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In reply refer to Initials  
and No.

Serial No. 0247813  
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Navy Department  
Office of the Chief of Naval Operations  
Washington 25, D.C.



21 December 1944.

From: Chief of Naval Operations.  
To: Distribution List.

Subject: Military Government Field Report -  
Forwarding of.

Enclosure: (A) Military Government Field Report No. 46, "Partial  
Report of Medical Activities on Tinian for October 1944".

1. Enclosure (A) is forwarded for information and use.

2. Authority for transmission by registered mail within the continental limits of the U. S. and via the Naval Postal System outside the continental limits of the U. S. is necessary and authorized.

s/ L. S. Sabin  
L. S. SABIN  
By direction.

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NAVY DEPARTMENT  
CHIEF OF NAVAL OPERATIONS  
CENTRAL DIVISION  
MILITARY GOVERNMENT SECTION  
WASHINGTON 25, D.C.

Military Government Field Report No. 46,  
"Partial Report of Medical Activities  
on Tinian for October 1944"  
21 December 1944

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Cincpac File  
S36/P11-1  
(621)

UNITED STATES PACIFIC FLEET  
AND PACIFIC OCEAN AREAS  
HEADQUARTERS OF THE COMMANDER IN CHIEF

Dec. 8, 1944.

Serial 004147

From: Commander in Chief, U. S. Pacific Fleet  
and Pacific Ocean Areas.  
To: Chief of Naval Operations.  
Commanding Officer, U. S. Naval Civil Affairs  
Staging Area, Fort Ord, California.  
Island Commander, GUAM.  
Commanding Officer, Naval Training School,  
(Military Government Section), Princeton  
University, New Jersey.

Subject: Medical Activities on TINIAN for October - Partial Report of.

Reference: (a) IsCom TINIAN Medical Report A9/P2-233/DJC:awb of  
10 Nov. 1944.

Enclosure: (A) Copy of Addendum "A" with Appendix "A" of referenced  
report.

1. Forwarded for information and possible use as instruction  
material.

s/ O. L. Thorne,  
O. L. THORNE,  
By direction

ADDENDUM "A"

Letter from Island Medical Officer to Commanding General, Tinian; Subject: Organization plan for permanent establishment of medical department for Civil Affairs, with:

- Appendix "A" -- Prospectus for Civilian Nurses' Training School, Tinian, Marianas.
- Appendix "B" -- Data on Japanese Doctors, Dentist and Nurses Now on Tinian.
- Appendix "C" -- Tentative Floor Plan for Civil Affairs Dispensary.
- Appendix "D" -- Ground Plan for Civilian Hospital.

\* \* \* \* \*

30 October 1944.

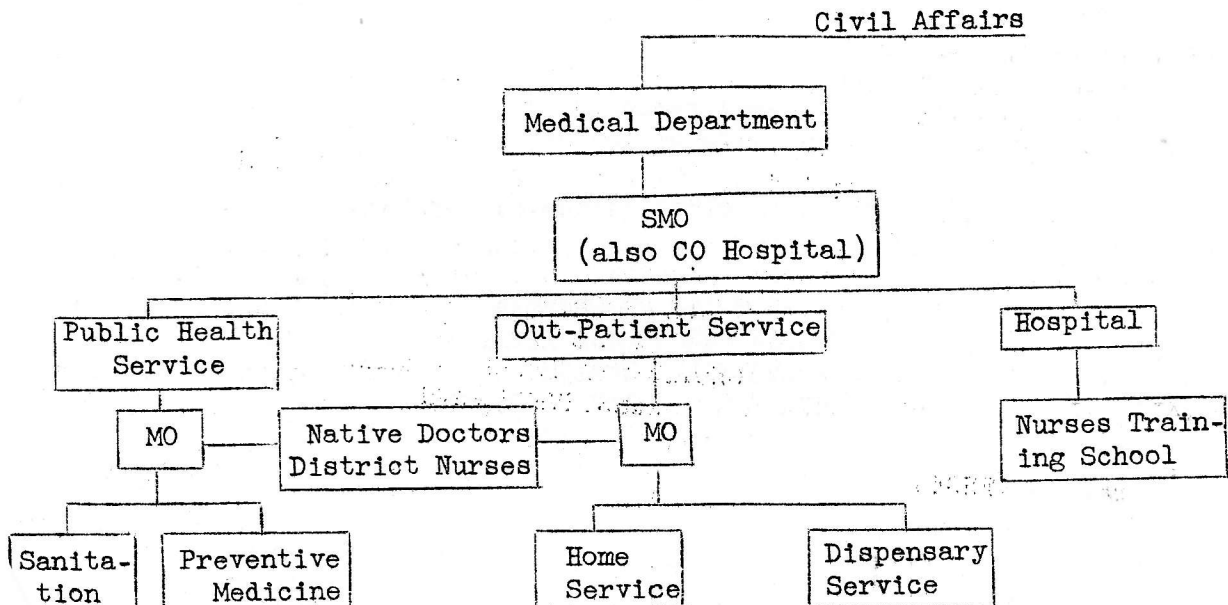
From: Island Medical Officer.  
To: Commanding General.

