



The History of Fukushima Medical University [First English edition, derived from prior Japanese editions]



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Main entrance of Fukushima Medical University-Affiliated Hospital (former Fukushima Public Hospital), depicted by Dr. OSATO Shungo, the first president of FMU

Foreword

The History of Fukushima Medical University was first published in 2006 as we embarked on a new voyage as a public university corporation. Then President KOCHI Hideo wrote of the book's significance, expressing his hope that it would "serve as a small compass on the journey to our university's future."

In the fourteen years since then, we were struck by the Great East Japan Earthquake, its deadly tsunami, and the nuclear crisis at TEPCO's Fukushima Daiichi Nuclear Power Station. This unprecedented compound disaster compelled us to reconsider the role and place of our university, steering, as we must, through uncharted waters in our voyage to recovery and beyond. Extreme difficulties and a plethora of related issues led us to seek new compass guidance since setting sail as an independent corporation. Returning to the words of then President KOCHI, mindfully reflecting on the history of our university and Fukushima Prefecture will provide such guidance.

There has never been a situation exactly like the one we are in, but that does not mean we cannot learn from a past that offers no precedent. Throughout history, our ancestors faced a myriad of challenging experiences and decisions. In the history of Fukushima and our university, too, there are many examples from which we can learn about recovery from a great loss, such as the recovery from devastation after the Boshin War, disaster medical support after the Mount Bandai eruption, and the Great Kanto Earthquake reconstruction plan promoted by GOTO Shimpei, a graduate of our predecessor institution, the Sukagawa Medical School.

Our determination to continue learning from and reflecting on such incidents will guide us like a compass as we establish new and better precedents on the route we must travel. Unfamiliar events can paralyze us with fear, but we must keep moving. I hope this book can serve as an aid to all those associated with our university who aspire to contemplate, navigate, and make valuable progress, step by step.

One more step
I will always believe
One more step
Now more than ever
One more step
(MUSHANOKOJI Saneatsu)

TAKENOSHITA Seiichi, MD, PhD, President
Fukushima Medical University
January 31, 2019

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Shirakawa Temporary Hospital and the Medical Lecture Center

The bloody battle waged in the assault on and defense of Shirakawa Castle during the Boshin War (1868-1869) resulted in heavy casualties on both sides. This intense battle was contested by what was known as the Western Army pitted against the Ouetsu Reppan Alliance, recruited largely from the domains of Mutsu, Dewa, and Echigo. Casualties from the Western Army were taken to an official lodging station at the residence of one HAGA Genzaemon, located in the castle town of Shirakawa. There, the wounded were attended to by military physicians of the Western Army, who had been trained in the techniques of Western medicine.

Civil war yielded to a new constitutional government under Emperor Meiji. By 1869, the second year of Meiji rule, Japan was reorganized into prefectures. That year, within the borders of what is now Fukushima Prefecture, there came into being Wakamatsu Prefecture (May 4), Fukushima Prefecture (July 20), and Shirakawa Prefecture (August 7).

Once the Meiji era was underway, Shirakawa Prefecture saw the systemic introduction of Western medicine. The first prefectural governor of the newly formed Shirakawa Prefecture was KIYOOKA Tomoharu, who, distressed by the region's lack of physicians, set about projects that included plans for establishing a new hospital run on Western principles, petitioning the government to dispatch qualified doctors, as well as broaching proposals to train new medical personnel within the prefecture.

These initiatives resulted in the dispatch of YOKOKAWA Masaomi, a middle-ranking professor from Daigaku Toko, the forerunner of today's Faculty of Medicine at the University of Tokyo. On August 10, 1871, the Shirakawa Temporary Hospital was opened at the residence of HAGA Genzaemon in Shirakawa's Motomachi, the former lodging station that figured earlier in our account.

In addition to hospital director Dr. YOKOKAWA, hospital staff included three personnel assigned to the doctors' office, two to the dispensary, two to the accounting section, seven to duty-attendant shifts, and some nursing staff. It is reported that during



The unobtrusive stone monument on Motomachi Street in Shirakawa City, marking where the Shirakawa Medical Lecture Center once stood.

the first ten days they attended to the needs of more than 300 patients.

That September, the Shirakawa Medical Lecture Center opened within the new hospital to train doctors in Western medical techniques. It was the first educational establishment in our prefecture specifically established to teach Western medicine, and indeed one of earliest such institutions to appear nationwide since the start of the Meiji period.

Twelve students enrolled initially, including some who already practiced traditional Chinese medicine. Regulations governing the Shirakawa Medical Lecture Center were modeled on those of Daigaku Toko, forerunner of the University of Tokyo's Faculty of Medicine. These regulations, for example, stipulated that there would be no reading of fiction in the dormitory, and leaving the college precincts for purposes other than bathing was prohibited. Even when students did manage to go into town, consumption of alcohol and other such indulgences were strictly forbidden. Indeed, these rules demonstrate just how strictly regulated the lives of medical students were back then.

To be sure, both the Temporary Hospital and its Medical Lecture Center were among the first of their kind anywhere in Japan at the dawn of the Meiji period, but it should come as no surprise that there were considerable challenges to operate and administer these facilities, pioneering as they were. Mainly, the government of the day was not prepared to financially support the operating costs of the hospital.

Dr. YOKOKAWA, the hospital director, appealed to the prefectural government for funding, after which fishery tax revenue from the town of Onahama was directed to the hospital as a subsidy. Even so, things did not look good for the future of the hospital, serving as it did Shirakawa, a former castle town with a meager population of just over 7,000.

Meanwhile, community representatives in Sukagawa started an energetic campaign just two months after the opening of the Temporary Hospital, aiming to attract the hospital to their own locality. Dr. YOKOKAWA, the hospital director, appears to have been equally enthused by the prospect of relocating to Sukagawa, which was, after all, a thriving commercial center.

The campaign to get a hospital in Sukagawa coincided with nationwide consolidation of prefectures, which resulted in the elimination of Shirakawa Prefecture and the November 2, 1871 establishment of Nihonmatsu Prefecture, which was renamed Fukushima Prefecture on November 14.

In February of the following year, Director YOKOKAWA is reported to have carried out an inspection tour of various municipalities in the new prefecture, including Sukagawa, Koriyama, Nihonmatsu, and Fukushima, after which he presented his findings about hospital relocation prospects to the authorities.

This is how it came about that the Shirakawa Temporary Hospital and its Medical Lecture Center were relocated to Sukagawa.

From the Sukagawa Medical Lecture Center to the Sukagawa Medical School

This section provides an account of the Sukagawa Medical School that came to be after the hospital relocated to Sukagawa.

Sukagawa Hospital

The Shirakawa Temporary Hospital was relocated on February 29, 1872, to the former official lodging station and residence of FUJII Eitaro in Motomachi. Upon relocation, it was renamed the Fukushima Prefectural Hospital, and the hospital opened its doors to patients two days later.

However, the Fukushima Prefectural Hospital's charter was rescinded by edict of Prefectural Magistrate MIYAHARA that same year, temporarily forcing the hospital into private administration. It was not long, however, before what had become Sukagawa Private Hospital then became Sukagawa Prefectural Hospital in October 1872, when SHIONOYA Taizo succeeded Dr. YOKOKAWA as hospital director.

A project to rebuild the hospital was finally completed in April 1873, followed by an opening ceremony of great pomp and splendor on April 21. Once rebuilt, the hospital was renamed the Fukushima Prefectural Sukagawa Public Hospital.

