

**A Positive Method for Prevention of
Venereal Disease**

"From Shanghai to Shanghai"

**The War Diary of
an Imperial Japanese Medical Officer**

1937~1941

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Translated by Hal Gold**

**A Positive Method for Prevention
of Venereal Disease***
**(Paper Submitted by Dr. Aso
to the Army Medical Department)**

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Contents

- I Introduction**
- II Prostitutes**
- III Syphilis Examinations**
- IV Alcohol Consumption**
- V Sexual Abstinence**
- VI Awareness of Venereal Disease**
- VII Avoiding a Narrow view of Prevention**
- VIII Handling Patients**
- IX Conclusion**

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I Introduction

When a given disease has a high relationship between the interests of the patient and the interests of persons surrounding the patient, it must be said that the social meaning of that disease increases. In this sense, leaving other forms of acute, communicable disease aside, venereal disease, whether it occurs in peace or during war, is as serious as tuberculosis. Thus, it follows that to realize the objective of eradicating this disease, it is not enough merely to adhere to or continue a portion of all the types of countermeasures considered until now. The overall completion of the plan described here is necessary beyond dispute.

The objectives in this method are that infected patients will be treated, and healthy persons will be prevented from becoming infected. Together with treatment and preventative measures for infected patients and healthy persons respectively it is also necessary to survey and research the associated social factors. Statistical studies of the frequency and quantity of diseases as to the sources of infection, different diseases, and the course of diseases must be meaningful in order to establish future countermeasures.

Since we are dealing with people, some of these surveys and treatments should be handled actively, others more passively. With a disease that has such a large social significance as this, it must be asserted that all countermeasures should be carried out with impartiality.

II Prostitutes

In January of last year, while I was working in the outskirts of Shanghai, I carried out an order to perform examinations for syphilis on prostitutes who were about to move into the interior regions of the country.

The examinees consisted of some eighty women from the [Korean] peninsula, and about twenty from the mainland. Among the women from the peninsula, those suspected of carrying venereal disease were exceptionally few. Among those from the mainland, even though many did not actually exhibit acute symptoms of the disease, all were of very dubious character.

Most of them were above twenty years of age, and among them were even some who were almost forty years of age and who were merely continuing the same line of prostitution that they had followed for years. A point of interest concerning the women from the peninsula was that besides their young ages, many were new in this line of work. Thus, among those in the latter group, in light of the past incident [a reference

to the Nanjing Incident of December 1937] some among them should be recruited as though they were auxiliary soldiers without basic training.

Generally, for a higher quality in prostitutes, the younger age level is favorable. In a survey conducted in the city of Munich, among 2,686 prostitutes examined, 26.5 percent were found to be infected with venereal disease. The disease distribution among age groups was as follows:

Below 16 years of age	19 persons
16 to 18	104
18 to 21	239
21 to 30	281

In addition, a survey covering three years of minors engaged in prostitution in the same city showed the following incidence of those who had been infected with venereal disease:

15 years of age	55.0 percent
16 years	61.5 percent
17 years	68.6 percent

This shows a lower prevalence in the younger age groups.

Another survey in Stuttgart, conducted on 565 prostitutes between the ages of fourteen and twenty-one, showed a prevalence rate for the group of 55 percent.

In a survey in Munich in 1908, the prevalence rate was 23.5 percent, and in Paris the rate was 58.0 percent. Then in 1932 in Fukuoka Prefecture, a survey was conducted of women in four classes of work up to the age of forty. Those in the survey group under twenty years of age were represented by the following percentages:

Geisha (<i>Geigi</i>)	56.3 percent
Licensed prostitutes (<i>Shogi</i>)	29.1 percent
Servers in better-class eating/drinking establishments (<i>Shakufu</i>)	44.6 percent
Waitresses in popular-priced restaurants (<i>Jokyu</i>)	46.5 percent

In other words, approximately half the prostitutes surveyed can be said to be under twenty years of age. [The author apparently included all categories as prostitutes. While only licensed prostitutes outwardly engaged in the profession, the other three categories also participated in an open secret status, and were actually included in the prefecture's

compulsory examinations for venereal disease.]

Thus, it is important to take care of young prostitutes, and those prostitutes who are sent to the war zones should be of young age. While I was conducting syphilis examinations in a certain region, I often saw surgical scars from inguinal adenitis [bubos or swollen lymph nodes, a common development in advanced venereal disease and other afflictions] on both sides of the inguinal region, which was tantamount to branding those women as low-class prostitutes with clear histories of venereal disease. I dare say that thought should be given to the fact that these women would be of questionable value as gifts to the officers and men of the Imperial Army.