Subject: Organization plan for permanent establishment of medical department for Civil Affairs.

Reference: (a) Paragraph 2 of ltr ComFwdArea A17-10 FF 12/04  
CincSerial 001538, "Military Government, Rehabilitation of Civilian Population, Tinian".

1. An organization plan for establishing the medical department for Civil Affairs on a permanent basis is herewith proposed.

Organization Plan for Medical Department (CA)



Comment:

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A. Hospital:

1. The establishment of permanent hospital facilities for Civil Affairs seems to be anticipated in the message from ComServPac to CNO, quoted as follows:

"Accordance Cincpoa 300728 not to all X For Civil Affairs request following X One G-5 and on N-2-B X Components to be standard in equipment and personnel X Desire availability for loading West Coast not later than 1 December X Mark quote appropriate component for Civil Affairs unquote XX"

(A G-5 component is a 100-bed dispensary without living quarters for personnel. Complement is 10 officers and 100 men. Buildings consist of twenty-two 20' x 36' and seven 20' x 48' huts. N-2-B consists of living quarters (eleven 20' x 48' huts) for 10 officers and 90 men).

2. The estimated minimal number of permanent hospital beds required for the civil population is 200. It will be necessary to expand the G-5 accordingly.

3. The G-5 should be designated "Civil Affairs Hospital".

4. It is recommended that the hospital be located in Target Areas 602 Y, 603 U, 591 N and 592 A.

5. It is recommended that a well be dug in or near the above area to serve the hospital.

6. The hospital should operate directly under the Civil Affairs Section.

7. The Senior Medical Officer of the G-5 should be the Senior Medical Officer for Civil Affairs.

B. Civilian Nurses Training School:

1. Every attempt should be made to establish the Nurses Training School on a firm basis, for it has much to contribute to the welfare of the civilian community. Students are being drawn from the upper cast of Japanese who possess certain minimum educational requirements. Such girls have been accustomed to a fairly high standard of living. It appears advisable to improve the living conditions of the nurses above the average for the civilian community and to provide certain other personal advantages in order to (1) make the profession of nursing attractive; (2) afford them some standing in the civilian community; and (3) offer them some recompense for the arduous labors involved. It is, therefore, recommended that the following be made available for staff and student nurses; (1) adequate living quarters; (2) lockers for stowage of personal gear; (3) bathing facilities, with piped water to nurses' living quarters; (4) toilet articles, mess gear, clothing or the materials for making clothes.

It is recommended further that, under the present wage scale, nurses be compensated at the following rate: (1) Chief Nurse: 50 cents per day; (2) Assistant Chief Nurse: 40 cents per day; (3) Staff Nurses: 35 cents per day;



Prospectus and curriculum of the newly established Civilian Nurses Training School is presented in Appendix "A", prepared by Lt. William G. Paine (MC) USN.