The hospital in Sukagawa made steady progress. In July 1874, in an effort to expand the prefecture's capacity to provide health care, the prefectural government established in Fukushima Town (present-day Fukushima City) a subsidiary hospital staffed by rotations from the main hospital. Known as the Fukushima Branch Hospital, it was housed in the former official lodging station and residence of ANZAI Ichiroemon, at 10-chome, Fukushima Town (present-day Sugitsumacho, Fukushima City).



Panoramic view of Sukagawa Hospital (from The History of Fukushima Medical University, hereafter, FMU History; photograph courtesy of the Fukushima Minpo Co., Ltd.)

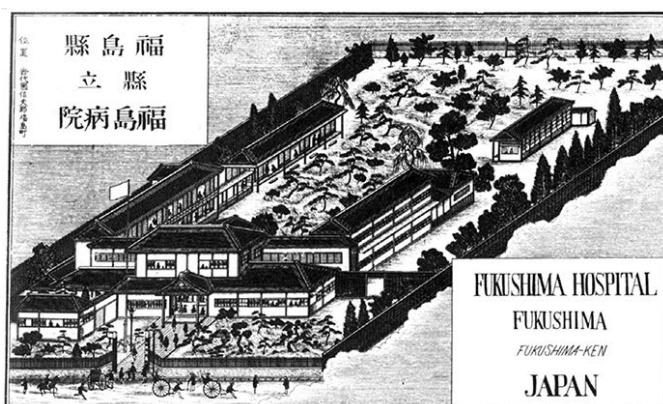
The Fukushima Branch Hospital was administered by the Sukagawa Hospital, medical staff and pharmacists being initially sent to Fukushima from Sukagawa on bi-monthly rotations, which were extended to four months as of March 1875. The hospital provided health care for the three counties of Shinobu, Date, and Adachi, an area that would later be served by the Tri-County Cooperative Hospital.

In April of 1877, the Fukushima Branch Hospital was renamed the Fukushima

Prefecture First Branch Hospital, undergoing a further re-designation in May, when it became Sukagawa Subsidiary Fukushima Hospital. However, in 1879, the system of designating prefectural hospitals into main and subsidiary entities, with Sukagawa Hospital being the main entity, was abolished. Instead, each hospital received its own full-time director, as well as

its own independent designation, i.e., Fukushima Prefectural Hospital-Fukushima, Fukushima Prefectural Hospital-Sukagawa, Fukushima Prefectural Hospital-Wakamatsu, and Fukushima Prefectural Hospital-Taira.

This period coincided with heated discussions in the prefectural assembly concerning ways to cut the running costs of prefectural hospitals. In consequence, three hospitals were removed from the FY 1882 prefectural budget. The hospitals in question were Sukagawa, Wakamatsu, and Taira, leaving only the Fukushima Hospital with budgetary provisions earmarked for that year, in essence making it the only remaining prefectural hospital.



Fukushima Prefectural Hospital-Fukushima (from FMU History, picture courtesy of TANJI Yasuhira)

The Sukagawa Medical School

Once the hospital had been relocated from Shirakawa to Sukagawa, little time was lost in setting up Sukagawa Medical Center, to which one Professor SHIBUYA Masanobu was invited as full-time professor. It opened its gates to seven new students, who began in February of 1873. Modern advances in medical education can be inferred from the fact that Professor SHIBUYA directed anatomy classes in which his students dissected a cadaver.

Among the students admitted in February of the following year was GOTO Shimpei, who was destined to serve in a succession of prominent posts as a motive force in the nation's health administration, notably as Chief of the Bureau of Health in the Ministry of Home Affairs, President of the South Manchurian Railway Company, and Mayor of Tokyo. Indeed, at this medical center, he already showed signs of future eminence by being picked for the positions of chief prefect of students and head of internal and external affairs of the student dormitory, roles in which he distinguished himself.

In January of 1875, the Sukagawa Medical Center underwent a change of name, becoming the Sukagawa Medical Lecture Center. The rules governing the newly designated lecture center were revised to provide for what was known as an intensive course. Two courses were now available to students: a three-year course and a six-month course. In December of 1875, 29 independent medical practitioners from around

the prefecture were admitted in an effort to train Fukushima Prefecture's practitioners in new medical techniques.

It was on October 20 of 1879 that the Sukagawa Medical Lecture Center once again underwent a change of name, becoming the Sukagawa Medical School, whereupon the school's regulations were revised to set the obligatory term of study at three years.

In July of 1880, the prefectural assembly met to deliberate the costs of running the medical school, and voted to relocate the school to Fukushima Town, the prefectural seat of government. Reasons for the move can be found in the proceedings of the prefectural assembly: "In order to ensure the success of the medical school, the prefecture needs to select instructors of high quality to be at the helm of medical education. Nonetheless, the conventional methods of training medical practitioners still leave something to be desired. Wherefore, relocation is to proceed with the aim of remedying outmoded practices and ensuring advances in medical techniques by placing the school directly under government control."

It was on August 25 of 1881 that the Sukagawa Medical School discontinued its activities as a consequence of the decision to relocate to the town of Fukushima.

The opening of Fukushima Medical School

The decision to relocate the Sukagawa Medical School to the town of Fukushima resulted in the acquisition of a 1.5-acre (6,063-square-meter) site adjacent to the southern side of Fukushima Hospital. Construction of an elegant two-story school building was completed in August of 1881.

The inauguration ceremony of the Fukushima Medical School took place on January 22, 1882. In those days, the medical school curriculum was prescribed by the government's Regulations Governing Medical Schools of 1881, according to which medical students were entitled to graduate only after completing a full three years of study comprising six levels. In May of the same year, the Ministry of Education promulgated General Provisions Governing Medical Schools,



Second dissection of a cadaver conducted at Sukagawa Medical Center (from FMU History)



View of Fukushima Medical School in the far distance beyond Momijiyama (from Illustrated History of Fukushima City)

although, even before this, Fukushima Medical School had been providing its students with an educational environment far surpassing the new standards.

The following years saw Fukushima Medical School made steady progress. In May of 1884, it was upgraded to a Class A Medical School. The school had a teaching staff of 10 instructors, of whom three were Doctors of Medicine: the principal, who doubled as an instructor, one first-rank professor, and one second-rank professor. By this time, the number of medical students had reached 60. One of the advantages of being ranked as a Class A Medical School was that graduates were awarded their medical practitioner's license without being required to take the Examination to Qualify as an Independent Practitioner in Western Medicine.

At that time (1884), there existed in Japan 30 public schools of medicine and only two privately administered ones. The figures for the following year reveal 29 public schools of medicine in existence, 24 of which were of Class A; the remaining five were Class B. The number of privately administered schools remained unchanged at two.

The prefectural assembly of November 1886 focused its deliberations on the budget for FY 1887. A clamor had been rising from various quarters demanding the closure of the hospital and the medical school, the latter being especially targeted. Behind these demands lay the fact that other facilities in the prefecture were seen as having greater claim to the considerable running costs involved than did the medical school.

And so it was that Fukushima Medical School closed its doors on March 31, 1887, with students to be transferred into the Department of Medicine of Sendai's Second High School in August 1897. Not only this, but October 1 of the same year saw the issue of an imperial edict that forbade the running costs of prefectural schools of medicine being defrayed by local taxes. This resulted in widespread closure of prefectural medical schools nationwide, which, not unnaturally, brings us to a blank period in the history of medical education in Fukushima Prefecture.