Even if we formulate a method for carrying out syphilis examinations, generally a thorough weeding out is necessary at the final port of embarkation among prostitutes who are being sent to the war zones. Taking women who are unable to earn a living on the mainland and transferring them to the war zones must be termed an absurdity. In a similar problem, with the present situation here in China, the infiltration of syphilis among Chinese prostitutes and refugees engaged in unregulated prostitution is alarming.

Under these conditions, the military should be provided with young prostitutes in comfort stations for exclusive military use and under our supervision, and decisive measures should be taken with those outside these controls.

In Germany, venereal disease became widespread at one time among the garrison at Cologne. Even stringent examinations produced no results, and people contracting the disease were recorded at a high 22 percent. This was caused by the overwhelming number of unlicensed prostitutes.

Because of this situation, Cologne learned from the examples of England and the United States, and established a women's police squad, and thus achieved enforcement of the regulations. Attention must be given here to the fact that some Chinese prostitutes do not like men to use protective condoms. Those extremes must be eliminated; the results of such actions are the same as if the fighting strength of the army were eroded by an enemy plot.

III Syphilis Examinations

A major reason for the easy spread of venereal diseases, and the difficulty in their eradication, is that it is difficult to achieve a complete cure for gonorrhea. In addition, we may consider what happens once the bacteria invade a woman's lower abdominal organs. While these are facts, are venereal disease examinations really useless?

According to medical literature, both licensed prostitutes and unlicensed prostitutes

subjected to so-called syphilis examinations record almost the same rates of infection. This may support the thinking that syphilis examinations are useless. In respect to this, I would like to present my views regarding syphilis examinations.

The historical origins of syphilis examinations are old. The order of the Bishop of Winchester was issued in the entertainment quarters of Southwick, outside of London, in 1162. In 1413 and also in 1469, the city councils of Zurich and Lucerne passed rulings based on this. Then in 1823, Paris enacted prostitute registration, which ruled that prostitutes be regulated under the supervision of physicians. This can be regarded as the establishment of today's venereal disease examinations.

In 1908, however, Hecht proposed from a study of a mere 5 percent or 10 percent of unlicensed prostitutes that syphilis examinations were useless in discovering diseased subjects. He was not the only one to declare syphilis examinations useless, and even today a considerable number of researchers do likewise. They say that the number of licensed prostitutes is extremely small compared with the total number of unlicensed prostitutes. Clarifying the situation with numbers, in Berlin, Cologne, and Paris, unlicensed prostitutes outnumber licensed prostitutes by seven to ten times. The situation is probably similar in Japan today.

Also, in the war zones, the occasional appearance of similar unlicensed prostitutes is recognized, but to focus on the main point, in order for the army to establish special comfort stations to bring prostitutes under closer control, we should disregard theories that dispute the value of syphilis examinations.

Furthermore, the latest information from Nuremberg and Bohemia shows that frequent syphilis examinations have yielded results. However, even if the examinations themselves prove successful, if the examination system is not carried out properly, it will give rise to the advance of other harmful effects. If the expectations are to realize an overall enhancement of hygiene, it is essential that following the examinations, infected persons are quarantined and treatment is administered. If this aspect is handled with halfway measures, the syphilis examinations will be so in name only. I came to realize this point keenly while working at my duty assignment. Before that time, the army did not have a unified policy in this matter, and people were sent from outlying areas to hospitals in large cities for treatment only when conditions made this possible. After I examined the prostitutes, I was transferred away from that duty location for one and a half years, and for a long time I did not realize the current situation. If there is an absolute absence of medical treatment following the examinations, what is the purpose of the examinations? The army must realize that a strictly controlled examination system is necessary.

The next item that should be addressed is the risk of incomplete inclusion of persons for syphilis examinations. This is a question of personal relationships among those administering the examinations, the brothel operators, and recipients of the examinations. A well-known example of this problem occurred in the city of Vienna. [In 1906, a Madame Lille ran a brothel with kidnapped women who were infected with disease. She bribed police and officials not to interfere with business.] Perhaps there are times when people in the background of the hidden, dark world shamelessly wield a great deal of power. Some people may think that military comfort stations have no concern with these incidents, but there is much we can learn from them, namely, in considering problems that would arise when persons responsible for examining and regulating prostitutes make private visits to the brothels, and have sexual contact with the prostitutes. It would be truly regrettable if they were scheming something while exercising such abuses of power. Further, those who are led by mere curiosity and have no judgmental ability would be absurd choices as persons to conduct examinations. I repeat, examinations of prostitutes and examinations of brothels are necessary.

