

# **The Reconstruction of Educational Institutions and the Significance of Schools in the Reconstruction of Local Communities : Focusing on a School near the Hypocenter**

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## **Forward**

The T-shaped Aioi Bridge located near the A-bomb Dome. Having crossed the bridge, on the opposite bank from the dome, one finds Hiroshima Municipal Honkawa Elementary School. Every April when a new semester begins, in the midst of the cherry trees in full bloom, first-year students in bright new school uniforms carry their school bags on their backs. The sixth-grade students warmly welcome these new entrants and look after them for a year by forming pairs. At school, students are expected not only to study but also to get along with their friends, supporting each other and learning group rules via extracurricular activities. For example, second-grade students form small groups and conduct interview surveys by visiting nursery schools, shops and police stations in the vicinity of the school.

Fifth-grade students learn how to cook okonomiyaki<sup>1)</sup>, how to use public transportation and how to behave during field trips. Furthermore, in autumn, with support from the PTA<sup>2)</sup>, all students perform plays and sing songs in front of their parents and local residents. Through school life, and watched over by the local community, students develop their knowledge, morals and physical health.

Established in 1873, Motokawa Elementary School is one of the oldest schools in Hiroshima. The three-story reinforced concrete school building incorporating a modern arch design was constructed in 1928, when the school song was established. From that time on, the school was a cutting-edge institute in which students took pride<sup>3)</sup>.

The atomic bombing in 1945 and the numerous efforts that Motokawa Elementary School made toward recovery were the most unforgettable period in the school's 140-year long history. Specifically, it should be noted that local reconstruction was centered around schools. This study sheds light on the reconstruction process of educational institutions by focusing on Motokawa Elementary School, which was the closest to ground-zero.

## 1 Escalation of World War II and Group Evacuation of School Children

When the Atomic Bomb was dropped, approximately 400 children were at then-Honkawa National School (presently Honkawa Elementary School), all of whom were killed<sup>4)</sup>. Under such a desperate situation, however, students and teachers who returned from the evacuation took the lead in reconstruction after the war.

As the war escalated in 1944, the Japanese mainland became a target of attacks. Amidst the continuing worsening of the course of the war, the Japanese government issued guidelines on the evacuation of schoolchildren (Gakudo-sokai Jisshi youryou), according to which schoolchildren above the third grade were to be moved from urban areas to rural areas. This was the so-called school evacuation policy. In Hiroshima city, evacuations were implemented from April to July, 1945. Most of the national elementary school students older than third grade (approximately 23,500) evacuated to mountainous areas in the north of the prefecture. Children who had their relatives or acquaintances in the countryside were taken to their homes (nearly 15,000). Children with no relatives or acquaintances lived in temples as groups and went to the nearest schools<sup>5)</sup>.

At Honkawa National School, 500 students were taken to their relatives or acquaintances, 205 students and 10 faculty members evacuated as a group<sup>6)</sup>. Students past the third grade moved to Tokaichimachi (8 faculty members and 140 students) and Yatsugimura (28 faculty members and 65 students) in Futami-gun (present-day Miyoshi city<sup>7)</sup>. The memoirs of a schoolchild recount the day of the group evacuation. “At that time, a song titled ‘Walk, Walk’ was released. We marched to Hiroshima Station from Toukaichi in order. It did not feel like I was evacuating. It felt like a picnic. I was more excited about getting on a train for the first time. Japanese national flags were flapping<sup>7)</sup>” The diarist continued: “Saying good-bye to family members was hard to endure. There were parents and children who could not part from each other, and some friends were crying loudly. I could not find words to express it.<sup>8)</sup>” When arrived at the destination, “we were transferred to schools in Toukaichi in groups and started school life with local children. The river bank situated behind the Tokaichi National School was lined with cherry trees and they were in full bloom. As classes started, we from the city began in a spirit of competition with the local children.<sup>9)</sup>”

However, in actuality, “we had few classes but a lot of work<sup>10)</sup>” including getting rid of harmful insects in paddy fields at the behest of their school, and spending whole days collecting edible plants to be sent to the army<sup>11)</sup>. Life at the temples was misery. For example, at a temple where about thirty boys in the third through sixth grades stayed, they ate rice mixed with soy, stems of radishes and potatoes, and grilled bullfrogs caught in rice paddies. A teacup full of soy beans was often provided as a snack, but it was not filling. Hence, after sunset, children stole tomatoes and cucumbers in the fields that they marked out on their way back from school<sup>12)</sup>. Even when teachers recognized this, they could not scold the children, out of sympathy<sup>13)</sup>. In addition, hygiene was poor. Because they went to a public bath only once a week, they bred lice on their bodies. There was no medicine. Students picked at lice as a routine<sup>14)</sup>. Despite the harsh conditions, children were sometimes able to enjoy such a life.

## 2 Complete Destruction of School Buildings by the Atomic Bombing and the End of the War

One morning when children were on their way from the temples to school, they felt the windows rattling and saw a yellow light flash in the distance. At the time, they did not pay much attention and finished their day at school<sup>15)</sup>. However, in the evening on that same day, trains with a huge number of injured people began to arrive one after another. Apparently, there had been a large-scale attack on Hiroshima. The city was in a state of unimaginable devastation. On 6 August 1945, at 8:15 am, when the atomic bomb was dropped, there were 13 faculty members and about 400 children at Honkawa National School (approximately 350 meters from the hypocenter)<sup>16)</sup>. At Sorasaya Shrine, which was near the school, together with their teachers, about 50 children who were in the first and second grades were praying for victory<sup>17)</sup>. On that day, air-raid warnings were broadcast at 7:09 am and people evacuated to bomb shelters for a short time, but the warnings were lifted at 7:31am<sup>18)</sup>. Hence, when the atomic bomb detonated, few people were in shelters. The blast of the atomic bomb destroyed the whole school building except the reinforced steel frame. Six faculty members, including the principle, and 218 schoolchildren, were killed on the spot, and a tremendous number of people were injured or missing<sup>19)</sup>. Soon after the incident, the school became a temporary aid station centered on the first floor of the west building. At the aid station, along with an army medical branch, survivors volunteered to give aide to the injured and to handle bodies<sup>20)</sup>. On the playground, many identified corpses were cremated. The Hiroshima that one 14-year-old boy witnessed was “a city covered by a field of rubble, anguished people whose faces were so blistered that one could not tell eyes from noses amidst a pool of blood, smoldering bodies thrown into holes filled with black rain; a city covered in bleached bones<sup>21)</sup>.”

On the other hand, in the rural areas, along with the injured from Hiroshima City, information about the damage began to trickle out. Initially, it was not known exactly what had happened in Hiroshima. However, schools in the rural areas became hospitals and classes were cancelled<sup>22)</sup>. When children came back to the temples, they were told that Hiroshima had been attacked. They collapsed in tears in the corner of the main hall. Teachers comforting the children were also crying<sup>23)</sup>. Soon after the news arrived, male teachers headed to Honkawa National School from the countryside to which they had been evacuated in order to collect information and gauge the extent of the damage<sup>24)</sup>. Parents and relatives who had survived picked up their children and went back home<sup>25)</sup>. During those days, faculty members were busy verifying the relatives of schoolchildren and taking care of children who had lost their families<sup>26)</sup>.

After that, on 15 August, the Emperor’s famous radio address was broadcast, marking the end of the war. In the countryside, where people had been evacuated, foreign prisoners were released and training aircraft were burned in rice paddies<sup>27)</sup>. Although the school evacuation was lifted soon after, for many children, nobody came to get them. Those children who had no place to go had no options but to stay in the temples for the time being<sup>28)</sup>. It was not until September that all the evacuated children were taken<sup>29)</sup>.

