seen the Japanese Red Cross engaged primarily in meeting the disaster needs of the recent earthquake.

The headquarters dispatched three (3) medical teams into the disaster area. Each team had the following personnel:

2	Doctors
1	Pharmacist
10	Nurses

A representative of the American Red Cross, attached to Public Health and Welfare, SCAP was sent into the area as a technical advisor, to assist the Japanese Red Cross meeting the emergency phase. This is the first opportunity for the newly reorganized Japanese Red Cross Society to participate in a disaster operation and to render disaster services, other than medical, as was the practice of the Red Cross in former years.

The Red Cross authorized a drive, to raise Earthquake Disaster Relief Funds, through its chapters in every prefecture. This drive was held for a three (3) day period in Tokyo (25, 26, 27 December 1946) and was on a strict voluntary contribution basis. The Tokyo "street contributions" during this three day drive will approximate 96,000 yen.

SECTION II MEDICAL SERVICE

The hospital strength report for the week 15 November-22 November is not submitted due to failure of the Ministry of Health and Welfare to furnish the requested date.

A meeting was held with the Ministry of Education and CI&E to reiterate the policy on medical education and to clear up any misunderstanding that exists concerning the policy. The medical "Semmon Gakko" in particular was discussed in its relationship to present and future educational systems. The following points were stressed: Semmon Gakko graduates during the coming spring (1947) will be required to pursue one full year of university level training to be eligible for entrance to the four year medical school course in 1948. Semmon Gakko students in their third year will be required to complete two years of university level training prior to entrance to the medical school. All others will be eligible for entrance into the medical school in 1947 without additional preparation.

On Friday, 27 December 1946, the Japan Medical Association held a meeting in the J.M.A. building. Problems concerning reorganization were discussed.

SECTION III VETERINARY AFFAIRS

Reports from the Japanese

Animal Disease Report

The Ministry of Agriculture and Forestry, Bureau of Animal Industry, reported that no new outbreaks of animal disease occurred during the period 22-28 December 1946.

SECTION IV DENTAL AFFAIRS

National Dental examination will be held in April.

Simultaneous written examination will be held in the six major schools. Practical examinations will be held in small increments as facilities will permit.

SECTION V SUPPLY

General

Request has been submitted to The Surgeon General for supply of certain professional journals to all Military Government Regions and Teams. The list includes 19 periodicals and request has been made that direct subscriptions be provided for each region and team. Upon receipt of information as to action taken by the Surgeon General, a list of the journals approved will be published to the field.

Production

Production report of the Ministry of Health and Welfare for the month of November indicates production of various types of medicines, dental materials, sanitary materials and biologicals as follows:

Controlled medicines	yen	27,607,081
Non-controlled medicines		68,554,069
Patent medicines		85,966,634
Sanitary materials		7,562,652
Dental materials		1,296,457
Biologicals		6,349,962

The above figures indicate sizeable increases in production of controlled medicines, non-controlled medicines and sanitary materials over the previous six (6) months.

Production of sulpha drugs was 11,745 kg's, the highest monthly production during 1946. Increase in the production of sanitary materials results from allocation of American raw cotton to this program.

Production of DDT dusters and spraying equipment during period 16-21 December:

DDT dusters	982
Sprayer, semi-automatic, pump type	165

Initial plans have been made for accelerating production of sulphathiazole, to provide a quantity sufficient for treatment of venereal disease and pneumococcic infections. Production for November was increased to 670 kg's. Planned production for December 1946 and 1st quarter 1947:

December	850 kg's
January	1200 "
February	2000 "
March	2000 "

Production of bismuth subsalicylate and mapharsen have been initiated. These drugs have never been produced on a large scale in Japan and production is expected to increase gradually to meet requirements.

Standardization of the vial and label of commercial penicillin was formulated, to be effective 1 April 1947. The Japan Iron & Steel Company signified their intention to enter the penicillin field.

Narcotics

Reports were received of shortages of narcotics, particularly codeine, in some areas in Japan. Monthly reports indicate the situation is much improved over that of one year ago, although in some cases levels of narcotic stocks have not been brought up to the desired level. When the levels of stocks in local wholesale houses fall below a normal working level, items needed should be purchased, by means of official order form, from central wholesalers in Tokyo and Osaka.