From the Fukushima Prefectural Hospital to the Fukushima Tri-County Cooperative Hospital

Despite the closure of Fukushima Medical School, the Fukushima Prefectural Hospital remained in operation. Nonetheless, its closure had been the subject of increasingly frequent debate in the prefectural assembly since 1883. In 1889, the prefectural assembly voted to cut funding to the hospital while initiating health care funding to cover the cost of mobile physicians (visiting doctors) as a means of ensuring a more equitable medical coverage



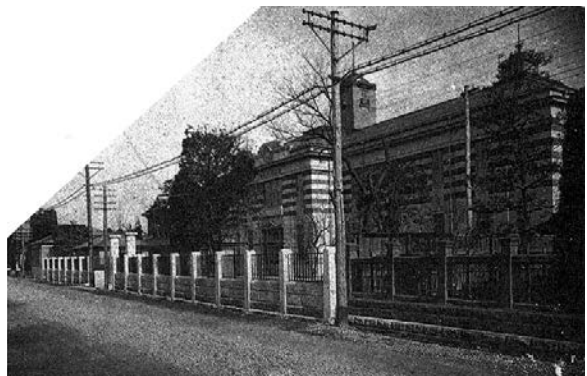
The main entrance to the Tri-County Cooperative Hospital (from FMU History, photograph courtesy of Fukushima Minpo Co., Ltd.)

throughout the prefecture. These moves were intended as antecedents to the closure of the Fukushima Prefectural Hospital, which in fact happened on March 31, 1890.

Earlier, however, back in October of 1889, Governor YAMADA Nobumichi had anticipated this eventuality, which prompted him to summon administrative heads from each of the three counties in the prefecture, namely, Shinobu, Date, and Adachi, urging them to consider the founding of a hospital jointly operated by them. Leaders from the three counties, in turn, persuaded towns and villages under their jurisdiction of the benefits of such a joint undertaking, whereupon a committee was elected to deliberate provisions to govern an association for the administration of the Tri-County Cooperative Hospital.

In March of 1890, association board members were elected, who then proceeded to establish the very first budget for the undertaking. This led in April of the same year to the Fukushima Prefectural Hospital being officially removed from the jurisdiction of the prefectural government and being brought instead under the association of 84 municipalities that comprised the three counties, whereupon it became the Fukushima Tri-County Cooperative Hospital in the true sense of the word.

The Tri-County Cooperative Hospital actively sought to expand the sphere of its health care activities, with both its director and vice director taking part in the rotations of visiting doctors. The number of patients steadily increased, to the point where the wards were felt to be too small, for which reason the facility needed to be expanded and reconstructed to meet patient needs. However, this was easier said than done, because the hospital buildings and the land on which they stood were on loan from the prefectural government. At this point, therefore, there arose a tenacious movement to persuade the prefecture to transfer ownership of the site and the buildings. The successful outcome was that the land, buildings, library contents, fittings, equipment and machinery were sold in their entirety for just over 700 yen to the Tri-County Cooperative Hospital Association. Spurred by this turn of events, the administration then turned to expanding the hospital facilities with more wards and consultation rooms. Improvements to the hospital were carried out year by year, and a major reconstruction project was already in the pipeline. The scope of medical care available was also being extended by adding a department of ophthalmology to the existing departments of internal medicine and surgery, with a medical director appointed to each. As years passed, the hospital's reputation grew favorably.



The main hospital building as seen from the Southwest
(from FMU History, photograph courtesy of NAGAI
Yasushi)

From the Tri-County Cooperative Hospital to the Fukushima Public Hospital

Although the Tri-County Cooperative Hospital did enjoy a period of steady expansion, despite this apparent success, it also faced a number of significant difficulties, for example, the inability to associate with towns and villages when Fukushima Town, then under Shinobu County, became Fukushima City on April 1, 1907. As a result, the city had no choice but to withdraw from the Tri-County Cooperative Hospital Association. Thus, lack of support from Fukushima City would surely lead to the rapid collapse of the Tri-County Cooperative Hospital. Fortunately, the first mayor of Fukushima City, NINOMIYA Tetsuzo, ensured that Fukushima City effectively retained its rights as a member of the association by donating exactly the same amount as Fukushima Town had originally been providing before becoming a city.

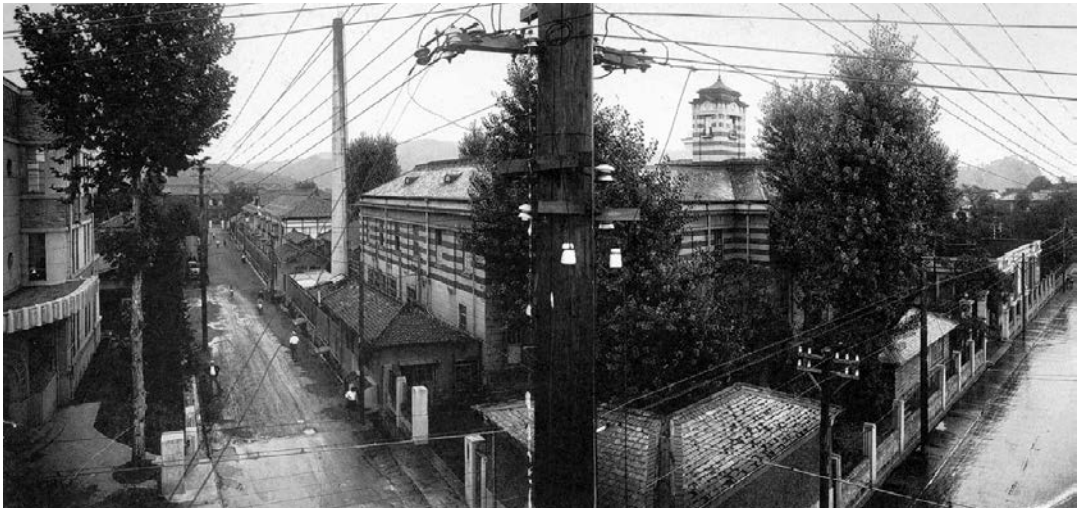
By 1911, we find the hospital adding a General Affairs Division, a Medical Affairs Division, and a Pharmaceutical Division, each headed by newly appointed division chiefs. Within Medical Affairs, the hospital created a Gynecology Department as an entity separate from the Department of Surgery. In 1912, a survey was undertaken into each area of the hospital's business with the primary aim of rebuilding the entire hospital, as well as improving the interior environment and installing steam-powered facilities.

On the basis of the findings of the Hospital Improvement Survey Committee, plans were drawn up to extend the hospital site and enlarge the hospital buildings. Accordingly, construction began in 1919, reaching completion in January of 1924. The total area of the hospital site now exceeded two acres (8,608 square meters). The project had refurbished not only the buildings, but also the prestige of the hospital. Yet, the expanded hospital facilities also brought expanded costs, all of which resulted in a sizeable debt. To make matters worse, the depression that followed World War I caused the bottom to fall out of Fukushima Prefecture's raw silk market. Economic conditions directly affected hospital finances, in that a fall in the number of patients had an enormous negative impact on the hospital's income. In December of 1924, a conference of local administrative heads of towns and villages in the association was held to deliberate policies to revive the sagging fortunes of the Tri-County Cooperative Hospital. The conference resolved to enhance the hospital and its services by, among other measures, establishing a compendium of facility standards and raising the assessments paid by each of the member municipalities.

April 1, 1925, saw the Tri-County Cooperative Hospital officially renamed the Fukushima Public Hospital. The training of nurses was initiated with the addition of the Nurses' Training Center that November.