From that time, school education was compelled to make major changes. On 6 October, Senji Kyouiku Rei (Education Law during the Wartime) was abolished. On 31 December, GHQ (General Headquarters, the Supreme Commander for the Allied Powers) issued Suspension of Courses in Morals (Shushin), Japanese History, and Geography<sup>30)</sup>. As a result, traditional subjects including Morals (Shushin), Japanese History and Geography were abolished and textbooks were scrapped accordingly.

### 3 Resumption of School Education and Support from the Local Community

While Honkawa National school was used as a first aid station for the injured soon after the atomic bomb was dropped, a special meeting for school principals took place on the 21<sup>st</sup> of August, 1945, to discuss the resumption of education <sup>31)</sup>. The meeting concluded that the children of Honkawa National School would study temporarily at Koi National School (approximately 2.5 kilometers from Honkawa National School) <sup>32)</sup>. Later, with the cooperation of local volunteers, on the 23<sup>rd</sup> of February, 1946, Honkawa School District and Hirosei School District were merged, and classes commenced in Honkawa National School. Back then, there were four faculty members, and the number of students was near 60 <sup>33)</sup>. In addition, on March 10<sup>th</sup>, Kanzaki School District was also added to Honkawa <sup>34)</sup>. On April 8<sup>th</sup> of the same year, the first day of the semester, the reopening commenced with 196 students from seven classes and seven faculty members.

In Hiroshima City, from March, 1946, the construction of “barracks” -style school buildings began. However, amidst a scarcity of materials and financial difficulties, the speed of reconstruction and expansion did not keep pace with the increasing number of students. Because of this, some schools divided their students into two cohorts, one studying in the morning and the other in the afternoon, and some schools conducted classes in rooms where the students were packed in like sardines <sup>35)</sup>. Furthermore, there were few textbooks or writing supplies, so there was no question of conducting normal lessons <sup>36)</sup>. At Honkawa National School, due to delays in the reconstruction of the school building, which had been entirely destroyed by the atomic bomb, there were no facilities, forcing children to endure cold and inconvenience <sup>37)</sup>. Potato planting was implemented alongside lessons due to the shortage of food<sup>38)</sup>.

In these circumstances, parents and locals devoted themselves to the reconstruction of school education. At Honkawa National School, on May 26<sup>th</sup>, 1946, a small sports festival was conducted, organized by the district’s neighborhood association. Then, on May 29<sup>th</sup>, an education support association was formed. The purpose of the association was to improve the reconstruction of the school building, as well as raise money<sup>39)</sup>. Furthermore, on July 7<sup>th</sup>, a parents’ association was established, collecting three yen per student as a membership fee (half price for siblings). Years later, this association turned into the “Love of Education Association” (later, the PTA). The first chairperson was elected on July 30<sup>th</sup> <sup>40)</sup>. In this way, institutions supporting education, run by parents and the local community, began to take shape. As these institutions were forming, a joint memorial service was conducted at Sorasaya Charnel House on August 6<sup>th</sup>, the first anniversary of the atomic bombing.

Support from parents and the local community was the driving force behind the school reconstruction movement. Namely, they collected donations and raised funds for school reconstruction <sup>41)</sup>. With such efforts from parents and the local community, floors, windows and walls were built; the roof was waterproofed; classrooms were repainted<sup>42)</sup>. A support movement also began among foreigners. For example, on January 13<sup>th</sup>, 1947, Dr. Howard M. Bell, from the Civil Information and Education Section, GHQ, inspected Honkawa National School, together with Takizou Matsumoto, a member of the Lower House of the Diet. The purpose of the inspection was to collect information about the scarcity of school supplies and to undertake a study for the creation of a curriculum of social studies<sup>43)</sup>. However, Dr. Bell was shocked by the terrible condition of the children, studying in a steel-framed school building, shivering in

cold winds. He returned to the school on January 18<sup>th</sup>, 5 days after his first visit. Observing, “I feel pity for the students. Without proper facilities, there can be no proper education. Please rebuild quickly so that the children can be protected from the cold wind,” Bell donated 2,500 yen from his own pocket, and gave 10 dozen pencils and 6 dozen colored pencils. Upon leaving Hiroshima, he said, “Don’t let anyone know about the donation until this place has been rebuilt”<sup>44)</sup> .

By this time, signs of reconstruction began to be visible. For example, on January 11<sup>th</sup>, 1947, a new principal was named, taking over for the previous principal who had been killed during the bombing. Also, on March 22<sup>nd</sup>, school meals began to be served again, albeit composed only of milk and side dishes<sup>45) 46)</sup> .

#### **4 The Establishment of New Education and Promotion of Empirical Learning**

Coinciding with the start of the new semester in April, 1947, new elementary schools and junior high schools under a new education system (the “three-six-year,” or compulsory nine-year education system) commenced<sup>47)</sup> . At the same time, Honkawa National School changed its name to Honkawa Elementary School. Ahead of the new system’s launch, preparation for education reconstruction had been made a year before. For instance, “A Guide for the New Education”<sup>48)</sup> was issued by the Ministry of Education on May 15<sup>th</sup>, 1946, explaining that “the weakness of the Japanese people is their low scientific level and lack of rational spirit” and that because of this “it is easy for militarists and extreme nationalist to take advantage of these weak points”<sup>49)</sup> . “A love of truth, that is, the ability to pursue the truth, to tell the truth, and to carry out the truth, is necessary to avoid being misled by leaders”<sup>50)</sup> . After that, the Constitution of Japan was established on November 3rd, with the Fundamental Law of Education and School Education Act announced on March 31<sup>st</sup> of the following year. In parallel with these, the Course of Study (draft) was presented on March 20<sup>th</sup>.

In keeping with these nationwide shifts, entrance ceremonies and opening ceremonies for the new semester were conducted on April 7<sup>th</sup>, 1947 in Hiroshima. However, after that, preparation for the transition to a new education system lagged, and schools in Hiroshima City ended up starting classes from April 15<sup>th</sup>. This new education system started after the end of the war is influenced by American child-centered education<sup>51)</sup> . One typical example is the Koi Plan, which promoted the introduction of the new education system in Hiroshima. The plan involved three meetings conducted between autumn 1946 and 1949, and aimed to develop “modern Japanese people (who have scientific minds, individual initiative and social ability)” and proposed an ideal model as “children who are sound both physically and mentally (thinking, strong and cheerful)”<sup>52)</sup> . The plan also included a curriculum which consisted of four “experience” areas<sup>53)</sup> : 1) Social life (a course designed for solving problems associated with nature, society and humanity, intended to improve practical problems), 2) Enriching lives (aesthetic education such as the arts, music and literature), 3) the Body (aspects of health such as physical education and sanitation) and 4) basic skills required for learning (language, mathematics and measurement and home-economics-related skills). Based on these areas, a more specific curriculum was established and named the “Life Program” including Shigoto (lit. “work”; experiential learning), Osarae (lit. “reviewing”; repetition drills of basics) and Migaki (lit. “polishing up”; systematic learning). Shigoto was an experiential learning course “designed for the creation,

sustenance and development of life and society. By covering meaningful lives associated with the aspiration of peace, this intends to make children practical citizens.” With regard to the knowledge and skills that could not be obtained through experiential learning, the systematic learning course Migaki made up for them. The repetition drills required for Oshie in the lower grades were integrated into Migaki <sup>54)</sup> .