To maintain central wholesale stocks at the desired level, approximately 2,000,000 codeine tablets (0.03 gm) will be released from former Japanese military stocks. Repackaging of these narcotics in 25, 50 and 100 tablet packages is underway, and the stocks are expected to reach central wholesalers by 15 January 1947.

From the 5th Medical Depot, Yokohama, ten Basic Medical Units containing narcotics were consigned to Kagawa prefecture and three to Wakayama. The narcotics in these units should suffice for emergency needs arising out of the earthquake-devastated area.

Information received from the Ministry of Justice regarding current narcotic violations indicate medical narcotic stocks in varying amounts are held by unregistered persons in Japan. In addition, some registrants have failed to report inventories, probably contemplating diversion of the unreported narcotics to illicit channels. Vigorous action is being taken by the police and prefectural narcotic officials against these offenders, particularly in the Osaka area.

SECTION VI PREVENTIVE MEDICINE

General

The Division Chief spent the entire week in the area affected by the recent earthquake and tidal wave. Because of communication difficulties, detailed reports are not yet available; at the present time, however, there does not appear to be an immediate threat of any epidemic.

Venereal Disease Control

This office continues to receive reports of drug shortages. The chief of the Supply Division, Public Health and Welfare Section, SCAP, gives the following information regarding drugs used in the treatment of the venereal disease:

Mapharsen and Bismuth subsalicylate

Only available at present from U.S. Stocks which must be obtained through Military Government. There are sufficient quantities for public clinics. If the Military Government Health Officer wishes to release these drugs to private practitioners, it is recommended that the drugs be given to physicians who will report the case, follow the suggested treatment schedules, do contact tracing and treat the patient to completion. It is not recommended that these drugs be given to private physicians who will not follow directions.

Mapharsen and bismuth subsalicylate are now being manufactured by Japanese companies, but the quality has not been standardized, so that it is unlikely that Japanese made mapharsen and bismuth subsalicylate will be available for at least 60 days.

Neorsphenamine and old arsphenamine

Three drugs are sold to private practitioners through the Prefectural Medicine Control Company. This is a private company under prefectural control and acts as the commercial distributing agency for the entire prefecture. The prefectural venereal disease control officer should see that this company has sufficient supplies of these drugs available for sale to private practitioners. If stocks are insufficient, the Pharmaceutical Affairs Section in the Ministry of Health and Welfare should be informed of this fact.

Sulfonamides

Adequate amounts are available through Military Government channels for public clinics. Japanese stocks are becoming increasingly available and should be used. The prefectural government should ask the Ministry for information as to sources of supply. The governor will have to assign sufficient funds for the purchase of these drugs.

Sulfonamides are on sale to private practitioners at the Prefectural Medicine Control Company. The prefectural venereal disease control officer should act as a liaison officer between this company and the Pharmaceutical Affairs Section in the Ministry. He should assure himself that adequate supplies of drugs used in the treatment of venereal diseases are on hand at the Prefectural Medicine Control Company for both public and private use.

Finally, the prefectural government must learn to begin buying these drugs through the control company so that the use of Military Government supplies diminishes.

Typhus Control

The typhus consultants returned from a trip to Nagoya, Kure, and Kumamoto where typhus control conferences were held for the prefectural health officers in Tokai Hokuriku Region, Chugoku and Shikoku Regions and Kyushu Regions respectively. The interest and questions asked at these meetings indicate an improvement in the understanding of typhus control fundamentals.

SECTION VII VITAL STATISTICS

Births The number of births reported, (195,993) resumed its upward trend established since July; in the preceding month, the number was 190,727. The birth rate for November was 32.6 per 1,000 population.

Deaths Deaths continued to decline in number. A total of 38,425 deaths were reported; the rate was 14.7 per 1,000 population. This figure represents a slight decrease below the October rate (15.1) and a reduction of more than 30 percent below the July rate of 21.5. Following the sharp decline in the rate in the preceding month, an investigation was instituted and there is evidence that this reduction is more apparent than real. Contrary to official instructions, some of the local reporting offices were found to have included in their reports, deaths to Japanese Nationals which occurred outside of Japan. It is known that during the preceding months a large number of Japanese were repatriated and this resulted in many declarations of events occurring outside of Japan. Steps were immediately taken by Japanese authorities to notify all local government offices not to include events occurring outside of Japan in their reports. This may go far towards explaining the comparatively close agreement in the rates for October and November. The rates previously stated for the months of July, August and September are now considered to be approximately 30 percent higher than the true figure. Japanese authorities are continuing their study of registration practices regarding this matter.