While I was stationed at a certain duty location, I conducted examinations of prostitutes and brothels, One of these was an exclusive military comfort station with the building constructed in the style of a barracks. Each room had a place for washing. The ticket dispensing desk, entrance, exit, and other facilities all approached the ideal. The other comfort station was in a former Chinese home, where the separation of rooms and washing facilities was not satisfactory. As expected, after these two brothels were opened, the number of persons who became infected with disease was extremely low, and it is worthy to note that the latter mentioned brothel accounted for nearly all of the cases of infected persons.

These examples demonstrate that results can be seen from syphilis examinations at brothels under army supervision. The results, however, should not produce overconfidence in the average soldier and cause him to look lightly on the risks involved with unlicensed prostitutes.

IV Alcohol Consumption

There has been a close association between alcohol and women since olden times. Alcohol is, according to the old adage, "the best of all medicines." [A Japanese expression of Chinese origin.] But as a rule, the first stage of the pharmacological effect of alcohol on the human body is behavioral disinhibition and impairment of moral Judgment. Even those who, under ordinary circumstances and while sober, would not

be able to seek the company of prostitutes, may end up going to a brothel when under the influence of alcohol. In addition, alcohol lowers sexual potency, thus the duration of sexual activity is lengthened. In this way, men bring themselves to exposing their bodies to the dangers of venereal disease infection. Furthermore, the so-called alcohol mood causes people to become bolder and neglect preventive measures and preventive medicine.

Lomholt stated, "Alcohol dislikes protective measures," and it is in fact, true. Various studies have recently examined the correlation between alcohol and venereal disease. According to Forel, in a survey of 182 men who contracted venereal disease, 76.6 percent did so while under the influence of alcohol. In a study by Langstein of 179 infected women, 43.8 percent became infected while under the influence of alcohol. Moller conducted a survey of 1,225 infected subjects and found 17.7 percent had become infected through the influence of alcohol, while Hecht found alcohol-related infection in 43 percent of approximately 1,000 infected subjects.

A survey of special interest was by Wein, of seven hundred males infected with venereal disease. He found that 30 percent of single men and 51 percent of married men had become infected while under the influence of alcohol. Among the males who were married and had children were those who were discreet enough that they would not have allowed themselves to be attracted to the adventure if alcohol were not present.

Statistics from the British military on soldiers' entertainment quarters indicate that refraining from alcohol dramatically reduced venereal disease. The breakdown per one thousand hospitalized patients is as follows:

Year	Alcohol-related Sickness (persons)	Venereal Disease (persons)
1886-1890	3.1	207.6
1891-1900	2.1	143.7
1901	2.69	5.6
1902	2.6	110.1
1903	1.5	109.1
1904	1.3	107.6
1905	1.2	90.5
1906	1.7	99.4
1907	1.4	84.4
1909	0.7	68.4

1901-1909	1.8	102.6
1906-1909	1.1	579.4

This clearly shows that as patients with alcohol-related problems reduce in number, cases of venereal disease likewise decline. As Stoddard shows, since alcohol-prohibition laws were passed in the state of Massachusetts, the number of venereal disease cases dropped sharply. And Ikthemann shows that in Leningrad, 25 percent of venereal disease cases came about as a result of drinking alcohol. Further, a survey of American military men since 1900 showed that where alcohol was strictly forbidden for sale in on-base canteens, noncoms and enlisted men resorted to bars and cafes, and an increase in venereal disease was evidenced. If these points are not given serious consideration, this project will start with promise and end in weak results.

Numerous people have shown the important factual relationship between alcohol consumption and the spread of venereal disease. Furthermore, once a person contracts venereal disease, mere observation of the effects of alcoholic consumption would be no more than a half measure.

From my position, I would like alcohol consumption in the military to be reduced to the lowest possible level. The fact that the great majority of accidents in the military to date have been caused by the condition termed "under the influence of alcohol" confirms the findings and strengthens the relationship between alcohol and venereal disease.

Comfort stations for exclusive use of military personnel should not be considered amusement facilities, but similar to hygienic, shared toilets. It is a foregone conclusion that in the military as well as in comfort stations, alcohol should be prohibited. Yet, when I supervised comfort stations, I saw many examples of evidence of alcohol consumption, a highly regrettable situation. For this reason also, comfort station operators must be supervised, prostitutes must be supervised, and this type of education must be advanced.