This new education of experience was also found in Honkawa Elementary School after 1947. At the school, the curriculum evolved with school events at the core. For example, a school-wide circus observation on May 22<sup>nd</sup> was followed by home visits by teachers starting from June 2<sup>nd</sup> and lasting for a week <sup>55)</sup> . Home visits were a school event that built relations between teachers and parents through school teachers’ visiting students’ homes and reporting children’s grades and their school life. In addition to these events, a traffic safety guidance by the occupying forces was held on June 9<sup>th</sup> and mothers’ classes <sup>56)</sup> took place on the 16<sup>th</sup>. Mothers’ classes were childcare workshops intended for mothers. Such family-related workshops and meetings were also held at the school. On August 5<sup>th</sup>, a Performing Presentation and Exhibition was held at the school in the days prior to the anniversary of the atomic bombing. A Honkawa School District Memorial Service was conducted on the 6<sup>th</sup> followed by a School Reunion on the 7<sup>th</sup>. In addition, the first sports festival after the end of the war was held on October 15<sup>th57)</sup> . In December, the emperor visited Hiroshima. On New Year’s Day, 1948, Haigashiki (lit. “celebration of the new year”) and the School Reconstruction Ceremony took place, followed by the Anniversary of the School and Exhibition of Memorial Works on the 10<sup>th</sup> and Investiture Ceremony of Student Council Members on the 13<sup>th58)</sup> . After that, numerous school events took place one after another, such as picnics, evacuation drills, school plays, a joint-sport festival, seaside schooling, school painting and calligraphy contests, and swimming lessons in the Honkawa River. As such, the school was reconstructed in the midst of events that involved the local community. In addition, the experiential learning opportunities had expanded outside of the school and into the local community. Examples were the Bunka Kokka Kensetsu Gakusei Taikai (lit. “Students’ Conference on Construction of a Cultural Country”) held on February 2<sup>nd</sup>, in which Honkawa Elementary School students in the 5th grade and higher took part, and 6th graders’ school excursion to Itsukushima Shrine on March 20<sup>th</sup>. Furthermore, following the formation of the Honkawa Elementary School Red Cross on June 28<sup>th</sup>, children started to participate in social activities including Heiwasai Hanakoushin (lit. “Peace Flower Parade”) and the opening ceremony of Yokogawa Bridge <sup>59)</sup> .

Additionally, the supporting system managed by parents and the local community was getting on the right track. A preparatory meeting for the establishment of the Honkawa Elementary School Parent-Teacher Association was held by community parents on March 24<sup>th</sup>, 1948. Eventually, the association played a central role in collecting petition signatures appealing for the construction of a new school building<sup>60)</sup> . Also, a substantial amount of support from overseas was gathered, including letters and books from an elementary school in Austin, Minnesota and donations from the American Red Cross Youth<sup>61)</sup> . On May 2<sup>nd</sup>, when Dr. Howard Bell revisited Hiroshima, the institute and the local community organized a big welcome party <sup>62)</sup> .

## 5 Class Research Promotion and Regularization of PTA Activities

By 1950, 5 years after the end of the war, social infrastructure and regulations were developing slowly but

surely. In fact, on August 8th, 1949, the Hiroshima Peace Memorial City Construction Law was issued, promoting a new construction project begun in Hiroshima. The Hiroshima Prefectural Board of Education was established on December 1st, 1950, in order to set a new trajectory in educational administration and improve education in Hiroshima, with the guiding principal that education was to be the foundation of a new, “International Peace City”<sup>63)</sup>. This system was newly established after the war. In contrast to the centralized and bureaucratic educational administration before the war, it made the educational administration independent from the general administration in order to reflect the actual status and public opinions of each area. The Hiroshima Prefectural Board of Education set the Targets for Hiroshima City Education as a new fiscal year started in 1951. The following three points were mentioned as its goals: 1) Promotion of moral education, 2) thoroughness of health education, and 3) promotion of production education. All the faculty members of Hiroshima municipal elementary, junior high school and high school worked together in an effort to embody these goals and achieve them<sup>64)</sup>. In addition, as core schools of this research practice, a total of six research designated schools were assigned to each target, one elementary school and one junior high school for each target. Furthermore, “Experimental study of revised guidelines,” “Dowa Education,” “Audiovisual education,” and “Special Education Activities” were designated as important tasks promoting education in Hiroshima City and particular schools were assigned to conduct research on and study each task. Then, Honkawa Elementary School was designated the experimental school of “Special Education Activity”. Each designated school developed research in close collaboration with the Board of Education over three years and disseminated the results to other schools by publishing at research presentation conferences<sup>65)</sup>. This mechanism of Lesson Study<sup>66)</sup> rooted in the steady practice of the educational institutes made a great contribution to improving the quality of Japanese education after the war.

Meanwhile, the institutionalization of school support from the local community advanced gradually. In other words, the activities of the Parents’ Association and PTA, which had made efforts to repair schools and construct new school buildings in order to improve the educational environment, developed their activities as organizations supporting school education in various ways. In fact, Honkawa Elementary School launched “Honkawa PT,” the PTA Bulletin, on July 20th, 1953. The first issue consists of four pages in double-sided printing on B4-size paper. Headlines of articles were Messages from the Principal, Editorials: Human Value, On Publication (by the Chairperson of PTA), School Event Calendar, School Activities: a Visit to Areas Damaged by the Flood (Children’s Association), Children’s Morning Meeting, Study in the Comfortable Library, Where Peace Education is Born: Peace Education Material Room Installed in Our School, Revival of Mottainai, Cheerful City, Tanka: Scolding Children, Expansion of the School Building, Voice (Column), Fiscal Year 1953 PTA Officer List, Fiscal Year 1953 PTA Budget, Advertiser Recruitment and advertisements from seven local companies. The Message from the Principal read “...nearly thirty faculty members worked together to continue to make improvements on a daily basis through research, practice and reflection on topics ranging from fundamental educational problems to practical teaching. We have made substantial efforts to establish school feature as a representative school in Hiroshima. Hence, we have reached a satisfactory condition”<sup>67)</sup>. This statement shows how school education, having started from scratch, was finally getting on track. On top of this, the principal explained the significance of the PTA:

“...The PTA’s task is to raise members’ cultural level and promote the happiness of children. Creating an environment where children can become sound both physically and mentally is an essential role of the PTA’s. Since our school is still facing many problems with our facilities, we hope for your further support in the future and conclude with a salutation”<sup>68)</sup>. In addition, the PTA chairperson commented in his message; “...We hope that our modest support improves the welfare of the children by helping to strengthen their ties to each other and serving as an institute that helps closer communication between the school and households...<sup>69)</sup>” This also suggests that the PTA played an important role in school-home communication. After that, the second issue of the PTA bulletin was published on January 1st, 1954<sup>70)</sup>, and the third on March 25th<sup>71)</sup>. Specifically, the PTA bulletins were published at the end of every third semester. For example, before summer vacation started, an article entitled “Guidance for Summer Vacation: for Parents” appeared explaining the following three points as requests to home: 1) healthy life (sunburn, food and sleep), 2) Safe life (being careful about accidents at sea and in rivers), and 3) educational guidance (considering children’s independence)<sup>72)</sup>.

In this way, school support from the local community, centered around the PTA, was revitalized, leading to mutual communication between the school and the local community and gathering local people to the school. As a result, the school contributed to community development as a center of the area. This virtuous circle truly drove the reconstruction of education in Hiroshima.