Infant Deaths Infant deaths (11,390) increased more than 10 percent above the October figure (10,087). The infant death rate was 58.1 per 1,000 live births. This represents the second consecutive month of increase, although the rate is still considerably below the high point (74.0) established in July.

Stillbirths With one exception, stillbirths have increased in number each month since July. There were 8,682 stillbirths reported representing a rate of 44.3 per 1,000 live births.

Marriages Marriages (52,177) increased approximately 40 percent above the figure (37,654) in the preceding month; the marriage rate was 8.7 per 1,000 population. However, it is thought that the September figure (61,102) is abnormally high, and that for October (37,654), much too low.

A possible explanation of this may lie in the fact that a National, uniform declaration form was placed in use for the first time at the beginning of October. Unverified reports, which may explain this matter, would seem to indicate that many people who had not previously made a declaration of their marriage, received incorrect information which led them to believe that the marriage registration procedure was going to be made extremely difficult, beginning in October. Therefore, it is said that many persons who would normally have made the declaration of their marriage during October or in some later month, made it in September to avoid expected difficulties of later registrations. This tended to elevate the number of registrations in September, and to correspondingly depress it in October. It will be necessary to observe the number reported during the next few months in order to determine correctly the relative importance of the figure reported for the month of October.

Divorces The number of divorces (6,245) was nearly 20 percent higher than the figure (5,237) reported for October the divorce rate was 1.0 per 1,000 population. Just as in the case of marriages, the number of divorces reported for September (11,639) was abnormally high, and correspondingly low for October (5,237). The explanation given previously for this phenomenon in the case of marriages does not seem to be as plausible for divorces. It is possible that articles appearing in newspapers and other publications concerning expected changes in the civil laws regarding divorce, may have had some effect in causing people, who were already considering taking divorce action, to do so sooner than they might have done otherwise. However, this would not fully explain the sudden increase recorded for September. Another factor, which must be considered is the fact that following the return of many repatriates, a large number of marriages hastily entered into during the war resulted in separations. We must wait for further reports before an adequate explanation can be given concerning divorces.

Geographic sub-divisions When the above vital events are compared according to urban (places of 30,000 population or over) and rural (places under 30,000 population) areas, it would appear, on the basis of experience recorded over the five months period (July-November), that the corresponding birth, marriage and divorce rates are quite similar. On the other hand, the death rate is a little higher in the rural (gun) areas than in the urban (shi) and the infant death rate is considerably higher. Just the opposite is true regarding the stillbirth rates.

NUMBER OF BIRTH, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES, AND DIVORCES
REPORTED ACCORDING TO PREFECTURE, NOVEMBER 1946

Area	Births	Deaths	Infant Deaths	Stillbirth	Marriages	Divorces
All Japan	195,993	88,425	11,390	8,682	52,177	6,245
Total all "Shi"	57,424	26,248	2,943	3,191	15,413	1,951
Total all "Gun"	138,569	62,177	8,447	5,491	36,764	4,294
Aichi	7,622	2,901	386	306	1,943	179
Akita	3,867	1,724	257	178	1260	174
Aomori	3,668	1,491	268	123	846	101
Chiba	5,762	2,238	399	231	1271	123
Ehime	3,925	1,465	201	161	1038	160
Fukui	1,545	921	119	69	501	77
Fukuoka	8,739	3,929	474	371	2,164	249
Fukushima	5,144	2,118	340	220	1212	182
Gifu	3,395	1,759	209	125	875	114
Gunma	4,144	1,462	228	207	893	87
Hiroshima	5,087	2,397	278	226	1,515	199
Hokkaido	10,111	4,560	680	378	2,677	269
Hyogo	6,443	3,178	377	319	1,792	223
Ibaraki	5,590	2,019	365	249	1281	73
Ishikawa	2,519	1,067	150	113	775	134
Iwate	3,541	1,729	270	146	843	183
Kagawa	2,385	949	156	120	691	84
Kagoshima	4,618	2,212	257	190	1037	171
Kanagawa	5,241	2,040	232	241	1254	132
Kochi	2,304	1,192	131	92	776	98
Kumamoto	4,878	2,110	257	237	1157	142
Kyoto	3,735	1,946	206	174	1002	118
Mie	3,392	1,622	208	127	983	101
Miyagi	3,801	1,577	242	194	999	127

