

の爲に法の適用を餘儀なくするも之れ自個の招きたる罪なるを自覺せしめ、尙醫師に對しては診断の方法に迄關與して診断上の全責任を負はしめたる如き、當局と醫師と患者と三者相鼎立して法規の履行を期せしめたるは誠にデモクラチックの遺憾なき發露と云ふを得べきか。
以上の細則は、戰時中に於ける重大なる施設なれば左に參考として凡ての書類を示す事とせり。
梅毒患者へ與ふ可き通告書(青色紙に印刷せり)。

The Territory of Hawaii

A FEW FACTS ABOUT SYPHILIS

ISSUED BY THE TERRITORIAL BOARD OF HEALTH

Honolulu, T. H.

Keep--Read Carefully and Often--Remember Your Number

1. Syphilis, also known as "pox," "blood disease", etc., is a serious contagious disease, slowly acting, which may affect all parts of the body.
2. Syphilis, is caused by a minute germ, which can only be seen with a powerful microscope, which circulates through the blood and attacks every organ in the body if unchecked by proper treatment.
3. Syphilis, is usually but not always transmitted by sexual intercourse.
4. Syphilis, always begins by the germs entering the body through a break or abrasion of

the skin or of the lining of the mouth or sexual organs. This abrasion may be so small that it cannot be seen.

5. Syphilis, always begins with the local sore which develops at the spot where the germs penetrate. The germs grow slowly at first and from two to eight weeks may elapse before the sore appears. This initial sore, pimple or ulcer is usually painless and is called a "hard chancre" or the FIRST STAGE.

6. Syphilis, gradually develops after the chancre has apparently been cured. Skin rashes, sores in mouth, swelling of glands, fever, deep pains in bones, sore throat, falling out of hair, are some of the most frequent symptoms of this stage. Any one or more of these symptoms may occur. This is known as the SECOND STAGE.

7. Syphilis, when untreated, may appear to be cured spontaneously after the second stage, but it is NOT! It remains in the blood and the deep parts of the body. The germs will lie quiet sometimes for years and then suddenly produce the terrible effects known as the THIRD STAGE. They will slowly destroy the brain, nerves, bones, blood vessels, etc. Locomotor ataxia, paralysis, paresis or softening of the brain and some forms of apoplexy, are a few of the later effects of untreated syphilis. They may come on as late as twenty years after the original "Chancre", but are all parts of the same disease and caused by the same germs.

8. Syphilis, when uncured, may also be transmitted to unborn children through either father or mother. It is one of the greatest causes of miscarriages, children being born dead, and of weak, sickly children. When born alive these babies often spread the disease, as their syphilis is very contagious.

9. Syphilis, is extremely contagious in the first and second stages.
10. Syphilis, is most easily cured in the first or "chancre" stage, is readily curable in the second stage, and may be greatly improved in the third stage.
11. Syphilis, in all stages requires long thorough treatment by special remedies to insure a cure. Certain laboratory tests, especially the one known as the "Wassermann Test", are of great assistance in determining when the disease is cured.
12. Syphilis, can be accidentally transmitted during the first and second stages and from babies with congenital syphilis in a great variety of ways, by kissing, by articles accidentally contaminated with secretions from the sores, as towels, pipes, drinking glasses, eating utensils, etc., etc.
13. Syphilis, affects most public and clandestine or secret prostitutes. It can be best prevented by avoiding all chance of infection.
14. Syphilis, can be cured, but not in a week or a month at any stage. A person with syphilis must be sure he is getting competent treatment and then stick to it a long time, until the "blood tests" and his physician say he is cured.

PERSONAL ADVICE TO PATIENT

1. Do not forget your disease may be communicated to others by contact other than sexual intercourse.
2. It may be transmitted by any of the secretions of the body, but more especially by blood or blood serum cozing from raw mucous surfaces, such as cracked or sore lips, mucous patches in the mouth and throat, discharges from syphilitic ulcers and sores.
3. Never permit the slightest opportunity for other persons to come in contact with any of

these secretions.

4. To avoid this, follow these rules:
 - (a) Until the acutely infectious stage is passed and permission is given by the physician you should have individual drinking cups and eating utensils. These should be sterilized by boiling after each use. Never use public drinking cups.
 - (b) Tooth brushes and containers of pastes, powders or mouth washes used in caring for the teeth should be kept in separate containers or compartments where no opportunity for contact with others is possible. Brush teeth night and morning (or better, after each meal), and keep mouth clean.
 - If you have bad teeth have them attended to by a dentist. Be fair to him and his next patient by telling him you have syphilis, so he may take precautions and not infect others.
 - (c) Use no razor or other articles used in shaving except your own, and permit no other person to use your shaving outfit. Shaving in a public barber shop is prohibited for one year after beginning of infection.
 - (d) Basins, lavatories and bathtubs used should be washed out thoroughly with soap and hot water after each use by you. Separate basins are to be used wherever possible. The use of public bathtubs is prohibited.
 - (e) You should use individual towels.
 - (f) Handkerchiefs and clothing, especially underclothing, which may be soiled by secretions, should be laundered separately, or if impracticable, they must be immersed in boiling water or an approved antiseptic solution, as advised by the physician, before being added to other laundry.