Fukushima Prefecture granted official approval and licensing status to the Nurses' Training Center in 1927. Fire had broken out in the hospital on March 31, 1926,

destroying part of the main building. In rapid response to the damage, the association committee had voted to carry out restoration work on the hospital, which also proved to be an opportunity to upgrade the facilities. Thus, between 1935 and 1936 construction work resulted in the completion of a three-story contagion ward, a southern inpatient ward, laboratories, operating rooms, and other facilities. As a result, hospital buildings now comprised some 29 units standing on a site of more than 2.25 acres (9,078 square meters), justifying its title as the prefecture's top hospital in terms of both scale and the quality of services provided.



| Fukushima Public Hospital viewed from the northwest corner (from FMU History)

Background of the establishment of a women's medical college

As the tide of World War II turned increasingly against the Japanese armed forces, formal education in the nation's schools, especially in higher education, dramatically transformed. School children and university students were mobilized into collective labor, while terms of required study were curtailed. Schools, curricula, and students were accorded exceptional treatment to the extent that they were seen as necessary in the prevailing state of national emergency. For example, schools and courses connected with engineering were augmented, whereas admissions to courses in the liberal arts were cut.

As for medical education, the training of doctors was considered desirable while Japan was still making territorial gains in the war and was still administering its colonies. Students of engineering, pharmacology, the physical sciences, agriculture, and medicine could defer the draft after undergoing the conscription examination. However, as the tide of war turned against Japan, almost no schools offered deferred enlistment to their students. During the final two years of armed conflict, military enlistment and mobilization into essential industries and other forms of labor meant that almost no able-bodied students, especially males, were to be found in schools and universities.

The extreme nature of the times forced society to welcome women into trades and professions hitherto dominated by men. As Japan's fortunes in the theater of war deteriorated further and as casualties increasingly depleted the fighting force, more and more young men and boys were brought into the armed forces or into industry. As this inexorable process took place, the welcome extended to women took on a greater sense of urgency.

The "Wartime Emergency Measures Policy on Education," a cabinet decision released on October 12, 1943, explicitly set out a policy of developing human resources capable of substituting for or supplementing males in specialist roles.

The medical and health care sectors were no exception in suffering from a shortage of personnel. Gains in the theater of war had been accompanied by losses in the number of doctors available to local populations; the number of doctorless areas had been on the increase.

Toward the foundation of a women's medical college

Discussions in the prefectural assembly surrounding the creation of a vocational medical college are said to have started back in November of 1942. In the autumn of the

following year, prefectural governor KAMEYAMA Koichi ordered the Department of Educational Affairs to draw up a draft plan with specific details.

At that time, there were approximately 650 doctors in Fukushima, a prefecture that encompassed 388 towns and villages, 220 of which were without their own doctor. To put this in perspective, the average nationwide number of doctors per 10,000 people was at 7.2, versus less than 4 per 10,000 in Fukushima Prefecture. The move to establish a vocational medical college, therefore, was in direct response to such an urgent plight.

Despite this, plans to create a vocational school of medicine encountered a number of obstacles on the path to fruition, notably, what to do about finding an affiliated hospital, a source of funding, a site, and a director, among other problems.

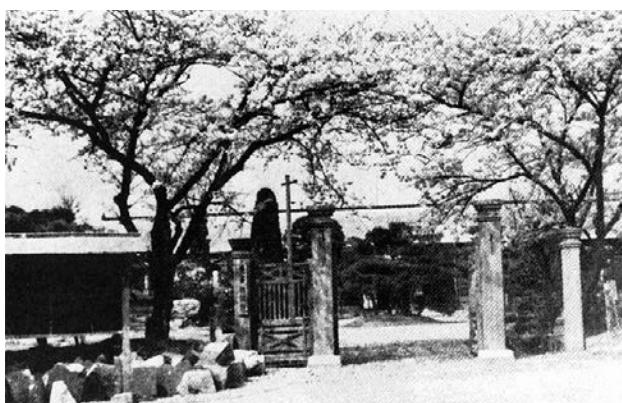
As to the question of an affiliated hospital, a meeting of the Representative Committee of the Fukushima Hospital Association held on November 25, 1943, deliberated the matter and reached a resolution that, not only was the opening of the women's college to be approved, but also, the Fukushima Public Hospital should be donated to the Women's Medical College as its affiliated hospital.

In response to these developments, Governor KAMEYAMA announced the plan to establish a women's medical college. A number of specific details were also officially made public, including the facts that the governor intended to seek approval from the Ministry of Education after the prefectural assembly sanctioned the project, and that construction costs of three million yen were to be sought from voluntary contributions of prefectural residents. In addition, the public was informed that the college was to open its doors to 100 students the following spring; they were to complete a five-year undergraduate course including one preparatory year. Such announcements were met with great alacrity from the prefectural residents in the grip of a serious shortage of doctors, in particular, by the large number of doctorless villages. A further piece of encouraging news was that YAGI Seiichi, Director of the School of Medicine at Tohoku Imperial University, had informally consented to become the first director of the college.

On January 9, 1944, the proposal to establish a women's medical college was brought before the prefectural assembly, where it was passed unanimously without revision. On the same day, official documents were dispatched from the prefectural government to the Ministry of Education for approval to establish the college. The next day, January 10, ministerial approval was granted. Now, with the planned opening of the college set for April, the garnering of donations became a matter of urgency. An association to support the college's establishment was formed and a call was put out to groups and to the general public for contributions. Responses from medical institutions, businesses, and individuals yielded approximately two million yen by March 31, 1944, truly making the foundation of a women's medical college the result of concerted effort by the entire prefecture.

The birth of Fukushima Prefectural Women's Medical College

The fiscal 1944 budget for the Fukushima Prefectural Women's Medical College was 4,355,666 yen, as approved at the prefectural assembly held earlier that year on January 9. It was now time to equip the former Shinobu School of Agriculture, which, for the moment, would house the Women's Medical College, and recruit students in the lead-up to its opening. Applications were



Front gate of the Shinobu School of Agriculture in 1940. In 1944 it became the Fukushima Prefectural Women's Medical College building. (from FMU History)

accepted from January 20. The number of students to be admitted was 120 and the term of required study was initially set at five years. However, this was shortened to four years soon after the first wave of students started at the college (ultimately returning to five years after the war).

On March 5, the first stage of entrance examinations, covering mathematics, biology, Japanese history, and Japanese language, were held in three locations: Fukushima, Sendai, and Tokyo. The decision for multiple examination locations was likely due to the dire state of transportation and accommodation during the war. Of 1,180 applicants, 1,147 prospective students took the examinations. Test results were announced outside the prefectural office on March 10, with follow-up, consisting of a physical examination and oral examination, held ten days later. Ultimately, there were 154 successful applicants. April 20 was a big day, with both the opening ceremony for the college as well as the student entrance ceremony being held.

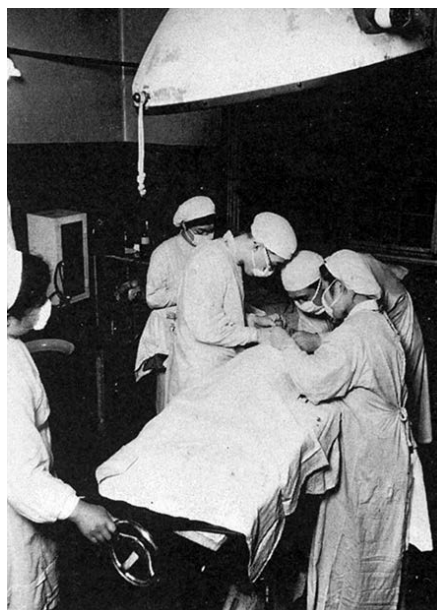
Following a reverential reading of the Imperial Rescript on Education at the opening ceremony, Director YAGI said, before the many distinguished guests in attendance, that there was an acute need to train doctors for the duties of improving the strength and maintaining the health of Japanese citizens in times of difficulty. He also went on to express his resolve that the teaching staff be united in their efforts to produce graduates of exceptional wisdom, virtue, and endurance.