Miyazaki	3,170	1,126	180	141	652	94
Nagano	4,728	3,277	270	214	1052	105
Nagasaki	4,298	2,574	250	210	1215	168
Nara	1,744	1,012	99	87	581	74
Niigata	6,053	2,627	319	262	1,920	242
Oita	3,233	1,465	176	148	753	116
Okayama	3,729	1,909	221	186	1191	122
Osaka	7,006	3,220	342	388	1,787	276
Saga	2,592	1,113	168	87	610	64
Saitama	5,996	2,139	329	296	1,185	102
Shiga	1,802	1,194	130	75	542	61
Shimane	2,243	1,058	155	123	716	92
Shizuoka	5,787	3,188	238	222	1,949	210
Tochigi	4,301	1,469	221	191	1018	105
Tokushima	2,141	1,015	117	121	650	69
Tokyo	10,599	4,428	502	482	2,892	304
Tottori	1,375	719	85	57	387	62
Toyama	2,741	1,064	188	106	836	132
Wakayama	2,053	1,030	104	83	698	78
Yamagata	3,277	1,558	243	127	1317	122
Yamaguchi	3695	1769	201	192	967	107
Yamanashi	1964	835	112	87	474	40

Japanese source: Cabinet Bureau of Statistics

BIRTH, DEATHS, INFANT DEATHS, STILLBIRTHS, MARRIAGES, AND DIVORCES RATES
ACCORDING TO PREFECTURE, NOVEMBER 1946

Prefecture	Birth Rate	Death Rate	Infant Death Rate	Stillbirth Rate	Marriage Rate	Divorce Rate
All Japan	32.6	14.7	58.1	44.3	8.7	1.0
Total all "Shi"	31.5	14.4	51.3	55.6	8.4	1.1
Total all "Gun"	33.1	14.9	61.0	39.6	8.8	1.0
Aichi	32.0	12.1	50.3	39.9	8.1	0.7
Akita	39.4	17.5	66.5	46.0	12.8	1.8
Aomori	41.0	16.7	73.1	33.5	9.4	1.1
Chiba	34.9	13.6	69.2	40.1	7.7	0.7
Ehime	34.6	12.9	51.2	41.0	9.1	1.4
Fukui	37.0	16.1	77.0	44.7	8.8	1.3
Fukuoka	36.6	16.4	54.2	42.5	9.1	1.0
Fukushima	32.6	13.4	66.1	42.8	7.7	1.2
Gifu	28.6	14.8	61.6	36.8	7.4	1.0
Gunma	33.1	11.7	55.0	50.0	7.1	0.7
Hiroshima	32.6	15.3	54.6	44.4	9.7	1.3
Hokkaido	35.3	15.9	67.3	37.4	9.3	0.9