## Conclusion

Since the atomic bomb was dropped, school education in Hiroshima has been restored step by step with the support of the local community, centering on the surviving teachers and children. Soon after the end of the war, schools and local communities worked together to rebuild school buildings and purchase school supplies in order to improve the educational environment amidst a shortage of food in devastated Hiroshima. After that, as life gradually improved, the improvement of the quality of education was set as a target. Teachers conducted practical research on important issues and worked toward Class Research in which they presented their findings. In addition, local communities, including the PTA, worked hard to support such efforts. In this way, as schools became the centers of the local community, community development in which the schools served as the core progressed. In other words, schools have played a role as a beachhead not only for education reconstruction but also for the reconstruction of local communities.

## Notes/References

- 1) Okonomiyaki is Hiroshima’s local specialty cooked on a griddle. Spread out wheat batter and sprinkle fish flakes, and then pile up shredded cabbage, bean sprouts, leeks, tenkasu (bits of tempura batter) and strips of pork belly, making three layers of ingredients. Then, flip over the pancake and let it cook for a while. Once the pancake is cooked, place it with the noodles (soba or udon) over a spread egg. After that, flip it over again then spread okonomi sauce and sprinkle dried green laver. (Hiroshima City Board of Education (2011), *Hiroshima City Board of Education edited Hiroshima Peace Note :Junior High school*,pp.2)

- 2) PTA (Parent-Teacher Association) is a private organization consisting of teachers and parents.
- 3) Ikuma Hirasue (1933), “Souritsu Hyaku Nijushunenshi no Hakkan ni atatte” (On the publication of the 120th anniversary of establishment), In *Souritsu 120 Shunen Honkawa* (120<sup>th</sup> Anniversary of Honkawa) Hiroshima Honkawa Elementary School, p.3
- 4) One teacher and one child were confirmed to have survived in a later investigation. (Ibid.pp.3)
- 5) City of Hiroshima (Ed.). *Hiroshima Genbaku Sensaishi: Daiikkan* (Record of the Hiroshima A-bomb War Disaster, Vol.1). pp.194-195
- 6) Hiroshimashi Taishoku Kouchoukai (Association of Retired Principals in Hiroshima) (Ed.), (1999), *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War) , p.291
- 7) Ikuma Hirasue (1933), p.3
- 9) Takashi Wakasa, “Kinenshi ni Yosete” (On Commemorative Publication), In *Souritsu 120 Shunen Honkawa* (120<sup>th</sup> Anniversary of Honkawa) Hiroshima Honkawa Elementary School, p.8
- 10) Youji Araki (1999), p.130
- 11) Ibid. p.130
- 12) Ibid. p.130
- 13) Ibid. p.131
- 14) Masako Yamamoto (1993),“Wasureenu Omoide” (Unforgettable Memory), In *Souritsu 120 Shunen Honkawa* (120<sup>th</sup> Anniversary of Honkawa) Hiroshima Honkawa Elementary School, p.9
- 15) Youji Araki (1999), p.131
- 16) Ibid, pp 131
- 17) “Gakudosokai deno Seikatsu no Jittai” (Reality of Evacuation of Schoolchildren), In *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War) .p.310
- 18) “Gakudosokai deno Seikatsu no Jittai”(Reality of Evacuation of Schoolchildren), In *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War) , p.310
- 19) “Gakudosokai deno Seikatsu no Jittai” (Reality of Evacuation of Schoolchildren), *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War), p.299
- 20) “Gakudosokai deno Seikatsu no Jittai”(Reality of Evacuation of Schoolchildren), In *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War), p.298
- 21) Honkawachiku Genbaku Ireishi Kensetsu Iinkai (1995), p.41
- 22) Honkawa Elementary School (1973) “Hiroshimashi Genbakusensai Shiryouhyou” (List of A-bomb Damage in Hiroshima City), In *Souritsu Hyakushunen Kinenshi* Memorial Magazine of 100<sup>th</sup> Anniversary of Establishment), Hiroshima Elementary School Executive Committee of 100<sup>th</sup> Anniversary of Establishment, pp137
- 23) Mutsuko Goto (1973), “Tomoyo Izukoni: Shuudan Sokaiseikatsu no Danpen” (Where are my friends?: Fragments of Group Evacuation), In *Souritsu Hyakushunen Kinenshi* Memorial Magazine of 100<sup>th</sup> Anniversary of Establishment) , Hiroshima Elementary School Executive Committee of 100<sup>th</sup> Anniversary of Establishment), p.142
- 24) Ibid. pp142
- 25) Hiroshimashi Genbakusensai Shiryouhyou” (List of A-bomb Damage in Hiroshima City), p.137
- 26) *Tomoyo Izukoni: Shuudan Sokaiseikatsu no Danpen*” (Where are my friends?: Fragments of Group Evacuation), p.138
- 27) “Hiroshimashi Genbakusensai Shiryouhyou” (List of A-bomb Damages in Hiroshima City), p.137
- 28) “Gakudosokai deno Seikatsu no Jittai” (Reality of Evacuation of Schoolchildren), pp131-pp132
- 29) Ibid, pp132
- 30)“Gakudosokai deno Seikatsu no Jittai” (Reality of Evacuation of Schoolchildren), In *Senchu Sengo ni Okeru Hiroshimashi no Kokumin Gakko Kyouiku* (National School Education in Hiroshima during and after the War) p.310
- 31) Hiroshima City Board of Education (1981), “Nenpyouhyou” (Chronology Table), in *Hiroshimashi Kyouikuinkai 30 nen no ayumi* (30 Year-History of Hiroshima City Board of Education), Hiroshima City Board of Education, p.160

- 32) Honkawa Elementary School (1948), “Enkaku Youkou” (Summary of School History), In Enkakushi (Magazine of School History), Honkawa Elementary School
- 33) *Honkawachiku Hibaku no Gaiyou* (Outline of A-bomb Damage in Honkawa District), p101
- 34) Hiroshima City (Ed.)(1957), In *Hiroshima Genbaku Sensaishi Dai Yonkan Dainihen Kakusetsu*, (Record of the Hiroshima A-bomb War Disaster Vol.4 Second edition), p.57
- 35) Honkawa Elementary School (1973), “Honkawakokumingakko Gakujihoukoku” (Report of School Events at Honkawa National School), *Souritsu Hyakushunen Kinenshi* (Memorial Magazine of 100<sup>th</sup> Anniversary of Establishment), Hiroshima Elementary School Executive Committee of 100<sup>th</sup> Anniversary of Establishment), p.144
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# The Collapse of Medical Treatment Following the Atomic Bombing, and Its Reconstruction

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## Introduction

This paper is built upon the Hiroshima Reconstruction and Peacebuilding Research Project's document, Chapter 7: *Realizing Adequate Healthcare and Medical Care, and Support for A-bomb-Survivors* (hereafter, abbreviated as *Support for A-bomb Survivors*) in "Learning from Hiroshima's Reconstruction Experience—Reborn from the Ashes". While the document overviewed the medical healthcare for a-bomb survivors, this paper focuses on the fact that medical reconstruction and revitalization were achieved more quickly than expected and examines the situation as specifically as possible.

Unlike *Support for A-bomb Survivors*, this study partly refers to the pre-war period and wartime. This is because medical care in Hiroshima can hardly be discussed without taking into account the influence of Hiroshima's role as a military city.

## 1. Medical Care in Hiroshima, a Military City

In 1877, Hiroshima Medical School and Hiroshima Prefectural Hospital (hereafter, in order to avoid confusion, those names are used when referring to the pre-war period, though different names are used depending on the source materials), both of which led to the development of medical care and medical study in Hiroshima. However, the medical school closed on March 31, 1888, and since then, medical care in Hiroshima was improved by medical facilities including Hiroshima Army Hospital, Kure Navy Hospital and Geibi Igakukai (Geibi Institute of Physicians) which consisted of medical professionals who were related to Hiroshima on April 17<sup>th</sup>, 1896<sup>1)</sup>.