- (g) All dressings of sores or ulcers must be burned or otherwise destroyed. Never leave them where they are accessible to flies.
- (h) Never kiss others or permit them to kiss you.
- (i) Sleep alone and practice continence. Your physician will tell you good habits improve your physical tone and hasten recovery.
- (j) Follow your physician's advice, and do not cease treatment until by every known laboratory method he has satisfied himself of your recovery, and assures you there is no longer danger of your transmitting the disease.
- (k) Do not be led astray by promises of hasty or permanent cure by falsely advertised remedies. Cheap cures make miserable lives and expensive funerals. You gain nothing but bitter experience by deceiving yourself, and you risk the injury of those nearest and dearest to you. Play fair with yourself and with others.
- 5. Consult your doctor at least once a month for two years.

IMPORTANT. READ CAREFULLY. FOLLOW INSTRUCTIONS IF YOU WISH YOUR NAME KEPT SECRET.

you are given this circular of instructions with this serial number by your doctor because the law requires him to do so and to report your case to the Territorial Board of Health by this number without revealing your name.

If you change doctors for any reason and wish to keep your name concealed, you must see to it that the doctor you last consult notifies the doctor previously having charge of your case within **SIX WEEKS**.

If you fail to come for treatment at the time ordered by your doctor within the period in which your disease is infective, and he does not receive notice within **SIX WEEKS** from another doctor stating that you have placed yourself under his professional care, the doctor giving you this circular is obliged by law to report your name and address to the health authorities as a person suffering from a disease dangerous to the public health and presumably not under proper medical advice and care sufficient to protect others from infection. You will then be liable to quarantine or such other procedure as the Board of Health may determine. If you want your name kept secret, follow these instructions carefully. Your doctor will tell you when your case is no longer infective.

No. 1925

淋病患者の病名を隠す事(但し病名を隠す事)

The Territory of Hawaii

A FEW FACTS ABOUT GONORRHEA

ISSUED BY THE TERRITORIAL BOARD OF HEALTH

Honolulu, T. H.

Keep--Read Carefully and Often--Remember your Number

1. Gonorrhoea is one of the most common of the highly contagious diseases and is also known

淋病は最もよく知られたる病

六六

by many other names, the most common being "clap", "a dose", and "a strain". "Gleet" is the chronic form of the disease.

2. Gonorrhoea is caused by a minute germ called the "gonococcus", so small it can be seen only under the microscope.

3. Gonorrhoea is caused by a minute germ called the "gonococcus", so small spread by accidental contact with the gonorrhoeal discharge or pus. The most serious forms of this accidental infection are infection of the eyes, when it often causes blindness, and infection of the "privates" of little girls and girl babies, often from contaminated bedding.

4. Gonorrhoea is a serious disease, and not a trivial annoyance "no worse than a bad cold" as is often ignorantly said.

5. Gonorrhoea is always a serious disease because:

(a) It is occasionally directly fatal.

(b) It has a long and serious list of complications which may come on long after the original "dose" seems to be entirely cured.

(c) In millions of cases it is transmitted to wives by husbands who have not been thoroughly cured and thereby produces long drawn out female disease curable only by serious operations.

(d) It is the greatest cause of sterility or inability to have children, due either to infection of the wife or gonorrhoeal inflammation of the testicle in the husband.

(e) It is the greatest of all causes of blindness in babies and is the cause of more than 10 per cent of all blindness.

6. Gonorrhoea has many distinctly recognized complications. The most frequent and impor-

tant are:

In the Male

Stricture.

Inflammation of the bladder.

Inflammation of the testicle.

Abscesses of the groins.

Abscesses of the kidneys.

Rheumatism.

Sterility.

In the Female

Inflammation of the womb.

Inflammation of the ovaries.

Inflammation of the tubes.

Local or pelvic peritonitis.

Inflammation of the bladder.

Rheumatism.

Sterility.

7. Gonorrhoea is one of the most deceptive of all diseases. It is easy to think it is cured when really only the discharge has stopped, while the gonococcus is still present, able to do extensive damage to the patient and to infect others.

8. Gonorrhoea affects practically all prostitutes sooner or later, both the public and clandestine or secret prostitutes.

9. Gonorrhoea is in practically all instances a curable disease if treatment is begun early, competently given, faithfully followed out by patient, and KEPT UP sufficiently long. The time necessary will almost never be less than one month and may take many months.

10. Gonorrhoea may be caught more than once; one attack does not produce any protection against later infection.

11. Gonorrhoea is a preventable disease, but the only sure means of prevention is in avoiding exposure. DON'T TAKE A CHANCE.

