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

WEEKLY BULLETIN

For Period
8 December -14 December
1947
Number 50

SECTION I
GENERAL

Technical Bulletins

The following Public Health and Welfare Technical Bulletin was mailed with Weekly Bulletin No. 50 on 20 December:

Title:	National Welfare Agencies in Japan
Short Title:	TB-PH-WEL 8

Prefecture Departments of Health and Welfare

Reference PHW Weekly Bulletin #49, 30 November - 6 December, the following information is furnished:

From time to time questions have arisen in the field concerning the applicability of SCAPIN 945, dated 11 May 1946, subject: Reorganization of Governmental Public Health and Welfare Activities. Paragraph 3 of SCAPIN 945 states the Japanese Government "will cause to be established in prefectural governments a Bureau of Health and a Bureau of Welfare". Paragraph 5 states "the reorganization as a result of this memorandum will be subject to modification by action of the Japanese Diet". The Diet, by means of the Local Autonomy Law (Law No. 67, dated 16 April 1947), has taken action concerning the organization of Prefectural Health and Welfare Departments.

The Local Autonomy Law was amended by the Japanese Diet on 7 December. This amendment becomes effective 1 January 1948. Article 158 of the Local Autonomy Law now provides: "For the purpose of allotting the affairs which fall within the powers of the governor of a metropolis, district or urban or local prefecture bureaus or departments shall be established".

Separate provision is made for the organization of the metropolis (Tokyo-to) government. The prescribed organization for the other prefectures as provided in Article 158 of the Local Autonomy Law is as follows:

1. General Affairs Department
2. Department of Welfare
    a. Matters relating to Social Welfare
    b. Matters relating to Social Insurance
3. Department of Education
4. Economic Affairs Department
5. Public Works Department
6. Department of Health
    a. Matters relating to health and sanitation
    b. Matters relating to health centers
7. Department of Agricultural Land.

Under the provisions of this amendment "matters relating to labor" are assigned to the Economic Affairs Department.

Japanese officials are now in the process of drafting necessary orders and regulations in order to carry out changes in the organization of the local government. It is expected that required changes will be made between 1 January and 1 April 1948.

The underlying purpose of SCAPIN 945 was to improve the status of health and welfare services in the national, prefectural and local governments by establishing a sound organization at the national level and by establishing similar separate departments of health and welfare in the prefectures. These departments are to be directly under the governor and on an equal footing with the other prefectural government services. The establishment of separate departments has been necessarily a slow process due to limitation of funds and the lack of adequate personnel. The following 18 prefectures have already established separate departments of health (Eisei-bu):

Aichi	Chiba	Fukuoka	Hiroshima	Hokkaido	Hyogo
Kanagawa	Kumamoto	Kyoto	Miyagi	Nagasaki	Niigata
Osaka	Shizuoka	Tokyo	Yamaguchi	Toyama	Wakayama

Separate Departments of Welfare (Minsei-bu) are now established in the following 22 prefectures:

Aichi	Akita	Chiba	Ehime	Fukuoka	Fukushima
Hiroshima	Hokkaido	Hyogo	Kanagawa	Kumamoto	Kyoto
Miyagi	Nagano	Niigata	Okayama	Osaka	Saitama
Shizuoka	Tokyo	Yamagata	Yamaguchi		

SECTION II
WELFARE DIVISION

Public Assistance Report - October

The Ministry of Welfare has submitted the following public assistance totals for the month of October. Figures for September 1947 and October 1946 are shown for purpose of comparison:

		Oct. 1947	Sept. 1947	Oct. 1946
No. of Persons in Institutions		147,734	223,742	
No. of Persons Non-Institutional		2,799,561	2,987,123	
Totals		2,947,295	3,210,865	2,703,439
Cost of Assistance-in Cash		358,731,288	339,125,297	
Cost of Assistance-in Kind		21,824,752	70,371,751	
Totals	Yen	380,556,040	409,497,048	136,995,827

Prefecture Public Assistance Report for October

Prefecture	Persons		Expense	
	Institutional	Non-Institutional	In Kind	Cash
Hokkaido	15,572	64,932	398,478	14,713,316
Aomori	2,325	42,092	6,136	5,439,091
Iwate	442	159,045	109,664	6,100,886
Miyagi	1,159	53,390	183,459	4,443,147
Akita	1,260	56,680	380,540	6,901,676
Yamagata	1,275	48,684	28,283	6,722,442
Fukushima	942	64,026	42,341	7,948,460
Ibaraki	1,537	63,281	943,006	6,159,827
Tochigi	556	28,510	108,440	4,565,849
Gumma	3,474	75,244	1,002,543	7,416,535
Saitama	1,086	49,310	3,894,726	7,135,642
Chiba	3,166	39,946	99,200	5,462,553
Tokyo	19,942	400,774	2,560,845	34,643,624
Kanagawa	4,870	44,625	99,808	10,583,871
Niigata	11,505	70,333	209,770	9,487,766
Toyama	1,233	38,791		5,927,807
Ishikawa	1,029	34,490	532,940	5,139,335
Fukui	4,515	24,990	550,032	3,569,294
Yamanashi	355	27,394		3,178,985
Nagano	2,335	71,388	82,420	9,851,982
Gifu	1,668	57,581	1,806,455	6,481,194
Shizuoka	5,082	55,613	915,534	8,750,807
Aichi	8,137	84,612		12,865,846
Mie	966	38,649	558	5,962,880
Shiga	476	31,428		2,946,026

Kyoto	2,973	61,042	1,358,533	11,848,981
Osaka	8,545	87,495	105,602	23,444,995
Hyogo	5,657	99,384		20,213,922
Nara	434	25,020	1,750	3,876,943
Wakayama	322	33,506	37,361	5,893,808
Tottori	498	22,895	198,583	3,496,244
Shimane	702	29,693		4,369,948
Okayama	3,489	44,248	54,240	6,495,646
Hiroshima	3,257	53,629	607,169	8,848,525
Yamaguchi	8,071	36,439	174,829	6,870,238
Tokushima	1,728	32,315	49,061	3,975,568
Kagawa	1,376	28,266	893,342	3,496,993
Ehime	780	38,735	608,720	5,664,315
Kochi	475	25,579	340	4,030,325
Fukuoka	3,268	130,784	1,665,630	10,866,086
Saga	1,877	41,943	910,701	4,728,243
Nagasaki	1,394	64,152	17,162	7,004,091
Kumamoto	2,299	48,404	284,380	6,232,797
Oita	1,789	24,547	153,861	3,353,960
Miyazaki	1,556	44,921	476,223	4,015,662
Kagoshima	2,343	100,756	272,087	7,404,142
Total	147,734	2,799,561	21,824,752	312,746,101

Licensed Agencies for Relief in Asia (LARA)

Rev. Henry J. Felsecker arrived in Tokyo to assume his duties as one of the three representatives of LARA. He replaces Rev. Michael J. Mckillop, who is returning to missionary work with his headquarters in Kyoto. The other two representatives of LARA are Miss Esther B. Rhoads and Dr. G. Ernest Bott.

Additional LARA relief supplies covering shipments 36 and 37 arrived in Yokohama from the U.S. These shipments were follows:

a. Shipment No.36: Arrived aboard the S.S. Louis McHenry Howe on 7 December and contained 198.28 tons of relief supplies (clothing including shoes - 50.37 tons, food - 147.75 tons, medical supplies - .03 tons and miscellaneous - .13 tons).

b. Shipment No.37: Arrived aboard the S.S. New Zealand Victory on 8 December and contained 5.97 tons of relief supplies (clothing including shoes - 5.59 tons, food - .38 tons).

Red Cross Emblem

Law No.159 “Protection of the Emblem and Appellation of the Red Cross” was promulgated on 7 December 1947 and will become effective 1 January 1948.

The law, in brief, contains the following provisions:

a. The emblem of red cross on white ground, the appellation of red cross or Geneva cross, or any emblem or appellation similar to the foregoing shall not be employed without authority.

b. The Japanese Red Cross Society is authorized to employ the emblem and the appellation of red cross.

c. Any person, in order to indicate the place giving free-of-charge aid to the injured or sick, may employ the emblem of red cross on obtaining express authorization of the Japanese Red Cross Society.

d. Any person violating the provisions set forth in sub-paragraph a. above, shall be punished by confinement (not to exceed six months) or by fine (not to exceed 1,000 yen).

Community Chest (National Interdependence Campaign)

To assist the Community Chest in reaching its goal (686,800,000 yen) during the present drive to raise sufficient funds to finance recognized private welfare and relief agencies for the year 1948, provisions have been made through SCAPIN 1829 AG 095 (5 Dec 47) ESS/AC to facilitate participation by Restricted Concerns in the campaign.

The Japanese Government is authorized, by SCAPIN 1829 to establish the following rules with respect to Community Chest donations and subscriptions by Restricted Concerns:

a. Any Restricted Concern may make a cash donation to the Community Chest fund not in excess of 25,000 yen, without prior approval of SCAP. All such donations shall be reported to SCAP through the Minister of Finance.

b. Any Restricted Concern may subscribe a larger amount provided prior approval of SCAP is obtained before payment of the subscription. Such approval will be obtained through the procedure prescribed by the Japanese Government in Ministry of Finance Ordinance No. 97.

c. No Restricted Concern may borrow funds to make payments to the Community Chest fund or use funds borrowed for those purposes. The company's financial condition must be such as to permit donations from its Free Yen Account.

d. All cash donations and subscriptions shall be strictly voluntary on the part of the donor or subscriber.

NOTE: The provisions of SCAPIN 1829 shall be applicable only to the present Community Chest Campaign up to 29 December.

Government interest in the establishment of a Community Chest and the voluntary assistance of public officials, where necessary, is without objection. However, information from the field indicates that in some instances, the interest and assistance of public officials has developed beyond the original intent of all parties concerned.

Public officials' participation in the Community Chest Campaign and the use of Community Chest funds in public relief and welfare organizations was discussed with the Ministry of Welfare and as a result of these discussions the Social Affairs Bureau, Ministry of Welfare, forwarded the following instructions to all prefectural governors on 12 December (Ha-Shatsu 1701); Subject: "Community Chest Campaign".

a. "In view of the fact that this drive is the first attempt on a national scale in Japan, the Ministry of Welfare took the initiative and put all the efforts into fostering interests of the general public in this drive through pamphlets and other source materials. It is requested that you will also extend all possible assistance in publicizing and guiding the drive.

b. "However, it should be borne in mind that this drive is purely a private undertaking, and public officials will not engage in or be responsible for the collection, accounting, safeguarding, allocations or distribution of the funds.

c. "It should also be cautioned that the fund raised by the present drive should under no circumstances be transferred into the accounts of local, prefectural or national public institutions. However, this principle does not prevent private relief or welfare organizations receiving funds from the Community Chest, giving aid, of their own initiative, directly to patients or inmates accommodated in public institutions".

Development of School Lunch Program

The first anniversary of the launching of the School Lunch Program by the Ministry of Education in cooperation with the Ministries of Welfare and Agriculture and Forestry, was observed on 11 December.

On 11 December 1946 the first School Lunch Program was launched in the Tokyo-to, Kanagawa Prefectural Region; 300 schools participating, with a total enrollment of 297,646 children. The school lunch was served twice a week. LARA allocation of 300 tons of powdered skimmed milk constituted the main dietary item.

As of 1 December 1947, 5,062 schools were included in the School Lunch Program (3,504 urban and 1,558 rural). Four million, one hundred five thousand, five hundred and sixty children were benefited through lunch being made available 3-5 times per week.

The following table is included to indicate the scope of the program:

NOVEMBER 1947

	CITIES		TOWNS AND VILLAGES	
PREFECTURES	NO.OF SCHOOLS	NO.OF PERSONS	NO.OF SCHOOLS	NO.OF PERSONS
HOKKAIDO	142	143,044		12,380
AOMORI	27	35,597	20	24,202
IWATE	29	23,786	61	23,424
MIYAGI	28	43,811	47	32,613
AKITA	26	24,736	29	25,834
YAMAGATA	27	33,092		26,889
FUKUSHIMA	39	30,463	36	35,921
IBARAKI	21	23,071		34,162
TOCHIGI	29	34,600	65	56,584
GUMMA	27	42,772	6	50,253
SAITAMA	50	54,620	54	65,163
CHIBA	58	64,895	61	53,940
TOKYO	577	263,723	7	3,252
KANAGAWA	179	187,737	7	6,853
NIIGATA	52	16,328		29,262
TOYAMA	49	33,394	87	21,678
ISHIKAWA	217	69,031	11	7,741
FUKUI	19	12,834	6	8,426
YAMANASHI	16	14,724	20	10,662
NAGANO	31	32,258		24,422
GIFU	30	25,841		16,848
SHIZUOKA	50	57,948	122	55,071
AICHI	138	122,161	173	51,096
MIE	74	56,522	28	13,706
SHIGA	22	20,501		22,988
KYOTO	160	138,268	44	19,368
OSAKA	313	283,372		21,332
HYOGO	177	159,527	52	47,332
NARA	11	9,379		8,762
WAKAYAMA	39	34,068	83	21,450
TOTTORI	22	14,414	12	6,979
SHIMANE	32	17,984	17	10,092
OKAYAMA	35	25,997	105	38,195
HIROSHIMA	78	33,254	133	42,070
YAMAGUCHI	109	90,892		8,999
TOKUSHIMA	28	18,298	8	10,358
KAGAWA	24	22,312		9,236

EHIME	59	39,785	70	33,771
KOCHI	28	15,429	30	9,270
FUKUOKA	156	158,694	27	18,964
SAGA	16	15,213	39	24,417
NAGASAKI	27	69,775	12	12,951
KUMAMOTO	49	38,896	48	18,939
OITA	46	31,731		12,643
MIYAZAKI	36	31,812		11,085
KAGOSHIMA	38	32,560	20	20,569

Present Plans call for the inclusion of an additional quarter of a million children during the first quarter of 1948 and an additional quarter of a million during the second quarter of 1948.

The Ministry of Education reports that since the launching of the School Lunch Program, an appreciable increase in the weight of the children has been determined by the nutritional surveys.

The Japanese Government has been asked to develop a plan to increase the budget for the School Lunch Program to include all kindergarden, primary, middle and high school students of the country: a total of more than 18,000,000 children. The new plan is to be effective at the beginning of the 1948 - 1949 school year and carried forward throughout that school year.

SECTION III
NURSING AFFAIRS DIVISION

The third four-month Public Health Nurse refresher course is now underway. There are 52 nurses from 42 prefectures enrolled. This course is sponsored by the National Institute of Health and every four months (December - April - August) a new group from the prefectures is enrolled. The four-month curriculum is carefully planned and supervised. During the last six weeks, the students are assigned to health centers for field training where they are taught and supervised in home visits as well as the work in the center.

Public Health Nurses' boxes have been designed and equipped by the nurses. Each nurse has her own box for field work during the training course. It is suggested that each nurse, upon returning to her prefecture, be given the necessary cooperation to enable her to set boxes and equipped for nurses in the centers.

Enclosed diagram (Incl. 1) gives size and articles needed. Each nurse will be given a Japanese copy of all the lectures on public health nursing before returning. It is suggested that prefectures have copies made to enable all the Public Health Nurses to benefit by this course. The nurses are expected to teach other nurses upon returning. All prefectures are represented at the course except the following: Yamaguchi, Fukushima, Akita and Aomori.

SECTION IV
VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reported the following new out-breaks of animal diseases during the period 7-13 December.

Prefecture	Diseases	No. Cases
Hokkaido	Swine Erysipelas	1
Saitama	Swine Erysipelas	1
Oita	Equine Encephalitis	2

SECTION
SUPPLY DIVISION

Production

The table below covers allocation of fuel for hospital use for December. Allocation tickets were mailed direct to hospitals on the 5th and 6th of December by the Ministry of Welfare. An increase of approximately 40% will be allocated for the month of January 1948. Allocation tickets for January allotment will be mailed on or about 17 December. (Unit - tons)

District	Prefectures	Standard	Substandard	Lignite	Total
Sendai	Aomori	229	300	66	595
	Iwate	154	200	120	474
	Miyagi	364	50	365	779
	Akita	160	200	201	561
	Yamagata	113	150	142	405
	Fukushima	105	200	6	311
	Total	1,125	1,100	900	3,125
Tokyo	Ibaraki	392	70	60	522
	Tochigi	106	300	30	436
	Gumma	228	300		528
	Saitama	204	200		404
	Chiba	541	200	90	831
	Tokyo	2,549	100	210	2,859
	Kanagawa	817	300		1,117
	Yamanashi	51	300		351
	Nagano	284	100		384
	Niigata	459	100		559
	Total	5,631	1,970	390	7,991
Nagoya	Shizuoka	254	100	177	531
	Aichi	212	300	108	620
	Mie	153	60	182	395
	Gifu	187		197	384
	Ishikawa	326	150	121	597
	Toyama	170	50	115	335
	Total	1,302	660	900	2,862
Osaka	Shiga	183	300		483
	Fukui	184	200		384
	Kyoto	827	200		1,027
	Osaka	1,476	340		1,816
	Hyogo	394	560		954
	Nara	45	300		345
	Wakayama	30	400		430
	Total	3,139	2,300		5,439
Hiroshima	Tottori	56	100		156
	Shimane	122	100		222
	Okayama	465	30		495
	Hiroshima	492			492
	Yamaguchi	259	100		359
	Total	1,394	330		1,724
Shikoku	Tokushima	74	70		144
	Kagawa	205			205
	Ehime	148			148
	Kochi	58			58
	Total	485	70		555

Fukuoka	Fukuoka	989	840		1,829
	Saga	244	200		444
	Nagasaki	359	40		399
	Kumamoto	356			356
	Oita	198	50		248
	Miyazaki	120	50		170
	Kagoshima	287	300		587
	Total	2,553	1,480		4,033
Grand Total		15,629	7,910	2,190	25,729

Ministry of Welfare officials state that allocations in Hokkaido are to be made by the Prefectural Governor.