Analysis of inpatients at Hiroshima Reserve Hospital showed 9,741 recovered out of 54,020 inpatients (18%), 16,885 suffered from beriberi, which was not seen among Navy officers due to the introduction of rice and barley (31%), 12,361 had infectious diseases that could be reduced by developing prophylactic measures (23%), and only 4,261 were injured (8%). Additionally, cholera spread among citizens, leading to 3,910 patients and 2,957 dead within the prefecture (the second-worst nationwide, 1,556 patients and 1,302 dead in Hiroshima City). While this cholera outbreak was caused by the lack of the army's preventative system, the epidemic was stamped out by the thorough disinfection conducted by the army and the establishment of a hospital (Ninoshima Rinji Rikugun Kenekijohibyoun Irifunemura Bunin:later Hiroshima City Funairi Byouin).

Upon the occurrence of the North China Incident, the army established Hiroshima Rikugun Yobi Byouin ("Hiroshima Army Reserve Hospital") using Hiroshima Eiju Byouin Honin ("Hiroshima Garrison Hospital, Headquarters," capacity 230) on June 27, 1900, and branches in the third district (capacity of 464) on June 27<sup>th</sup> 1900, housing patients sent back from the battlefield from July 18<sup>th</sup>. After that, due to the acceptance of French wounded and an increase in the number of patients recovering from the battlefield, additional temporary hospitals and provisional hospitals were constructed. In these hospitals, 7,919 patients were accommodated and 5,029 (64%) healed, marking a huge improvement compared to the Sino-Japanese War. This was due to the fact that there were no cholera patients of the 1,568 (20%) suffering from infectious diseases, and the number of beriberi patients

decreased to 1,693 (21%). 1,096 injured patients (14%) were hospitalized and they were diagnosed with the latest medical equipment such as the X-ray.

With the onset of the Russo-Japanese War, in Hiroshima City, the headquarters and seven branches of Hiroshima Yobi Byouin (“Hiroshima Reserve Hospital;” it was not called “Hiroshima Army Reserve Hospital” during the Russo-Japanese War) were established after March 6<sup>th</sup>. The hospitals accommodated 10,000 people. Expansion continued; for example Eiju Byouin (“garrison hospital”) in Yamaguchi, Hamada, and Tadonohi branch offices were all reformed. On November 1<sup>st</sup>, Ninoshima Rinji Rikugun Kenekijo (“Kinoshima quarantine station research hospital”) was established, consisting of the first disinfection facility, which was constructed during the Sino-Japanese War, and a second, newly constructed, disinfection facility.

22,498 (10%) out of the 224,213 patients accommodated in Hiroshima Yobi Byouin recovered. In addition, beriberi patients reached 69,921 (31%) but infectious diseases decreased to 7,469 (3%). On the other hand, 73,953 people (33%) were wounded, exceeding the number of beriberi patients. This reflected the fierce fighting and advances in the development of firearms. The decrease in infectious diseases was due to the thorough disinfections at Eba Bunin (the Eba branch), where infected patients were brought, and due to the fact that the Ninoshima Quarantine was established early enough to prevent an influx of infected patients into the city. However, with regard to beriberi, top army military surgeons did not recognize that the white rice diet caused the disease, and refused to adopt barley rice. Because doctors went along with the surgeons’ line of thinking, and devoted themselves to the discovery of a beriberi-causing germ, almost no effect of treatment was observed<sup>3)</sup>.

During the Meiji era, there were no large hospitals except the army hospital and the Hiroshima Prefectural Hospital in Hiroshima City. However, after the World War I, hospitals intended for employees and their families were founded along with the development of industry and of Hiroshima as a central city in the Chugoku region<sup>4)</sup>. During wartime, Hiroshima Rikugun Byouin established its first and second branches in Motomachi, as well as its Eba, Mitaki and Oono branches. Additionally, in June 1945, in preparation for a mainland battle, Hiroshima Rinji Daiichi Rikugun Byouin (“Hiroshima First Army Special Hospital”), Hiroshima Rinji Daiini Rikugun Byouin (“Hiroshima Second Army Special Hospital”), and Oono Rikugun Byouin (“Oono Army Hospital”) were created, setting up a three-hospital system with branches attached to each hospital. Naturally, Ninoshima Army Quarantine was also opened. Meanwhile, the Japanese Red Cross Hospital Hiroshima Branch (later: Hiroshima Red Cross Hospital), which was affiliated with the military hospitals, had been founded in 1939, and Hiroshima Rikugun Kyou Sai Byouin (“Hiroshima Army Mutual Aid Hospital”) had been established in 1942. Different in nature from these hospitals, however, were the hospital and clinic established in Hiroshima’s manufacturing branch of Mitsubishi Heavy Industries and the Hiroshima Shipyard (Eba) in 1944. Furthermore, Hiroshima Prefectural Medical College was founded, with Hiroshima Prefectural Hospital as an affiliated hospital, on February 13, 1945. At many of these medical institutions, nurses were trained.

As explained, there were many medical institutions in Hiroshima City during the war. However, among these, Daiichi and Daini Rikugun Byouin and Hiroshima Prefectural Hospital were destroyed by the atomic bombing. Hiroshima Red Cross Hospital and Hiroshima Teishin Hospital (“Hiroshima Posts and Telecommunications Hospital”) were burned out, leaving only their concrete parts, and other hospitals were also damaged to a considerable degree. In addition, many medical workers worked at these hospitals and clinics. 2,168 (91%) out of 2,370 people excluding military officers suffered from the atomic bomb. Furthermore, 270 doctors out of 298, 132 dentists out of 152, 112 pharmacists out of 140, and 1,654 nurses out of 1,780 were reportedly exposed to the A-bomb<sup>5)</sup>.

The reason why there were many victims and deaths was because medical workers were obliged to engage in air defense based on the Air Defense Law established in 1937. In Hiroshima, medical professionals were forced to be engaged in air defense and aid based on Air Defense Work Order, which was issued by the Hiroshima prefectural governor and had prohibited healthcare professionals from evacuating. As the air strikes became fierce, the Hiroshima Prefectural Medical Association asked for evacuation, claiming “We cannot fulfill our obligations as doctors in the city” but it was declined<sup>6)</sup>. As a result, many medical professionals stayed in Hiroshima and were exposed to the A-bomb. This was not only misery of these medical workers and their bereaved families, but also greatly

hampered medical treatment for the survivors.

## **2. Medical Care for Survivors and Study of the Aftereffects Conducted by Physicians**

Hiroshima's air defense was inadequate, causing many casualties from the atomic bombing. Without regard for their own injuries, the healthcare professionals who narrowly escaped death treated people in bombed medical facilities and rescue stations built in schools, temples, bridges, roads, and parks. Hiroshima Prefecture confirmed at least 53 rescue stations. In addition, members of the Hiroshima City Branch of the Hiroshima Prefectural Medical Association were reportedly engaged in relief activities at 102 stations.