The entrance ceremony saw the admission of 151 students to the college with classes commencing on April 24. The school code of 1944 included a general provision that the college was “to follow the path of the Empire, delivering advanced medical education to women and training them as personnel to serve the nation.” That “ethics” (moral training) was a prescribed subject for four years is reflective of the era.

Student life at the Women's Medical College

Student dormitories were located in Moriai, Tenjincho, Shinmachi and Toyodamachi, from which students commuted to school in traditional wooden clogs and Japanese-style pantaloons. An exhaustive curriculum meant that even most Sundays were taken up with lectures and examinations.

In addition to Japanese literature, ethics, home economics, Japanese history, science, mathematics, German, practical training and physical education, first year students were also obliged to study biochemistry, microbiology, anatomy, physiology and pathology, as well as internal medicine and surgery, which were added in the third semester. Such a congested curriculum is evidence of just how urgent the need to train doctors was as the war situation worsened.



Inside the hospital in the era of the Women's Medical College (from FMU History)

There were other distinctive aspects of student life at the time. One was the manifesto, which students recited daily.

Manifesto

- We are dedicated to the underlying principle of national polity, becoming united, devoting ourselves to training in wisdom, virtue, and endurance, and pledging to demonstrate the real ability of Imperial women.
- We proffer ourselves to the mastery of medical science, pledging to stand as worthy human resources to serve the nation with selfless devotion and harmonious cooperation.
- We pledge to become practicing doctors who improve the physical strength and maintain the health of citizens, while contributing to the execution of national policies.

This meant stepping up to the challenges of mastering medicine and becoming practitioners serving national, as well as prefectural, interests.

Another distinctive aspect of student life can be seen in the Fukushima Prefectural Women's Medical College school song. Written by IKEDA Ryuichi, poet and director of the affiliated hospital, and composed by OKAMOTO Toshiaki, the song markedly depicted the era.

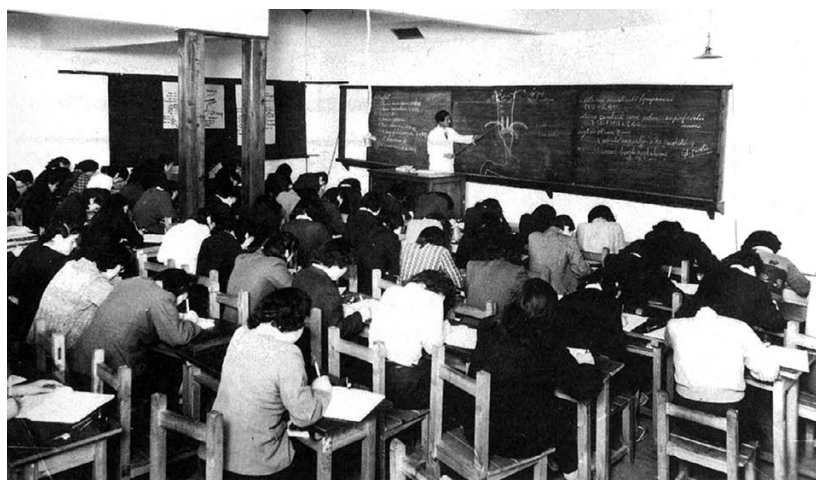
Through the darkness of war that fates our nation, the light of science shines brightly on a new path for women at our beloved school.

Azuma's gallant yet tranquil peak, steadfast among wandering clouds, summons our gaze every morning and evening as the symbol of our spirit.

In the stillness of night, even as others sleep, the tireless Abukuma River flows ever onward, like our dedication to learning.

For a noble spirit and healthy body, we suppress envy and show humility, dedicating our lives to saving lives and our health to the health of an ever-expanding Empire.

Fervent learning thus continued until Japan's surrender on August 15, 1945, less than two years after the Fukushima Prefectural Women's Medical College opened.



| Lecture at the Fukushima Prefectural Women's Medical College (from FMU History)

Postwar medical education reform

On August 15, 1945, it was announced that the Potsdam Declaration had been accepted, bringing World War II to an end. Under the direction of the General Headquarters/Supreme Commander for the Allied Powers (GHQ/SCAP), all areas of Japanese society were subject to so-called postwar reforms.

The Public Health and Welfare Section (PHW) was appointed to handle medical education. There were, at the time, 69 establishments for medical education, 18 of which were universities. However, the PHW did not consider a four-year medical curriculum adequate to train fully qualified doctors and motioned to promote 10 of the prewar colleges to universities, bringing the total number to 28. In 1946, a subcommittee was formed to create a benchmark for providers of medical education, and to advise the Ministry of Education about reforms in medical education, the establishment of vocational medical colleges, and improvements in standards. The benchmark stated that “the goal is to train doctors to be of service to society” and that “the period of study would be increased from four years to five so as to teach basic science as well as humanities and social science to cultivate well-rounded students before starting on the fundamentals of medicine.”

Coinciding with these reforms was the publication of the Report of the First United States Education Mission to Japan in which strong recommendations were made to upgrade medical schools and disestablish those that could not be improved.

There was intensifying debate about abolishing vocational schools among those working to reform higher education, with much negativity aimed at vocational medical colleges. Amid this was intense argument for the necessity of institutional reform to elevate conventional medical colleges to university status; a decision was thus made to abolish the vocational school system. Ultimately, drastic reforms from GHQ led to the consolidation of medical education institutions into a total of 45 schools, 19 of which were national, 13 public, and 13 private.

The Ministry of Education issued an ordinance for vocational medical colleges to increase their period of required study to five years from April 1947. The following year saw Medical Education Standards approved at the third general meeting of the Japan University Accreditation Association, indicating a new postwar model for medical education.

Movements in such reforms immediately after Japan’s defeat in the war gave rise to the question of whether the Fukushima Prefectural Women’s Medical College would continue or be abolished and whether there was potential for its promotion to university status.

The future of the Women's Medical College was debated in a prefectural assembly held on November 24, 1945. Other opinions were voiced over whether the college should be coeducational and whether it was even necessary since there would be a saturation of doctors upon the return of those sent to overseas territories. To these the governor explained that after all the effort that went into its establishment, abolishing the Women's Medical College was not an option and that, although he knew garnering donations for the construction of a new school building would be difficult, it would not stop endeavors to make it happen.

The drive for reform continued and the closure of medical colleges that did not meet newly-approved standards was planned; inspections by Medical Education Council committee members commenced. On March 25, 1946, inspectors arrived at the Women's Medical College to assess the school and affiliated hospital. Nearly two months later, on May 7, a notice with the result arrived from the Ministry of Education, stating, "There is no objection to a student intake of 40 for the current year." Student intake would have to be decreased, but the decision had been made for the college to continue. Entrance examinations for that year were conducted from May 20 and the entrance ceremony was held on June 9.

Movement for promotion to university status

A hurried campaign for the promotion of the college to university status began in the fall of 1946, when debate over the abolition of vocational schools was being settled by the committee for education reform.