PERSONAL ADVICE TO PATIENT

1. Never forget your disease is infectious, or "catching", by other means than by sexual intercourse.
2. It may be transmitted to the eyes and private organs through contact with the discharges from the urinary canal.
3. Never permit the slightest opportunity for other persons to come in contact with these discharges, or with anything contaminated by them.
4. To avoid this, follow these rules:
 - (a) Always wash the hands thoroughly with soap and hot water after every urination or other handling of the diseased organs. Remember, by one such act of carelessness you may carry the infection on your fingers to your own eyes and expose yourself to the risk of becoming blind.
 - (b) After washing the hands, do not merely rinse the basin or lavatory; wash it thoroughly with soap and hot water, and preferably follow by an antiseptic solution of known strength, as advised by your physician.
 - (c) The same care should be used in washing out bathtubs. The use of public bathtubs is prohibited. Never use any bathtub immediately preceding another person.
 - (d) Always have your individual towel. The use of the common towel is a prolific cause of gonorrhoeal infection of the eyes. Don't expose others to the risk of blindness.
 - (e) protect the clothing and underclothing against soiling by use of proper dressings. Soiled clothing should be laundered separately; or, if impracticable, soiled portions should be immersed in boiling water or an approved antiseptic solution before being added to other laundry.
 - (f) All dressings must be burned or otherwise destroyed. Never leave them where they are accessible to flies.
 - (g) Exercise care to prevent soiling of toilet seats by discharges.
 - (h) Sleep alone. Above all, have no sexual intercourse until you know you are well. You will not wish to be charged with causing the loss of health, or possibly the death, of any person. Besides, your physician will tell you, it retards your own recovery.
 - (i) Follow your physician's advice, and do not cease treatment until by every known laboratory means he has satisfied himself of your recovery and assures you there is no longer danger of your transmitting the disease.
 - (j) Do not be led astray by promises of hasty cure by falsely advertised drugstore remedies. Cheap cures make miserable lives and often expensive funerals. You gain nothing but bitter experience by deceiving yourself, and you risk the injury of those nearest and dearest to you. Play fair with yourself and with others.
5. Consult your doctor at least once a week for the first three months.

IMPORTANT. READ CAREFULLY. FOLLOW INSTRUCTIONS IF

YOU WISH YOUR NAME KEPT SECRET.

You are given this circular of instructions with this serial number by your doctor because the law requires him to do so and to report your case to the Territorial Board of Health by this number without revealing your name.

If you change doctors for any reason and wish to keep your name concealed, you must see to it that the doctor you last consult notifies the doctor previously having charge of your

case within SIX WEEKS.

If you fail to come for treatment at the time ordered by your doctor within the period in which your disease is infective, and he does not receive notice within SIX WEEKS from another doctor stating that you have placed yourself under his professional care, the doctor giving you this circular is obliged by law to report your name and address to the health authorities as a person suffering from a disease dangerous to the public health and presumably not under proper medical advice and care sufficient to protect others from infection. You will then be liable to quarantine or such other procedure as the Board of Health may determine. If you want your name kept secret follow these instructions carefully. Your doctor will tell you when your case is no longer infectious.

N. O. 3874

梅毒淋疾
に關する
通知書

梅毒淋疾患者發見の際衛生局への通知書

N. O. 1925 WAR MEASURE--Report of a Case of Syphilis

TERRITORIAL BOARD OF HEALTH. HONOLULU, T. H.

(Date).....191..... (City or Town).....T. H.
Patient's age.....; sex.....; Nationality.....
Marital state—Married, Single, Widowed, Divorced.*
Occupation (give specific character of occupation).....
Is occupation or sanitary surroundings at place of employment such that patient will

be a menace to the health of others?..... If so, what measures of
precaution have you advised?.....

Has your diagnosis been confirmed by laboratory tests?.....
If so, which?..... Date of onset of disease.....191.....

Signature of reporting physician.....M. D.
Address of reporting physician.....T. H.

* Strike out words that do not apply, or draw circle about word indicated.

INSTRUCTIONS TO PHYSICIAN.

Tear off this slip, fill out and mail to the Territorial Board of Health, Honolulu, T. H., in enclosed addressed envelope. Instructions are to be given and explained to patient. Name of patient is not required.

N. O. 3874 WAR MEASURE

TERRITORIAL BOARD OF HEALTH. HONOLULU, T. H.

REPORT OF CASE OF GONORRHEA

(Date).....191..... (City or Town).....T. H.
Patient's age.....; sex.....; Nationality.....
Marital state—Married, Single, Widowed, Divorced.*
Occupation (give specific character of occupation).....
Is occupation or sanitary surroundings at place of employment such that patient will
be a menace to the health of others?..... If so, what measures of

precaution have you advised?

Date of onset of disease 191.....

Type or stage of disease with reference to infectivity

Signature of reporting physician

M. D.

Address of reporting physician

F. H.

* Strike out words that do not apply, or draw circle about word indicated.

INSTRUCTIONS TO PHYSICIAN

Tear off this slip, fill out and mail to the Territorial Board of Health, Honolulu, T. H., in enclosed addressed envelope. Instructions are to be given and explained to patient. Name of patient is not required.

以上四種の通告書を見る時は患者に對して淋疾梅毒の本體及び養生法、注意事項を極く平易に説明せる如き、職業に就て細心の注意を拂ひ殊に當該醫師の患者に對して與へたる警告を質問せる如き、尙診斷は臨床的なるやワツセルマン氏反應によりしや、或は淋疾の場合に於ては疾病の程度に就て急性なるや慢性なるやを記載せしめんとする如き當局の細心なる苦心を知るに足る可し。

患者の姓名通告書

Hawaii

191.....

TERRITORIAL BOARD OF HEALTH,
HONOLULU, HAWAII.

GENTLEMEN :

This is to notify you that

(Name of patient)

of..... originally reported by

(Address of patient)

..... as serial number 191.....

(Give if known)

who has been under my care for treatment for

(Specify disease)

in the infective stage has not reported to me for six weeks following date of his last appointment with me, nor have I received any notification from another physician that he has placed himself under his professional care.

I am therefore reporting his name and last known address in accordance with Section 5 of the Regulations of the Territorial Board of Health Governing the Reporting of Gonorrhoea and Syphilis.