In the late 1940s, doctors in Hiroshima were engaged in medical treatment for A-bomb survivors and conducted research on their health conditions before such medical care was systematically conducted. Specifically, Doyokai ("Saturday Meetings") were established by young physicians in 1948: Akira Masaoka (obstetrics and gynecology), Tomin Harada (surgery), Jun Makidono (Radiology), Gensaku Oho, Muneyuki Mizuno, Kiyoshi Takeda (internal medicine) Hideo Goto, Genro Tsuchiya (ophthalmology), Ken Takeuchi, Shunji Fujii (surgery), and Kazuo Takiguchi (Otolaryngology), and others. (The number of members fluctuated). They gathered at a member's house once a month and continued their research<sup>7)</sup>. The doctors studied whether the survivors' immune systems were weak, whether they were more susceptible to anemia and other diseases, whether they had shorter life spans, etc. Specifically, Oho investigated the causes of death of A-bomb victims using his own funds. He also made a presentation of his findings on the significant increase in cancer incidence among A-bomb survivors at Doyokai in 1951. Furthermore, he presented at the third meeting of the Hiroshima Nagasaki Subcommittee of the Liaison Council for Research Study on Countermeasures for Atomic Bomb Damage, held in Hiroshima City on July 12, 1955. His research drew many reactions.

Harada successfully conducted a pedicle flap transplantation surgery on a boy whose legs were deformed due to keloids and scars and could not walk. This surgery was improved based on advice by Makidono, who proposed irradiation before the surgery. It is not confirmed whether they were the members, Shigenori Sugimoto and Ayao Koyama researched correlations of the atomic bombing and eyes, specifically cataract.

Coverage of issues related to the atomic bombings, which had been suppressed under the "press code", began when Japan regained its independence in 1952. There was news on "Genbaku Otome" (A-bomb Maidens) receiving medical treatments in Tokyo, Osaka, and the United States. In a reaction to this, physicians in Hiroshima made efforts to provide free treatment, saying that "treatment should be conducted by local doctors". Hiroshima City heard of this, and decided to implement treatment for A-bomb survivors with the help of the Hiroshima City Medical Association. Finally, on January 13<sup>th</sup>, 1953, the Hiroshima Atomic Bomb Survivors' Treatment Council (ABSTC) was established and started free treatment for survivors.

Amidst such circumstances, Nakayama, who had been advocating the necessity of health care for A-bomb survivors in the entire city, conducted field research on A-bomb survivors in the Danbara district using "Genshibakudan Hibakusha Seizon Chosahyo" (Survey on A-bomb survivors). Nakayama created the Atomic Bomb Survivor's Health Handbook, which included information such as a master file number, address, name, location where the person was exposed to the A-bomb, shielding, injuries and acute disease. With this handbook, A-bomb survivors were able to receive medical treatments and check-ups anytime and anywhere, and the results were recorded in the column in the handbook. If any abnormalities were found, they could consult doctors by receiving ABSTC. It is said that these attempts had a great influence on the projects such as health examinations designed for survivors after the Act for Atomic Bomb Sufferers' Medical Care was established.

## **3. Reconstruction of Hospitals related to Army**

As mentioned in *Support for A-bomb Survivors*, despite the fact that a number of medical institutions were damaged by the atomic bombing and the military hospitals were closed after the war, the hospitals' reconstruction was faster than expected. This chapter examines the process of

reconstruction focusing on Hiroshima Prefectural Hospital and National Hiroshima Hospital. In Hiroshima City, a major base for military logistics, there were the Hiroshima Army Provision Depot, the Hiroshima Army Clothing Depot and the Hiroshima Army Ordnance Supply Depot. In 1942, Hiroshima Army Kyousai Hospital was established at the cost of about 2.3 million yen in Ujina-cho, aimed at serving workers who worked at the Rikugun Sagyoutyou (“Army Work Agency”) and their families, with medical service starting from February, 1943<sup>10)</sup>. According to *Hiroshima Genbaku Sensaishi* (“The Magazine on Hiroshima A-bomb Damage”), the hospital opened on November 3<sup>rd</sup>, 1951<sup>11)</sup>.

The scale of Hiroshima Rikugun Kyousai Byouin was 7,190 tsubo, with a wooden two-story building as the main building, a North building, a South building, and a building for infectious patients and a quarantine building (3,210 tsubo in total). The number of staff members at the time of atomic bombing was about 250; 20 physicians including Hospital Director Tomoro Komiyama, 120 nurses, 80 students of a nurse training school and 30 others. The capacity was 250 beds in usual condition and 500 beds in an emergency.

While the atomic bomb was dropped on August 6<sup>th</sup>, 1945, because the hospital was far from the hypocenter, neither patients nor employees were killed or injured, and the building did not collapse. However, there were damages, for example: “roofs, windows and doors of the main building and lodgings were almost destroyed. Glass was completely destroyed. Ceiling was mostly fallen. Walls were half destroyed<sup>12)</sup> .”

Under such circumstances, the Hiroshima Rikugun Kyousai Hospital conducted rescue activities for survivors inundating the hospital. However, because the future prospects of military hospitals were uncertain due to the defeat, the reconstruction of damaged facilities remained abandoned, forcing the hospitals to close.

On August 20<sup>th</sup>, the Army Ministry decided that, “By the director of each facility, responsibility for military mutual aid (kyousai) hospitals shall be handed over to the Japanese Medical Association. The association will take over the treatment of hospitalized patients<sup>13)</sup>.” On October 1<sup>st</sup>, all land, buildings, equipment, and medical materials (devices and medicine) of Hiroshima Army Kyosai Hospital and its Inokuchi Branch were donated to the Hiroshima Prefecture Branch of the Japan Medical Treatment Corporation<sup>14)</sup>. The Hiroshima Army Kyosai Hospital was reborn as the Japan Medical Treatment Corporation Ujina, and the Inokuchi branch became an independent hospital as Inokuchi Hospital. The Japan Medical Treatment Corporation Ujina repaired the roofs, windows and doors of the main building, the south building and dormitories with a budget of 123,410 yen in December 1945. On January 21<sup>st</sup>, 1946, the facility opened, making a fresh start. (94 workers, including 8 physicians with 62 beds as of May 27<sup>th</sup>). Furthermore, aiming at “committing to serving as the sole institution of the Japan Medical Treatment Corporation in devastated Hiroshima City<sup>15)</sup> .” the institute repaired the north building, operation rooms, and rooms for infectious disease at the cost of 388,000 yen. In this way, while it was incomplete, the institute was reconstructed.

While the Japan Medical Treatment Corporation Ujina was reconstructed, it had a fundamental problem: “It had not yet clarified which hospital lands, buildings and other hospital items were paid for or free. In addition, the prospect of donation is uncertain<sup>16)</sup> .” These fears proved well-founded on September 28<sup>th</sup>, 1959 when the Demobilization Agency, which took over the Army Ministry of Japan, urged the Japan Medical Treatment Corporation that “From this month to March next year, people withdrawn from Manchuria will return. In order to prepare salaries for those returnees, we request you to pay 15 million yen as a price for the National Kyosai Hospital (6 hospitals)<sup>17)</sup> .” As the Japan Medical Treatment Corporation understood that there was no option but to accept the paid transfer as requested, it agreed to negotiate. On January 31<sup>st</sup>, 1947, the corporation and Japan Medical Treatment Corporation signed a purchase and sale contract for 350 million yen (Ujina Hospital 242 million yen, Inokuchi Hospital 450,000 yen, and medical devices 630,000 yen)<sup>18)</sup>. With regard to the hospital repairing cost of 526,228 yen, it was paid by the Army Kyosai Association Liquidator to the Japan Medical Treatment Corporation.

On June 1<sup>st</sup>, 1953, the Ujina branch of the Japan Medical Treatment Corporation was merged with the Kusatsu branch. Using the facilities of the Ujina branch, the Hiroshima Central Hospital of the Japan Medical Treatment Corporation was established. (Isao Kurokawa, the director of the Kusatsu Hospital,

was appointed as the director). The Kusatsu hospital was established by staff members who survived the destruction of the Hiroshima Prefectural Hospital (Hospital Medical School Hospital). On August 9<sup>th</sup>, they set up a relief office in Furuta National School and then transferred it to Kusatsu National School. And then, it became the Kusatsu branch of Japan Medical Treatment Corporation the on August 16<sup>th</sup>.