V Sexual Abstinence

There are those who claim that sexual abstinence is harmful. They list the phenomenon that occur under restraint of sexual desire and thus proclaim its harm. I believe that there is a great variance among individuals in sexual desire and vigor. Those who do not have a strong sexual drive do not require a great deal of will power to exert control. Among some people, however, sexual desire is strong and cannot

be controlled by any means. Abstinence, though, will rarely if ever have a harmful effect. How many examples show that abstinence causes harmful effects such as asthenia [debility] of the nerves of the reproductive organs, prostatic hypertrophy or epididymitis [swelling of the mass at the back of the testis]?

To put it concisely, the premise for sexual abstinence is to achieve the goal of a more hygienic lifestyle. Our first priority must be to exert efforts and find suitable methods of recreation to eliminate the idleness that gives rise to sexual desires. I cannot emphasize enough that the problem is influenced by each person's character, personality beliefs, and other factors, discussions of methods may become somewhat abstract, and therefore I cannot expand more on the matter here. In my opinion, if we were to launch a 100-year plan for East Asia, a one-or two-year period of sexual abstinence could not be considered excessive.

VI Awareness of Venereal Disease

Generally, to annihilate the enemy one must know the enemy. It is the same in the battle with venereal disease. One cannot be ignorant of the enemy's military strength or of the strength of a noxious substance. One must not only be aware of himself as an individual in the military but must also have full awareness of prostitutes.

Lesser worked to improve prostitute supervision. He offered a method of prostitute discipline through which he brought about a reduction in venereal disease. Considering this, the benefit was not only to the individual prostitutes but also to their employees, that is, those who normally take a dispassionate view of sexual intercourse and demand nothing more of prostitutes. In this sense, prostitutes in military comfort stations should always be under supervisory control.

Further, the male employers of the women should be made more aware than the women themselves of venereal disease. There is a common saying that "There is no man without syphilis symptoms and a sexual urge." [A play on the similarity of sounds in the endings of the two terms, *kasake* and *iroke*].

Also, in European countries around the sixteenth and seventeenth centuries, syphilis was not a cause for shame. Men took pride in speaking about their sickness.

Chronic gonorrhea is difficult to treat, and once the spirochaetae invade the cells of the cerebral nerves, the survival power of the patient is affected. This is more than a question of the individual, but concerns the unquestionable cause-and-effect relationship in lowering the quality of the family, the offspring, and by extension the race. In consideration of this, even those without a medical education will realize that the

results would be terrifying. Thus the thoroughness of sex education in the military becomes an important problem. Recently the U.S. military has been distributing information booklets and pamphlets, with especially strong impressions made through photographs and movies. This movement to enlighten people about venereal disease must also be considered an important duty that is assigned to hygiene personnel in the military.

VII Prevention in a Narrow Sense

Before I comment on narrow interpretations of prevention, I should like to make reference to the problem of phimosis [uncircumcised or congenitally constricted foreskin], which occurs often in the military. There has never been any background of circumcising large numbers of adult men with phimosis as a preventive measure against venereal disease, and for this reason comparisons in the incidence of venereal disease were made between those circumcised for religious beliefs and those not circumcised.

According to a study by Breitenstein conducted among the armed forces in the Dutch East Indies, fifteen thousand native, circumcised soldiers had a venereal disease prevalence rate of 16.0 percent. Among the affected, syphilis accounted for 0.8 percent, while among eighteen thousand uncircumcised European soldiers, the venereal disease prevalence rate was 41.0 percent, of which syphilis represented 4.1 percent.

Another survey by Loeb was conducted among 2,468 patients with venereal disease. Of these, the uncircumcised men had a prevalence rate of chancre [a painless ulcer that can develop on the penis, urethra, lips, or eyelids as a primary symptom of infection] and syphilis of 39.1 percent, while the circumcised patients had a prevalence rate of these diseases of only 15.0 percent. We can affirm with certainty that the penis in those with phimosis is easily susceptible to uncleanness, and the constantly damp condition provides favorable breeding grounds for disease bacteria.

For these reasons, as an extension of physical examinations of conscripts, venereal disease examinations should be administered upon completion of their usual conscription physical exam, or immediately after their entering the military, and treatment administered, with a view to achieving the far-reaching plan of the prevention of venereal disease.