The 35th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control program for 1947 indicates the following data for 30 November - 6 December:

	Total to date 29 Nov.	No. Mfgd. 30 Nov.- 6 Dec.	Total Mfgd.to date 6 Dec.	Total Shipped to date 6 Dec.	Balance On Hand	To Be Mfgd.
DDT Dusters	74,106	2,000	76,106	72,254	3,852	13,894
Sprayer, knapsack type, 3 gal.cap.	39,443	...	39,443	18,877	20,566	...
Sprayer, pump type, semi-automatic	23,808	...	23,808	13,034	10,774	...
Sprayer, hand type, 1/2 gal. capacity	37,610	300	37,910	27,603	10,307	...
	174,967	2,300	177,267	131,768	45,499	13,894

Releases of the following DDT products and typhus vaccine were approved for the period 7-13 December:

Prefecture	10%DDT Dust	5%DDT Residual Effect Spray	Typhus Vaccine
Ibaraki			400 vials
Tottori	500 lbs.		100 vials
Ehime (National Hospital)	40 lbs.		
Yamanashi	1,500 lbs.		
Gifu	30,000 lbs.		150 vials
Okayama (National Hospital)	10 lbs.	5 gallons	
Saga (National Hospital)	200 lbs.	10 gallons	
Toyama			10 vials
Fukushima			250 vials
Okayama	100 lbs.	165 gallons	
Tokyo (National Hospital)	75 lbs.	10 gallons	
Shiga (National Hospital)	60 lbs.	10 gallons	
Nara	500 lbs.	100 gallons	
Hyogo			8,500 vials
Total	32,985 lbs.	300 gallons	9,410 vials

The Ministry of Justice, in coordination with the Ministry of Welfare, has undertaken a study of requirements of typhus vaccine to immunize the inmates and officials of all the prisons, jails, reformatories, houses of detention, and DDT dust for personnel dusting, and DDT residual effect spray for use in the prison buildings and grounds. Detailed data as to the numbers of prisons, juvenile courts, juvenile reformatories and their various branches, and as to the total numbers of personnel, prison inmates and officials, was compiled and analyzed. For

the prison needs for 165,300 people, 16,530 - 20 cc. vials of typhus vaccine was calculated as adequate. This will allow for 2 cc. of vaccine per person. The program is to start immediately and carry through 1 April 1948.

For the 58 main prisons, and 100 branches thereof, the total of 129,300 lbs. of 10% DDT Dust and 41,600 gallons of 5% DDT Residual Effect Spray, sufficient for the entire needs for the year 1948, will be released for 1948, but in quarterly installments of equal 25% portions of the total requirement. For personnel dusting, one dusting per person will use 25 grams. No typhus immunization measures will be done at the Juvenile Courts because of the transient nature of the culprit's stay, only long enough to be processed and then released, or committed to the Juvenile Reformatory, where he will subsequently come up for the 2 - 1 cc. immunizing doses of typhus vaccine.

Total requirements and releases of insect and rodent control supplies for all sections of the Ministry of Justice court and prison system can be summarized as follows:

Section	10% DDT Dust	5% DDT Residual Effect Spray	Typhus Vaccine
Main Prisons & Branches	129,300 lbs.	41,600 gals.	16,530 vials
Juvenile Courts	2,746 lbs.	326 gals.	
Juvenile Remormatories and Branches	1,539 lbs.	5,100 gals.	255 vials
Total	133,585 lbs.	47,026 gals.	16,785 vials

A total of 4,063,219 lbs. of 10% DDT Dust, 176,555 gallons of 5% DDT Residual Effect Spray, and 808,912 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare as of 6 December.

Narcotics

A tour of inspection by the Narcotic Control Officer through Central Honshu revealed that codeine stocks are now reaching local wholesalers in adequate amounts as ordered. The practitioners who were inspected had ample stocks of narcotics but in some instances have not yet provided secure storage commensurate with the stocks of narcotics they are holding. Japanese narcotic agents are endeavoring to have all hospitals store their narcotics in a metal safe with combination locks.

Reports have been received of narcotic violators, who are addicts, being placed on probation. This procedure is being taken up with the Ministry of Justice so that all procurators will be instructed to demand incarceration of addicts, who have violated the narcotic laws, for at least six months in order to remove them from society for a sufficient period of time to effect a cure of their addiction. The Japanese law prohibits the use of narcotics for the treatment of addiction, the approach to the addict problem being that addicts must be placed in an institution without access to narcotics. There are no specific institutions provided for special treatment of addicts since it is felt that pampering an addict will retard rather than further cure of his addiction.

Distribution

Shipments of insect and rodent control dusters and sprayers in the period 2 - 8 December amounted to a total of 2,878 pieces of equipment. Under Ministry of Welfare direction this distribution went to 16 prefectures as follows:

Prefectures	DDT Duster	Knapsack Sprayer	Semiautomatic Sprayer	Hand Sprayer
Akita	360	0	0	48
Niigata	96	0	0	0
Fukui	96	0	0	12
Aichi	144	0	0	72
Kagawa	432	0	0	0
Miyazaki	0	12	6	0
Nagasaki	0	34	12	0
Fukuoka	0	36	18	0

Kumamoto	0	12	56	0
Kagoshima	0	12	6	0
Saga	0	12	116	0
Oita	0	12	6	0
Iwate	0	108	0	0
Tokushima	0	50	24	0
Tottori	816	0	0	96
Fukushima	0	174	0	0
Total	1,944	462	244	228

An air shipment of chaulmoogra oil from Japan is to be made to Okinawa in the very near future, to satisfy the emergency need. 84,000 cc are in the process of purification, to be ready for shipment approximately 22 December.

Effective 4 November a new price schedule for controlled medicines became effective. In coordination with Economic and Scientific Section of SCAP, the Price Board of the Japanese Government formulates these official prices. The new price schedule for 97 of the 124 items under distribution control is listed below. Items omitted are those which are currently not being distributed, such as quinine and quinine derivatives. A further study is being made of certain of these prices, which seem excessive, to determine if reductions can be made.

OFFICIAL PRICES FOR CONTROLLED MEDICINES
Effective 4 November 1947

Drug	Unit	New Price
Acetophenetidin	500 gram	Yen 2054.5
Acetophenetidin Tblets	100 tab	164
Aceto-sulfamine Injection	2 cc 10 amp	68
Acetylsalicylic Acid	25 gram	50
Acetylsalicylic Acid tablets	20 tab	25.5
Albumin tannate	500 gram	383
Alcohol	500 gram	441.5
Alcohol,diluted	500 gram	184.2
Alcohol, disinfectant	500 gram	391.5
Aminopyrine	25 gram	172.5
Aminopyrine tablets	20 tab	30
Atrophine sulfate	5 gram	6,877.50
Barbital	25 gram	217
Bismuth subnitrate	500 gram	474.5
Bismuth subsalicylate	25 gram	42
Bismuth subsalicylate injection	1 cc 10 amp	94
Bitter tincture	500 gram	411
Bromural	500 gram	1,619.00
Bromural tablets	20 tab	17
Caffeine with Sodium Benzoate	25 gram	102.5
Calcium chloride, crystallized	500 gram	92
Calcium chloride, injection	20 cc 5 amp	72.5
Calcium lactate	500 gram	460.5
Carbromal	500 gram	3,627.00
Castor Oil	500 gram	112.5
Castor Oil,aromatic	500 gram	72.8
Chiretta, Japanese	500 gram	142.5
Chloroform for anesthesia	30 gram 5 amp	354
Cresol solution compound	500 gram	167
Dextrose	500 gram	500

Digitalis	500 gram	1,479.00
Digitalis Injection	2 cc 10 amp	69.5
Ephedrine hydrochloride	25 gram	1,720.00
Epinephrine solution	1 cc 50 amp	294.5
Ether, anesthetic	25 gram 5 amp	300.5
Ethyl chloride	50 cc	115
Euipan	25 gram	708
Formaldehyde solution	500 gram	145
Glycerine	250 gram	74.5
Hydrogen peroxide solution	500 gram	81.5
Insulin	1 cc 10 amp	280
Iodine	1000 gram	700.5
Iodine, purified	500 gram	597.5
Iodine, tincture	500 gram	573
Iodine, tincture, mild	500 gram	952.5
Japan wax ointment	500 gram	206.5
Lobeline hydrochloride injection	10 amp	209
Magnesium oxide	500 gram	102.5
Mapharsen	0.04 gram 10 amp	240
Mecuric chloride disinfectant	500 gram	337
Mercurochrome	500 gram	1,834.50
Metigal	500 gram	334
Nupercaine	5 gram	354.5
Nux vomica extract	500 gram	2,160.50
Ointment,simple	500 gram	96.3
Penicillin	30,000 unit 1 amp	400
Phenobarbital	25 gram	532.5
Phenol	500 gram	264
Phenol for disinfection	500 gram	264
Potassium acetate solution	500 gram	161.5
Potassium bromide	500 gram	542
Potassium Iodide	500 gram	645.5
Procaine hydrochloride	1000 gram	16,456.00
Procaine hydrochloride injection	1 cc 10 amp	42.5
Protein silver, strong	25 gram	83
Rivanol	25 gram	348.5
Saccharin, soluble	25 gram	169.6
Santonin	500 gram	51,426.00
Santonin tablets	100 tab	244.5
Scopolamine	5 gram	5,840.00
Scopolie, extract	500 gram	3,848.00
Sesami oil	500 gram	98
Silver, colloidal	100 gram	602.5
Silver, nitrate	500 gram	1,730.00
Sodium bicarbonate	500 gram	29.5
Sodium bicarbonate tablets	100 tab	29
Sodium chloride physiological	500 cc	182.5
Sodium salicylate	500 gram	491.5
Sulfadiazine	100 gram	3,974.00
Sulfadiazine tablets	20 tab	442.5
Sulfaguanidin	500 gram	4,216.00
Sulfaguanidin tablets	20 tab	103
Sufamethylthiazole	500 gram	8,511.50

Sufamethylthiazole tablets	20 tab	207
Sulfamine	25 gram	95
Sulfamine tablets	20 tab	45.5
Sulfapyridine	500 gram	8,308.50
Sulfapyridine tablets	20 tab	193
Sulfapyridine injection	2 cc 10 amp	151.5
Sulfathiazole	500 gram	9,712.00
Sulfathiazole tablets	20 tab	224
Tar and sulphur paste	500 gram	232.5
Theophylline with sodium acetate	25 gram	503
Zinc oxide	500 gram	49
Zinc oxide in oil	500 gram	160.5
Zinc oxide ointment	500 gram	348.5
Zinc sulfate	500 gram	89

Reference is made to previous issue of the Weekly Bulletin, No. 49, 30 November - 6 December, to clarify a possible misunderstanding. The final two columns in the tabulation of santonin distribution are the totals for powder and tablets in the four month period covered. In November no powder was distributed. Distribution for November is the single column headed “Tablets”.

SECTION VI
PREVENTIVE MEDICINE DIVISION

Sanitary Engineering

Approximately 25% of the Japanese people are served by municipal water treatment plants and distribution systems. The remaining 75% obtain their drinking water from shallow wells, streams, or springs which are, for the most part, liable to dangerous polution. A large proportion of the urban population supplement the seasonally inadequate public supplies with water from private wells. It is not feasible to routinely chlorinate wells or to sterilize the water obtained from them except as an emergency measure to control epidemics of enteric disease. The only means of insuring a reasonably safe well water supply is by the proper location, construction, and maintenance of the well. The Japanese often rely on a single annual chemical or bacteriological test to ascertain the potability of a well supply. This practice should be discouraged since it provides no assurance of a continuously safe supply and often gives the well owner a false sense of security.

A shallow well, one less than 100 feet in depth, should be located at least 15 meters from nightsoil storage tanks, sewers and other sources of fecal contamination. The well site should be selected so as to provide good surface drainage to prevent puddling within four meters of the well. The well casing should be of an impervious material extending a minimum of three meters below the normal ground surface and approximately one meter above it. The usual Japanese method of construction using several sections of bell and spigot concrete pipe is not satisfactory. The well should be covered and, if possible, a pump provided. The construction of new wells for Health Centers, schools, and other public institutions should be approved by the Prefectural Health Department. It is recommended that the local health department survey existing public well supplies, both from an engineering and bacteriological standpoint, and initiate a program of corrective action.

Interpretation of Laboratory Serologic Tests

The demonstration of specific antibodies by proper serologic technique affords presumptive evidence of past or present infection with specific etiologic agents. Interpretation of results of serologic tests with specimens from patients suspected of various diseases can be made in many instances only in connection with observation of clinical symptoms of the diseases. This is particularly true when single specimens only have been submitted for examination. Unless a definite rise in titer of specific antibodies can be demonstrated during the course of disease, laboratory findings per se may be without value or actually deceiving.

If diagnostic significance is to be attached to results of serologic tests, a minimum of two serum specimens must be examined. The first specimen should be drawn as soon as possible after onset of clinical signs and symptoms and the other 10 days to 3 weeks later (see Circular 96, Headquarters 8th Army, 5 June 1947). Usually

this interval between the drawing of specimens in the acute and convalescent phases is long enough to permit a significant rise in antibody titer to be detected. However, certain neutralizing antibodies frequently appear later than other types of antibodies, and in these cases a third specimen should be drawn 6 to 8 weeks after onset.

Epidemic and Murine Typhus Fevers: Serologic tests available for aid in the diagnosis of typhus fever, either the epidemic or the murine type, include the Weil-Felix reaction, complement-fixation and reckettsial agglutination tests. Each type of reaction may become positive and reach a maximum titer different stages of the disease.

a. Weil-Felix Test: Usually between the 7th and 15th day after initial symptoms, patients suffering from epidemic or murine typhus develop agglutinins capable of clumping or agglutinating Proteus OX19. Proteus vulgeris OX19 is an O (non-motile) variant of Proteus vulgeris, a gram negative bacillus which per se has no connection with the typhus fevers. As an antigen Proteus OX19 is relatively complex. A fraction of its antigen complex apparently is also a component common to the antigen complex of the rickettsiae of epidemic and murine typhus. The consequent result in this case is para-agglutination where the agglutinins formed against a rickettsial antigen cause agglutination of an identical bacterial antigenic component. It might be expected that an antigen as complex as Proteus OX19 might also be agglutinated by antisera specific for its components not common to the rickettsia. Such is often the case. Hence, the Weil-Felix reaction, as these Proteus agglutinations by rickettsial antisera are termed, is not necessarily specific. Patients with F.U.O.'s often develop agglutinins for Proteus OX19. Such agglutinins are usually low in titer (seldom over 1:640) and their presence in the patient's serum is of short duration. Most patients having typhus fever (murine or epidemic) usually do not show complete loss of agglutinins until about the 45th day of the disease or thereafter.

Serum samples in suspected cases of typhus should be taken on or about the seventh, twelfth and sixteenth day of the disease. If the line obtained from plotting these titers shows either a straight ascent or exhibits a rise and fall, and if the clinical symptoms are compatible with a diagnosis of typhus, the Weil-Felix reaction in such a case may be considered as laboratory confirmation.

NOTE: Experience in this theatre has shown that individuals immunized against typhus may attain titers as high as 1:640 and the appearance of such titer is gradual. It should not be assumed from this and the foregoing discussion that only titers above 1:640 are significant. Bona fide cases of typhus have shown a titer line starting at 1:20 proceeding to 1:80 and thence to 1:160 with gradual diminuation after the 45th day.

b. Complement-Fixation Test: The typhus complement-fixation test, employing specially purified rickettsial antigens, is specific in the sense that it is not known to give positive results with immune serum from diseases other than typhus fever. In the absence of previous vaccination against typhus fever, a titer even as low as 1:10 can be considered positive. On the other hand, the complement-fixation test may remain positive in low titer for a relatively long period of time after recovery from the disease, so that a single low-titer reaction (1:10 to 1:40) may represent past experience with the disease and not necessarily current infection. Titers of 1:80 or greater can ordinarily be regarded as indicative of recent infection, while demonstration of a rising titer, even though the maximum level is not high, may be considered diagnostic.

In most instances, epidemic and murine typhus fevers can be differentiated from each other on the basis of complement-fixation tests in non-vaccinated individuals. When carefully washed antigens are employed, little or no cross-reaction occurs in the case of epidemic typhus. A greater degree of cross-reaction is often noted in murine typhus sera, but in the majority of cases murine antibody titer is definitely higher than epidemic antibody titer. In what appear to be intermediate cases, titer of epidemic and murine antibodies may be equal or nearly so; these cases seem to be more closely related to murine than to typical epidemic typhus fever.

In the non-vaccinated patient, complement-fixation antibody titers become positive and reach maximum levels more slowly than do either Weil-Felix or rickettsial agglutination antibodies. The reaction seldom becomes positive in less than 10 days after onset and may be delayed as long as 21 to 30 days. Negative complement-fixation results obtained on specimens drawn during the acute stage of disease or in early convalescence, therefore, do not exclude typhus fever as a diagnosis.

In the case of previously vaccinated individuals, the serologic picture may be markedly altered. A titer of 1:10 or 1:20 for epidemic antibody may be found in healthy individuals following a typhus immunization series (commercial American typhus vaccine is prepared from an epidemic typhus strain). When such individuals contract typhus fever, the complement-fixing antibody titer may become positive or show a rise in titer much more rapidly than in non-vaccinated individuals owing to an anamnestic response.

In murine typhus cases occurring in individuals immunized against epidemic typhus, complement-fixing antibody for epidemic typhus has been found often to appear earlier than murine antibody and may reach a titer as high or higher than the latter. In such cases serologic differentiation may be impossible by means of complement -fixation tests alone.

c. Rickettsial Agglutination Test: Rickettsial agglutination reactions have been found to become positive somewhat earlier in typhus fever than the complement-fixation test. The agglutination test is particularly useful in the laboratory diagnosis of murine typhus where the reaction appears to show positive results with greater regularity than is the case with complement-fixation with purified rickettsial antigens. While a cross-reaction is almost invariably found, agglutination titer usually is significantly higher for the specific typhus strain causing the disease; this has been found to be true also in the case of murine typhus patients who have been immunized with epidemic typhus vaccine.