C. Out-Patient Service:

The out-patient service should be under the supervision of a medical officer. It should afford (1) Dispensary Service and (2) Home Service. The work of both such services should be performed by Japanese doctors and by District Nurses.

- (1) Dispensary Service: A dispensary building should be furnished in accordance with plan contained in Appendix "C". It should be established at Camp Chure, preferably near the site of the present make-shift dispensary. It would function as the main dispensary. Upon the dispersal of the civilian population into villages, etc. branch dispensaries should be established.

- (2) Home Service: At the present time, there is a high death rate among the civilian population because medical attention is sought either too late or not at all. This is due both to ignorance and to fear of separation from kinfolk. It should be the duty of the District Nurses to visit the homes in their respectively assigned areas. They should determine the existence of illness in such homes and, when found, notify the dispensary and one of the native doctors would then be dispatched. The native doctor would decide whether he could care for the patient at home or should send the patient to the hospital for treatment.

D. Public Health Service:

The Public Health Service should be under the supervision of a medical officer who should actively employ the assistance of native doctors and district nurses. Such a service should consist of two sections, e.g.:

- (1) Sanitation Section: This section should be responsible for the obliteration of all sanitary hazards and for the establishment of adequate sanitary facilities and of sound sanitary practices within the entire area assigned to Civil Affairs. It should be given an adequate number of inspection and working personnel and be afforded assistance from the engineering department as needed.
- (2) Section of Preventive Medicine: This section should (a) collect and maintain vital statistics on the civilian population; (b) administer prophylactic inoculations; (c) institute measures to prevent the outbreak of epidemic diseases; (d) when such outbreaks do occur, institute measures to control their spread. In this connection, the assistance of the hospital laboratories should be enlisted; (e) conduct a vigorous educational program in personal hygiene.

E. Establishment of G-5 Hospital:

- (1) Appendix "D" is a tentative ground plan for establishing the G-5 hospital.

D. J. CRACOVANER.

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PROSPECTUS FOR CIVILIAN NURSES TRAINING SCHOOL

TINIAN, MARIANAS.

- I. Early Experiences with Native as Nurses in Island Command G-6 Hospital.
- II. Plan and Curriculum for Nurses Training School.

SUBMITTED BY: WILLIAM G. PAINE,  
Lt. (MC) USN.

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I. Early Experiences with Natives as Nurses in Island Command G-6 Hospital.

When the IsCom G-6 Hospital began to receive civilian patients early in August, 1944 twenty two volunteer girls were brought from civil affairs to act as helpers on the wards. No attempt was made to select them on the basis of previous training or education because the need for their services was so urgent. They arrived fresh from the caves or stockade and their only possessions were the clothes which they wore.

They came from all social classes on Tinian, among them were school teachers, waitresses, students, farm girls and office workers. Their ages ranged from sixteen to thirty-two with an average of eighteen. None were married. Twenty one of the girls were of Japanese ancestry and one of Korean.

With two exceptions they had never had previous nursing training. One of the girls had had a six months course in nursing at Kanda in Tokyo and about one years experience in the Tinian Hospital here. The other girl with some training had worked for two years here in a private hospital but had no formal training.

ORGANIZATION:

These volunteer nurses were given quarters and subsisted on the hospital compound. Iha, the Japanese R.N., was placed in charge and the nurses were given their instructions through her with the aid of an Army Sergeant (a Nisei) acting as interpreter. The services of this man have been invaluable. Two shifts of twelve hours each were set up and the nurses assigned to wards. A rotating team of relief nurses for both the night and day shifts has allowed each girl one free day in six. The night section is relieved every thirty days.

The nurses were given an identifying badge showing their name, number and the ward to which they were assigned. When work numbers were issued by the Civil Affairs section these were also required to be worn. Formal muster has held at 0700 and 1900 each day when the sections were changed. A bulletin board was placed in the muster tent and all information pertinent to the nurses posted in Japanese. All announcements and all requests for clothing etc. were kept by the interpreter under the direction of the Medical Officer.