Sincerely yours,

M. D.

Address

甲醫師より乙醫師へ送致す可き通告書

Hawaii

191

DR.....

Hawaii

DEAR DOCTOR:

In accordance with Section 4, Regulations Governing Reporting of Venereal Diseases, I herewith notify you that.....

(Name of Patient),

(Address)

having serial number....., circular of instructions for prevention of....., formerly treated by you, has now placed himself under my care and treatment:

Respectfully yours,

M. D.

Address

以上の細則によつて得たる花柳病の米國全土に於ける統計は吾人に大なる教訓を興ふ可しと雖も、遺憾ながら未だ完成したるを聞かず。

(四) 傳染病に對する義務

醫師傳染病患者を診察したる時は黄色紙に印刷せる規定の書式によつて病名、姓名、國民別、性、年齢、現在住所、居住年限、以前の住所、同所居住年限、布哇縣在住年限、職業、傳染者姓名、年齢、性、職業地を衛生局長に通告す可きものとす。

衛生局は醫師の要求に應じて天然痘々苗、及ヂフテリヤ豫防血清を無償にて授與す。

當局は毎月一回 Honolulu 市内に於ける傳染病の種類及發生地を明示したる地圖を作製して開業醫及新聞社等に分與するを常とす。

左に傳染病報告書を示さん

BOARD OF HEALTH

PHYSICIAN'S REPORT OF CONTAGIOUS DISEASES

Date 191..... Diagnosis.....

Name of Patient..... Sex..... Age.....

Nationality.....

Present Residence.....
(Give exact location, street and number if possible)

Length of time in Present Residences from..... to.....

Previous Residences.....

Length of time in Previous Residences from..... to.....

Length of Residence in Territory.....

Occupation.....

CONTACTS

NAME	AGE	SEX	PLACE OF OCCUPATION

REMARKS:

(COVER)

Attending Physician.

NOTICE

*Section 1004 R. L., as amended by Act 125
S. L. 1911:*

"Section 1004. PHYSICIANS TO REPORT. It shall be the duty of every physician having a patient infected with cerebro-spinal meningitis, cholera, asiatic, conjunctivitis follicular, diphtheria, dysentery anoebic, enteric (or typhoid) fever, fever paratyphoid, leprosy, measles, dengue, paralysis infantile, pertussis, plague, scarlet fever (or scarlatina), tetanus, trachoma, tuberculosis, typhus fever, varicella, variola, varioloid, yellow fever, or any other infectious or communicable or other disease dangerous to the public health, to give immediate notice thereof to the Board of Health, or its nearest agent, in writing, and in like manner to report to said board, or its agent, every case of death which takes place in his practice from any such disease; provided, however,

布哇縣下に於ける醫術開業

that whenever a physician has a patient infected with variola, varioloid, scarlet fever, diphtheria, plague, cholera, yellow fever, typhus fever, cerebro-spinal meningitis or amoebic dysentery, such physician, in addition to the notice in writing required to be given as above, shall immediately notify the Board of Health, or its nearest agent, either by telephone or by direct oral communication. Every physician who shall refuse or neglect to give such notice, or make such report, shall be fined for each offense a sum not less than Ten (10) nor more than One Hundred Dollars (\$100.00)

報告を要す可き傳染病を擧ぐれば

腦脊髄膜炎	亞細亞コレラ	顆粒性結膜炎
チフテリア	アメバ赤痢	腸窒扶斯
バラチフスA型及B型	癩病	麻疹
デング	小兒麻痺	百日咳
ペスト	猩紅熱	破傷風
トラコマ	結核	假痘
天然痘	黄熱	

其他傳染の恐れあるもの及公衆の衛生に危険を及ぼす可き疾病。

(五) アルコール購買に關する義務

布哇縣に於ては一九一七年九月八日以來酒精の使用に大制限を加へ一定の免狀所有者にあらざれば何

酒精購買
免狀

人と雖も酒精の購買並に使用をなす能はず。

然れば醫師、病院、藥劑師、製藥者は一種の抵當 (Bond) を提供して收稅局の官吏により酒精購買免狀を受くるを要するに至れり。

ボンドは最小額五〇〇、〇〇弗にして免狀所有者の一回に購求し得る酒精の量は五ギャロン以下なり。ボンドを提供せざる者は純粹の酒精を得る事能はずと雖も一バイント以下の左の如き酒精は任意に購求し得べし。

- 一、石炭酸一分、酒精九九分
- 二、ホルムアルデヒド一分、酒精二五〇分
- 三、昇汞一分、酒精二、〇〇〇分
- 四、其他飲用し難き情態に混成せるもの。

左に其規則の全文を掲げ置けり。

DEFINITION

All Alcohol distilled after September 8th, 1917, is now known as NON-BEVERAGE ALCOHOL, and can only be used for the manufacture of Pharmacopoeial or Medicinal preparations, in the preparation of Physicians' prescriptions (where the medication destroys the identity of the spirit), for the use of Hospitals, Sanitoria and Physicians holding permits under Bond, and in the Arts and Sciences under certain restrictions and regulations.

布哇縣下に於ける醫術開業

This Alcohol cannot be used or sold, unmedicated, except to those holding permits from the Collector of Internal Revenue, and to these only for non-beverage purposes in quantities less than five gallons at any one sale.