The limiting factor in the use of the rickettsial agglutination test for routine laboratory diagnostic procedures is the relatively large amount of antigen required for the quantitative test as compared with that required for complement-fixation. (To be continued in Weekly Bulletin #51).

SECTION VII
MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 21 November 1947 shows 3,400 hospitals with a capacity of 211,183 beds of which 97,218 were occupied. During this same period 309,377 out-patients were treated.

SECTION VIII
SOCIAL SECURITY DIVISION

Seamen's Insurance

The Diet on 9 December passed amendments to the Seamen's Insurance Law to provide Unemployment Insurance and Unemployment Allowances for seamen in the same manner as recent legislation accorded protection to landworkers.

National Health Insurance

A survey of National Health Insurance activities was made in Yamagata prefecture. Although the National Health Insurance associations there are beset with financial difficulties, the situation in general compared favorably with that in other areas visited. In only one town in the prefecture have the people voted to dissolve their association. Ninety-four percent of the population enjoys National Health Insurance protection. The average annual premium is about 600 yen per family, which represents approximately 2% of income in rural areas. For this contribution, subscribers are entitled to medical and hospital service of all types, to the extent of half their bills.

SECTION IX
VITAL STATISTICS DIVISION

The Ministry of Welfare called a two-day conference at Yugawara on 12 December of all statistical units in the prefectural health offices. Representatives numbering 120 were present from all prefectures, the five largest cities and eight members of the field staff of public health statistics of the Ministry. All prefectural health offices are now expected to have specific public health statistics units.

During the preceding week, more than 100 representatives from health centers gathered in Kyoto from Kyushu, Shikoku and the southern part of Honshu, where they were informed of their part in the nationwide program to obtain better public health statistics.

Budget and personnel matters were discussed. Beginning 1 January 1948, all schedules (transcripts of original registrations) will be routed to the Ministry of Welfare through the health centers and the prefectural health statistics offices. This will make it possible to put this information to work at the local and prefectural levels.

SECTION V
NUTRITION CONSULTANT

A revision of the Ministry of Welfare Ordinance on “Regulation for Qualification of Nutrition Specialists”, which provides for raising the educational standards for Nutritionists, was passed by the Diet and became a law 7 December.

The Nutrition Society of Japan held their Second Annual convention in Tokyo 10 December. Col. C. F. Sams, Chief, Public Health and Welfare Section, and the Chief Nutrition Consultant, PH&W, SCAP, addressed the group of over 900 members. Both officers stressed the need for sound training in the field of nutrition so as to use their technique for making the best use of food production and distribution to satisfy nutritional needs of the Japanese, not only for calories, but for vitamins and minerals necessary for health.

SECTION XI
MEMORAMDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl: Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 6 December 1947.

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

WEEKLY BULLETIN

For Period
15 December - 21 December
1947
NUMBER 51

SECTION I
GENERAL

The 1948 Budget

The beginning of the Japanese government fiscal year is 1 April. Prefectural Health Departments should be encouraged at this time to complete the planning of their 1948 health programs and to make estimates of the funds required to carry out their projects. During the 1947 fiscal year the percentages of the prefectural budgets allocated to public health varied from a fraction of 1% to 2% with only a few prefectures exceeding this latter figure. Surveys show that well-rounded health programs cost a minimum of 5% of the total budget with 10% a desirable level. Now is the time to plan! Military Government Health Officers should use their influence to determine that at least 5% of the total prefectural budget is allotted to public health programs.

SECTION II
WELFARE DIVISION

Proposed Organization of Prefecture Welfare Departments

In order to carry out the provisions of Article 158 of the Local Autonomy Law which was recently amended by the Japanese Diet, the Ministry of Welfare will dispatch instructions to the prefecture governors. These instructions will set forth the organization of the Welfare Department (Minsei-bu) which is to be organized in each prefecture when the amendments to the Local Autonomy Law become effective on 1 January 1948. The change in the law will not effect the organization of the Welfare Department in Tokyo and a few other large prefectures such as Osaka where a separate Welfare Department has already been created.

In all of the prefectures other than Tokyo, Osaka, Hyogo, Aichi, Kanagawa and Fukuoka the Welfare Department will consist of at least four sections: Welfare (Kosei-ka), Children (Jido-ka), Insurance (Hoken-ka) and Demobilization (Sewa-ka). The duties assigned to each of these four sections are as follows:

1. Welfare Section (Kosei-ka)
    a. Survey and planning of social work
    b. Training and education of those concerned with social work.
    c. Guidance and supervision of social work organization and institutions.
    d. Welfare Committeemen (Minsei-iin).
    e. Administration of Daily Life Security Law.
    f. Repatriates relief.
    g. Disaster relief.
    h. Public pawn shops, bath houses, dining halls and welfare institutions.
    i. Protection of the physical handicapped.
    j. Problems of socially ostracized groups (such as Eta).
    k. Supply of relief and aid materials.
    l. Work shops and home job facilities.
    m. Matters relating to social work not handled by other divisions.

2. Children's Section (Jido-ka)
    a. Overall planning on child welfare.
    b. Child Welfare Law administration.
    c. Cultivation and publicizing idea on child welfare.
    d. Cultural program for children.
    e. Prevention of delinquency among children.
    f. Supply of materials required for protection of children.
    g. Survey and statistics on children.
    h. Protection of mothers and children.
    i. Matters relating to children not handled by other divisions.

3. Insurance Section (Hoken-ka)
    a. Health Insurance
    b. Seamen's Insurance.
    c. Welfare Pension Insurance.
    d. National Health Insurance.

e. Matters relating to social insurance not handled by other divisions.

4. Demobilization Section (Sewa-ka)
   a. Counseling for ex-servicemen and former civilian employees of Army or Navy.
   b. Salaries and other allowances for "the bereaved families of fallen ex-servicemen" and former civilian employees of army or navy.

In the prefectures of Osaka, Aichi, Kyoto, Hyogo, Kanagawa and Fukuoka, a total of five sections within the prefecture Welfare Department has been authorized as follows: Social Affairs (Shakai-ka), Protection (Hogo-ka), Children, Insurance and Demobilization. In these prefectures the Protection Section will be responsible for administration of the Daily Life Security Law, repatriate relief programs and disaster relief. The Social Affairs Section will be assigned the other responsibilities listed above as assigned to the Welfare Section. The functions of the Children's Section, the Insurance Section and Demobilization Section remain the same in all prefectures.

There is a definite relationship between the functions of various bureaus within the national Ministry of Welfare and the sections of the prefecture Welfare Department (Minsei-bu):

Bureau of Ministry of Welfare	Section of Prefecture Welfare Department
Social Affairs (Shakai Kyoku)	Welfare (Kosei-ka). In large prefectures: Social Affairs (Shakai-ka) and Protection (Hogo-ka)
Children (Jido Kyoku)	Children (Jido-ka)
Insurance (Hoken Kyoku)	Insurance (Hoken-ka)
Demobilization (Fukuin-Kyoku)	Demobilization (Sewa-ka)

Attention is called to the fact that the amendment to Article 158 of the Local Autonomy Act does not become effective until 1 January 1948 which means that changes in prefecture organization will not be required until after that date. Under the revised organization the labor functions now included in many Welfare Departments will be transferred to the Economic Affairs Department. The combination of education, labor, health and welfare activities within the same department, which is the present plan of organization in some prefectures, will no longer be authorized.

Transfer of First Demobilization Bureau

The Japanese Government was directed to transfer the First Demobilization Bureau (including all local agencies under its operational control, such as Home Depot Bureau, Demobilization Liaison Offices and their branches) intact to the jurisdiction and control of the Ministry of welfare, the transfer to be completed on or before 15 October. Reference: Memorandum for Japanese Government, SCAPIN 1791 dated 4 October, subject: Demobilization Machinery, Reorganization of. The First Demobilization Bureau is now, therefore, a part of the Ministry of Welfare. The bureau is continuing its functions of demobilization and repatriation of the former Japanese Army personnel. The same directive orders the complete elimination of the Second Demobilization Bureau by 1 January 1948 and transfer of remaining functions and personnel to the Ministry of Welfare.

Within the prefectural government the functions of the national Demobilization Bureaus are carried out through Demobilization Sections (Sewa-ka) of the Welfare Department (Minsei-bu). In many prefectures there are two sections carrying on this work, one known as the First Demobilization Section (Dai-Ichi, Sewa-ka) and the Section Demobilization Section (Dai-Ni, Sewa-ka). In accordance with the provisions of SCAPIN 1791 the Japanese government is preparing a detailed plan "for the effective ultimate elimination of separate demobilization agencies and the efficient and gradual absorption of all necessary remaining functions ** into the permanent administrative structure of the Japanese Government".

Children's Bureau, Ministry of Welfare

A plan for the reorganization of the Children's Bureau of the Ministry of Welfare has been developed and will be placed in effect during the current month. This bureau which was established within the Ministry of Welfare in March, previously carried on its work through three sections. (reference: PHW Weekly Bulletin #46, for period 9-15 November). The reorganization plan calls for the expansion of the Bureau to include four sections. It is expected that the reorganized Bureau will be able to more effectively carry out the provisions of the new Child Welfare Law which becomes effective 1 January 1948. The four sections of the Bureau are: Planning, Child Protection, Child Care and National and Child Health.

The responsibilities of the Bureau are assigned to the four sections as follows:

1. Planning
    a. Dissemination of child welfare information and other matters for the promotion of child welfare.
    b. General supervision of the administration of the Child Welfare Law.
    c. Child Welfare Boards.
    d. Child Welfare officials and Child Welfare workers.
    e. Child Welfare Stations.
    f. Surveys and statistics concerning children.
    g. Other matters not belonging to other sections.

2. Child Protection
    a. Orphans and orphanages.
    b. Protection of homeless, mentally handicapped and vagrant children.
    c. Prevention of delinquency; juvenile training and education institution (Kyogo-in).
    d. Foster home program.
    e. Prevention of cruelty to children.
    f. Supplies necessary for child protection.

3. Child Care
    a. Day nurseries and nursery teachers
    b. Foundlings
    c. Mothers homes (Boshi-ryo) and protection mothers with dependent children.
    d. Children's recreational agencies.
    e. Cultural development of children.

4. Maternal and Child Health

    a. Health of Infants and pre-school children, expectant and nursing mothers.
    b. Special nutrition for infants and pre-school children and expectant and nursing mothers.
    c. Prevention of special diseases of the infants and pre-school children and expectant and nursing mothers.
    d. Guidance of work of midwives and maternity agencies.
    e. Health of children not included above.
    f. Health of delicate and crippled children.
    g. Miscarriage and still-birth.

In the prefectures, the responsibilities of the planning, child care and child protection sections are assigned to the children's section of the prefecture Welfare Department (Minsei-bu) while responsibility for the maternal and child health program is assigned to the prefecture Health Department (Eisei-bu).

Vagrant and Homeless Children

Reports received from Military Government Teams indicate the problem of vagrant children continues to require attention. The program providing care for such children was established by the Ministry of Welfare in a directive issued on 15 April 1946, subject: Execution of Emergency Measures for the Protection of Waifs and Other Children (Reference: Inclosure 4 to Operational Directive No.9, dtd 14 January 1947. Hdq. Eighth Army). This program remains in operation until it is taken over under the new Child Welfare Law. The following statements which indicate the nature of the problem are quoted from Military Government Monthly Activity Reports for November:

"A Plan has been adopted for the care of juvenile vagrants found in the streets, railroad stations or other like places. Instructions have been sent to all the police stations to pick up vagrant children and immediately notify the Prefectural Social Welfare Section. If there is a children's institution in the vicinity, the child should be placed there pending further plans; if there is no such place and the child must be held overnight in the police station, he must not be placed with adult criminals. The Welfare Section will make arrangements for him to on the following morning.

"Seven children were picked up during the month and placed in Kosei-en Orphanage. One nine-year old boy was so ill that he died. Three older boys ran away. Two are making a good adjustment in the Home. The

seventh child was returned to his father through the cooperation of the Legal and Public Welfare Sections of Military Government and the Prefecture. He was eight years old and had been held for eight days in Urawa jail by the police because they had difficulty locating his relatives. The Legal Section handled the matter of the police holding a vagrant child in jail so long. The head of the Prefectural Social Welfare Section interviewed both the boy's father, who lives in Tokyo, and the child who previously had lived with adopted parents in Chiba Prefecture. It was decided the boy would return to the home of his father and the Saitama Welfare Section would refer the case to Tokyo Welfare Section for supervision."

"A total of ten children were picked up in front of the Kagoshima Railway Station. These children were sent to the Jimpuryo Orphanage for care and treatment."

"An adoption campaign is being carried on by Doho Engo Kai (a private organization) in Miyagi Prefecture, which is to be a part of a national campaign. Bulletins with pictures of all orphans, and homeless children in institutions, were placed in prominent downtown areas and numerous applications for adoptions were received. Several children were reunited with their families. Social investigations are being made on applications before a child is adopted."

Licensed Agencies for Relief in Asia (LARA)

The 38th overseas shipment of relief supplies to LARA arrived aboard the S.S. Scott E. Hand at Yokohama on 13 December 1947. This shipment contained 29.9 tons of food items.

SECTION III
NURSING AFFAIRS DIVISION

Public Health Education (Summary of Details Pertaining to P.H. Course)

Four-month Refresher Courses for Public Health Nurses are given by the Institute of Public Health, Tokyo, with classes starting April, August and December.

Prefecture Health Departments are notified of details prior to beginning of each course. Military Government Public Health Nurse or the Public Health Officer in each Prefecture should supervise the selection of each candidate and their assignment upon return.

Candidates should as nearly as possible meet the following qualifications:

1. A person who has been and will be in a supervisory position in a Health Center, Public Health Nurses training school, or a prefectural health office.

2. A person who is between 23 and 40 years of age and in good physical condition.

3. One who has a Public Health Nurse's certificate.

Cost to prefecture for four-month period averages 7200 yen plus round trip travel expenses. Dormitory accommodations are provided by the Institute for those who do not live in Tokyo.

Courses consist of ten weeks of theory and six weeks of practical training. American nurses are rendering direct assistance and supervising the training programs. Upon the student's return to the prefecture they should be able to provide leadership in the improvement of public health nursing services and nursing schools.

Curriculum	Hours	Instructor
Public Health Nursing	44	P.H. Nurse
Public Health Administration	10	Physician
P. H. Nursing (History & Trends)	4	P.H. Nurse
Introduction to Public Health	4	Physician
Sanitation	8	Physician
Psychology	10	Psychologist
Sociology	4	Sociologist
Social Services	10	Social Worker
Maternity	12	Physician
Maternity Nursing	12	P.H. Nurse
Nursing Procedures	28	P.H. Nurse
Principle & Method of Teaching	10	P.H. Nurse
Vital Statistics	8	Physician
Mental Hygiene	8	Physician
Infant & Preschool	12	Physician
Infant and Preschool Nursing	14	P.H. Nurse
Communicable Disease	16	Physician
Communicable Disease Nursing	8	P.H. Nurse
Health Education	12	Physician and P.H.N.
School Hygiene	4	Physician
School Nursing	10	P.H. Nurse
Oral Hygiene	4	Physician
Nutrition	18	Nutritionist
Tuberculosis	10	Physician
Tuberculosis Nursing	10	P.H. Nurse
Venereal Disease	10	Physician
Venereal Disease Nursing	10	P.H. Nurse
Public Health Nursing Supervision	14	P.H. Nurse
Total hours	314	

The following eight health centers are being used for the students field work; Tokyo Central, Suginami, Adachi, Shinagawa, Setagaya, Shinjuku, Tokorozawa, Urawa.

SECTION IV
VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of animal diseases for the period 14 - 20 December:

Prefecture	Disease	No. of Cases
Kanagawa	Swine Cholera	1
〃	Swine Erysipelas	1
〃	Swine Plague	1

Monthly Animal Disease Report

Following is a summary of the monthly animal disease report for November submitted by the Ministry of Agriculture and Forestry.