Hyogo	27.7	13.7	58.5	49.5	7.7	1.0
Ibaraki	35.0	12.7	65.3	44.5	8.0	0.5
Ishikawa	34.9	14.8	59.5	44.9	10.7	1.9
Iwate	35.4	17.3	76.2	41.2	8.4	1.8
Kagawa	33.3	13.2	65.4	50.3	9.6	1.2
Kagoshima	34.5	16.5	55.7	41.1	7.7	1.3
Kanagawa	31.6	12.3	44.3	46.0	7.6	0.8
Kochi	35.1	18.2	56.9	39.9	11.8	1.5
Kumamoto	36.4	15.7	52.7	48.6	8.6	1.1
Kyoto	28.0	14.6	55.2	46.6	7.5	0.9
Mie	30.1	14.4	61.3	37.4	8.7	0.9
Miyagi	31.6	13.1	63.7	51.0	8.3	1.1
Miyazaki	40.3	14.3	56.8	44.5	8.3	1.2
Nagano	28.4	19.7	57.1	45.3	6.3	0.6
Nagasaki	36.9	22.1	58.2	48.9	10.4	1.4
Nara	28.5	16.5	56.8	49.9	9.5	1.2
Niigata	31.7	13.7	52.7	43.3	10.0	1.3
Oita	34.3	15.5	54.4	45.8	8.0	1.2
Okayama	29.5	15.1	59.3	49.9	9.4	1.0
Osaka	28.6	13.2	48.8	55.4	7.3	1.1
Saga	36.8	15.8	64.8	33.6	8.7	0.9
Saitama	36.0	12.8	54.9	49.4	7.1	0.6
Shiga	36.4	17.5	72.1	41.6	7.9	0.9
Shimane	32.1	15.6	69.1	54.8	10.3	1.3
Shizuoka	31.2	17.2	49.8	38.4	10.5	1.1
Tochigi	34.8	11.9	51.4	44.4	8.2	0.8
Tokushima	31.4	14.9	54.6	56.5	9.5	1.0
Tokyo	30.7	12.9	47.5	45.6	8.4	0.9
Tottori	30.0	15.7	61.8	41.5	8.4	1.4
Toyama	35.8	13.9	68.6	38.7	10.9	1.7
Wakayama	26.8	13.4	50.7	48.4	9.1	1.0
Yamagata	30.8	14.6	74.2	38.8	12.4	1.1
Yamaguchi	32.7	15.6	54.4	52.0	8.6	0.9
Yamanashi	30.0	12.7	57.0	44.3	7.2	0.6

SECTION VIII NUTRITION

Attached are the results of the November Nutrition Survey for the City of Nagoya with the average for the adjacent prefectures of Aichi and Shizuoka. February, May and August results of the same area are presented as a summary for the entire year of 1946.

RESULTS OF NUTRITION SURVEYS - JAPAN - 1946

Nutrition in grams and calories, and grams of various classes of food consumed per capita per day.

CITY OF NAGOYA Nutrients in Grams and Calories per Capita per day

	February	May	August	November
<u>Number</u>	4276	4135	3994	4036
<u>Pop. Ratio</u>	0.824	0.846	0.836	0.821
<u>Adult Unit</u>				
No. persons				
<u>Protein</u>				
Animal	10.8	12.0	7.2	11.4
Vegetable	46.6	41.0	39.6	39.3
Total	57.4	53.0	46.8	50.7
<u>Fat</u>	...	15.4	10.0	13.1
<u>Carbohydrate</u>		287.8	254.1	379.4
<u>Calories</u>				
Ration	1135	1120	885	1384*
Free Market	411	380	297	387
Home Production	20	25	124	91
Gift	57	30	27	24
Total	1623	1555	1333	1886

*Ration increased from 2.1 go (315 grams) of staple food to 2.5 go (375 grams) 1 November 1946.
Source: Imperial Japanese Government:

Grams of Various Classes of Food Consumed per Capita per Day
from Nutrition Surveys - Japan

	February	May	August	November
<u>Grains</u>	No data			
Rice		262.0	93.8	187.7
Wheat		78.1	113.4	39.3
Barley			33.8	27.1
Others		3.8	2.8	1.3
Total		343.9	243.8	255.4
<u>Nuts. Etc.</u>	
<u>Potatoes</u>				
Sweet		7.1	33.2	589.6
White		3.8	43.5	17.4
Others		9.1	0.2	18.5
Total		20.0	76.9	625.5
<u>Sugars</u>		0.1
<u>Oils</u>		1.2	0.9	1.1
<u>Legumes</u>				
Soya		9.2	0.6	1.5
Soya products			23.9	24.7
Other beans		2.8	1.8	1.9
Total		12.0	26.3	28.1

<u>Animal Foods</u>			
Fish	78.5	21.6	56.2
Meat, Poultry	1.8	5.8	6.7
Eggs	1.7	5.4	0.8
Milk	0.8	0.3	1.3
Total	82.8	33.1	65.0
<u>Leafy, Green & Yellow Vegetables</u>	106.7	310.9	88.6
<u>Other Fruits & Vegetables</u>			
Citrus, Tomatoes	0.7	17.3	1.1
Other Fruits	...	15.3	4.0
Other Vegetab.	92.0	193.3	301.8
Total	92.7	225.9	306.9
<u>Seaweeds</u>	6.4	2.1	2.6
<u>Processed Veg.</u>			
Dried	9.4	1.9	0.3
Picked	13.6	5.4	14.9
Total	23.0	7.3	15.2
<u>Flavours</u>	26.2	18.5	22.5
<u>Others</u>	0.1		

SUMMARY
RESULTS OF NUTRITION SURVEYS - JAPAN - 1946

Nutrients in grams and calories, and grams of various classes of food consumed per capita per day.