When sold to non-permit holders the limit of quantity is one pint, and then only when medicated at time of sale in order to render it unfit for beverage purposes. In order to purchase NON-BEVERAGE ALCOHOL it will be necessary to conform to the law and to certain Treasury Regulations.

REGULATIONS

BOND

A Bond, in duplicate, must be given to the Collector of Internal Revenue, in Honolulu, on a regular form which latter we shall be glad to supply.

This Bond may be furnished in three ways—

- (1) Through a Surety Company.
- (2) Through two individual Sureties, approved by the Collector.
- (3) By depositing Liberty Bonds.

The smallest Bond the Government will accept is for \$500.00, and supplies are drawn against the value of this Bond.

PERMIT

A Permit to purchase or handle NON-BEVERAGE ALCOHOL must be obtained from the Collector or his Deputy. The application for a Permit must be filed in duplicate. If the Bond is approved, one copy of the Permit will be returned to the applicant and one

copy held by the Collector. The Permit must be posted in a conspicuous place.

PURCHASES

When Bond and Permit have been secured, Alcohol may be purchased. In order to make a purchase, official order forms, in triplicate, must be used, stating the quantity desired not in excess of Five Gallons. Order forms must be signed by the person, firm or corporation to whom the Permit has been issued. We are prepared to furnish these forms.

When order is filled, one copy of the order will be sent to the Collector, in Honolulu, one retained for our files, and one returned to the purchaser who will file same for future reference.

We can supply these forms, and on our part, will enter in space provided, the Serial Number and quantity in Proof and Wine Gallons as provided by Law.

Alcohol so obtained can only be sold under the following conditions and restrictions:

Those who hold a Permit and have given a Bond will be permitted to sell NON-BEVERAGE ALCOHOL, without a physician's prescription, to persons who do not hold permits and have not given a Bond, in quantities not to exceed ONE PINT, PROVIDED they first medicate same, at time of sale, in accordance with one of the following formulae:

- (1) Carbolic acid 1 part, alcohol 99 parts.
- (2) Formaldehyde 1 part, alcohol 250 parts.
- (3) Bichloride of mercury 1 part, alcohol 2,000 parts.
- (4) Bichloride of mercury 0.8 gram, hydrochloric acid 60 c.c., alcohol 640 c.c., water 300 c.c.
- (5) Bichloride of mercury 1 $\frac{1}{2}$ grains, hydrochloric acid 2 grams, alcohol 4 ounces.

- (6) Formaldehyde 2 parts, glycerin 2 parts, alcohol 96 parts.
 - (7) Carbolic acid 1 dram, alcohol 1 pint, water 1 pint.
 - (8) Alum $\frac{1}{2}$ ounce, formaldehyde 2 drams, camphor 1 ounce, alcohol and water each 1 pint.
 - (9) Lysol 1 part, alcohol 99 parts.
 - (10) Liguor Cresolis Compound (U. S. P.) 10 c.c., alcohol 1,000 c.c.
- The container of such alcohol will bear a "POISON" label.
 The medication must take place at time of sale no matter how small the quantity.
 Each bottle must bear a POISON label.
 Formula No. 2 seems to be the least objectionable.
 The Law is NOW in force, and must be obeyed under penalty of loss of Permit and forfeiture of Bond.

(六) 酒類購求に關する義務

一九一八年四月一〇日布哇縣に於ては禁酒令を實施したり、然れば醫師は患者の病症により酒類の使用を必要とする時は患者の姓名年齢酒類の名稱及量を明記して薬用のみに使用する事を證明せば患者自身に對する酒稅官の詳細なる調査の後購買及飲用を許可せらる可也。

(七) 出生に關する届出での義務

醫師出産に立會したる時は出生届を衛生局に提出するの義務あり、若し男子にして當局に届出をなし置く時は此兒童青年期に達せば純然たる米國市民として市民權を獲得し得るの權利を生ず、又女子と雖も將來婦人に於て參政權を得んか同様の利權を生ずるの理なり、然して日本政府は國籍離脱の條令を制定したるが爲め、斯くて遂に布哇生れ兒童は純然たる米國市民たる事自由意思の儘なるに至れり、然れば出生届には立會醫師又は助産婦の證明書を添付し左記の文意によりて兒童の出生に立會たる事を證明せざる可らず。

I hereby certify that I attended the birth of this child, who was
at M., on the date above stated.
(Born alive or still born.) *

左に出生届及證明書書式を示さん

日本人にして米國に市民

THE STANDARD CERTIFICATE OF BIRTH

PLACE OF BIRTH

TERRITORY OF HAWAII

STANDARD CERTIFICATE OF BIRTH

County of
Township of
or
Village of
or
City of

Registered No.

(No. St.; Ward)

FULL NAME OF CHILD

If child is not yet named, make supplemental report, as directed.

Sex of Child
Twin, triplet, or other?
(To be answered only in event of plural births)

Number in order of birth
Legitimate?
Date of birth
(Month) (Day) (Year)

FULL NAME

FATHER

FULL MAIDEN NAME

MOTHER

RESIDENCE

RESIDENCE

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

COLOR OR RACE

AGE AT LAST BIRTHDAY

(Years)

BIRTHPLACE

BIRTHPLACE

OCCUPATION

OCCUPATION

Number of children born to this mother, including present birth,

Number of children of this mother now living

CERTIFICATE OF ATTENDING PHYSICIAN OR MIDWIFE*

I hereby certify that I attended the birth of this child, who was at M., on the date above stated. (Born alive or Stillborn)

*When there was no attending physician or midwife, then the father, householder etc, should make this return. A stillborn child is one that neither breathes nor shows other evidence of life after birth.