Meanwhile, there were rumors that the government intended to convert Fukushima Prefectural Women's Medical College to a "vocational welfare college" offering three years of required study primarily for nursing rather than medical treatment, focusing on the methods and practice of nursing in different clinical specialties, health guidance methods, and educational psychology. The students held a class meeting where it was decided to campaign to have the college promoted. A faculty meeting also unanimously agreed to push for promotion. A campaign headquarters was established at the college, a committee was elected from members of the student body, faculty, and affiliated hospital staff union to appeal to prefectural assembly members prior to the start of a prefectural assembly meeting, and a negotiation team departed on a prefecture-wide tour that included government offices and medical associations. A meeting of the whole college for the promotion to university status was held on December 1. A photo of the written resolution of that meeting is shown on the next page.

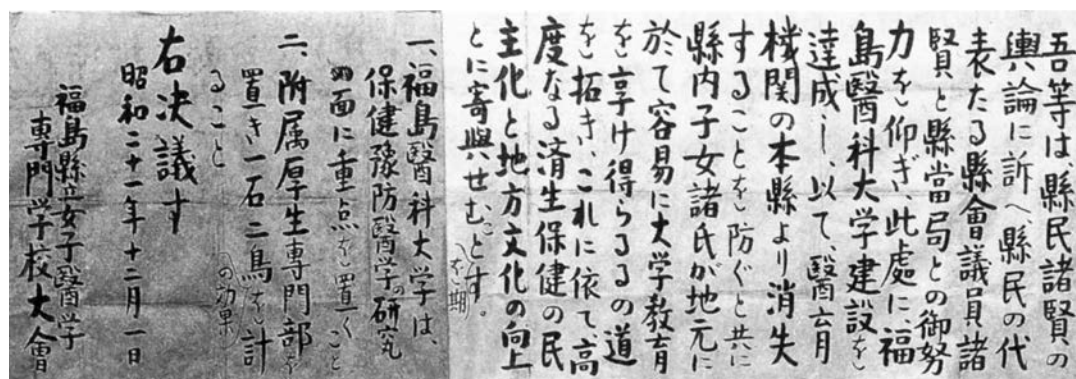
On December 10, spurred by such fervent campaigning, the prefectural assembly presented an Urgent Proposition on the Promotion of Fukushima Prefectural Women's Medical College to University that aspired to swiftly upgrade the college to a medical university, and the proposal was unanimously adopted.

June 18, our university's foundation day

On January 11, 1947, Governor ISHIHARA Masakazu submitted an application to the Minister of Education for the authorization of the inauguration of Fukushima Medical University. The governor also went to the Ministry of Education and quickly felt ministerial demands that medical education facilities be of a high standard and that considerable effort would therefore be required to attain university status. Further related to the quest for promotion to university was the binary ranking of Japanese medical colleges as Rank A and Rank B. The review for that ranking would soon be conducted and Governor ISHIHARA knew all too well that the college's intense campaign would need the help of prefectural residents. Thus, on February 14, the Alliance to Promote the Inauguration of Fukushima Medical University was founded to improve and expand the facilities of the Women's Medical College in preparation for its establishment as a prefectural medical university. Heading the alliance as president was the prefectural governor. A total of 177 people including the chair of the Fukushima Prefectural Assembly, municipal mayors, chairs of municipal assemblies, and Chamber of Commerce and Industry members were enlisted, literally creating a prefecture-wide support system for the campaign.

Meanwhile the prefectural government pushed to accelerate the conversion of part of the Fukushima Ltd. factory in Mikawakitamachi into a new school building for the Women's Medical College, and hastened to rejuvenate the dormitories and complete maintenance work, which included repairs to the affiliated hospital, before February drew to a close. On March 22, the Fukushima City Assembly resolved to donate land adjoining the affiliated hospital, contingent on the Women's Medical College being promoted to a medical university. This news was quickly relayed to the Ministry of Education, which was clearly advantageous for being granted approval to establish a university.

All such efforts culminated the inauguration of Fukushima Medical University on June 18, a date that remains cemented as our foundation day.



| December 1, 1946, all-college resolution seeking university status (picture courtesy of TAKENAKA Sumiko)

The Women's Medical College postwar

Japan entered an era of peace and, while shaken by the issue of whether the Women's Medical College would continue postwar, be abolished, or be promoted to university, the students at the college devoted themselves to their studies. The required study period had been increased to five years and the women, who had already acquired medical mastery, spent their final year studying peripheral subjects such as medicine-related laws.

However, among those aspiring to be doctors during wartime mobilization were some who, postwar, chose to follow a different path, such as marriage. Thus, on March 15, 1949, when the first graduation ceremony for the Women's Medical College was held, 107 of the initial 151 students admitted to the college were granted their graduation licenses, meaning that approximately one-third had withdrawn partway through their studies. It was a similar story for the second wave of graduates in 1950, when 65 of the initial 150 students completed their studies. It was only the third postwar intake of 40 students that graduated with a nearly full class of 39.

An alumni association was formed for the Fukushima Prefectural Women's Medical College when the first students graduated in 1949. A decade later, the women's alumni association merged with the newly formed university (School of Medicine) alumni association. Since then, our Alumni Association has continued to support its alma mater in various ways, including support for our Alumni Association Hall, contributions to student dormitory construction costs, and assistance with university events.

Fukushima Medical University preparatory course (old system)

In June 1947, permission for a medical university was granted and the Fukushima Medical University Preparatory Course (a three-year course) commenced. The



Panorama of the school building in Mikawakitamachi (from FMU History and the 3rd Women's Medical College graduation album)

following month, 55 successful applicants were announced, three of whom were women. On August 2, the opening ceremony and first entrance ceremony of the Fukushima Medical University Preparatory Course were held in the auditorium of the Women's Medical College in Mikawakitamachi. The director of the course was IKEDA Ryuichi.

The first university open house was held by preparatory course students in conjunction with the Women's Medical College student union on November 15-16, 1947. This open house may be regarded as a precursor to the school festival that contemporary students host in mid-October.

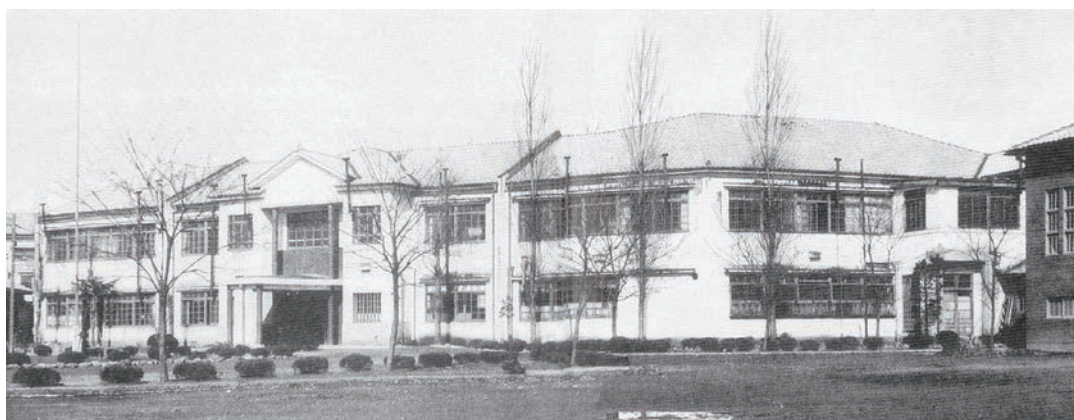
Around that time, the Medical Association of Fukushima was formed to advance medical science and promote hygienic awareness. Its inauguration took place on November 9, in the Women's Medical College auditorium.