	NO. OF CASES	
DISEASE	October	November
Blackleg	1	0
Brucellosis	1	16
Trichomoniasis	224	152
Texas Fever	71	0
Equine Infection Abortion	13	66

Swine Erysipelas	89	3
Swine Plague	2	0
Swine Cholera	8	0
Strangles	235	131
Rabies	9	0
Equine Infection Anemia	202	66
Equine EFncephalitis	662	25
Pullorum Disease	3547	5570

SECTION V
SUPPLY DIVISION

Production

A breakdown of solid fuel allocation, by prefectures, for hospital use for January 1948 is tabulated below. Allocation tickets covering this quantity were mailed by Ministry of Welfare direct to hospitals on 16th and 17th December. (Unit: Ton)

District	Prefecture	Standard	Substandard	Lignite	Total
Sendai	Aomori	283	600	400	1,283
	Iwate	275	410	300	985
	Miyagi	524	100	405	1,029
	Akita	273	410	300	983
	Yamagata	220	300	305	825
	Fukushima	125	200	300	625
	Total	1,700	2,020	2,010	5,730
Tokyo	Ibaraki	369	120	-	489
	Tochigi	105	500	100	705
	Gumma	228	500	-	728
	Saitama	228	400	100	728
	Chiba	539	400	16	955
	Tokyo	2,766	300	310	3,376
	Kanagawa	838	500	10	1,348
	Yamanashi	49	500	-	549
	Nagano	299	200	-	499
	Niigata	479	100	-	579
	Total	5,900	3,520	536	9,956
Nagoya	Shizuoka	365	210	400	975
	Aichi	215	510	525	1,250
	Mie	268	110	400	778
	Gifu	243	-	412	655
	Ishikawa	250	300	400	950
	Toyama	224	100	400	724
	Total	1,565	1,230	2,537	5,332
Osaka	Shige	188	510	-	698
	Kyoto	732	600	-	1,332
	Osaka	1,492	500	-	1,992
	Hyogo	388	600	17	1,005
	Nara	44	500	-	544
	Wakayama	30	600	-	630
	Fukui	181	400	-	581
	Total	3,055	3,710	17	6,782
Hiroshima	Tottori	110	100	-	210
	Shimane	178	100	-	278

	Okayama	537	100	-	637
	Hiroshima	685	170	-	855
	Yamagata	460	200	-	660
	Total	1,970	670	-	2,640
Shikoku	Tokushima	60	140	-	200
	Kagawa	231	-	-	231
	Ehime	230	-	-	230
	Kochi	109	-	-	109
	Total	630	140	-	770
Fukuoka	Fukuoka	1,083	-	-	1,083
	Saga	266	400	-	666
	Nagasaki	412	30	-	442
	Kumamoto	373	-	-	373
	Oita	221	100	-	321
	Miyazaki	120	100	-	220
	Kagoshima	305	500	-	805
	Total	2,780	1,130	-	3,910
	Grand Total	17,600	12,420	5,100	35,120

The 36th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control programs for 1947 indicates the following data for 7 - 13 December:

	Total to date 6 Dec.	No. Mfgd. 7-13 Dec.	Total Mfgd. To date 13 Dec.	Total Shipped to date 13 Dec.	Balance On Hand	To be Mfgd.
DDT Duster	76,106	-	76,106	72,254	3,852	13,894
Sprayer, Knapsack type, 3 gal. cap.	39,443	-	39,443	19,053	20,390	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	13,126	10,682	-
Sprayer, hand type, 1/2 Gal. capasity	37,910	-	37,910	27,703	10,207	-
Total	177,267	-	177,267	132,136	45,131	-

Releases of the following DDT products and typhus vaccine were approved for the period 14-20 December:

Prefecture	10% DDT Duster		5% DDT Residual Effect Spray		Typhus Vaccine	
Mie					1,000	vials
Ishikawa	5,000	lbs.				
Miyazaki (Nat'l Hospital)	125	〃				
Tottori (Nat'l Hospital)	21	〃				
Tochigi (Na'l Hospital)	90	〃	215	gallons		
Chiba (Nat'l Hospital)	3,960	〃	330	〃		
Kumamoto (Nat'l Hospital)	280	〃	240	〃		
Kyoto (Nat'l Hospital)	160	〃	150	〃		
Oita (Nat'l Hospital)	40	〃	25	〃		
Osaka (Nat'l Hospital)	890	〃	20	〃		
Hakodate (Quarantine Station)	4,000	〃	50	〃		
Miyagi	30,000	〃				
Ministry of Transportation			25,000	〃		
	44,566	lbs.	26,030	gallons	1,000	vials

The Animal Hygiene Section, Livestock Bureau, Ministry of Agriculture and Forestry, in coordination with the Pharmaceutical Affairs Section, Medical Bureau, Ministry of Welfare, has undertaken a study of requirements of DDT dust and spray for dusting of livestock animals and for residual spraying of stables, farms, livestock experiment and quarantine stations. Detailed data as to the numbers of livestock animals, fowl, barns, stables, experiment stations, and as to the diseases prevalent in the livestock and fowl of the various prefectures, was compiled and analyzed.

Responsibility for the accomplishment of this program rests with the Hygiene Section of Wakayama and Yamanashi, the Agricultural Administration Section of Yamaguchi, the Agricultural Section of Tokyo, Toyama, Mie, Fukui, Shimane, Tokushima, and the Livestock Section of the 37 prefectural government other than those stated previously.

Total requirements for the 1948 program were calculated as 131,960 lbs. of 10% DDT dust and 26,125 gallons of 5% DDT residual effect spray. Plans, as formulated, call for dusting and spraying operations to be carried out four times during the year, once per quarter. The necessary DDT products for 1948 will be released to the Animal Hygiene Sections of the Various Prefectures, but in quarterly installments of equal 25% portions of the total requirement.

A total of 3,834,735 lbs. of 10% DDT Dust, 145,445 gallons of 5% DDT Residual Effect Spray, and 794,446 vials of Typhus Vaccine represents total stocks on hand in wholesale warehouses of the Ministry of Welfare as of 13 December.

Distribution

During the period 9 December to 15 December a total of 368 sprayers were shipped under Ministry of Welfare supervision to three prefectures, as follows:

Prefecture	Knapsack Sprayer	Semi-automatic Sprayer	Hand Sprayer
Osaka	0	0	28
Hiroshima	176	12	72
Ehime	0	80	0
Total	176	92	100

No DDT dusters were shipped during this period.

Phenylthiourea is a drug used as an anthelmintic in Japan. It is distributed outside of control channels. In the seven month period April through October 1947 a total of 20,304 kilograms of this drug have been manufactured in Japan. According to Ministry of Welfare officials phenylthiourea is used in the preparation of the following medicines

CHI-O-TAN CHI-O-SIRIN "KONGO" PARASANTE KOI-PAPAJIN APARASIN
NEO-SANTOCIN PHENYL-THIO-URETHAN ANSEL "NIKKO"-KAICHYUKUJOYAKU

During a recent tour of inspection in Kyushu, a representative of Public Health and Welfare Section, Supply Division, received complaints of shortages in supply of cotton sanitary materials. Ministry of Welfare reports that deliveries to the seven prefectures concerned from June to October 1947 were made us listed below:

	Absorbent Cotton	Gauze Unit: Pce.		Bandage Unit: Pce.	
Prefecture	Unit : Lbs.	10 Meter	1-meter	9 Meter	4.5−meter
Fukuoka	50,795	5,900	27,840	8,298	11,790
Saga	14,824	1,350	4,980	5,197	2,920
Nagasaki	14,787	2,200	11,945	6,060	4,752
Kumamoto	5,690	3,250	9,360	6,484	5,086
Oita	12,060	2,500	6,745	5,186	4,068
Miyazaki	9,733	2,150	7,440	3,370	2,644
Kagoshima	9,942	3,200	11,570	5,967	4,680

Narcotics

The procedure of procurators making demands for comparatively slight punishment of narcotic addicts two have been apprehended for violation of the narcotic law will be stopped immediately according to information received from the chief of the Criminal Affairs Section, Ministry of Justice. That addicts and other narcotic violators be dealt with severely was brought to the attention of the Ministry of Justice through a report received that a Japanese, who was a civil engineer contractor and an addict, was arrested in May 1947 for violation of the narcotic laws. He was found guilty and sentenced to six months penal servitude and a fine of 1,000 yen. However, he received a suspended a sentence, being fined the 1,000 yen but was not subjected to penal servitude. In November this same addict sold narcotics to Japanese narcotic agents working in an undercover capacity. The investigation preceding his arrest reveals that he has been selling narcotics in considerable amounts to street girls since receiving the suspended sentence. The Ministry of Justice stated that procurators will be immediately notified to demand heavier sentences for all narcotic violators and to particularly demand that addicts be sentenced to confinement, and that if any probation is provided, it should follow the period of confinement in order to insure that the addict is not free to again violate the narcotic laws.

Reports continue to be received that hospitals are losing comparatively large stocks of narcotics because of their failure to provide steel safes with combination locks. Recent reports show that the mere locking of a cabinet or room is not sufficient since the hospitals are being burglarized by people breaking open windows to reach the narcotic storage space and then using levers to pry open locks. Nothing short of a heavy metal safe with a combination lock will be considered safe storage for hospital narcotics by the Narcotic Section, Ministry of Welfare.

An addict in the Tokyo area was recently arrested an investigation lasting throughout 1947. This addict posed as a doctor and a technician qualified to check and repair prescription scales, and while engaged in this activity he would steal narcotics, usually a 5-gram bottle of morphine. In Tokyo alone the addict has successfully used the ruse to steal narcotics from ten hospitals and had operated in five other prefectures. Hospitals are being warned that only authorized persons should have access to their prescription rooms and that narcotics must be returned to the safe immediately after each narcotic prescription is filled. Thefts of narcotics in Japan can be curtailed only by prefectural narcotic officials issuing strict instructions to registrants, particularly hospitals, and by maintaining close surveillance to determine that these instructions are fully complied with.

SECTION VI
PREVENTIVE MEDICINE DIVISION

Typhus Fever

The recent outbreak of typhus fever in Osaka is proof that this disease is far from being eradicated in Japan. Japanese prefectural health authorities have lapsed into the same stage of lethargy exhibited by them in the beginning of the 1945 - 1946 typhus epidemic. Then, as now, they refused to believe that typhus fever could ever reach epidemic proportions. During 1946, nearly 32,000 cases of typhus occurred, which were finally subdued after a great expenditure of effort and money. After a strenuous control program in 1946 and early 1947, only 1200 cases were reported from 1 January to 1 December. Japanese officials have relaxed their efforts in typhus fever control as evidenced by the fact that only 20 persons, previously trained in typhus control work, could be gathered together in Osaka to meet the recent emergency there. Winter has set in nearly a month earlier than last season: with the advent of cold weather the typhus incidence has suddenly increased. Comparative Japanese figures for 1946 and 1947 follow:

	1946	1947
November	152	19
December	105	23 (up to 15 Dec.)
		49 (up to 20 Dec.)

Case incidence in 1947 in December is still low as compared to 1946, but close liaison must be kept with prefectural health officers if a severe typhus epidemic is to be averted.

Tuberculosis Control

Upon return from a recent survey trip and reviewing program for the control of tuberculosis it is felt that work of the Health Centers should have special attention.

The physical setups are usually available and there is some personnel already familiar with the work. These people need actual instruction in the development of their clinics. It must be really elementary. Taking it up step by step eg., the contact; the patient; a planned schedule for the patients return; a planned schedule for the various clinics; nurses home visits, etc. There is an assembly room in almost all Health Centers. This space is not used for group meetings as frequently as it should be. Lack of electric power at night, lack of fuel for heating, makes planning for night educational meetings difficult in the winter season. But plans could be made to use this space for demonstrations, exhibition, talks on health and control of diseases.

Typhoid Fever Immunization Program

Reference is made to Section 5, Weekly Bulletin #46. Reports indicate the number of persons who have completed a full course of TAB innoculations is extremely disappointing. The last report received 15 December revealed only 25,000,000 out of 65,000,000 have completed the full course of innoculations. The Preventive Medicine Bureau, Ministry of Welfare sent a memorandum each prefecture (YO HATSU NO.922) on 24 November instructing them to complete their immunization program and to render weekly reports. The Memorandum referred to above indicates that they expect Military Government to exercise surveillance over this program. Either this program is less than 50% completed or reports rendered to the Ministry of Welfare do not indicate the true number immunized. Military Government Health Officers are urged to give this matter their personal attention to determine this program is completed without delay and that proper reports are rendered by the prefectures to the Ministry of Welfare. The new immunization law now nearing completion will require typhoid immunization.

Public Health Refresher Training Courses

Reference is made to Section 5, Weekly Bulletin #49. Military Government Health Officers are reminded that two new refresher training courses, one for Health Officers and one for Sanitarians, will open at the Institute of Public Health in Tokyo on 9 January 1948. The importance of these courses cannot be over emphasized and Military Government Health Officers should surveil the selection of personnel to be sent to Tokyo, also that prefectures make proper financial arrangements for the support of these students while in attendance at these courses.

Health Centers

Reference is made to Section 5, Weekly Bulletin #41. The supplementary budget has now passed the Diet and provides some money for the expansion and improvement of Health Centers. Ministry of Welfare is now in the process of preparing:

a. An ordinance promulgating the Health Center Law.
b. Enforcement regulations to the Health Center Law.
c. Instruction relative to the operation and management of Health Centers.

These documents are being reviewed to make them as clear and complete as possible. When completed, they will be issued to the prefectures by the Ministry of Welfare. In the meantime, Military Government Health Officers can accomplish a great deal by cleaning up and improving the present facilities of Health Centers and properly utilizing personnel now on duty in the Health Centers. In order to avoid confusion, it is suggested that the matter of reorganization be delayed until instructions are received by the prefectures from the Ministry of Welfares. When these instructions are dispatched, English translations will be sent to Military Government teams for their guidance. Military Government reports indicate that Military Government Health Officers are manifesting a keen interest in the Health Center Organization. This is most encouraging. Military Government Teams will be furnished as much information as possible, for their guidance in carrying out the Health Center Program. It is important that each Military Government Health Officer and the Prefectural health officer follow the same basic pattern in the development of the Health Center Program.

Sanitary Teams

A letter from the Preventive Medicine Bureau, Ministry of Welfare, to the Prefectural Governors relative to insect and rodent control in 1947, required that special insect and rodent control teams be organized, one team per 10,000 population. This letter also specified that, where necessary, one other control team should be organized per every 2,000 people. Early in 1947 a policy was established that the special teams should be comprised of six men, employed on a full time basis, for the sole purpose of insect and rodent control. Initially these teams were to operate during the insect season, from May to October, but latter it was recommended that they be employed on a year around basis, carrying out mosquito and fly control during the summer and rodent and louse control during the

winter. The required number of special teams was attained in only a few prefectures during the summer of 1947 due to local financial problems and the inadequacy of the national subsidy. However, a large number of teams were employed and their work was reasonably satisfactory. Inspections made during the months of November and December indicate that the number of special teams has fallen to a dangerously low level and those in existence are for from sufficient to cope with the typhus control problem. In many areas these teams are completely nonexistent, a condition which many Public Health Officers are not fully cognizant.

It is essential that special full time sanitary teams be hired and maintained on a year around basis. This must be done immediately so these teams may serve as a nucleous of the typhus control organization. Furthermore, the prefectural Health Departments should be encouraged at this time to lay plans for the 1948 season in order that sufficient funds be allocated in the 1948 budget to support these year-around teams during the coming fiscal year which begins on 1 April. It should be emphasized that the sanitary team is not a temporary stopgap measure but a permanent integral part of the public health organization and as such their numbers should be within the economic capabilities of a prefecture and not subject to seasonal fluctuations.

Sanitary Association

The Epidemic Prevention Act of 1897 permitted local governors to establish Sanitary Associations within a particular geographical or political unit. After the establishment of such an association all residents within the designated area were compulsory members subject to levy of dues. Upon non-payment of dues, they were subject to the same penalty as for the non-payment of taxes. In 1943 they were incorporated into the Tonari-Gumi neighborhood association becoming the Health Branch or Eisei Kumiai of this organization. As such, their affairs were controlled by the local political chief. The Tonari-Gumi was abolished as of 1 April 1947 by a SCAP Directive and the activities of the Eisei Kumiai suspended. The Ministry of Welfare has reported that as of 28 February 1947, 57,620 such associations were in existence with a total membership of 9,848,545. The activities were coordinated through a federation of sanitary associations that extended from the highest to lowest level of government. These associations were charged and held responsible for the carrying out of mass immunization programs, public health education to encourage the participation in such programs, the reporting of contagious diseases to ward offices, the direction and execution of community cleaning programs, the collection and disposal of garbage and refuse, insect and rodent control, and other functions related to public health and public works. The Tonari-Gumi and the local police departments assisted in enforcing sanitary regulations on the members of the Eisei Kumiai. Subsides were even given to these associations by the local and national governments.

The history of the Eisei Kumiai would indicate that it was far from a democratic non-political organization. The reactivation of this group is being encouraged by many prefectural health departments in an effort to alleviate some of their financial problems by placing the burden of public health on the people they should be serving. All the phases of public health are the responsibilities of the local and prefectural governments and it is planned that they will become the exclusive functions of the district health center or city health office. Although in many instances these associations have proven to be valuable aids in the control of epidemic diseases they should not be held responsible for or be ordered to carry out any public health or public works programs which should be the responsibility of a governmental organization.

Neighborhood sanitary associations, providing they are a non-political voluntary group organized and operated in a democratic manner, are not illegal and should not be suppressed. However, it is recommended that their formation be discouraged as they cannot assume government functions. Continuous streets must be placed on the necessity of strong prefectural and municipal health organizations capable of carrying the responsibility formerly charged to the Eisei Kumiai.

Interpretation of Laboratory Serologic Tests (Continued from Weekly Bulletin #50)

Influenza: The influenza virus erythrocyte agglutination-inhibition technique is now extensively in laboratory influenza diagnostic procedures. Chicken or human “O” type red cells are most commonly used. Convalescent serum from influenza patients contains specific antibodies which inhibit the ability of the causal influenza virum strain to agglutinate erythrocytes. Duplicate serum specimens (acute phase and convalescent phase) are essential in this test since a large proportion of apparently normal individuals show a relatively high antibody content either as a result of past experience with the disease or following immunization with influenza virus vaccine. Only a four-fold or greater rise in antibody titer can be considered significant for diagnostic purposes (i. e. an increase from 1:64 to 1:256, or from 1:256 to 1:1024 or greater).

Influenza virus agglutination-inhibition tests at present are carried out employing influenza A (PP8 strain) and influenza B (Lee strain) viruses as antigens. Negative reports with these strains (no increase in titer of second specimen over that of first specimen) mean only the disease was not due to infection with influenza virus antigenically related to either of these strains, or that specimens were drawn at the wrong states of illness. Influenza antibodies appear were rapidly in blood serum than many other types of antibodies, and if the acute phase specimen is drawn too long after onset, a significant rise in antibody level in the convalescent phase specimen many not be demonstrable.

Virus Diseases of the Central Nervous System

The most commonly employed serologic tests for laboratory diagnosis of virus diseases of the central nervous system are complement-fixation tests and neutralization (virus inactivation) tests. In both cases, the same general remarks as applied to other serologic tests are also applicable here.

a. Complement-Fixation Tests: Virus antigens employed in complement-fixation reactions are generally purified or partially purified extracts of infected animal or chick embryonic tissues. As controls for antigen specificity, extracts of normal tissues are prepared and used in the same manner, and the test set up with a battery of antigens prepared from related viruses.

Experience has indicated that in the case of Japanese B Encephalitis, ordinary immunization procedures induces only negligible response if any in complement-fixing antibodies, with the possible exception of very young children. However, in endemic areas such as exists in certain parts of Japan and Okinawa, sub-clinical attacks of the disease may be responsible for antibodies demonstrable by means of the complement-fixation test. Here again it should be remembered that serologic evidence of a current infection can be considered conclusive only when a change from negative to positive occurs, or where at least a four-fold increase in antibody contest can be shown during the course of disease.