(Signature)

(Physician or Midwife)

Given name added from a supplemental report 19

Address, 19

Entered, 19

Registrar

Registrar-General,
Territorial Board of Health.

Registrar-General,
Territorial Board of Health.

WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD

N. B.—In case of more than one child at a birth, a SEPARATE RETURN must be made for each, and the number of each, in order of birth, stated.

死亡原因
の合併症
の記載

職業の記
載細則

此の證明書は直ちに永久に保存せらる可き記録にして兒童將來の權利の分るゝ處なれば分明に記載せざる可らず。

(八)、死亡に關する届出の義務

死亡診断書には死亡の原因及合併症の名稱期間、手術後の死亡なるや否や、解剖を行ひたるや否や、診断は如何なる試験によつてなされたるや等可成に詳細の事項を記載せざる可らず、尙其職業は充分細密に記さざる可らず、先年改正せられたる合衆國の死亡診断書式に於て其死亡者の職業を詳細に記入する事を要求せるは、職業によつて起る可き健不健の關係を知らんとする意なるなり、然れば職業記載の條下には、先づ單純に其職業を記し次に其職業に關する種類の何たる哉を再記せざる可らず、例令ば第一に職工長を記し第二に自動車工場就働と記すが如し。斯る詳細なる記載にあらざれば正確なる職業別の統計を得る事難かる可し。尙死亡原因合併症産後の死、變死等に關する當局の細心なる注意事項は次に掲げて參考の資に供す可し。

REVISED UNITED STATES STANDARD CERTIFICATE OF DEATH

[Approved by U. S. Census and American Public Health Association]

Statement of occupation.—Precise statement of occupation is very important, so that the relative healthfulness of various pursuits can be known. The question applies to each and every person, irrespective of age. For many occupations a single word or term on the first line will be sufficient, e. g., *Farmer or Planter, Physician, Composer, Architect, Locomotive*

和語譯文に於ける職業開業

engineer, Civil engineer, Stationary fireman, etc. But in many cases, especially in industrial employments, it is necessary to know (a) the kind of work and also (b) the nature of the business or industry, and therefore an additional line is provided for the latter statement; it should be used only when needed. As examples: (a) *Spinner*; (b) *Cotton mill*; (a) *Salesman*, (b) *Grocery*; (a) *Foreman*, (b) *Automobile factory*. The material worked on may form part of the second statement, Never return "Laborer," "Foreman," "Manager," "Dealer," etc., without more precise specification, as *Day laborer, Farm laborer, Laborer—Coal mine, etc.* Women at home, who are engaged in the duties of the household only (not paid *Housekeepers* who receive a definite salary), may be entered as *Housewife, Housework, or At home*, and children, not gainfully employed, as *At school or At home*. Care should be taken to report specifically the occupations of persons engaged in domestic service for wages, as *Servant, Cook, Housemaid, etc.* If the occupation has been changed or given up on account of the DISEASE CAUSING DEATH, state occupation at beginning of illness. If retired from business, that fact may be indicated thus: *Farmer (retired, 6 yrs.)*. For persons who have no occupation whatever, write *None*.

Statement of cause of death.—Name, first, the DISEASE CAUSING DEATH (the primary affection with respect to time and causation), using always the same accepted term for the same disease. Examples: *Cerebrospinal fever* (the only definite synonym is "Epidemic cerebrospinal meningitis"); *Diphtheria* (avoid use of "Croup"); *Typhoid fever* (never report "Typhoid pneumonia"); *Lobar pneumonia*; *Broncho-pneumonia* ("Pneumonia," unqualified, is indefinite); *Tuberculosis of lungs, meninges, peritoneum, etc.*, *Carcinoma, Sarcoma, etc.*, of

_____ (name origin; "Cancer" is less definite; avoid use of "Tumor" for malignant neoplasms); *Measles, Whooping cough; Chronic valvular heart disease; Chronic interstitial nephritis, etc.* The contributory (secondary or intercurrent) affection need not be stated unless important. Example: *Measles* (disease causing death), 29 ds.; *Bronchopneumonia* (secondary), 10ds. Never report mere symptoms or terminal conditions, such as "Asthenia," "Anemia" (merely symptomatic), "Atrophy," "Collapse," "Coma," "Convulsions," "Debility" ("Congenital," "Senile," etc.), "Dropsy," "Exhaustion," "Heart failure," "Hemorrhage," "Inanition," "Marasmus," "Old age," "Shock," "Uremia," "Weakness," etc., when a definite disease can be ascertained as the cause. Always qualify all diseases resulting from childbirth or miscarriage, as *PURPERAL septicemia*," "PURPERAL peritonitis," etc. State cause for which surgical operation was undertaken. For VIOLENT DEATHS state MEANS OF INJURY and qualify as ACCIDENTAL, SUICIDAL, OR HOMICIDAL, or as probably such, if impossible to determine definitely. Examples: *Accidental drowning; Struck by railway train—accident; Revolver wound of head—homicide; Poisoned by carbolic acid—probably suicide*. The nature of the injury, as fracture of skull, and consequences (e. g., *sepsis, tetanus*) may be stated under the head of "Contributory." (Recommendations on statement of cause of death approved by Committee on Nomenclature of the American Medical Association).