Two general duty nurses were assigned to fill in where required. Recreation was encouraged for short period during the day and formal instruction was held at 1530 each weekday afternoon when the press of hospital work decreased. Transportation was arranged to and from civil affairs each day for the liberty section. No set meal hours were established, the nurses usually eating after the patients.

HOUSING AND LIVING:

Two tents were erected for housing the nurses, a 17 x 20 wall tent and a 16 x 16 pyramidal tent. Each girl was provided with an issued blanket and either a cot or a canvas litter raised off the ground. Personal belongings which they soon accumulated were stored on their bunks and serve as their pillow. They made mosquito bars from bolt netting supplied them. A screened bathing place and a grate for heating water for washing and bathing was erected. Messing facilities were provided in a screened building near the native galley.

Shoes and clothing in limited amounts were secured for them through civil affairs and the Red Cross. They proved very ingenious in making their own clothes from scrap materials, such as making skirts from the pieced together bottoms of trousers cut off to make shorts. Under clothes were even made from mosquito net remnants. Frequently at their daily musters their simple wants were inquired into and supplied if possible. It was difficult to supply them with soap, tooth brushes and paste and toweling. Even a few needles and a spool of thread were supplied with difficulty.

In spite of lack of supplies, limited facilities and necessary crowding their standard of personal cleanliness and neatness remained high and they kept their quarters in a ship-shape manner. Their diet was limited to the hospital fare of rice three times a day supplemented with dried fish or vegetables and occasionally fresh vegetables.

HEALTH:

Over a two month period their health has been excellent with only seven sick days. A routine Kahn test on each girl picked up four sero-positives (this was confirmed by a re-check), no active lesions could be demonstrated. The nature of their disease was explained to them and they are now under antilue-tic therapy. No gonorrhoea has been demonstrated but only the four girls with positive serology were given pelvic exams. The remainder of the girls objected to this procedure and it was explained on the bases of the home teachings or false modesty. They do not object to assisting in such examinations.

Routine stool examinations revealed only five positive stools. Physical examination of the chest did not reveal any evidence of tuberculosis detectable by this means. Tetanus toxoid was administered and each girl has received immunization against small pox and typhoid fever. A threatened epidemic of head lice which the girls brought with them from the caves was effectively stopped with routine measures.

It is felt that their morbidity rate could be maintained at this low figure by giving them increased facilities for carrying out personal hygienic measures and by lessening the at present necessary crowding in their quarters.

RECREATION:

Every sixth day each nurse gets one full twenty-four period off. They usually take advantage of the transportation offered and go to civil affairs to visit friends and relatives. Strangely enough they can often be found around the dispensaries at civil affairs. Occasionally they spend the day in resting, sewing, washing or caring for their few belongings.

The majority of the girls derive great pleasure from designing and making their own clothes, using spare time on the wards and in their off hours for this. The results are often amazing. They also sew buttons and mend rips in the corpsmens clothes.

During the day they are encouraged to play volley ball for short periods or other games native to them. In the evening they almost invariably gather for informal English classes taught by the enlisted men. Almost every one keeps a notebook in which they record American songs, phrases and some simple grammar. The language demands that they print the English place a phonetic translation above this and then the Japanese character to identify the phrase or word. They have made really remarkable progress and especially with American songs. A few English grammars on Japanese-English texts would help immeasurably in this work. In addition, picture charts or picture magazines would be valuable.

Games, cards, Japanese literature, sewing materials and cloth could be put to excellent use.

#### RELATION TO SERVICE PERSONNEL:

There has been no feeling of hostility or animosity expressed by either word or action between the staff and the volunteer nurses. They seem to treat the war and its effect upon civilians as some great calamity of nature, to be endured in silence and without protest. In spite of long working hours and lack of comfortable living, they have done their work cheerfully and well. Most of them are very interested in learning to speak English and in finding out about America and the American way of doing things.