Entrance of the Fukushima Prefectural Women's Medical College-Affiliated Hospital (from FMU History)

Fukushima Medical University curriculum (old system)

The preparatory course had been authorized, but the establishment of a school of medicine was to be announced later, following another review. The need to improve facilities then became urgent, to comply with university standards prescribed by the Ministry of Education. Funds needed for such improvements were thought to be substantial, so in October 1947, a Petition for Improving Fukushima Medical University Facilities, from the director and all those involved in the preparatory course, was presented to the ordinary prefectural assembly meeting and subsequently adopted. The petition called attention to the fact that a complete curriculum would require a new



School building located at Mikawakitamachi, Fukushima City (from FMU History)

auditorium, extensive improvements to existing laboratories, new laboratories for basic and clinical medicine, practical training rooms, and animal housing. Land on the north side of the hospital and the former city office site were donated by Fukushima City to the prefecture as grounds for the medical university, with buildings for pathology and forensic medicine thereupon constructed.

All the effort involved, including petitions and contributions of support, proved to be worthwhile as, on March 30, 1950, permission was granted for a school of medicine to be established at Fukushima Medical University (old system). April 8 saw Professor OSATO Shungo (from Tohoku University's School of Medicine) assume the position of president and welcome graduates of the preparatory course as new students. That same year buildings were constructed to house bacteriology and hygiene laboratories opposite the affiliated hospital, and the following year a psychiatry laboratory and its ward were erected in Fukushima City's Watari area. Improvements to the university facilities continued to progress steadily. An Anatomical Bequest Memorial Service on December 9 is believed to have been the first at our university to formally acknowledge those who donated their bodies to advance medical education and science.

In April 1950, the Prefectural Senior Welfare School, a Class A nurses' training center, overseen by the prefectural hygiene department, was established within the affiliated hospital.

Establishment of Fukushima Medical University (new system) approved

In 1949, the Act on the Establishment of National Schools was enacted with the three basic principles of promoting scholarly research, emphasizing vocational training, and respecting general education. National universities came under this new system. Our university, too, thus had to make a fresh start in accordance with these three principles.

The first two of six years were for general education, but the lack of personnel and facilities impeded our application for approval to become a university under the new system. An early idea was to consign those two years of general education to Fukushima University. However, students in the third to the seventh intakes were instead accepted by way of entrance examinations taken by candidates who had completed the compulsory liberal arts subjects, as at that time a wide variety of students, including those who had completed liberal arts programs at universities across the country and graduates of the former high schools under the old educational system, were eligible for admission to medical school.

The establishment of the university under the new system was authorized in February 1952 and the first entrance ceremony for Fukushima Medical University was held on April 19 with 45 students matriculating. This was the starting point for our present university.

Thereafter, regulations were formulated for the library and human resources committee, and other committees were formed, such as for budget and entrance examination planning. The university had also acquired a substantial teaching staff. During this time new construction and remodeling continued in order to accommodate the increase in departments and expansion in facilities. On top of this, nine years was spent renovating the affiliated hospital, with work completed in March 1961.

On April 1, 1952, with the authorization of the university under the new system, the Prefectural Senior Welfare School became the Fukushima Medical University-Affiliated Nurses' Training Center. Then, in 1954, on March 10, the nurses' training center was designated as one that was to be overseen by the Ministry of Education and renamed the Fukushima Medical University-Affiliated Nurses' School.

A partial amendment to the School Education Act once again revised medical and dental school curricula, bringing their terms of required study to six years and adding a course of at least two years as a prerequisite to four years of specialty training. In line with this change, our university implemented a preparatory course, thus progressing toward recognition as a university with a six-year study term. A building site and full-time teachers were secured for our Medical University Preparatory Course,

and it was approved in January 1955.

On October 31, 1959, the right to confer degrees was officially granted following the improvement of facilities and procurement of distinguished staff. Plans were also laid for a graduate school alongside the university; fervent efforts to comply with the necessary standards led to its approval on March 30, 1961.

Addressing issue after issue to enhance our educational environment has marked the 1950s and 60s as a period of groundbreaking history for us.

Internship dispute

In prewar Japan, licenses to practice medicine were awarded upon graduation without a national examination. Post-graduate training was often conducted under the guidance of senior colleagues at a university-affiliated hospital, akin to contemporary German practice.

In 1946, however, the National Examination for Medical Practitioners, which had become rather nominal in prewar days, started being actually implemented and an internship system was created under the counsel of GHQ. This meant that one year of practical training at a hospital after graduation became compulsory before graduates could take the national examination and receive their license.



Commemorative ceremony for the opening of the Graduate School and the completion of the remodeling work on the affiliated hospital, April 29, 1961 (from FMU History)

Under the internship system, trainees who had not yet taken and passed the national examination could not even write prescriptions, effectively reducing them to observers in each hospital department. Interns were also denied a salary, so their personal and professional lives were precarious.

Student discord was characteristic of the 1960s, with discontent among medical students fueling a so-called internship dispute.

Our university was not immune to prevailing sentiments and, in 1964, an internship committee was formed, allowing the student council to articulate its disapproval of the internship system. A meeting of the entire university was held over the issue on October 13, whereupon it was decided that a demonstration against the system was to be held two days later.

Throughout Japan, a movement rejecting the submission of applications to internship facilities gained momentum, with our university conducting direct negotiations

over the issue between the internship committee and the director of the affiliated hospital.

In the spring of 1966, the boycott movement intensified among students due to complete their training that year (the 1966 Association of Young Doctors). Part of our



Internship dispute demonstration (from FMU History and the graduation album of the 12th cohort of graduates)

university experienced a boycott of the spring National Examination for Medical Practitioners under the united action of the National Association of Young Doctors.

This conflict led to the adoption of the Bill for the Partial Amendment of the Medical Practitioners' Act by the House of Representatives on March 29, 1968.

University conflict

The Medical Practitioners' Act amendment became law and the internship dispute looked to be coming to an end, but a new movement within the Association of Young Doctors influenced our student council. In 1968, they declared a boycott of the first doctor's national examination under the new system, to be trialed in June, demanding that the faculty senate ensure the continued existence of their training. When issues arose with specific clinical departments the following year, the student council demanded that the faculty senate dismiss certain members of the teaching staff, and lift the veil of secrecy surrounding the faculty senate. At our university, the student council, the 1966-1969 Associations of Young Doctors, plus various laboratory members united to form the All-Campus Joint Struggle League. The movement developed into a strike. A demonstration was held and an incident occurred, prompting riot police to storm the affiliated hospital.

From July 9, the league requested collective bargaining, went on hospital strikes, and classes were effectively cancelled. September 26 saw departments put an end to restricted medical consultations brought about by the strike (some were delayed to October 1), and other departments resumed classes.

Needless to say, however, university education, research, and clinical functions had markedly deteriorated during this period of conflict.

In the aftermath of the strike, some teaching staff, students, and doctors were punished. The conflict that engaged students, faculty, and staff was superficially settled with such punishment, but hard feelings would persist for many years thereafter.

Campus relocation

The affiliated hospital in Sugitsumacho had been gradually extended and rebuilt since 1952 and was, around 1965, showing signs of age with the original part rather dilapidated in comparison to the newest addition. Service demands had long exceeded the hospital's design capacity and it was becoming unsuitable for use. New facilities were also in the works, including a library, gymnasium, and rehabilitation laboratory. Consequently, the idea of a campus relocation was raised. In 1974, the Fukushima Medical University Development Liaison Conference (comprising prefectural authorities and university representatives) was established to debate comprehensive policies on improving the medical university, with a committee set up within the university to actively discuss development measures. Later, in 1978, the committee for development measures was disbanded and a new Fukushima Medical University construction committee was formed, consolidating a basic plan.