On October 31<sup>st</sup>, 1954, the act on resolution of the Medical Association and Japan Medical Treatment Corporation was issued and enacted on November 1<sup>st</sup>, leading to the resolution of Japan Medical Treatment Corporation being dissolved and all facilities managed by the corporation taken over by prefectures or large cities. Hiroshima Prefecture decided to take over the medical institutions formerly managed by the Japan Medical Treatment Corporation and continued negotiations with the Ministry of Health and Welfare and the Corporation. Finally, on March 23<sup>rd</sup>, 1948, Hiroshima Prefecture concluded the contract about transferring seven hospitals and two clinics to the prefecture. On April 1<sup>st</sup>, the following hospitals and clinics were opened: Hiroshima Prefectural Hospital, Inokuchi Prefectural Hospital, Hiroshima Prefectural Kosei Hospital, Prefectural Futagawa Hospital, Akitsu Prefectural Hospital, Setoda Prefectural Hospital, Chukai Prefectural Hospital, Toyota Prefectural Clinic, and Obata Prefectural Hospital.

After this, we will take National Hiroshima Hospital as a second example of the handover of the Army's medical facilities. This national hospital opened on December 1<sup>st</sup>, 1945, following the closing of the Hiroshima Second Army Hospital's branch hospitals, which had been established to move some of the hospital's functions out the city. Ten physicians and 50 to 60 nurses and 200 inpatients were transferred to the hospital, which was located on the premises of a company, Daiwabo, in Ujjinamachi, Hiroshima City. Along with this, the nurse training school was established (closed March 31, 1948<sup>19)</sup>).

National Hiroshima Hospital started its activities as a medical treatment facility which mainly handled wounded military officers and war victims. However, on December 5, orders were given from GHQ to vacate the hospital so that it could be used as a repatriation camp for the Korean people in Japan. Since there was no choice, they moved operations to the empty barracks of the former army shipping training unit in Tanna-cho.

In early February, 1946, the National Hiroshima Hospital was reopened to accept the sick and wounded as activities for the repatriation of the Korean people would be completed by the end of March, and demobilization of military personnel and the repatriation of Japanese civilians would begin. From the beginning of March, the interior of the former Army Marine Headquarters building was renovated to be used as the headquarters of the hospital, three new temporary wards were built by the Ujjina Repatriate Relief Bureau of the national government, and the Tanna-cho barracks were renovated, allowing them to accommodate 1,500 patients in total.

In this way, the National Hiroshima Hospital handled accommodating repatriates and treating them along with injured military officers, war victims, and citizens. The number of repatriates accommodated from December 1946 to December 1947 totaled 2,096 including army personnel (1,416), navy personnel (496), and civilian repatriates (184). In 1948, the hospital accommodated 4,571 people in total, including army personnel (4,011), navy personnel (533), and civilian repatriates (27)<sup>20)</sup>. Unfortunately, the numbers of accommodated people and recovered people except repatriates is unknown, however, guessing by the number, it is presumed that the hospital operation focused on the repatriates.

The average number of the patients per a day after the repatriation was over was recorded as follows: in 1951: inpatients (154), outpatients (174); in 1952: inpatients (216), outpatients (182)<sup>21)</sup>. On April 1<sup>st</sup>, 1953, the National Hiroshima Hospital was changed into the National Sanatorium Hiroshima Hospital which was designed for tubercular patients. In addition, as explained later, this sanatorium hospital was closed on September 30<sup>th</sup>, 1956, followed by the transfer of its staff and inpatients to the newly established National Kure Hospital on October 1<sup>st</sup>.

#### **4. Trends in the Medical Department of Hiroshima University and the Training of Physicians and Nurses**

As explained, after the Hiroshima Medical School closed on March 31<sup>st</sup>, 1888, medical

professionals and citizens continued to urge the establishment of medical training institutions. The requests grew more appealing as a potential solution to the shortage of physicians along with the Shino-Japanese War and the Pacific War. On January 12<sup>th</sup>, 1945, Hiroshima prefecture submitted a request for “the establishment of the Hiroshima Prefectural Medical School” and received permission on February 13<sup>th</sup> with the aim of opening the school in April<sup>22)</sup> .

In July 1945, mobilization of junior high school graduates was lifted only for those entering medical schools. Hiroshima Prefectural Medical School planned to hold its establishment ceremony on August 8<sup>th</sup>. However, Principal Michimoto Hayashi, who was concerned that the airstrikes were getting worse by the day, moved the date forward to August 5<sup>th</sup>, and on the same day, the school evacuated to Korinbo Temple in Takadagun Odamachi (present-day Aki Takada City, Koda-machi) to begin classes. In this way, most school staff and students escaped the calamity of the atomic bomb. However, the school building (the former site of the Hiroshima Prefecture Normal School in Minami-machi) and the affiliated hospital (located in Kako-machi, the former Hiroshima Prefectural Hospital) were destroyed by the bomb. Because of this, the Hiroshima Prefectural Medical School was transferred to the site of the former location of the Yasuura Naval Training Corps in Yasuura-cho, Kakogun (present-day Kure City) and resumed classes.

After the war, Japan underwent a baptism in various fields by GHQ, or General Headquarters, as the Allied occupying forces were known. Medical education was no exception, and it was decided that medical vocational schools and the like were to be abolished, leaving only universities. It was also decided that existing medical vocational schools were to be classified as either “A-grade,” which could be promoted to medical schools, or “B-grade,” which were to be closed. Hiroshima Prefectural Medical School, aiming for promotion, submitted “Request for Approval of Establishing Hiroshima Prefectural Medical School” on January 15<sup>th</sup>, 1947, seeking to establish a school in Yasuura-machi and an affiliate hospital in Kure City. However, the request was denied because it was against the operating principle that medical schools were to be integrated into urban areas. The school received a tentative B-grade.

Facing a crisis once again, Hiroshima Prefectural Medical School hoped to set up a facility in Kure City excluding the preparatory courses. Kure City accepted the offer, aiming at becoming a peaceful cultural city in the future after losing the Navy with the end of the war. Kure City donated the former Dormitory of Kure Naval Arsenal in Nikawa Park to be used as a school building, as well as Kure City Citizens’ Hospital, located to the west of Kure Station, as a main building for the affiliated hospital, and Kure City Hospital in Agamachihara as a branch of the hospital. Hiroshima Prefectural Medical School moved to the Dormitory of Kure Naval Arsenal on February, 15<sup>th</sup>, 1954. On April 1<sup>st</sup>, the temporary affiliated clinic was transferred to the former Kure City Hospital (Aga Branch). They hurried to renovate the old Kure City Citizens’ Hospital, which was designated for use as the headquarters. However, it was struck by a fire on April 5<sup>th</sup> just before completion. Under these circumstances, the establishment of Hiroshima Prefectural Medical University was approved on June 18<sup>th</sup>, while strict conditions were placed imposing a re-examination to be conducted regarding the establishment of an undergraduate program.

Construction work of the Aga Branch progressed as it prepared for re-examination. Rooms for basic medicine classes and rooms for patients with infectious diseases, as well as an administrative office, were completed. On November 22, 1947, the Hiroshima Prefectural Medical School was relocated from the former dormitory in Ninokawa-machi, which was inappropriate for an educational institute, to Aga-machi. However, on December 19<sup>th</sup>, 1947, rooms for the basic medicine course and some of the rooms for infected patients burned because of an electrical short. Again, the school faced a crisis threatening its existence. As before, but this time with the cooperation of Kure City and others, the Aga branch of the former Kure Naval Kyosai Hospital, which was occupied by the British Commonwealth Occupation Forces, and Hiroshima Kyosai Hospital, were transferred. Using the former building as the school and the latter as the affiliated hospital (headquarters), the establishment of Hiroshima Prefectural Medical University was officially approved.