The question of sex must be considered in placing men deprived of normal sex contacts in such close proximity to young females, even if of Japanese origin. This problem has been conspicuous by its very absence. Intercourse has been social rather than sexual.

It was found that to best gain the respect and cooperation of these nurses it was best to be formal in our relations with the entire group and to maintain strict group discipline. Individual relations should be easy and natural. They do not presume upon friendliness. All promises, however trivial, should be kept or the reason given for failing to do so. They appreciate small kindness and consideration but are reticent in showing it. Discussion about the war or the military should not be entered into and has not been.

#### EDUCATIONAL PROGRAM:

Early efforts at training these girls were very informal and directed toward the immediate needs of the moment such as handling of bed pans and disposal of excreta. A bed pan sterilizer was improvised and they had to be indoctrinated in its use. They sadly lacked any knowledge of care of themselves on the ward such as washing hands and handling food in a reasonably sanitary manner. This training was given by example and demonstrations.



When the press of hospital work eased, it became apparent that it would be of benefit both for the immediate good of the hospital and the nurses, as well as of long range benefit to the civilians on Tinian to start a very simple nursing school and fit it into their schedule of duties on the wards. Accordingly, a class was started at 1530 each week-day for one hour. Even the night nurses attended and the liberty section of the day voluntarily came back early for it.

The difficulties of such a program immediately present themselves. First and foremost is the language barrier. This was overcome by the wholehearted interest and cooperation of the Nisei Sergeant interpreter and the liberal use of simple blackboard diagrams and demonstrations. They are able to learn and made every effort to do so. There is a need for texts and anatomical charts, a good blackboard and chalk, notebooks, pencils and demonstration materials. A blackboard was improvised and chalk secured where it could be found. Note books were made from old bank ledger pages and pencils were broken into three parts.

The interpreter was present at each session and recitations were heard through him. Emphasis was laid on the very practical; instruction was placed on the plane of the student who learned with most difficulty. It was hoped that Iha, the Head Nurse, could be depended upon to do much of the teaching but due to her natural reticence and the fact that she was of a lower social stratum than some of the students, she failed in this capacity. In addition, her nursing knowledge is somewhat scanty.

Very simple and basic instruction has been given in the following subject:

- Care of the bed patient
- Personal hygiene
- Ward sanitation
- Nature of disease
- Spread of disease
- Disease prevention
- Tuberculosis
- Intestinal parasitology
- Dysentery
- Dengue
- Malaria
- Venereal disease.

It was planned to continue this simple course of instruction for this group but upon the suggestion of the Island Medical Officer a more unified and intensive course was formulated and plans laid for establishing a practical nursing school for the Island.

## II. Plan and Curriculum for Nurses Training School.

In order for a nursing school to be of value to both the civilians and to the future medical administration of Tinian, it is necessary to consider a number of things in formulating its policies and aims.

It was felt that the needs for nurses would be in three places: The civilian hospital, the dispensary and the home. These three needs plus the factor of time have governed the length of course and the subjects offered. It is realized that one cannot hope to take a group of girls with a language barrier and other obstacles intervening and make from them a group of finished nurses in a short period of time. The best that can be hoped for is to give them a few basic principles on which a firmer knowledge can later be based for those who show special adaptability.

In view of the fact that there is a need for even partly trained girls at once it was felt that a course of three months would be attempted. This seems ridiculously short in view of our high standards in the States, but with the experience gained so far in this hospital it is felt that useful nurses can be trained in this period. It is hoped that the program offered will not be too ambitious. At the completion of the basic course it is planned to offer specialized practical training to fit the nurse for the type of duty to which she will be assigned; either the dispensary, the home or the hospital. With these needs in mind a curriculum based on three hours of class room instruction per day plus practical ward work was outlined. (See instruction schedule to follow). This is to cover a three month period.