Complement-fixing antibodies for virus CNS diseases can, in general, not be expected to appear in measurable amounts in serum in less than 10 to 14 days after onset.

b. Virus Neutralization Tests: Specific antibodies which neutralize or inactivate the causal virus agents tend to appear somewhat later and persist for a longer period of time than do complement-fixing antibodies. In lymphocytic choriomeningitis, neutralizing antibodies may not be found in detectable quantity until almost two months after onset of the disease. Again, demonstration of a significant rise in specific antibody content alone can be considered as of conclusive diagnostic value.

Febrile agglutinations

Typhoid: Only O agglutinations should be requested. If a significant rise in titer is obtained in the course of the suspected case of typhoid fever, a Vi agglutination should be requested also. (Typhoid diagnosis is more easily made on blood culture than by agglutination).

Paratyphoids: As above. Confirmation by blood culture.

Brucella: Seldom in chronic cases of brucellosis are agglutinins demonstrable. Repeated blood cultures offer more helpful date.

Cholera: Do not order agglutinations for cholera. When cholera is suspected use bacteriologic methods of laboratory confirmation.

Cheever (New England J. Med. 1947, 237:584-590) has summarized admirably the conclusions which may be drawn from various combinations of reactions, as listed below:

1. Serum drawn during acute phase: NEGATIVE; serum drawn during convalescent phase: NEGATIVE.
   CONCLUSION: Disease not due to virus tested.
2. Serum drawn during acute phase: NEGATIVE; serum drawn during convalescent phase: POSITIVE..
   CONCLUSION: Disease presumably due to virus tested.
3. Serum drawn during acute phase: POSITIVE; serum drawn during convalescent phase: POSITIVE (significant rise in titer).
   CONCLUSION: Disease presumably due to virus tested.

4. Serum drawn during acute phase: POSITIVE; serum drawn during convalescent phase: POSITIVE (no significant rise in titer).
   CONCLUSION: (1) Contact with virus tested sometime in the past, with no relation to present illness.
   (2) First serum drawn too late in course of disease.
   (3) Second serum drawn too early in course of disease.
5. Serum drawn during acute phase: NOT TESTED; serum drawn during convalescent phase: NEGATIVE.
   CONCLUSION: Disease not due to virus tested.
6. Serum drawn during acute phase: NOT TESTED; serum drawn during convalescent phase: POSITIVE.
   CONCLUSION: Interpretation impossible, unless titer of second specimen is at least as high as that usually found in persons recently recovered from the disease in question; in such cases a presumptive serologic diagnosis may be made on the basis of these suggestive findings.

SECTION VII
MEDICAL SERVICE DIVISION

Japanese Civilian Hospital Strength Report for period ending 28 November 1947 shows 3406 hospitals with a capacity of 211,315 beds of which 95,425 were occupied. During this same period 286,776 out-patients were treated.

SECTION VIII
SOCIAL SECURITY DIVISION

General

No objection was made to the Ministry of Welfare's plan to proceed with their proposals for a Cabinet Order implementing the provisions for appeal referees in Welfare Pension, Health Insurance, and Seamen's Insurance laws, and a similar Cabinet Order for implementing the provisions for an advisory council in the above laws. No objection was made to an amendment to the Enforcement Order of the Health Insurance law changing the maximum taxable wage from 2,000 yen to 5,100 yen per month, which is the same level provided in the Unemployment Insurance law. The basic wage and family allowances are included in the taxable wage, but other allowances, such is transportation and regional, are not included.

Health Insurance

The allotment of cement, a rationed building material, for the repair or construction of clinics and hospitals operated by Health Insurance and National Health Insurance agencies has been made for the first quarter of 1948. Emphasis is on the establishment of clinics and repair of existing hospitals. Study is being given as to the local needs before new hospital construction is approved.

SECTION IX
MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl: Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 13 December 1947.

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

WEEKLY BULLETIN

For Period
21 December - 27 December
1947
NUMBER 52

SECTION I
GENERAL

Model Plans for Organization of Prefectural Departments of Health and Prefectural Departments of Welfare.

In order to aid the prefectures in implementing Article 158 of the Local Autonomy Law (as amended by the Diet on 7 December) which becomes effective 1 January 1948, the Ministry of Welfare has prepared model plans for departments of health and departments of welfare in the prefectures. These plans, under date of 27 December, were submitted to the prefectures for their guidance in effecting the necessary reorganization. The plans were developed by the Ministry of Welfare in a series of conferences which were attended by representatives of Public Health and Welfare, SCAP, and officials representing the Vice Minister of Welfare and all bureau chiefs. It must be emphasized that are model plans and it may be necessary to adapt the plan of organization to meet the needs of individual prefectures. Some changes will undoubtedly be necessary particularly in the larger urban prefectures. The suggested organization plan does not apply to Tokyo-To where the governmental structure is established by different legal provisions and regulations. The suggested plan of organization of the prefectural departments of health provides for four sections with the assignment of responsibilities as follows:

1. Public Health Administration Section
    a. Affairs concerning health centers and public health nurses (except affairs which belong to the allotment of the Medical Affairs Section).
    b. Affairs concerning popularization and elevation of public health knowledge.
    c. Affairs concerning examination and statistics concerning public health.
    d. Affairs concerning vital statistics.
    e. Affairs concerning the enforcement of the National Physical Strength.
    f. Affairs concerning eugenics of nation.
    g. Affairs concerning the enforcement of the Food Hygiene Act and other Hygiene of foods.
    h. Affairs concerning nutrition and nutritionists.
    i. Affairs concerning butchers and slaughter.
    j. Affairs concerning graveyards, burial and cremation.
    k. Affairs concerning the enforcement of the Barbers Act.
    l. Affairs concerning bath-houses.
    m. Affairs concerning health preservation of pregnant women, women in childbirth and unweaned and weaned children.
    n. Affairs concerning sanitation of public buildings and other institutions for public use.
    o. Affairs concerning national parks and other parks or areas for recreation.
    p. Other affairs concerning public health.

2. Medical Affairs Section
    a. Affairs concerning personnel, budget and other general affairs in the department.
    b. Affairs concerning culture and training of public health workers.
    c. Affairs concerning the enforcement of the National Medical Treatment Act.
    d. Affairs concerning doctors, dentists and other medical treatment relations.
    e. Affairs concerning hospitals, clinics and maternity homes.
    f. Affairs concerning the enforcement of the Public Health Nurse, Midwife and Nurse Ordinance
    g. Affairs concerning the enforcement of the Law of Business of Massage, Acupuncture, Moxa-Cautery, Judo-Bone-Setting etc.
    h. Affairs concerning health and sanitation not coming under the jurisdiction of other sections.

3. Pharmaceutical Affairs Section
    a. Affairs concerning the enforcement of the Pharmaceutical Affairs Law.
    b. Affairs concerning production and distribution of medicine and other hygienic articles.
    c. Affairs concerning control of poison and powerful agent.
    d. Affairs concerning opium and narcotic.
    e. Affairs concerning cultivation and medical plants and collection and distribution of crude drug.
    f. Affairs concerning medicine not coming under the jurisdiction of other sections.

4. Preventive Medicine Section

a. Affairs concerning tuberculosis, leprosy, trachoma, parasitic diseases, protozol diseases and local diseases.
b. Affairs concerning myopia, decayed tooth and other dental disease.
c. Affairs concerning cancer and other chromic diseases.
d. Affairs concerning mental diseases.
e. Affairs concerning acute epidemic diseases.
f. Affairs concerning venereal diseases.
g. Affairs concerning hydrophobia etc.
h. Affairs concerning supply and sewer.
i. Affairs concerning cleaning sanitation.
j. Affairs concerning quarantine.
k. Affairs concerning insect and rodent control.
l. Affairs concerning investigation and certification of biological medicine.

Remarks:

1. Laboratories for examination or investigation shall belong directly to the chief of the department and shall be administered synthetically, but affairs concerning personnel, budget and other general affairs of the said laboratories shall belong to the jurisdiction of the Medical Affairs Section.

2. When affairs concerning animal diseases control is under the jurisdiction of the Sanitary Department, it shall belong to the Public Health Section.

3. Each section shall be divided into a proper number of parts concerning the affairs belonging to its jurisdiction taking into consideration the efficiency of dealing of affairs and the number of personnel etc., and chief of each part shall be decided.

Memoranda (Hei 1198 dated 27 December 1947) sent to the various prefectures by the Vice Minister of Welfare recommended reorganization of the departments of welfare in conformance with the above plan in the following prefectures: Osaka, Kyoto, Kanagawa, Hyogo, Nagasaki, Aichi, Shizuoka, Miyagi, Hiroshima, Yamaguchi, Fukuoka, Hokkaido, Niigata. No changes in the Health Departments were recommended for the above prefectures.

Organization or reorganization of both health and welfare departments in conformance with the above plan was recommended for the following prefectures: Saitama, Shiga, Chiba, Toyama, Tottori, Okayama, Kumamoto, Kagoshima, Miyazaki, Saga, Oita, Ehime, Kochi, Kagawa, Tokushima, Wakayama, Shimane, Ishikawa, Fukui, Akita, Yamagata, Aomori, Iwate, Fukushima, Nagano, Gifu, Yamanashi, Nara, Mie, Tochigi, Ibaraki, Gumma.

In the case of Tokyo-To the Vice Minister's memoranda recommended establishment of a Welfare Bureau in accordance with a model plan presented to Tokyo but made no recommendations relative to change in the Bureau of Health, which has been established under previous instructions.

The recommended to plan of organization for prefectural departments of welfare provides for five sections with responsibilities to be assigned to each section as follows:

1. Social Affairs Section
   a. Survey, statistics and planning on social work.
   b. Training and education of those concerned with social work.
   c. Guidance and supervision of social work organizations and institution.
   d. Welfare Committeemen (Minsei Iin)
   e. Public pawn shops.
   f. Social benefit and welfare service establishments.
   g. Protection of the physically handicapped.
   h. Problems of socially ostracized groups.
   i. Supply of social relief and aid materials.
   j. Work shops and home job facilities.
   k. Other matters relating to social work not handled by other divisions.

2. Protection Section
   a. Daily Life Security Law administration.

b. Repatriates relief.
c. Disaster relief.

3. Children's Section
   a. Overall planning on child welfare.
   b. Child Welfare Law administration.
   c. Cultivation and publishing idea on child welfare.
   d. Cultural programs for children.
   e. Prevention of delinquency among children.
   f. Supply of materials required for protection of children.
   g. Survey and statistics on children.
   h. Protection of mothers and children.
   i. Matters relating to children not handled by other divisions.

4. Insurance Section
   a. Health Insurance.
   b. Seamen's insurance.
   c. Welfare pension insurance.
   d. National health insurance.
   e. Matters relating to social insurance not handled by other divisions.

5. Demobilization Section
   a. Councelling for ex-servicemen and former civilian employees of army or navy.
   b. Salaries and other allowances for the bereaved families of fallen ex-servicemen and former civilian employees of army or navy.

Remarks:

Depending on circumstances, the Protection Section and the Social Affairs Section may be combined to form the Welfare Section. Depending on necessity, the Demobilization Section may be divided into the First and the Second Demobilization Section. However, the two Sections will be fused together as the bulk of business diwindles.

SECTION II
WELFARE DIVISION

Delayed Public Assistance Statistical Reports

The Ministry of Welfare reports that the following prefectures had not submitted November statistical reports as of 25 December: Hokkaido, Akita, Yamagata, Fukushima, Ibaraki, Gumma, Toyama, Nagano, Gifu, Shizuoka, Mie, Wakayama, Tottori, Saga, Miyazaki.

Japan Social Work School

Applications to enter the Japan Social Work School for the term beginning 15 April 1948 are now being accepted. Announcements have been sent to all prefecture governors. A one-year course as well as a three-year course will be offered. In order to be eligible to enter the one-year course, applicants must have completed college or university studies and have had three years experience in welfare work. For the three-year course, it is necessary that middle school has been completed. In all cases the applicant should be recommended by the prefecture governor. Tuition will be 500 yen per year for the three-year course and 800 yen per year for the one-year course.

Applicants will be selected on the basis of written examination, oral interview and physical examination. A few small scholarships are available but these will not be awarded until after students have been selected. Applications should be sent to the Japan School of Social Work, 86-3 chome Haramachi, Shinjuku-ku, Tokyo.

Coal for Foreign Nationals

In answer to requests from individual foreign nationals, PH&W Section has secured from the Far Fast Command Allocation Committee on allotment of 1500 tons of coral for those Foreign Nationals living in western

style housing. The allotment of 1500 tons will be divided as follors: 500 tons for January; 500 tons for February and 500 tons for March.

The amount allocated is for all Japan and will provide heating for one room per household during the months mentioned above. Allocation will be through the Ministry of Commerce and Industry.

The residents of western style houses will be notified by prefectural officials who will determine the need in each individual case. In cases of dispute the local Military Government Team should decide on the need. Other foreign nationals living in Japanese style housing will be provided wood, charcoal or coal through normal rationing channels.

Control of Population Movements

SCAPIN 944 dated 11 May 1946, above subject, and subsequent extensions, expires on 31 December 1947. The Diet, however, has written into law the same provisions as were included in the above SCAPIN.

The new law (Home Ministry Law 221) was passed 22 December, become effective 1 January 1948 and will remain in effect until 31 December 1948. Previous command instructions, on the subject, should be used as a guide is the surveillance of the new law.

Japanese Red Cross Campaign (15 Oct - 15 Nov)

The Japanese Red Cross Society reports a final compilation covering the results of the annual fund campaign, held during 15 October - 15 November, will not be available before 10 January 1948.

Reports covering the progress of the campaign were submitted regularly from urban areas but reports from the rural areas have been slow. In a large number of prefectural rural areas, the farmers had not harvested their crops at the time of the Red Cross Campaign and were not financially able to make cash contributions, however, they gave pledges instead, such pledges to be paid upon the harvesting and marketing of their crops.

Based on available estimates the 300,000,000 yen Red Cross Campaign goal will not be reached, as the amount to date approximates only 200,000,000 yen. Regardless of the total funds raised, the National Headquarters, Japanese Red Cross Society plans to operate in 1948 on a budget of 100,000,000 yen for all programs and services excluding disaster relief, with the balance of funds raised ever the 100,000,000 yen being allocated for disaster preparedness and relief.

SECTION III
NURSING AFFAIRS DIVISION

Tokyo Demonstration School of Nursing

Formerly, the Red Cross National Headquarters or the Prefectural Chapters have paid the tuition and expenses of the nursing students entering the Demonstration School of Nursing at the Japanese Red Cross Hospital. Upon graduating the nurse had a 12 year service obligation to the Japanese Red Cross Hospital. This year the student will be allowed to pay her own expenses and will not be obligated after graduation.

The new school year opens April 1948. This is a three year clinical nursing course given under the guidance and supervision of SCAP nursing personnel.

One student from each prefecture may enter the school as a representative of the Japanese Red Cross. Other applicants from the prefectures may enter without affiliation with the Japanese Red Cross chapters or hospitals. All applicants must be high school graduates and pass required physical examination. High School transcripts and ratings will be secured from high schools by the hospital.

As the number of students must be limited, it is requested Public Health Officers or Public Health Nurses assist in the selection of these students and observe they send in applications early. Names of applicants may be sent direct to the Japanese Red Cross Hospital, Tokyo, and application blanks will be mailed direct to the students or information may be obtained from the local Japanese Red Cross Chapter in the prefecture.

The Tokyo Demonstration School of Nursing is endeavoring to train nursing teachers and leaders and it is extremely important that the best qualified students from each prefecture be selected.

SECTION IV
VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry (Bureau of Animal Industry) reported the following new outbreaks of animal diseases for the period 21 - 27 December:

Prefecture	Disease	No. of Cases
Niigata	Equine Encephalitis	1
Tochigi	Swine Erysipelas	1

Monthly Meat Inspection Report for October

Following is a summary of the monthly meat inspection report for October, submitted by the Ministry of Welfare:

	Cattle	Calves	Sheep & Goats	Swine	Horses
Number slaughtered	27,041	633	425	8,131	7,177
Live weight (kgs)		66,116	12,042	712,690	2,673,960
Condemned ante-mortem	1	0	0	3	2
Condemned past-mortem					
Total	8	1	0	3	9
Partial	455	19	0	39	384
Viscera	5,038	43	0	2,860	954

Monthly Dairy Inspection Report for October

Following is a summary of the monthly dairy inspection report for October, submitted by the Ministry of Welfare:

Special Milk	
Farm Inspections	3
Samples examined	7
Over bacterial standards (50,000 per cc)	2
Under butterfat standard (3.3 percent)	1
Plant Inspections	2
Over bacterial standards (50,000 per cc)	0
Under butterfat standard (3.3 percent)	0
Ordinary Milk	
Farm Inspection	8,355
Samples examined	22,018
Over bacterial standards (2,000,000 per cc)	825
Under butterfat standard (3.0 percent)	1,251
Plant Inspections	3,379
Over bacterial standards (2,000,000 per cc)	294
Under butterfat standard (3.0 percent)	596
Goat Milk	
Farm Inspection	51
Samples examined	83
Over bacterial standards (2,000,000 per cc)	10
Under butterfat standard (3.0 percent)	12

SECTION V
SUPPLY DIVISION

Narcotics

The Narcotic Section, Ministry of Welfare, received a petition to remove Demerol (known in Japan as opistan, neo-morphine and operidin), a synthetic drug, from its present classification as a narcotic under the Japanese narcotic law. Since the drug is habit forming and is capable of sustaining a morphine habit, the Ministry of Welfare is informing the petitioners that Demerol will remain classified as narcotic.

Any synthetic preparation which is habit forming or is capable of sustaining narcotic addiction will be designated a narcotic by the Minister of Welfare as provided for under the Japanese narcotic law. No preparation so classified may be used to treat narcotic addition.