Regarding nursing education, Hiroshima Nursing Training School, Hiroshima Prefectural Medical School (2-year) was established, taking on 10 students from Kure City Citizen Hospital Nursing Training School on April 1947. Then, on the same day that the Hiroshima Prefectural Medical University was established, the school was renamed Nurses and Midwives Training School. Along

with the publication of the Act on Public Health Nurses, Midwives and Nurses, the school was changed into Women's School of Public Health, Hiroshima Prefectural Medical University (3-year). After becoming a university under the new system, it was again renamed Nursing School, Hiroshima University School of Medicine.

Along with the transfer to Hiroshima University School of Medicine, a new problem occurred, namely, the relocation the faculty of medicine from Kure City to Hiroshima City. While the Ministry of Education and the Faculty of Medicine preferred relocation to Hiroshima City, Kure City felt strongly that the city had supported the development of the school since it relocated to Kure City. The city had accepted the school as a center of development, with the aim of replacement the Navy, and had overcome many crises over the course of the development process from Hiroshima Prefectural Medical School to Hiroshima University School of Medicine.

In the end, this problem was settled by relocating the National Sanatorium Hiroshima Hospital to Kure City and leaving an affiliated hospital in Hiro-machi as a branch. On September 30<sup>th</sup>, 1956, the National Sanatorium Hiroshima Hospital was closed and transferred its workers and patients to a facility of the former Kure Naval Hospital, which was returned from British Commonwealth Forces in Korea, establishing National Kure Hospital. On September 30<sup>th</sup>, 1957, Hiroshima University School of Medicine and affiliated hospital were removed to Kasumi-cho, Hiroshima City, moving the prefectural medical center from Kure City to Hiroshima City. In addition, triggered by this relocation, Hiroshima University Faculty of Medicine worked on medical treatment for A-bomb survivors harder than ever. In the following section, this report covers nursing education from the wartime period to the postwar period, as well as the relief efforts for A-bomb victims by nurses. Demand for nurses suddenly increased as the war advanced, leading to a revision of the Female Nurse Regulation on October 3<sup>rd</sup>, 1941, which lowered nurses' minimum age from 18 to 17, and again lowered it to 16 on May 14<sup>th</sup>, 1944. Also, on October 2<sup>nd</sup>, the qualifications for the nurse examination were revised. They had previously been given to those who studied nursing academically for more than one year. The revision shortened the training year, hence, for those who had graduated from girls' junior high school, only three months of nursing training were needed to qualify, and only six month for those who did not graduate from junior high school. At the same time, training periods at nursing school, which used to be more than two years, were also shortened to just over six months for girls' junior high school graduates and shortened to one year for others<sup>23)</sup>. Against this background, a substantial number of nurses were trained during the wartime regime, especially after 1944.

With regards to nursing education, take the Hiroshima Prefectural Hospital Nurse Training School in Kako-machi as example. (The school was later renamed the Hiroshima Prefectural Medical School Nursing Training School). The enrollment limit of this school was 20 students. The first and second grade students were called training students. After completing those two years, they were granted a nurse diploma. However, even after becoming a nurse, they were obliged to work as third and fourth grade students. In addition, like physicians, those nurses were severely restricted in their ability to evacuate due to the Air Defense Work Order. At this school, nurse training by the Japan Medical Treatment Corporation and a crash training course intended for nurse volunteers that trained nurses in six months were both implemented.

Most of the nurses and trainees who were in the hospital and those volunteers who took part in relief activities on August 6<sup>th</sup> were killed or missing. On the other hand, eight of the third and fourth graders who attended the health training held at the Chichiyasu Farm in Ohno-machi were unharmed and played an important role in rescue efforts at the Yoshida Rescue station. In all, a total of 46 nurses and trainees died or went missing out of a total of 76. In addition, all 40 volunteer nurse applicants who were undergoing an ophthalmology examination, and Ken Takahashi, a lecturer, were killed.

Nurses who participated in the Kenmin Shuren (Health Citizen Training: training designed for those who suffered from tuberculosis or those who required health improvement) returned to Hiroshima City on a truck belonging to the Akatsuki Corps (the popular name of the Army Marine Headquarters) and were engaged in rescue activities at Yoshida Rescue Station and other facilities. The stations were inundated with A-bomb survivors and "we ran out of medicine that was thought to be enough" and "holding a bottle of Mercurochrome, we applied it to wounds. At the end, we scooped out the rest, scraping out the bottle with a brush, and used it<sup>24)</sup>."

Finally, this report introduces the diaries of nurses and students of the Hiroshima Red Cross Hospital Nurse

Training School who provided aid on August 6<sup>th25</sup> .

...The injured came one after another, forming lines and walls. There, Chief Nurse Tanimoto in drenched *mompe* work pants came running up with disheveled hair: "Please help me. Students are buried."

I started preparing myself with Nurse Watanabe. She wrapped a wound on her forehead with a *Furoshiki* wrapping cloth, making it a headband, and washed her face in a restroom. (Back then, water was still available from the tap.) I also tried to wash away blood but stopped when the pain became too much. (Later, a patient told me: "Your face, covered in black with only white eyes and teeth, looked quite frightful.") Wearing *mompe* work pants and covering feet with leather shoes, everyone who could move ran to the dormitories...

Troops were pulling out students one after another from under the rubble, using a large pillar as a ladder. They were so reliable even though they were injured.

After telling some freshmen who just entered this spring to look after our rescued colleagues, I rushed to another place. After a while, I returned to the place and found the dazed freshmen holding their colleagues, not knowing the wounded had passed away. We laid down the body gently and prayed for the victims. (Later, I heard that most of the students were rescued before they died. It must have required enormous efforts under the circumstances.) In the midst of all that, a group of citizens approached, seeing the Red Cross flags. All places, including the shelters and others, were filled up. They asked for aid and water.

I was asked by Chief Nurse Koga to get olive oil from the third floor. In front of the elevator it was so crowded that I could not pass through. Finally, I received the valuable oil. I poured a plenty of oil on the spilt cotton and put my hands on the cotton and then applied the oil on faces, backs, hands and feet at random, even when sand or glass fragments became mixed in the oil. We were unconcerned about cleanliness. The additional peanut oil provided by a pharmacy was not enough to cover all the patients. Needless to say, there were no gauze or bandages at all...

There were 408 nurse students at the time of atomic bombing, of which 404 were rescued. In 1959, Chief Nurse Oshie Taniguchi (later Kinuya) was awarded the 17<sup>th</sup> Florence Nightingale Medal.

## Conclusion

As a result of the atomic bombing on August 6<sup>th</sup> 1945, Hiroshima City was completely destroyed, losing many medical facilities and medical professionals. The rescue of survivors was extremely difficult. However, Hiroshima's medical reconstruction was quicker than expected. It was revealed that several factors contributed to this early reconstruction: Medical facilities had been constructed during wartime, and promotion measures on training physicians and nurses were implemented. Also, unprecedented improvement of medical treatment had been realized in the military city of Hiroshima. All those medical facilities were restored after the war, like a phoenix rising from the ashes. Young physicians who had been conscripted came back and passionately engaged in medical care for A-bomb survivors. However, this report tells only part of the story, and there remains much to be investigated by future research.

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