The problem of selecting students next presented itself and experience here has shown that several things have to be investigated in this light. It was felt that age should be limited to sixteen or above and only unmarried girls taken. In selecting candidates it would be desirable to take only those with the best educational background. It was found however that on Tinian the highest school was only equivalent to our Junior High School and questioning about standards and subjects taught showed that their standards were below ours. This minimal educational level has been made a requirement for entrance. Another factor to be considered on Tinian is the factor of social strata or castes and of race. There were three main classes on Tinian which were rather well defined, and in turn they were further sub-divided. There was a higher class comprised of the Japanese nobility or near nobility (with which we need not be concerned); then the middle class (the minor plantation officials and officials); and a low middle class (the ordinary salary man). The laboring class was divided into the independent farmer class and the common labor class which was the lowest and included the Okinawas and Koreans. While this would not seem of much importance to us, these class distinctions are a very real thing to the natives on the island and should be considered, especially the line between the true Japanese and the Okinawas and the Koreans. The true Japanese, especially of the upper classes, command much more respect and their word carries more weight than those of the lower classes.

It was decided to limit the class to twenty girls, retaining a permanent hospital nursing staff of eighteen, making thirty-eight in residence at the hospital. This staff is adequate enough to insure that all wards are covered and to allow each girl one day off a week. The permanent nursing staff will be divided into two sections of twelve hours each, one nurse to each ward and provision made for relief.



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A head nurse (Yamasaki) and an assistant head (Hosoi) will be appointed. The student staff will be divided into two sections of eight hours each with each Sunday free following morning care of the patients. They will rotate sections and through the wards. The sections will be from 0600 to 1400 and from 1400 to 2200. Class room instruction will be at 0800, 1000, and 1400 for one hour each period. Instruction is planned by the block method, one subject being completed before the next is taken up. This will not hold true for practical nursing which will extend throughout the course.

In order to make the course attractive to the student nurses and to insure that their living conditions are adequate it is felt that the following suggestions should be considered as essential.

Four wall tents (17' x 20') are needed to adequately house the staff and student nurses. These should be decked and screened if possible. Each nurse should have a cot, blanket and place to keep her clothes and personal articles. Mess gear, toilet articles and necessary clothing ought to be furnished as needed. Adequate facilities for bathing and washing must be supplied. A class room should be fitted out with benches and a blackboard. Chalk, pencils, notebooks etc. are needed.

It is felt that the wage rate for the nurses is too low considering the skilled nature of their services. At the present scale of wages it is felt that a wage of \$.25 a day for student nurses, \$.50 a day for staff nurses and \$.75 a day for supervisory nurses should be instituted.

A simple device such as an apron or cap should be utilized as a distinguishing mark for the nurses. They place a great deal of emphasis upon such relatively simple things.

The teaching staff should consist of the two supervisory nurses, the interpreter and an interested Medical Officer. Interest and enthusiasm are most essential. It is suggested the the Medical Officer will have to devote practically all of his time to this program to make it a success.

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I. INTRODUCTION

The instruction plan will be outlined to them and the purpose of the nursing school explained. The relation of the school and the nurse to the hospital, out-patient clinic, dispensary and home will be brought out.

II. ANATOMY

Instruction in the following will be given by lectures, demonstrations on the cadaver and skeleton and the use of blackboard diagram and anatomical charts.

- Skeletal system
- Muscular system
- Circulatory system
- Respiratory system
- Nervous system
- Digestive system
- Genito-urinary system

III. PHYSIOLOGY

Instruction to be as practical as possible with liberal use of all facilities available for demonstration.

- Circulation of the blood
  - Formed elements
  - Liquid elements
  - Function of the blood
- Digestion
- Urine formation and excretion
- Respiration
- Reproduction
  - Sexual organs
  - Formation of the fetus
  - Birth

IV. NATURE AND CAUSE OF DISEASE

- Bacterial
- Parasites
  - Intestinal
  - Blood
- Tumors
- Deficiency diseases
- Circulatory

Use will be made of clinical material where possible; blackboard diagrams, direct means and specimens when available. A general understanding should be the aim.