The balance of codeine phosphate requisitioned for import during 1947 has been received. This shipment will supply all necessary demands for codeine and will serve as a reserve until the processing of codeine begins in Japan sometime during the first quarter of 1948.

Some criticism has been made of the present system which requires practitioners to obtain order forms from prefectural narcotic officials before making purchases of narcotics from local wholesalers. One of the greatest sources of diversion under the old system in Japan was that practitioners could purchase narcotics in any amount from retailers. Under the present system purchases can only be made from local wholesalers by use of an officials order form. All these purchases are reported monthly by local wholesalers to prefectural authorities who in turn forward reports to the Ministry of Welfare. No change will be made in this procedure. To make local wholesalers more accessible to rural areas, local wholesalers may be licensed in convenient cities of the prefecture, but only if the company applying for licenses as a local wholesaler provides secure storage which is burglar and fire proof.

Production

Releases of the following DDT products and typhus vaccine were approved for the period 21-27 December:

Prefecture	10% DDT Dust	5% DDT Residual Effect Spray	Typhus Vaccine
Osaka	150,000 lbs.	10,000 gallons	35,000 vials
Nara	10,000 〃		2,000 〃
Yamanashi			200 〃
Okayama			6,000 〃
Gifu		3,000 〃	
Tottori		400 〃	
Shimane		1,000 〃	500 〃
Aichi			1,500 〃
Wakayama			100 〃
Hyogo			4,000 〃
Hokkaido (Nat'l Hosp.)	30 〃	25 〃	
Gumma (Nat'l Hosp.)	75 〃	55 〃	
Aomori (Nat'l Hosp)	502 〃	5 〃	
Kagoshima (Nat'l Hosp)	885 〃	300 〃	
Ishikawa (Nat'l Hosp)	40 〃	55 〃	
Hiroshima (Nat'l Hosp)	210 〃	85 〃	
Fukuoka	50,000		5,000
Total	211,742	14,925	54,300

A total of 3,928,235 lbs. of 10% DDT Dust, 262,311 gallons of 5% DDT Residual Effect Spray, and 671,885 vials of Typhus Vaccine represents total stocks on hand in wholesale houses of the Ministry of Welfare as of 20 December.

The 37th weekly report of DDT Duster and Spraying Equipment for mosquito and fly control programs for 1947 indicates the following date for 14-20 December:

	Total Mfgd. To date 13 Dec.	No. Mfgd. 14-20Dec.	Total Mfgd. To date 20 Dec.	Total Shipped to date 20 Dec.	Balance On Hand	To be Mfgd.
DDT Dusters	76,106	2,800	78,906	72,758	6,148	11,094
Sprayer, knapsack type, 3 gal cap.	39,443	-	39,443	19,557	19,886	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	13,276	10,532	-
Sprayer, hand type 1/2 gal. capacity	37,910	-	37,910	27,772	10,138	-
	177,267	2,800	180,067	133,363	46,704	11,094

The Ministry of Welfare has taken necessary action to assure adequate supplies in the Osaka area for the augmented typhus control program. One official of the Pharmaceutical Affairs Section, and one official of the Nippon Yakuhin Co. (commercial company handling DDT products and typhus vaccine) have been sent to Osaka for the purpose of coordinating supply activities.

Production

The yen value of production of medical supplies (medicines, biologicals, dental materials, dental instruments, medical instruments and surgical dressings) for November totaled 712,318,431 yen. This represents a decrease of 20,035,413 yen below October production reported as total 732,353,544 yen. The increase of 174,349,224 yen for controlled medicines reflects not so much an increase in production, but rather more directly the newly increased price schedule revised on 4 November. Actually, non-controlled medicines decreased in yen value for November production 85,348,377 yen; patent medicines, 61,928,707 yen; bacteriological production, 40,547,354 yen; dental instruments, 5,586,299 yen; dental materials, 1,524,768 yen; sanitary materials, 2,061,951 yen. Medical instrument production, however, increased in November 2,497,748 yen over that reported for October. The general decrease of overall production of medical supplies is a reflection of the acute shortage of electric power for the medical supply industry during November similar to the decrease reflected in other industries suffering from short supplies of electricity.

Production of the critically needed items, bismuth subsalicylate and mapharsen, continued to show great improvement. During November, a total of 131 kgs. of pure mapharsen and a total of 1,237 liters of bismuth subsalicylate was manufactured. This is the largest amount of production as yet reported during any one month.

Production of sulfathiazole during November showed an increase 286 kgs., as compared to October production. A total of 2,100 kgs. was produced during November.

Production of biologicals during November continued to be satisfactory. The revised assay testing procedures have made available larger quantities of diphtheria toxoid than have hitherto been available for distribution. At the present time, plans are being formulated to provide sufficient triple typhoid vaccine to meet all requirements for the entire 1948 season. Sufficient typhus vaccine will also be on hand to meet needs for 1948.

Production of insect and rodent control supplies during November showed some increase over that reported for October. Settlement of financial difficulties has finally been accomplished. The flow of necessary petroleum supplies has continued with resulting production of satisfactory amounts of 5% DDT residual effect spray. Production of Japanese DDT concentrate increased 1,176 kgs. DDT spray production increased 73,581 gallons.

Production of medical instruments in November totaled 1,412,790 pieces and 14,480,933 yen, representing a decrease of 240,695 pieces, but an increase in overall monthly production of 2,497,748 yen compared to October production. The decrease in the total number of pieces manufactured is not significant since more of the larger items of medical instruments were made than in the previous month and not as great a number of the minor item of medical instruments. The total of 14,480,933 yen, actually, represents the largest amount of medical instrument production ever reported for any month.

Production of rubber sanitary goods totaled 11,441,176 pieces and 11,654,296.82 yen value during November. November production, compared to that of October, shows, therefore, an increase of 5,986,061 pieces and 115,371.40 yen. Further, this is largest production ever reported since the initiation of this program. The increase in yen value of production, November over October, is not significant. The large increase in number of pieces produced, November over October, while numerically significant, is actually of minor significance in the overall production program since the large increase was effected in the small, readily replaced, and easily manufactured item of eye dropper rubber caps.

Production of dental instruments and dental materials continued, but with decreases in equivalent yen values of 5,586,299.50 yen for dental instruments and 1,524,768.01 yen for dental materials compared to the October production. The decrease in November production is due primarily to the short supply of electric power needed for the manufacturing process which prevented manufacturers from operating their plants at peak capacities.

Production of glass syringes for domestic use increased during November 77,620 pieces over that reported for the October production of 359,380 pieces. November production totaled 437,000 syringes, all types and sizes.

Production of gauze and bandage cloth and absorbent cotton from stocks of American raw cotton continues to be hampered by the extreme general shortage of electric power. Newly revised schedules of increased prices for the three types of textile sanitary goods, expected to expedite the deliveries of the finished products in sufficient quantities to help meet minimum requirements of hospitals, doctors, clinics, and other claimants, have been established, but as yet have not been published in the official gazette for the information of all concerned.

Continued concerted efforts have been made to speed up the varied and many steps in the process of manufacturing finished gauze, bandage cloth and absorbent cotton from stocks of imported raw cotton. With the final establishment of the new price schedule and its dissemination to all spinning, weaving, and finishing mill operators, whit resolution of the financial difficulties and transportation problems, and with the improvement in supplies of electric power to the sanitary goods manufacturing plants, Ministry of Welfare officials predict resulting increases to be gained in production and delivery of the finished materials.

Production of absorbent cotton during November totaled 261,874 lbs. as compared to 309,485 lbs. produced during October. Production of gauze totaled 59,310 lbs. for November; October production 68,692 lbs. Production of bandage cloth totaled 34,883 lbs. for November; October production, 57,172 lbs. Production of penicillin during November totaled 3,977,880,000 Oxford Units. This represents an increase of 2,892,090,000 Oxford Units over October production and 3,458,220,000 Oxford Units over September production. This is the largest output in any month since the initiation of the penicillin production program. Slow but continued progress can be reported in penicillin production by the tank process method.

The Sanyo Yushi Company at Aichi, after a prolonged layoff of production due to contamination in their pilot plant, has resumed production by the tank process, reporting 61,350,000 Oxford Units produced during November. No companies, other than those listed in the previous month's report, have as yet completed their pilot plant construction and placed the plants in operation.

Production of laboratory animals during November showed no particular progress. The number of animals supplied to medical laboratories closely approximated the same numbers supplied during October. While the monthly needs for laboratory animals may vary according to the fluctuating volume of vaccine assay testing activities or to the varying research projects, concerted efforts will be continued to provide adequate amounts of feedstuffs and adequate numbers of animal cages so as to accomplish the maximum in laboratory animal reproduction.

Production of x-ray film during November totaled 25,040 square meters, as compared to 32,950 square meters produced in October or 26,222 square meters produced in September. This decrease in production is attributed to the shortage of electric power. While the supply of coal was adequate for the x-ray film industry, the supply of electric power for the manufacturing process was not.

Production of x-ray and physiotherapy equipment in November totaled 381 units. This is a decrease of 119 units, compared to October production, and 184 units, compared to September production, and a drop back to the production level reported for May of 389 units. This decrease is attributed, by the representatives of the Japan Electro Medical Machine Association and the Ministry of Welfare, directly to the lack of electric power to carry on the manufacturing processes.

The following tables indicate production of medical, dental, and sanitary supplies and equipment:

YEN VALUE OF PRODUCTION

	September	October	November
Production Controlled Medicines	123,299,583	145,341,864	319,691,088
Non-Controlled Medicines	246,162,084	287,829,118	202,480,741
Patent Medicines	137,726,851	191,192,530	129,263,823
Biologicals	54,342,165	53,402,259	12,854,905
Dental Instruments	9,076,812	17,560,551	11,974,252
Dental Materials	4,159,515	7,740,120	6,215,352
Rubber Sanitary Goods	5,582,158	11,538,925	11,654,296
Sanitary Materials (surgical dressings)	15,383,202	5,764,992	3,703,041
Medical Instruments	13,817,888	11,983,185	14,480,933
Total	609,550,258	732,353,844	712,318,431

BIOLOGICALS

	Production (November)		Stock on Hand	
	Crude Vaccine	Finished Vaccine	Crude Vaccine	Finished Vaccine
Cholera	103,700cc	200,000cc	1,074,300cc	4,451,170cc
Typhus	-	547,000cc	-	2,849,797cc
Triple Typhoid	1,282,300cc	531,500cc	2,303,500cc	11,615,100cc
Diphtheria toxoid	5,612,620cc	500,240cc	3,893,800cc	422,240cc
Smallpox	154,200cc	781,550cc	14,912,695cc	1,243,020cc
Diphtheria Antitoxin	-			190,007cc

INSECT AND FODENT CONTROL SUPPLIES AND EQUIPMENT November 1947

Antu (rat poison)	3,000 kgs.
Nekoirazu (rat poison)	2,649 kgs.
Pat trap, spring type	2,000 each
DDT Dusters	7,580 each
DDT Concentrate	11,136 kgs.
5% DDT Residual Effect Spray (utilizing American furnished DDT concentrate)	173,204 gallons
10% DDT Dust (utilizing American furnished DDT concentrate)	124,000 lbs.
10% DDT Dust (utilizing Japanese DDT concentrate)	-
10% DDT Dust distributed 1 Jan - 30 Nov 1947	3,645,768 lbs.
5% DDT Spray distributed 1 Jan - 30 Nov 1947	865,190 gallons

GAUZE AND BANDAGE CLOTH - 1947 Unit : lbs.

Month		Gauze	Bandage Cloth
March	1947	12,049	2,725
April	1947	27,152	15,556
May	1947	64,548	44,049
June	1947	70,076	44,243
July	1947	65,599	30,123
August	1947	90,746	83,521
September	1947	63,425	40,117
October	1947	68,692	57,172
November	1947	59,310	34,883
Total		(*)529,597	(*)352,389

(*) The total of 529,597 lbs. of gauze cloth processed during 1947 represents an approximate equivalent to 4,900,000 sq. yds.; the 352,289 lbs. of bandage cloth, an approximate equivalent to 1,800,000 sq. yds.

ABSORBENT COTTON

Amount of raw cotton received during period 19 Oct - 15 Nov 1947:	367 lbs.
Total quantity raw cotton received July 1946 -15 Nov 47:	4,898,226 lbs.
Absorbent Cotton produced 18 Oct - 15 Nov 47:	261,874 lbs.
Total amount produced July 46 - 15 Nov 47:	2,878,957 lbs.
Stock of raw cotton on hand 15 Nov 47:	548,981 lbs.
Stock of absorbent cotton on hand 15 Nov 47:	887,421 lbs.

X-RAY FILM	Quantity (Unit - dozens)			
Size	August	September	October	November
4-3/4"m x 6 1/2"	3,850	152	610	736
5" x 7"	-	-	1,714	730
6 1/2"x 8 1/2"	614	452	2,304	1,499
8" x 10"	6,306	812	2,441	2,141
10" x 12"	26,298	14,489	32,022	15,434
11" x 14"	-	1,608	282	1,638
14" x 17"	-	1,644	3,923	2,818
Dental	836	50	970	762
35mm	46,602 rolls	67,094 rolls	33,091 Rolls	24,660 rolls

SECTION VI
PREVENTIVE MEDICINE DIVISION

Typhus Fever

The importance of obtaining early and convalescent serum samples from suspect case of typhus fever reported in Japan should be impressed on the minds of Japanese doctors and health officials. If this disease is to be effectively controlled, the type or types present in a given locality must be known. This can be determined only through the use of the complement-fixation test or by specific rickettsial agglutination tests.

All serum samples should be shipped under ice to Major T. O. Berge, 406 Medical General Laboratory, Tokyo, Japan, as such as possible after separation.

Public Health Train

During the period 21 November to 13 December, 116,495 persons visited the mobile exhibit in Araoi, Mito, Utsunomiya, Kuriu, Maebashi and Takasaki in the Kanto Region.

For the benefit of the Military Government Teams concerned the tentative schedule of the train for the period 19 January to 10 November 1948 is repeated:

a. Kyusyu - 19 January to 3 March
b. Kinki, Shikoku, Chugoku - 8 March to 23 June
c. Tohoku - Hokkaido - 26 June to 26 August
d. Chubu - Hokuriku - 30 August to 10 November

In Kyushu stops will be made at Moji, Fukuoka, Saga, Nagasaki, Omura, Kumamoto, Kagoshima, Miyazaki, Oita and Beppu. Detailed schedules will be presented as soon as completed.

It is suggested Military Government Teams urge prefectural health officials to take full advantage of the opportunities this train offers for public health education when visiting the various prefectures. Encouragement should be given in arranging for opening ceremonies, erecting and staffing consultation booths on Tuberculosis, Venereal Diseases, Nutrition, DDT Dusting, Immunization, etc. Health officials can be assisted in conducting Health Week Programs, with lectures and demonstrations by doctors and nurses and other authorities on health.

Health education can be stressed through use of radio programs, motion pictures, newspapers and contests. Emphasis should be placed on the value and importance of Health Centers.

SECTION VII
MEDICAL SERVICE DIVISION

Civilian Hospital Strength Report for week ending 6 December shows 3,407 hospitals with a capacity of 211,093 beds of which 96,473 were occupied. During this same period 250,374 out-patients were treated.

SECTION VIII
SOCIAL SECURITY DIVISION

No objection was offered to proposal by the Ministry of Welfare to increase the Insurance Office personnel at national and prefectural levels to handle the Seamen's Unemployment Allowances and Insurance program.

SECTION IX
MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

Incl (2):
1. Number and Rate of Births, Deaths Infant Deaths, Stillbirths, Marriages and Divorces, reported according to prefecture, with digest, October 1947.