TOKAI AREA (Nagoya Area)
2 Prefectures Shizuoka and Aichi
Nutrients in Grams and Calories per Capita per Day

	February	May	August	November
<u>Number</u>	6399	6468	6550	6740
<u>Pop. Ratio</u>				
<u>Adult Unit</u>	0.836	0.898	0.851	0.900
No. persons				
Protein				
Animal	4.9	8.6	3.8	4.8
Vegetable	46.1	42.5	48.4	49.6
Total	51.0	51.1	52.2	54.4
<u>Fat</u>	...	8.7	11.2	8.6

<u>Carbohydrate</u>	...	351.0	339.6	421.9
<u>Calories</u>				
Ration	329	789	654	551
Free Market	105	121	105	131
Home Production	1470	844	949	1345
Gift	27	27	19	15
Total	1931	1781	1727	2042

Source: Imperial Japanese Government

Grams of Various Classes of Food Consumed per Capita per Day from Nutrition Surveys - Japan 1946

	<u>February</u>	<u>May</u>	<u>August</u>	<u>November</u>
<u>Grains</u>				
Rice	No data	256.1	122.9	177.0
Wheat		127.3	143.6	85.0
Barley			114.2	82.6
Others		4.4	26.7	8.5
Total		387.8	407.4	353.1
<u>Nuts. Etc.</u>		0.15	0.05	0.4
<u>Potatoes</u>				
Sweet		142.1	7.9	488.8
White		5.7	58.7	4.1
Others		31.6	0.05	67.3
Total		179.4	66.7	560.2
<u>Sugars</u>		0.05	...	1.0
<u>Oils</u>		0.8	0.6	0.8
<u>Legumes</u>				
Soya		29.8	1.1	1.8
Soya Products			25.0	29.9
Other beans		4.4	6.4	2.9
Total		34.2	32.5	34.6
<u>Animal Foods</u>				
Fish		30.5	14.2	19.2
Meat, Poultry		1.3	0.3	1.2
Eggs		1.1	0.6	0.2
Milk		0.9	1.4	0.5
Total		33.7	16.5	21.1
<u>Leafly, Green & Yellow Vegetables</u>		99.8	183.2	105.2

<u>Other Fruits & Vegetables</u>			
Citrus, Tomatoes	0.5	16.7	1.2
Other Fruits	...	7.4	6.6
Other Vegetab.	70.3	140.1	96.3
Total	70.8	164.2	104.1
<u>Seaweeds</u>	0.9	0.6	1.6
<u>Processed Veg.</u>			
Dried	3.1	0.3	0.1
Pickled	36.2	20.7	26.2
Total	39.3	21.0	26.3
<u>Flavours</u>	13.1	20.2	18.8
<u>Others</u>	1.9		

SECTION IX
SOCIAL SECURITY AND INSURANCE

The Insurance Bureau of the Imperial Japanese Government has been contacted on two particular subjects.

- (a) Are there any restrictions in the National Health Insurance or Health Insurance Laws which prevent medical care for certain communicable diseases? There are no restrictions except by budget limitations which apply particularly to the National Health Insurance, which is mainly for urban and rural districts. The Health Insurance which is for industrial areas, is in a better position, but has neglected the preventive medicine program because of numerous medical treatment requirements. A preventive medicine program is included in the revised plan for the social insurances.
- (b) Did the Imperial Japanese Government operator make available any social insurance for Koreans in Korea? It is reported that the Seamens' Pension Insurance (1940) was the only one which now is being investigated by this Section as to the extent of operations and benefits available.

SECTION X
MEMORANDA TO IMPERIAL JAPANESE GOVERNMENT

PHMJG-6 24 Dec 46 - Partial Amendment of Operational Plan for Nutrition Surveys of Civilian Population.

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

2 Incls:

1. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 14 Dec 46, w/Digest.
2. Venereal Disease Report for week ending 7 Dec 46.