NOTE. Individual offices may add to above list of undesirable terms and refuse to accept certificates containing them. Thus the form in use in New York City states: "Certificates will be returned for additional information, which give any of the following diseases, without explanation, as the sole cause of death: Abortion, callulitis, Childbirth, convulsions, hemorrhage, gangrene, gastritis, erysipelas, meningitis, miscarriage, necrosis, peritonitis,

布哇に於ける衛生状態

phlebitis, pyemia, septicaemia, tetanus." But general adoption of the minimum list suggested will work vast improvement, and its scope can be extended at a later date.

ADDITIONAL SPACE FOR FURTHER STATEMENTS
BY PHYSICIAN.

左に死亡診断書式を示さん

STANDARD CERTIFICATE OF DEATH

TERRITORY OF HAWAII

1 PLACE OF DEATH

County..... State..... Registered No.....
 Township..... or Village.....
 City..... No..... St.,..... Ward.....
(If death occurred in a hospital or institution, give its name instead of street and number)

2 FULL NAME

(a) Residence. No..... St.,..... Ward.....
(Usual place of abode)
 Length of residence in city or town where death occurred yrs. mos. ds. How long in U. S., if of foreign birth? yrs. mos. ds.
(If nonresident give city or town and State)

PERSONAL AND STATISTICAL PARTICULARS

3 SEX **4 COLOR OR RACE** **5 SINGLE, MARRIED, WIDOWED, or DIVORCED**
(write the word)

5a If married, widowed, or divorced
 HUSBAND of
 (or) WIFE of

6 DATE OF BIRTH (month, day, and year)

7 AGE Years Months Days **IF LESS than**
 I day,..... hrs. or..... min.

8 OCCUPATION OF DECEASED

(a) Trade, profession, or particular kind of work
 (b) General nature of industry, business or establishment in which employed (or employer)
 (c) Name of employer

9 BIRTHPLACE (city or town).....
(State or country)

10 NAME OF FATHER

11 BIRTHPLACE OF FATHER (city or town).....
(State or country)

12 MAIDEN NAME OF MOTHER

13 BIRTHPLACE OF MOTHER (city or town).....
(State or country)

PARENTS

14 Informant.....
(Address)

15 Entered....., 191.....
 Filed....., 191.....
 REGISTRAR REGISTRAR
 REGISTRAR-GENERAL

MEDICAL CERTIFICATE OF DEATH

16 DATE OF DEATH (month, day, and year) 19.....

17 I HEREBY CERTIFY, That I attended deceased from....., 19....., to....., 19.....

that I last saw h..... alive on....., 19....., and that death occurred, on the date stated above, at.....
THE CAUSE OF DEATH* was as follows:

..... (duration)..... yrs..... mos..... ds.
CONTRIBUTORY.....
(Secondary)

18 Where was disease contracted if not at place of death?
 Did an operation precede death?..... Date of.....
 Was there an autopsy?
 What test confirmed diagnosis?
 (Signed)....., M. D., 19 (Address)

*State the Disease Causing Death, or in deaths from Violent Causes, state (1) Means and Nature of Injury, and (2) whether Accidental, Suicidal, or Homicidal. (See reverse side for additional space.)

19 PLACE OF BURIAL, CREMATION, OR REMOVAL

DATE OF BURIAL

20 UNDERTAKER.....
ADDRESS.....

MARGIN RESERVED FOR BINDING

N. B.—WRITE PLAINLY, WITH UNFADING INK—THIS IS A PERMANENT RECORD. Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important. See instructions on back of certificate.

布哇に於ける世界的感冒

感冒發生對局の施設

(九) スペイン感冒届出に關する義務

布哇に於ては一九一八年初夏の候スペイン感冒の襲來ありたり、然れども瘴猛なる性質を發揮する事なく發熱四〇度内外にして何等の合併症を見ず二三日にして健康に復するを常とせり、然るに同年末に於ける再度の流行時には狂猛の度恐る可く肺炎症を合併して斃るゝもの算なく、一九一九年二月二十日に於ける衛生局の報告に徴するに二月一日以來の患者市の内外を通じて四〇七人内死亡者五七人を數へり、是れより先一月二五日衛生局は凡ての公衆集合禁止規則を發布して教會、劇場、屋内に於ける集合を禁止し、醫師に對しても亦廻章を飛ばして嚴重に其報告を促したり。

當時街路に於ける行人の數寥々として又商業振はざる事甚し衛生局は多大の困難を排斥して此の斷乎たる措置を取りしは當を得たるものと云ふ可し。

衛生局は患者の發生するや直ちに家屋の入口に二尺四方大の白紙に印刷せる警戒書を貼附して近隣に注意を促したり、警戒書には三ヶ國の文體にて左の如き意味の記載あり。

- 一、茲にインフルエンザある事。
- 一、家屋内に進入せざる事。
- 一、何人にも警戒書の披剝を禁ずる事。

當局の苦心を記念して左に其全文を示す事とせり。

TERRITORIAL BOARD OF HEALTH TERRITORY OF HAWAII

INFLUENZA GRIPPE

All persons are advised of the presence of INFLUENZA on these premises and are warned not to enter. The person having influenza, and those who may be designated by the Territorial Board of Health, or its agent, as contacts, must not leave these premises until removal of this notice by the Territorial Board of Health. No person, except an agent of the Territorial Board of Health, shall remove this notice.