V. DISEASES TRANSMISSION

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Insects  
    Mechanical  
    Intermediate host  
Food  
Water  
Soil  
Direct contact  
Droplet

Great emphasis to be placed on practical demonstrations. (i.e. contamination of soil, bare feet etc.)

VI. PREVENTION OF DISEASES

The following heading will be considered but largely to serve as an outline for a more detailed study later in the instruction schedule.

Personal hygiene  
Sanitation  
Isolation  
Immunological procedures  
Home hygiene and sanitation  
Medical officer, dispensary and hospital

VII. PRACTICAL THERAPEUTICS

This is not intended to be specific but to give a general idea of the methods used in treatment.

Medications  
Food  
Rest  
Surgery  
Physiotherapy  
Hydrotherapy

Demonstration to be used as much as practicable.

VIII. PERSONAL HYGIENE

Bathing  
Hair  
Oral hygiene  
Hands  
Clothing--shoes  
Sex hygiene  
Immediate environment

IX. COMMUNICABLE DISEASES

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- Discharges from nose and mouth
  - Exanthems
  - Pneumonia
  - Diphtheria
  - Tuberculosis
- Discharges from the intestinal tract
  - Amoebic dysentery
  - Bacillary dysentery
  - Helmenthiasis
  - Typhoid
- Insect transmission
  - Dengue
  - Malaria
  - (Body lice)
- Direct contact
  - Scabies
  - Impetigo
  - Conjunctivitis (of epidemic importance here)
  - Syphillis
  - Gonorrhoea

It is planned to treat these rather thoroughly, especially the means of preventing them, enlarging upon methods of prevention previously mentioned. Tuberculosis, venereal disease and diseases caused by intestinal discharges will be specially treated.

X. PREVENTIVE MEDICINE

## Sanitation

(Emphasis to be placed on home sanitation)

- Care of food (preparation, storage, handling)
- Disposal of garbage and refuse
- Disposal of body wastes
- Water
- Rodents and insects
- Home cleanliness
- Immunological procedures
- Specific diseases
- Civilian indoctrination

The purpose of the home and district nurse.

The use of the dispensary, out patient clinic and hospital.

XI. DIETETICS (a rather delicate subject on Tinian)

## Nutritional requirements

How the household can meet them under a normal economy on Tinian.

XII. MATERIA MEDICA

Planned to indicate only classes of medication rather than to be specific about dosage etc.

Cathartics  
 Anaesthetics  
 Soporifics  
 Diuretics  
 Antipyretics  
 Atihelmentics  
 Antiseptics  
 Disinfectants  
 Specifics

XIII. WARD NURSING

Practical instruction will be given on the wards and supplemented by class demonstrations in the following subjects:

Temperature-taking pulse, respiration.

Methods and reasons for taking temperatures.

Bed care of patient.

Bed pan technique

Medications

Collection of specimens

Feces

Urine

Sputum

Vomit

Dressings

Personal hygiene on ward

Ward cleanliness

Food handling

Enemas

Douches

Surgical preparations

Catherizations

Irrigations

Contagious technique

Venereal disease

Sterile technique

Methods of sterilization and disinfection.

## INSTRUCTION SCHEDULE

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## SUBJECT - HOURS

<u>SUBJECT</u>	<u>SUBJECT HOURS</u>
INTRODUCTION	2
ANATOMY	18
PHYSIOLOGY	18
NATURE AND CAUSE OF DISEASE	18
DISEASE TRANSMISSION	18
PREVENTION OF DISEASE	8
PRACTICAL THERAPEUTICS	8
PERSONAL HYGIENE	12
COMMUNICABLE DISEASES	36
PREVENTIVE MEDICINE	36
DIETETICS	2
MATERIA MEDICA	4
WARD NURSING	36
TOTAL NO. OF HOURS	214