2. Weekly Summary Report of Cases and Deaths from Communicable Diseases in Japan, week ending 20 December 1947.

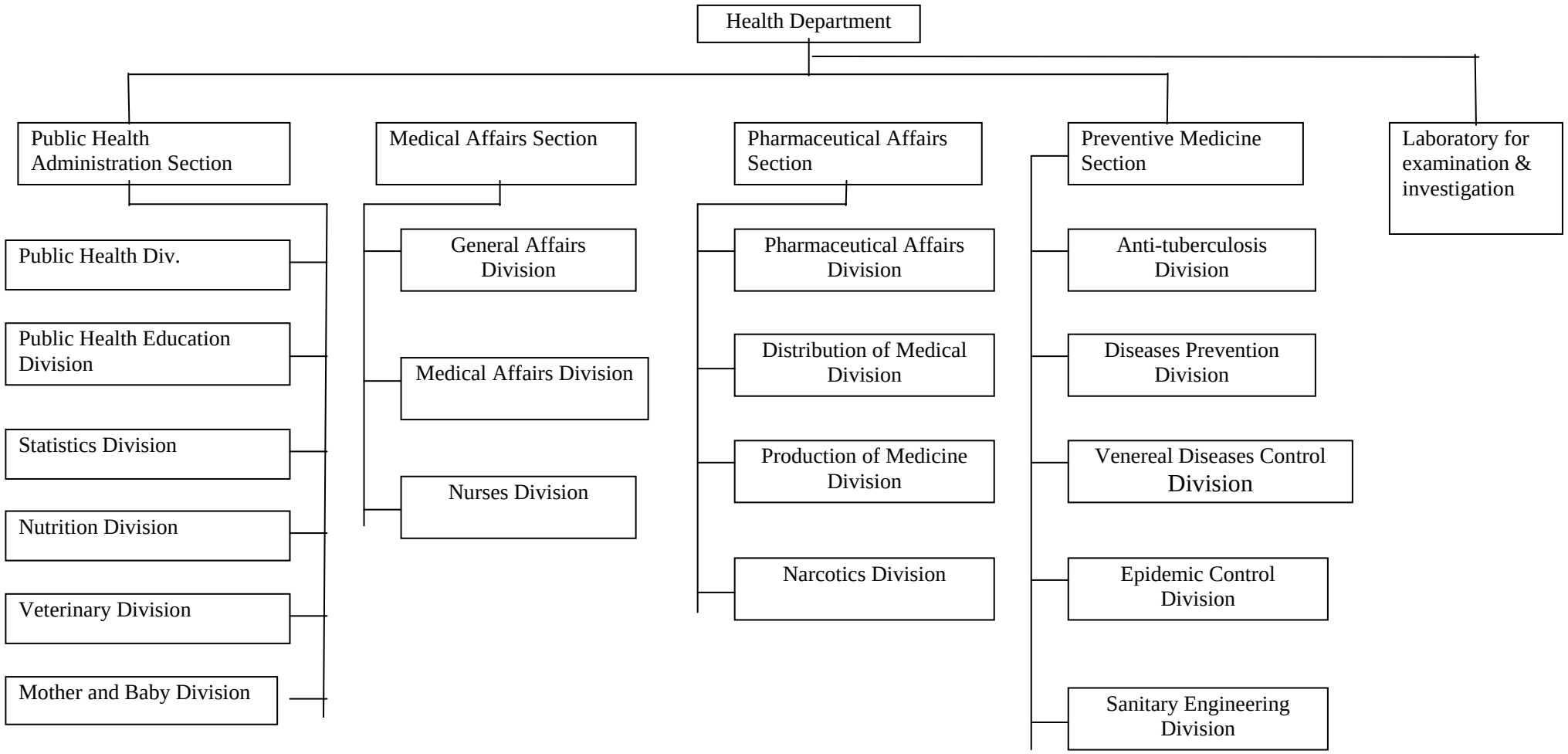
GENERAL HEADQUARTERS
SUPREME COMANDER FOR THE ALLIED POWERS
Public Health and Welfare Section

WEEKLY BULLETIN

For Period
28 December '47 – 3 January '48
Number 53

Structure of Health Department in Local Prefecture

26 December 1947



SECTION I
GENERAL

Model Plans for Organization of Prefectural Departments of Heath

Reference is made to Section #1 Weekly Bulletin #52, 21 December - 27 December 1947. The above reference gives a model plan for organization of prefectural departments of health. However, this plan gives only the Section and the affairs felling within each section. No divisions or subsections were indicated in that plan. Below is a further breakdown of that plan as recommended jointly by Bureau Chiefs of the Public Health Bureau and the disease Prevention Bureau of the Ministry of Welfare:

Allotment of business of each division of sections in the Health Department of local prefecture

I. PUBLIC HEALTH ADMINISTRATION SECTION

A. Public Health Division
   1. Affairs concerning health centers and public health nurses (except affairs which belong to the allotment of the Medical Affairs Section)
   2. Affairs concerning the enforcement of the National physical strength act.
   3. Affairs concerning eugenics of nation.
   4. Affairs concerning national parks and other parks or area for recreation.
   5. Other affairs concerning public health.

B. Public Health Education Division
   1. Affairs concerning popularization and elevation of public health knowledge.

C. Statistics Division
   1. Affairs concerning examination and statistics concerning public health.
   2. Affairs concerning vital statistics.

D. Nutrition Division
   1. Affairs concerning nutrition and nutritionists.

E. Food and Practical Business Division
   1. Affairs concerning the enforcement of the Food Hygiene. Act and other Hygiene or food.
   2. Affairs concerning graveyard, burial and cremation.
   3. Affairs concerning the enforcement of the Barbers Act.
   4. Affairs concerning bath-houses.
   5. Affairs concerning sanitation of public buildings and other institutions for public use.

F. Veterinary Division
   1. Affairs concerning butchers and slaughter.
   2. Affairs concerning hygienic of milk and products made of milk.

G. Mother and Baby Division
   1. Affairs concerning health preservation of pregnant women. Women in childbirth and unw##ned children.

II. Medical Affairs SECTION

A. General Affaires Division
   1. Affairs concerning personnel, budget and other general affairs.
   2. Affairs concerning culture and training of public health workers.
   3. Affairs concerning health and sanitation not coming under the jurisdiction of other sections.

B. Medical Affaires Division
   1. Affairs concerning the enforcement of the National Medical Treatment Act.
   2. Affairs concerning doctors, dentists, etc.
   3. Affairs concerning hospitals, clinics and maternity homes.
   4. Affairs concerning the enforcement of the Law of Business of Message, Acupuncture, Moxa-cautery, Judo-bone-setting, etc.

C. Nurses Division
   1. Affairs concerning the enforcement of the Public Health Nurse, Midwife and Nurse Ordinance.

III. PHARMACEUTICAL AFFAIRES SCTION

A. Pharmaceutical Affaires Division

1. Affairs concerning the enforcement of the Pharmaceutical Affaires Law.
2. Affairs concerning control of poison and powerful agent.
3. Affairs concerning medicine not coming under the jurisdiction of other sections.

B. Distribution of Medicine Division
1. Affairs concerning distribution of medicine and other hygienic articles.
2. Affairs concerning collection and distribution of crude drug.

C. Production of Medicine Division
1. Affairs concerning production of medicine and other hygienic articles.
2. Affairs concerning cultivation and medical plants.

D. Narcotics Division
1. Affairs concerning opium and narcotic.

IV. PREVENTIVE MEDICINE SECTION

A. Anti-tuberculosis Division
1. Affairs concerning tuberculosis.

B. Disease Prevention Division
1. Affairs concerning leprosy, trachoma, parasitic disease, protozole disease and local disease.
2. Affairs concerning myopia decayed tooth and other dental disease.
3. Affairs concerning cancer and other chronic disease.
4. Affairs concerning mental diseases.

C. Venereal Diseases Control Division
1. Affairs concerning Venereal diseases.

D. Epidemic Control Division
1. Affairs concerning acute epidemic diseases.
2. Affairs concerning hydrophobia, etc.
3. Affairs concerning quarantine.
4. Affairs concerning certification and inspection of biological medicine, etc.

E. Sanitary Engineer Division
1. Affairs concerning water supply and sewer.
2. Affairs concerning cleaning sanitation.
3. Affairs concerning insect and rodent control.

Remarks:

1. In each division shall be set a specially appointed division chief in principle. However, if there is no personnel suitable for the post. Chief of other division may set on his place, temporary.
2. Under the Prefectural circumstances, if it is necessary, the Governor may take necessary steps, such as to join division into one or to divide one division into subdivision. For instance, the Assay Division may be put in the Preventive Section, and in this case the allotted business of the same Division shall be the business mentioned in Item 4 of the allotted business of the Epidemic Control Division.

SECTION II
WELFARE DIVISION

Future Welfare Programs

During the year 1947 definite action was taken concerning the following essential welfare programs which will serve as a basis for activity during 1948:

a. 19 March: Children Bureau established in the Ministry of Welfare
b. 2 October: National Disaster Relief Law was passed by the Diet and become effective 1 January 1948.
c. 6 October: First class of students of the Japan Social Work School was graduated after completing one year course.
d. 21 November: Diet passed the Child Welfare Law which became effective 1 January 1948.
e. 25 November: First Community Chest Campaign in Japan was initiated.
f. 1 December: Recertification plan for recipient of aid under the Daily Life Security Law was inaugurated and is now in effect.
g. 7 December: Local Autonomy Law amended to provide, effective 1 January 1948, a separate Department of Welfare and #### separate Department of Health in each prefecture.
h. Relief payments under the Daily Life Security Law were adjusted on several occasions so they were more in line with increased living costs.

i. Standards were developed for the establishment of social welfare curriculum in university and colleges.
j. The programs of the Japanese Red Cross were strengthened and broadened.

The year 1948 offers a great challenge. The projects mentioned above will develop in the new year and require further attention. At the present time it appears that the following projects will be of major importance.

a. Further development of the Japan School of Social Work and academic preparation for social welfare pursuits within universities and colleges.
b. Continuing review of all assistance grants to determine need and adequacy of payments.
c. Screening and appointment of all Minsei-iin.
d. The development of standards of care for public and private welfare institutions.
e. The development of supervisory programs at the national and prefectural levels.
f. The development of personnel standards for welfare personnel at national. Prefectural and local levels.
g. Review and further study covering the financing of charitable works, including public and private endeavors.

There are other projects and problems which will require attention during the year but the projects mentioned above offer an opportunity to strengthen indigenous welfare activities.

Licensed Agencies for Relief in Asia (LARA)

Reference: Public Health and Welfare Weekly Bulletin #49 dated 30 November-6 December 1947.

The 193 goats made available to Japan, as a gift, from the Brethern Service Committee (member agency of LARA) were incorrectly reported as to sex and the information contained in reference above should be corrected to read as follows:

	Sex	
Bread	Buck	Doe
Saanen		50
Toggenburd	3	44
Nubian	8	46
Alpine	13	6
Crosabred		23
	24	169

Private Charitable Medical or Benevolent Enterprises

Some discrepancies as well as misunderstandings relative to the use of government funds (Public Money or property) for financing the administration and operation of private enterprise prevails. Some Military Government Teams have indicated in their Monthly Activities Reports, that the policy of government subsidies to private relief or welfare enterprise is in need of further definition and/or interpretation for the guidance of Japanese Government officials and Military Government personnel.

The whole matter of financing private welfare and relief activities is under study Article 89, Constitution of Japan, states “no public money or property shall be appropriated for the use, benefit or support of any system of religion, or religious institution or association, or for any charitable or benevolent purposes not under the control of public authority”.

When the full intent and meaning of the terminology “not under the control of public authority”, has been definitely established, any necessary additional instructions will be issued relative to the participation of national, prefectural and/or local government in private relief and welfare endeavor through use of public money.

Child Welfare Problems

Monthly Activities Reports, submitted by Military Government Teams, indicate an increasing awareness of child welfare problems in most prefectures. The following statements are quoted from November reports:

MIE: "As yet no "Children's Bureau" has been established within this prefectural government. It is hoped that the proposed Child Welfare Law will be enacted at an early date so that a start in this very important field of endeavor can be effected. ***A committee for the prevention of Juvenile delinquency consisting of prefectural officials, with also a few private child welfare leaders was organized this month".

KAGAWA: "The prefectural Juvenile Welfare Section picks up one or two vagabond children almost every day who are traveling for the winter. They come across the Inland Set on the ferry and then are lost as to where to go. Most of them congregate at the ferry pier and form gangs. ***most of the children are war orphans and badly in need of medical treatment. When they are picked up they are taken to the reformatory, fed, shaved and bathed and put to bed. About 10% of them leave the reformatory within a week. The rest of them will stay until spring then run away and return north where they can engage in blackmarketing".

KANAGAWA: "The Child Protection Section of the Kencho sent to this office a plan for surveying the city for child vagrants. A form had been mimeographed and will be completed for each child interviewed. The figures will then be compiled and a report sent to this office. This will show the actual number of children who are vagrants, and those who have homes but lock like vagrants. It will also show whether or not the children are enrolled in school. The survey team will be composed of five persons from the prefecture welfare section, five from the city, and four policewomen. The team will concentrate in Nakaku, Nishi-ku and Kanagawa-ku but will cover the entire metropolitan area. Five teams composed of five people each, made the survey on 1 November. They found 61 vagrant children, the majority of them on "Black Market" Street. Half of the children were orphans and the remaining 50% were those who had run away from their homes. All those who were orphans had been institutionalized at one time or another and had run away. The teams found that all of these children belong to one gang or another, and that each gang has a leader. Each child in the gang pays the leader 100 yen per day from his earnings. The survey team located the leaders of these gangs and talked with them. They took no action with any of the children, the survey was informational only".

It is expected that the new Child Welfare Law, which become effective on 1 January, will provide a more adequate legal basis for establishing child welfare programs to meet existing needs. More adequate appropriations have been made available to prefectures for the carrying out of this work. Attention is called to the fact that the creation of a Children's Section (Jido-ka) within each prefecture Department of Welfare is authorized and recommended. In addition, the Child Welfare Law calls for the establishment of prefectural Child Welfare Boards, consisting of not more than 20 persons appointed by the prefectural governor. Japanese welfare officials regard these prefectural boards as an integral and important part of the Child Welfare program. An effective board will serve to develop Child Welfare programs and public interest in all phases of the development. The Child Welfare Law also authorizes the establishment of a Child Welfare "Station" in each prefecture which will serve as a central agency to provide services to children.

SECTION III
VETERINARY AFFAIRS DIVISION

Weekly Animal Disease Report

The Ministry of Agriculture and Forestry reported no new outbreaks of animal diseases occurred during the period 28 December 1947 – 3 January 1948.

Statistics on Equine Encephalitis

The following is a summary of the Equine Encephalitis outbreak as reported by the Ministry of Agriculture and Forestry on 31 December 1947:

PREFECTURE	MAY		JUNE		JULY		AUG		SEPT		OCT		NOV		DEC		TOTAL	
	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D	C	D
MIYAGI									112	67	22	16					134	83
AKITA							22	4	125	60	75	29					222	93
YAMAGATA									94	62	52	27					146	89
FUKUSHIMA	2	2	3	3	3	3											8	8
IBARAKI											22	6					22	6
TOCHIGI					4	3			4	2	4	2					12	7
GUMMA											1						1	
SAITAMA											13	9					13	9
CHIBA									26	7	100	46					126	53
NIIGATA									20	20	54	16			1		75	36
TOYAMA									50	18							50	18
ISHIKAWA							2	1	24	10							26	11
YAMANASHI									1		5	4					6	4
NAGANO											1						1	
GIFU			1	1	1		84	37	111	31							197	69
SHIGA									2	1							2	1
TOTTORI			8	2	4	1	32	14	1	1							45	18
OKAYAMA			1	1			5	4									6	5
KAGAWA					4	3	32	14									36	17
KOCHI	1		1		8	3	20	12	4	3							34	18
OITA													2	1			2	1
MIYAZAKI											2	2					2	2
TOTAL	3	2	14	7	24	13	197	86	574	282	351	157	2	1		1	1168	548

SECTION IV
SUPPLY DIVISION

General

Several enquiries have been received lately concerning procedures and policies governing the manufacture, distribution and sale of DDT products.

Although DDT concentrate is being manufactured in Japan, the amounts are insufficient to meet minimum requirements and it has been necessary to important substantial quantities. Only DDT concentrate is been imported. Processing of the concentrate into spray and dust is being hundred by Japanese agencies.

All DDT manufactured in Japan is being purchased by the Ministry of Welfare and distributed in the same manner as imported DDT. The Japanese Government requires reimbursement from prefectures for 50% of the cost of DDT products. Cost of transportation from regional warehouses to prefectures is borne by prefectural funds.

The amount of DDT available in Japan is not sufficient to permit sale to the general public and for this reason the Ministry of Welfare has issued instructions to all prefectures that DDT is to be used only for the purpose of carrying cut disease control programs and is not to be sold to the general public. These instructions were dispatched under date of 31 July 47, file reference Yaku #797.

Prefectures requiring DDT have been instructed to submit application direct to the Ministry of Welfare, attention: Pharmaceutical Affaires Section. Instructions concerning the amount approved are dispatched to regional warehouses for direct shipment to prefectures. Copies of the orders dispatched to regional warehouses are furnished prefectures as a matter of information in order that officials may be informed as to the action taken upon their request.

There have been reports that coal mine operators are not able to secure DDT for the purpose of carrying out comprehensive disease control programs in coal mines. It is intended that the present DDT distribution system be utilized in supplying requirement for coal mines. In ordering DDT the Ministry of Welfare should be advised as to the specific amounts required for coal mine use. Financing has been one of the limiting factors in supplying of DDT

to coal mines. There is no objection to coal mine officials reimbursing prefectural funds for the cost of DDT furnished specifically for the use of coal mines and it is expected that DDT will be so utilized in carrying out organized disease control programs.

The new rationing system for medical supplies is schedules to be placed in full operation 1 February. Initially 124 items of medicines, eight items of surgical dressings and three items of so-called baby nourishment foods will be rationed. It is anticipated that the number of items under control will be progressively reduced as production increases.

Physicians, dentists, veterinarians, hospitals, clinics and other users of medical supplies will be provided with a purchasing passbook issued by prefectural governors which will permit purchase of rationed items in specified quantities from dealers authorized to handle rationed items. The value of the coupons will be determined by prefectural governors based on information furnished the prefectures by the Ministry of Welfare as to the total amount of supplies available during a given period.

Following are the main features of the new ration systems compared to the distribution system in effect since the start of the Occupation:

a. Central and prefectural distributing companies will be dissolved. Central companies actually were dissolved on 31 December 1947 and prefectural companies are scheduled for dissolution prior to the end of January 1948.

b. Control companies will be replaced by licensed commercial dealers. The Ministry of Welfare will license central wholesalers and the prefectural governor is charged with designating local sellers.

c. The Ministry of Welfare will issue purchasing allotment certificates to central wholesalers based upon estimated national production. Prefectural governors will issue purchasing allotment certificates to local sellers based upon information furnished by the Ministry of Welfare as to the amount of materials that will be available.

d. Responsibility for operation of the ration system will be vested entirely in the hands of government officials as distinguished from industrial and professional groups which were delegated authority to represent the government under the old system.

At the national level the Ministry of Welfare proposed to establish a committee composed of representatives of groups interested in the distribution of medical supplies for the purpose of advising on rationing policies. This committee is an advisory body only and will take no part in actual distribution. There is no objection to similar committees being appointed at the prefectural level providing prefectural authorities assume complete responsibility for the rationing system and do not allow committees or associations to engage in actual distribution or to profit there from.

Narcotics

Recent reports received from prefectural narcotic agents indicate many doctors who have supplied narcotics to addicts are not being prosecuted because of lack of evidence and are escaping with merely an admonition by the procurator in the prefecture concerned.

The Narcotic Law of Japan specifically prohibits the supplying of narcotics to addicts and it is not intended that any physician shall escape prosecution merely by claiming he did not know the person to be addicted to narcotics.

The Ministry of Welfare has been advised to inform narcotic agents throughout Japan that in the future careful questioning and taking of a sworn statement from the doctor is the least that will suffices in lieu of the usual procedure of using undercover addicts to purchase narcotics from physicians who are dealing in the illicit traffic. The mere statement of a doctor that he did not know the person to be an addict, when accepted at face value, is amateurish since the addict invariably tells the doctor he must have morphine to relieve his suffering, and since with the proper examination and diagnosis, any physician can easily determine whether or not a patient is an addict.