By Order of the Territorial Board of Health.

Ke hoike ia nei na mea apau ma keia, ua loa ka He Wela a annu : he Kuunu, a nalulu ma keia mau pa-hale, a ke pa-pa ia nei na mea apau aole e komo maloko.

O kela a me keia i loa ka INFLUENZA, a ane na poe apau i hoioia ia e ka Papa Ola, a i ole e ke kahi Agena o ka Papa Ola ua loa i ka mai i oleloia, aole e haalele i keia mau wahi a hiki i ka manawa e unuhi ai o keia Hoolaha e ka Papa Ola.

Aole kekahi mea, koe wale no he Agena o ka Papa Ola, e hiki ke unuhi i keia Hoolaha.

Ma Ke Kauhā a ka Papa Ola.

Todas as pessoas soa notificados da presença de INFLUENZA Grippe n'estas premissas (casa) e soa admoestados a nao entrarem.

A pessoa que tenha INFLUENZA e aquelles que sejam designados pele Junta de Saude Territorial, ou pelo seu agente como contactos, nao podem sair d'estas premissas [I. casa] senao quando este aviso seja retirado pela Junta de Saude Territorial.

Nenhuma pessoa, excepto um agente da Junta de Saude Territorial podera' remover este aviso.

Por orden da Junta de Saude Territorial.

衛生局は同年二月一七日先に發布したる禁令を撤回したり、即ち換氣設備の完全にして當局の検査を経たる劇場、教會の使用及家屋内公衆の集合を許可し活動寫眞は日中に於ける興業を禁止したり。當時スペイン感冒稍々衰へ二月二十日の如きは市内に於て二〇市外に於て一三死亡者五を數へたり、衛生局は此の際左の理由により公衆集合の禁令を撤回したり。

防疫令解除決定に付いて各州よりの報道殊に加州衛生局の報告中全部各種のものを閉鎖せる市と然らざる市との比較に關するものありとす、ボストン市は其流行の絶頂に於て防疫令を布けり、ワシントン市は第一患者の發生と共に之を斷行せり、其千人に對する歩合に於てワシントン市はボストン市よりも高し、斯の如くして今や部分的公會閉鎖は無効なりとの意見は十二月末頃より有力となるに至れり、即ち有効に其傳染を防がんとせば全然各種の事業を中止せざる可らずと云ふに意見は歸着す、而も我が衛生局は斯る絶對的事業中止を要する程事態は進行し居らざる者と認む。

以上は衛生局長の撤回理由の説明なりと云ふと雖も、余は不幸にして當時の原文を見ず、然ればホルル市某日刊新聞所載の記事を茲に掲ぐる事としたり。

布哇に於ける醫術開業試験

米國合衆國統治下に於ては米大陸たると布哇たると比律賓たるとに論なく、米國政府規定の試験を其州或は其縣に於て受くるにあらざれば開業の資格を得可くもあらず。

一、通譯試験

通譯の弊

合衆國カリフォルニヤ州に於ては今尙通譯試験を許可するも布哇に於ては現今英語試験のみを施行す。布哇に於て坊間傳ふる處によれば、通譯試験當時は種々の情弊百出して或は開業醫側の受験者壓迫となり、或は通譯者より不當苛重なる報酬の請求となりしと云ふも何れも其眞疑の程明ならず。

然るに一九一八年末に於て突然加州刀圭界に大疑獄起り通譯試験の情弊を暴露したり。即ち加州に於ける通譯者某氏は故意に試験答案の補修正をなして及第を圖れる事發覺し官文書偽造罪に問はれたり、受験中の五醫師は合衆國地方裁判所に起訴せられ其の二人は遂に毒藥自殺を遂げたりと。(七、一二、三某日刊新聞所載)

二、英語試験

(一)、受験資格

醫科大學、醫學專門學校、私立醫學校の卒業生及開業免狀所有者は其資格を得。

(二)、受験期日

試験は年三回、一月、五月、九月の第二月曜日より施行す。

(三)、受験手続き

受験せんとするものは任意衛生局に出頭して備付の願書に記入して出願す、願書提出前受験者は政府に於て收税吏に受験料金一〇弗を支拂はざる可らず。

(四)、試験順序

受験者は指定の日試験委員の下に出頭平易なる人物試験を受くるを要す、此の日各自の卒業證書を持參せざる可らず、試験の程度は簡單にして卒業證書に就て二三の問答を交換するのみなり。

斯くて試験期日に至り衛生局に出頭して所定の試験を受く、毎日午前九時より三時間午後一時より三時間を規定の時間とす。

(五)、試験の範圍

其範圍は内科、外科、産婦人科、生理、病理、解剖、藥物にして各科につき八問題を提出し筆記試験を課するを常とす。

(六)、結果の發表

答案は三人の試験委員によりて検査せられ、其可なるものは筆記試験終了後約二週日にして再び委員長の下に出頭口頭試験を受く、此の際は只簡單なる醫學上の問題に就て質問あるのみ、斯くて尙二週日を経過して始めて試験通過の可否定まるなり。

口頭試験

筆記試験

人物試験