Next I would like to take up prevention in the narrow sense as it applies to the military. Extreme differences in the prevalence and the types of venereal diseases occur in the military during times of war and times of peace. For example, in the U. S. Army the incidence of venereal disease up until the Great War was 16.0 percent. Immediately

after mobilization, this rose to 40.0 percent. indeed, it would seem that the increase arises from an urgency of the battlefield.

Numerous methods of prevention attempted before now are almost similar in both Western and Eastern countries; these consist of protective medicines, condoms, combinations of these methods together, lavage after coitus, and disinfection. I formulate the plan presented here fully adhering to all methods used to date. Since there is a wide variety in the compositions and other factors of the medicines used in these treatments, I cannot present here details of those materials; the point is that reliable materials should be selected.

In addition to the medicinals we receive from military hygiene sources, at times we are also supplied with products from commercial sources. In these cases, special caution is needed. Recently, various cases have been reported in which patients showed an intolerance of certain types of medicines because of strong topical stimulation [i.e., externally applied medicines that cause skin irritation or inflammation.]

Recently almost all condoms have been made from vulcanized rubber, with enhanced quality, which is a good trend, but among them are some that deteriorate or become denatured with long storage. Caution must be exercised here. On the mainland, rubber goods are said to be under government controls. Good quality materials should be selected not merely for automotive tires but also for condoms, and efforts must be made to avoid inferior products.

Washing, disinfection, protective agents, germicidal soap, and other substances are used after sexual contact, but as important as these are, other points also demand our attention. These are inside and outside the houses of prostitution. As a rule, if disinfection takes place soon after sexual contact, the incidence of disease will diminish. This is only reasonable. The following shows how these results were demonstrated in the Dutch Navy.

Time elapsed after intercourse	Incidence of infection

1 hour	0.08 percent
2 hours	0.55 percent
3 hours	0.77 percent
5 hours	1.57 percent
7 hours	2.17 percent
9 hours	3.62 percent
10 hours and over	7.40 percent

This clarifies the importance of preventive disinfection following sexual contact. In the European and American military, disinfection stations are established in commissaries and other locations in cities in the style of public toilets. Also, in some cases they are provided inside military bases and, for the above-stated reason of disinfection following sexual contact, I believe they should be provided inside brothels and even within each room.

Regarding this point, when the Yangjia Japanese Army comfort station opened for business in the spring of 1938, in the vicinity of the former Jungong Road in Shanghai, its hygiene facilities were ideal.

Disinfection solution at the time was Chameleon Water [potassium permanganate solution]. I have witnessed how just one location for applying it is provided inside a brothel, an unsatisfactory situation.

As we have seen, the results of preventive measures have been positively demonstrated. Results achieved by the U.S. Navy are worthy of our study. Around 1907 disinfection stations were provided at each unit for use on an optional basis. In 1909, they were provided at numerous locations and their use was enforced. In 1916 a decision was reached that members of the U.S. Navy who were infected with venereal disease, or those who were hospitalized through their own imprudent behavior, would not receive pay during the time of their treatment. And the rules for methods of prevention required that those who did not carry their own portable disinfection kits had to receive preventive disinfections under the supervision of hygiene corps members either upon returning to their ship or at a convenient location on the way to the ship. Through enforcing this method, the number of venereal disease cases dropped from the year 1910. In addition, in 1917 and 1918, even though it was during the Great War, the number of cases declined sharply. This clearly shows the beneficial results of measures taken by the authorities.

A report by Reid in 1917 showed the incidence of venereal disease among the garrison at Portsmouth to be 92 per 1,000. Boyden also demonstrated desirable results using this same system; among 923 men there were no cases of gonorrhea and only one case of syphilis.

In an example of one army unit in London that used the same system, an incidence of venereal disease of 95.6 per 1,000 recorded in 1913 was reduced to 35.0 per 1,000 at the end of 1917. Likewise, among the [British] occupation army in Singapore an incidence of venereal disease of 15.8 per 1,000 was reduced to 3.4 per 1,000 through the use of preventive methods.

And in Italy, Sangiorgi showed how voluntary use of preventive ointments reduced an incidence rate of 56 per 1,000 in 1906 to 32 per 1,000 in 1923.

These results all show that these methods of prevention are positively effective. Overconfidence in these measures, however, would be a mistake, and they should not give rise to a false sense of security.