Strict surveillance is being maintained for any future repetition of this failure to prosecute since such physicians constitute a regular source of supply for addicts in Japan.

Production

The following is a list of proposed basic prefectural allotments of 10% DDT Dust and 5% DDT Residual Effect Spray for 1948. This material is now allocated by the Ministry of Welfare and delivered to prefectures periodically or automatically. Procurement is only obtained by prefectural health officials by open requisition from the Pharmaceutical Affaires Section, Ministry of Welfare. Some of the prefectures during 1947 have received very little, while others drew more than their share. As this material is the most valuable single insecticide, it is recommended that each prefecture avail itself of the opportunity of getting the maximum amount possible.

The 5% DDT Residual Effect Spray should be used primarily indoors and applied to surfaces on which adult insects light and never as a mosquito or fly larvacide. Using this valuable insecticide for larvaciding is wasteful. It must be used properly as an integral part of the insect control program, by the regular insect control teams, and not distributed to the individual, this restriction applying to the 10% DDT Dust as well.

The prefectural allotments should be used as a guide, but definitely not as an entirely determining factor, in planning insect and rodent control activities for the individual prefectures. Distribution has been planned on a population and necessity basis, including provisions made for adequate supplies for coal mining regions and areas throughout Japan. Additional quantities will be made available if and when justification is received for additional requirements.

Adequate reserve stocks are being maintained to meet the needs of any emergency, flood, or disaster.

DDT Allotments to Prefectures – Jan. Dec. 1948

Prefecture	10% DDT Dust		5% DDT Residual Effect Spray	
Hokkaido	200,000	1bs.	86,355	gallons
Aomori	55,415	〃	9,720	〃
Iwate	50,655	〃	14,500	〃
Miyagi	70,325	〃	22,440	〃
Akita	52,000	〃	18,355	〃
Yamagata	56,020	〃	15,175	〃
Fukushima	57,645	〃	9,300	〃
Ibaraki	44,915	〃	17,320	〃
Tochigi	49,535	〃	14,660	〃
Gumma	56,265		26,860	〃
Saitama	70,255	〃	43,080	〃
Chiba	70,185	〃	13,350	〃
Tokyo	531,310	〃	207,900	〃
Kanagawa	184,775	〃	75,550	〃
Niigata	63,970	〃	30,145	〃
Yamanashi	35,765	〃	11,400	〃
Nagano	60,315	〃	21,510	〃
Gifu	57,145	〃	20,450	〃
Shizuoka	78,865	〃	30,030	〃
Aichi	167,555	〃	66,100	〃
Mie	58,075	〃	20,330	〃
Toyama	55,275	〃	15,265	〃
Ishikawa	41,185	〃	8,220	〃
Fukui	33,985	〃	5,000	〃
Shiga	41,900	〃	8,600	〃
Kyoto	160,835	〃	43,420	〃
Osaka	300,000	〃	72,540	〃
Hyogo	161,085	〃	33,000	〃
Nara	44,700	〃	2,000	〃
Wakayama	50,785	〃	6,780	〃

Tottori	36,445	〃	8,840	〃
Shimane	61,085	〃	6,370	〃
Okayama	53,200	〃	8,040	〃
Hiroshima	87,000	〃	16,140	〃
Yamaguchi	102,000	〃	18,540	〃
Tokushima	38,080	〃	6,900	〃
Kagawa	40,855	〃	25,800	〃
Ehime	58,950	〃	12,900	〃
Kochi	38,550	〃	3,360	〃
Fukuoka	176,485	〃	40,320	〃
Saga	44,085	〃	10,450	〃
Nagasaki	92,630	〃	20,815	〃
Kumamoto	58,685	〃	15,000	〃
Oita	53,665	〃	15,000	〃
Miyazaki	46,325	〃	10,280	〃
Kagoshima	51,220	〃	11,890	〃
Total	4,000,000	1bs.	1,200,000	gallons

The 38th weekly report of DDT and Spraying Equipment for mosquito and fly control programs for 1947 indicates the following date for 21-27 December.

	Total Mfgd. to date 20 Dec.	No. Mfgd. 21-27 Dec.	Total Mfgd. to date 27 Dec.	Total Shipped to date 27 Dec.	Balance On Hand	Mfgd.
DDT Dusters	78,906	1,020	79,926	73,388	6,538	10,074
Sprayer, knapsack type, 3gal.cap	39,443	-	39,443	19,805	19,638	-
Sprayer, pump type, semi-automatic	23,808	-	23,808	10,396	10,412	-
Sprayer, hand type,2 gal. capacity	37,910	-	37,910	27,838	10,072	-
Total	180,067	1,020	181,087	134,427	46,660	10,074

Distribution

During the period 16-27 December a total of 2,291 dusters and sprayers were shipped to ten prefectures under supervision of Ministry of Welfare, as follows:

Prefecture	DDT Duster	Knapsack Sprayer	Semiautomatic sprayer	Hand Sprayer
Miyagi	24	132	0	24
Fukushima	0	114	0	0
Aichi	0	0	150	0
Osaka	0	220	0	45
Hyogo	0	0	0	60
Hiroshima	120	0	0	0
Kagawa	0	80	120	0
Ehime	6	56	0	6
Fukuoka	480	150	0	0
Saga	504	0	0	0
Total	1,134	752	270	135

The Ministry of Welfare has issued instructions to 108 manufactures of cotton sanitary materials to ship directly to 82 agencies, a total of 3,868,715 50-gram packages of absorbent cotton. The agencies had been designated by all but six prefectures to accept deliveries for distribution direct to consumers, under prefecture government supervision. This is a stop-gap arrangement to cover the short period until the ration plan of

distribution of controlled items becomes effective 1 February. Below is the distribution as specified by Ministry of Welfare. Prefectures indicated by a zero are those which failed to designate agencies at the request of the Ministry:

Prefecture	Quantity 50-gram pkg.	Prefecture	Quantity 50-gram pkg.
Hokkaido	225,797	Kyoto	62,941
Aomori	0	Osaka	173,701
Iwate	108,427	Hyogo	99,612
Miyagi	0	Nara	44,727
Akita	123,449	Wakayama	32,092
Yamagata	71,489	Tottori	29,036
Fukushima	150,528	Shimane	19,450
Ibaraki	131,525	Okayama	93,162
Tochigi	54,719	Hiroshima	112,544
Gumma	56,014	Yamaguchi	60,295
Saitama	140,587	Tokushima	50,563
Chiba	0	Kagawa	63,143
Tokyo	228,598	Ehime	98,590
Kanagawa	86,591	Kochi	44,223
Niigata	89,101	Fukuoka	161,723
Toyama	75,921	Saga	64,170
Ishikawa	71,797	Nagasaki	106,535
Fukui	0	Kumamoto	125,853
Yamanashi	58,613	Oita	89,776
Nagano	0	Miyazaki	68,413
Gifu	83,005	Kagoshima	106,649
Shizuoka	118,999	Aichi	262,820
Mie	0	Shiga	23,587
TOTAL			3,868,715

The items listed below are part of the U. S. Army surplus medical items turned over to the Japanese Government for civilian use. Distribution to all 46 prefectures will be made on a basis of population. Quantities approved for distribution at this time are indicated below. Items are listed as they appear in ASF Catalog MED 3, 1 March 1944, and changes thereto. Where quantities to each prefecture are too small for wide distribution, it is understood they will be used in such facilities as Public Health Centers.

	Item	Unit	Quantity
1001000	Acacia , l lb.	Bottle	420
1006000	Acetophenetidin, 1000 tablets	Bottle	595
1011000	Acid, boric, 1 1b	Can	2,400
1012200	Acid, boric, ointment, 4 oz.	Jar	9,186
1111000	Calamin, prepared, 1 1b.	Can	1,976
1117500	Calcium gluconate injection, 12 ampules	Box	1,260
1165000	Dextrose, 5% in physiological sodium chloride solution, 1000cc	Bottle	5,965
1174905	Ephedrine sulfate, 500 3/8 gr. Capsules	Bottle	990
1180000	Ethyl chloride, 3 oz	Tube	2,345
1204000	Foot powder, 1/4 1b.	Can	9,450
1336000	Petrolatum, liquid, heavy, 1 qt.	Bottle	1,816
1412000	Soap, soft, 1 lb.	Jar	8,208
1413715	Sodium amytal, 500 capsules	Bottle	1,890
1413720	Sodium amytal, 1 ampule	Ampule	35,854
1418000	Sodium bicarbonate and peppermint,1000 tablets	Bottle	1,214
1462000	Sulfadiazine ointment, 1 1b	Jar	1,810
1463700	Sulfanilamide, 1000 tablets	Bottle	690
1477500	Tincture belladonne, 1 pt.	Bottle	930

2034000	Plaster, adhesive, surgical, 1-inch by 5 years	Spool	6,020
2037000	Plaster of Paris, crthopedic, 4 lb.	Can	13,725
9101000	Acid, boric, ointment, 1 oz.	Tube	18,196
9108000	Cresol, saponated solution, l qt.	Tin	3,974
9111800	Iodine, 2 cc	Vial	75,800
9112200	Iodine swab, 10-minim, 10	Pkg.	11,430
9116500	Petrolatum, two 1/2 oz, tubes	Pkg.	1,980
9120150	Shell natron, 20 oz.	Can	860
9121100	Sulfanilamide, crystalline, 5, 5#gm. Envelope	Box	44,540
9209000	Plaster, adhesive, field brown, l inch by 5 years	Spool	158,175

The Ministry of Welfare has ordered the distribution of Santonin for December. Shipments will be made of 5,506,000 tablets to the 46 prefectures as follows:

Prefecture	Quantity, tablets	Prefecture	Quantity, tablets
Hokkaido	247,800	Aomori	82,600
Iwate	82,600	Miyagi	137,600
Akita	82,600	Yamagata	110,100
Fukushima	111,000	Ibaraki	110,100
Tochigi	110,100	Gumma	110,100
Saitama	137,600	Chiba	137,600
Tokyo	275,300	Kanagawa	192,700
Niigata	165,200	Yamanashi	82,600
Nagano	165,200	Shizuoka	165,200
Toyama	826,000	Ishikawa	55,000
Fukui	55,000	Gifu	110,100
Aichi	220,200	Mie	110,100
Shiga	55,000	Kyoto	137,600
Osaka	220,200	Hyogo	220,200
Nara	55,000	Wakayama	82,600
Tottori	55,000	Shimane	82,600
Okayama	110,100	Hiroshima	137,600
Yamaguchi	110,100	Tokushima	82,600
Kagawa	82,600	Ehime	110,100
Kochi	55,000	Fukuoka	220,200
Saga	55,000	Nagasaki	11,100
Kumamoto	110,100	Oita	82,600
Miyazaki	82,600	Kagoshima	110,100
TOTAL			5,506,000

During November the quantities listed below of VD control drugs, sulfa drugs and penicillin were distributed. All shipments except penicillin were made in answer to requests from prefectures. Penicillin distribution is made on allocation from the Ministry of Welfare.

Item	Unit	Quantity
Mapharsen	gram	7,377.4
Bismuth Subsalicylate Injection	Cc	479,734.5
Sulfathiazole	Tab	3,835,700.0
Sulfadiazine	Tab	2,846,000.0
Penicillin	Oxford unit	2,852,210,000.0

Reference is made to PHW Weekly Bulletin No.41, 5-11 October. The two agencies listed below have been removed by the Fuji Photo Film Co., Ltd., as dealers authorized to distribute x-ray film, They are accordingly deleted from the list as published in above issue of this Bulletin.

Prefecture	Agent	Address
Iwate	Tamura Iryo-Kikaiten	Saien-Nishikicho, Morioka City
Fukushima	Daimaruya	No.48, Nakamacho, Fukushima City

SECTION
PREVENTIVE MEDICINE DIVISION

Sanitary Engineering

Laboratory Control of Water Quality: Routine laboratory analysis of drinking water is a necessary adjunct to the uninterrupted production of a hygienically safe water. This principle applies whether the supply under consideration is a large treated municipal one, a small institutional well supply, or simply the shallow well of an individual householder. At present many of the cities in Japan are adequately filtering their water and are attempting to initiate more modern chlorination practices. But, for the most part, they have neglected the development of their water laboratories. The water laboratory is one of the few controls the Public Health Officer has over the municipal engineer in the operation and maintenance of the water system. Recent examinations of private and institutional supplies, including that of a Health Center, indicate that few of these sources meet the minimum Japanese standards. Each prefectural health department should make available to the cities, the institutions, and the individual adequate laboratory facilities to carry out routine bacteriological and chemical examinations of their drinking water. This may be accomplished by a central prefectural laboratory, by aiding the cities in establishing their own water laboratories, by setting up laboratories in centrally located Health Centers, and by developing a sound sampling system by which samples may be sent to the central prefectural laboratory.

Article I of the Home Department Ordinance No. 22, 1921, a supplement to the National Waterworks Law, sets forth the various constituents that should be examined in a drinking water. These included the odor, sediment or turbidity, reaction, nitrates, nitrites, ammonia, hardness, cholorides and the permaganate consumed, a test measuring the organic matter in the water. The total bacteria count was also included. Recently more modern standards of bacterial purity have been added but great emphasis is still placed on the cut-dated chemical analysis. The standards of bacterial purity state that 20℃ - 48 hour count should not exceed 100 per 1cc nor 50 in a 1cc portion incubated at 37℃ for 24hours. No Endo Bacteria (dysentery bacilli) should be found in 1cc portions nor should coliform bacteria (B-coli) be present in 10cc portions.

The so called “presumptive, confirmed, and completed tests” for the coliform group of bacteria represent the simplest and most accurate means we have of determining the presence of fecal pollution in drinking water. These tests are recommended by the United States Public Health Services and have been adopted by a majority of U.S. state health, departments. Most prefectural laboratories are acquainted with and equipped to carry out the coliform testing procedures but have been reluctant to adopt them. They should be encouraged to give first preference to the bacterial tests, particularly those for the coliform group, and to rely less on the chemical analysis which are considerably less accurate and often are not a measure of fecal pollution. Water laboratories exist in all prefectures but their general lackedasical mode of operation has prevented them from becoming an effective part of the public health organization.

Tuberculosis Control

Every effort must be made to control tuberculosis in the home because of the many and various factors which are present in Japan at the present moment which interfere with early diagnosis and early hospitalization.

In the student population tuberculosis has a high incidence and tuberculosis is still regarded as an incurable disease and a fatalistic attitude is adopted. It is a matter of pride that a student remains “on his feet” as long as possible to relieve his family of the burden of a long illness. This student group is one in which it is necessary to encourage frequent examinations, early diagnosis and early hospitalization. Their education in control of tuberculosis is a matter of enormous importance for the welfare of Japan. Upon these educated men and women falls the burden of the future planning; educated minds must not be lost because of tuberculosis.

Public Health Education Program

A detailed Public Health Education Program has been submitted by the Bureau of Public Health, Ministry of Welfare. The plan is based on the need for a well planned, well-organized, and well-executed health education

program, and on the necessity for the coordination of all existing health education programs conducted by several of the Ministries of the Japanese Government as well as other agencies.

The essential points of the program include:

a. Planning at the Ministry level

(1) Establishment of necessary working committees.
(2) Establishment of the Health Week Movement
(3) Coordination of the publicity and educational activities of the Press (Newspapers and Magazines) relating to health education.
(4) Preparation of health educational materials
(5) Organization of Public Health conventions in the six larger cities of Japan.
(6) Continuation of the Public Health Train exhibit.

b. Planning at the Prefectural level

(1) Addition of health education personnel to staff of prefectural health offices.
(2) Improvement in the methods for the advancement of health education.
(3) Dissemination of information concerning health and welfare.
(4) Cooperation in the work of the public health train.
(5) Organization of lecture courses for health officials and others engaged in health work.
(6) Establishment of a health education team at each Health Center.

This plan marks the initial step in the establishment of a public health education program for the people of Japan with guidance at national level. The plan is a long-range project. Directives will be issued to prefectural governments by the Ministry of Welfare when specific portions of the program are to be effected.

PHMJG-51, supplemented by a Memorandum of General Application, is new being issued and outlines the detailed provision of this program.

Health Centers

Reference is made to Section 6, Weekly Bulletin #51, 14-20 December 1947. The enforcement regulations and instructions implementing the Health Center Law referred to in Weekly Bulletin #51 have been prepared by the Ministry of Welfare. It is expected that these documents will be dispatched to the governors of each prefecture in the very near future. When the official translations are received, PH&W will forward them to each Military Government Team for their information.

SECTION VI
MEDICAL SERVICE DIVISION

Nutrition

Results of the November Nutrition Survey Consumption Studies are attached, for the cities of Tokyo, Nagoya, Osaka, Kure, Fukuoka, Sapporo, Sendai, Kanazawa, and Matsuyama, with corresponding regions, Kanto, Tokai, Kinki, Sanyo, Kyushu, Hokkaido, Tohoku, Hokuriku and Shikoku.

SECTION VII
SOCIAL SECURITY DIVISION

General

On recent survey trips many health and welfare Officers, who are new in their assignments, requested information regarding the social insurance programs in Japan. For initial information attention is invited to Public Health and Welfare, GHQ, SCAP, Weekly Bulletin No.8, dated 16-22 February 1947, which carries a compilation of the mission and functions of this Division plus a brief outline of existing social insurance programs.

Other PHW Weekly Bulletins which carry reference information are:

No.14 dated 30 March to 5 April 1947
No.19 dated 4 May to 10 May 1947

No. 24	dated 8 June	to 34 June 1947
No.25	dated 15 June	to 21 June 1947

SECTION VIII
MEMORANDA TO JAPANESE GOVERNMENT

None.

CRAWFORD F. SAMS
Colonel, Medical Corps
Chief

NOTE: Japanese Weekly Communicable Disease report delayed, and will appear in the next Weekly Bulletin.