VIII Handling of Patients

Once a person has contracted venereal disease, thorough treatment should be administered at the absolutely earliest possible stage of the disease. When I was treating outpatients at the clearing hospital in Nanjing, patients and hygiene corps noncommissioned officers frequently requested extra quantities of medicines above the prescribed doses. One of the reasons for this was that men were afraid to report their sickness to the medical officer attached to their unit. Another reason was that the army doctors did not like to have medicines consumed in this way for venereal disease patients in the units under those doctors' supervision. As a result, patients either bought medicines with their own money or the trend described above manifested itself.

Deciding on a method to treat venereal disease ordinarily presents problems. In this respect, there is no other way except to adhere to Medical Directive for Central China Number 45, as in the past. Also, Medical Directives for Central China Number 5 and Directive of the Surgeon General Number 85 concerning surveys among venereal disease patients must be strengthened. Organized and statistical methods of observation in each of the above measures are necessary.

In these cases, problems can be expected in regard to the so-called "Privileges of venereal-disease-patient soldiers." That is, these men are hospitalized and in a safe place during battle. Indeed, it is an irritating situation. While their army buddies who are free of venereal disease and carrying out their duty are exposed to hails of bullets, the infected make friends with Salvarsan [arsphenamine] and Protargol [silver colloid] and lead an easy life in the hospital. Yet, their daily routine is not beneficial to them. Hecht proposed that in light cases of infection, and with gonorrhea after symptoms have disappeared, the men should be sent to the war zone. He stated further that it would not be difficult to continue injections and treatment while at the front, while Neisser proposed that men can be treated in the trenches with Salvarsan and mercury, but this was not put into actual practice.

Normally one cannon shot in several thousand can be expected to explode in the gun barrel. As a protective measure a rope is attached to the trigger mechanism during

gunnery practice, and this is no problem in actual battlefield conditions. With Salvarsan also, there is no freedom from risk in one use out of a thousand. But whatever the situation on the field of battle, there are times when action is demanded of us to avert problems, and steps must be taken to prevent a deterioration in the fighting strength of the army.

IX Conclusion

The armies of the world have tested various measures. The opinions of Finger and fourteen other researchers are carried in the records of lectures on skin disorders and venereal disease issued by army medical groups. They addressed basically the same issues, and I agree almost completely with their conclusions. However, my belief in the validity that each of the measures should be implemented whenever and wherever possible is at least as firm as the other researchers mentioned. The items addressed above are listed in the following conclusions.

1. Education in the army concerning venereal disease.
⇒It is essential that this instill an awareness of the true nature of the disease.
2. Education should nurture self-motivation for protective measures.
3. Physical examinations of the genital area.
⇒Special attention should be paid to this during regular monthly physical Examinations.
4. Limiting of alcohol intake.
⇒As a substitute for alcohol, a better class of recreational facilities is necessary. Music, moving pictures, books, and physical activities are good. Regarding this, if methods of presenting 16mm talkies are studied, it should not be too difficult to show these at different locations near the front lines. I have hopes for the construction of army recreational facilities other than brothels. Through these means, soldiers should be educated into good habits and achieve self-control subconsciously.
5. Fair and accurate syphilis examinations.
⇒It is necessary that brothels and brothel operators also be regulated. Infected prostitutes must be isolated and treated, For this purpose, specialized hospitals should be set up within the logistics area. Since some women will have to be sent farther to the rear for treatment, the entire organization must be unified.
6. Selection of and enhancing the quality of prostitutes.

⇒At the same time, it is necessary to take precautions against unlicensed prostitutes, and conduct thorough investigations into the sources of communicable diseases.

7. Strict observance of anti-epidemic regulations.

⇒Attaining the objectives set forth in the preceding clauses is dependent upon enhancing military discipline and military anti- epidemic regulations.

From now on, Logistics Headquarters will have to improve its ability to treat venereal diseases as part of its general anti-epidemic measures, or transfer part of that function to other hygiene and disease-prevention bodies.

8. Research into all factors presented in this paper, and into the various problems seen from different angles in an overall and statistical research, will be of important value in dealing with problems of the future and problems in society.

June 26, 1939

[The following was appended by Dr. Aso on March 18, 1989.]

In this paper, I especially wanted to emphasize recreation facilities other than brothels as taken up in Item No.4. This was my first personal request. The atmosphere of Shanghai changed as a logistical area with the exchange of duties from the 101st Regiment to the 18th Regiment. After that, the soldiers were kept away from music, and this caused them to chase wild desires. Unbridled sexual acts should be prohibited even in the war zones.