Several proposals for the relocation of the medical university were floated, but Hikarigaoka, away from the city center, prevailed as an affordable location that could accommodate future growth. In 1984, a cornerstone-laying ceremony was held and just four years later the School of Medicine was virtually complete.



| School of Medicine building

Inauguration of the School of Nursing

With the aging population and changes in patterns of disease, and amid the need for a shift in perspectives on health and reform of the health system, the School of Nursing was inaugurated at our university in April 1998. The establishment of a school of nursing at a medical university was a national first. The Medical University-Affiliated Nursing School, which had a tradition dating back to 1950, was developed and upgraded for the School of Nursing, which had a first-year intake of 80 students plus 10 for transfer admission into the third year.

The school was important as an education and research hub addressing the health issues of Fukushima Prefecture's residents.

The research topics that engage our School of Nursing are extensive, covering a wide range of areas from fundamental nursing to nursing studies in children, adults, the elderly, maternity, and mental health.

The education philosophy of the School of Nursing is comprised of three pillars: (1) the shaping of compassionate professionals who possess a deep understanding of human existence and the dignity of life, (2) the fostering of mutual growth and a caring attitude whereby those requiring care and the nursing professionals providing care both fully demonstrate their abilities and strive for growth through interpersonal connection, and (3) the training of professional nurses who can respond to social changes and help others while cooperating and collaborating with professionals across a range of sectors, encompassing public health, medical services, and welfare.

Moreover, the establishment of the Graduate School of Nursing was approved on December 20, 2001 and inaugurated on April 1, 2002. We are constantly taking steps to raise the quality of nursing practice and research.



| School of Nursing building

Becoming a Public University Cooperation

On April 1, 2006, under the Local Incorporated Administrative Agencies Act, our university formally became Public University Cooperation Fukushima Medical University (FMU). Around that time, the privatization of national and public universities was being promoted through government initiatives intended to advance excellence in education and research by adopting contemporary management styles and flexible employment systems.

Here at FMU we have implemented drastic organizational changes. We have established a management council and an education and research council as part of our university's management organization, and have the Corporation Evaluation Committee evaluate whether we have achieved our mid-term goals. We continue to pursue a range of measures to procure external funds to advance strategic research.

In addition, we have redefined the role of our affiliated hospital to be an educational establishment not only for our School of Medicine, but also for our School of Nursing. In 2008, in a move to further enhance its functionality, the university hospital established an Emergency and Critical Care Medicine Center as a tertiary emergency care facility to treat serious cases such as severe heart and brain diseases. This center was a first for the northern part of our prefecture.

Moreover, we became a “Doctor-Heli” air ambulance hub, able to dispatch doctors and nurses experienced in emergency care to patients needing them. Ours was the fourteenth such helicopter base in Japan and the first Doctor-Heli in the Tohoku region. This has led to improved survival and rehabilitation rates for serious cases.



| Doctor-Heli

School of Medicine student quota increase

The quota for medical school students was restricted nationwide for about a decade until 2007. However, the Emergency Measures to Secure Doctors was initiated by the Ministry of Health, Labour and Welfare (MHLW) to address issues such as regional doctor shortages and uneven distribution; student admission quotas were to

be incrementally raised across Japan, beginning in 2008. We have since endeavored to increase our admissions target annually in accord with the Basic Policies on Economic and Fiscal Reform 2008, aiming to secure doctors for regional service and for medical research. Admissions increases were to end in 2017, but the program was extended to 2019 with an entrance examination quota for students to practice in the region upon graduation, per the MHLW's New General Measures for Securing Doctors and Emergency Measures to Secure Doctors.

The quota for medical school students entering our university was 80 until 2007, but increased to 95 in 2008, 100 in 2009, 105 in 2010, 110 in 2011, 125 in 2012 and 130 in 2013, with the number of new students kept at 130 for the last few years (as of 2019).

The Center for Medical Education and Career Development (CMECD) was established with the twin goals of enriching the education of our larger student body and fostering compassionate personnel for medical services. The Center serves not only our Schools of Medicine and Nursing, but also supports aspiring and practicing health care providers throughout their careers. Our university is committed to providing comprehensive educational curricula oriented to the local community while simultaneously contributing to revitalization of Fukushima through education and training in the fields of disaster medicine and radiation medicine.

The Great East Japan Earthquake and nuclear crisis

The Great East Japan Earthquake of March 11, 2011, was a complex disaster beginning with an off-shore magnitude 9 earthquake, a subsequent tsunami affecting hundreds of kilometers of coastline, and a triple meltdown at TEPCO's Fukushima Daiichi Nuclear Power Station, provoking a massive release of radionuclides.

Destruction from the earthquake and tsunami was immense across Iwate, Miyagi, and Fukushima Prefectures, with the nuclear accident unleashing further devastation on Fukushima. The scope of that devastation was extensive and the damage itself is ongoing and long-term, especially disrupting the lives of those in immediate or contingent evacuation areas where there was substantial radioactive contamination. The environmental and social impact of this compound disaster is without precedent in Japan's modern history.

Among Fukushima Medical University's students, faculty, and staff, there were no disaster casualties. Our buildings suffered minimal damage. However, the interruption of Fukushima City's municipal water supply forced us to implement extreme conservation measures. Fuel, power, and transportation infrastructures were also badly affected. In response, we set up the Fukushima Medical University Disaster Response Headquarters to cooperate with the Fukushima Prefecture Disaster Response Headquarters, central ministries, municipalities, hospitals,

medical associations, disaster medical assistance teams (DMAT) and the Japan Self-Defense Forces. We responded to the state of emergency by focusing on serious cases, and redirecting or rescheduling care according to what was in the best interest of patients and their families. The entire university united in the response effort with not only the hospital staff, but also students, residents, and other volunteers serving in accordance with their skills and knowledge.

When hydrogen explosions and lesser traumas occurred at the nuclear power plant, our emergency physicians and radiologists were confronted with cases beyond what had been, until then, textbook abstractions. A considerable degree of improvisation was required. The joint Nagasaki University and Hiroshima University Radiation Emergency Medical Assistance Team (REMAT) arrived to assist us in providing medical treatment for radiation exposure, decontaminating and treating those who had been exposed to unanticipated levels of radiation, and conducting surveys of radiation victims.

The disruption of transportation and distribution infrastructures crippled the region's medical system. Lack of prescription medicines, exacerbation of lifestyle diseases, hygienic challenges, and the potential to spread infection in evacuation centers were of great concern. Our university dispatched medical teams including internal medicine specialists and pediatricians to conduct rounds at evacuation centers, consulting and treating as needed.

We received immense domestic and international support for all the disaster medical services our university was providing.



| Students volunteering at the hospital



| Wearing protective clothing and transporting a patient

Toward reconstruction from the Great East Japan Earthquake

For those particularly affected by the nuclear accident, physical and mental challenges associated with evacuation were compounded by anxiety about possible effects of radiation exposure. In response, the prefectural government commissioned FMU to conduct the Fukushima Health Management Survey (FHMS) to assess,

monitor, and improve the long-term health of residents.

Beyond assessing the radiation doses of residents, the FHMS seeks to understand their overall health situation, and aims to maintain and improve their future health through disease prevention, early detection, and early treatment, all in the context of uncertainties associated with involuntary radiation exposure.

The Radiation Medical Science Center, established under the Fukushima Global Medical Science Center, is specifically tasked with implementing the FHMS, which has five subparts: the Basic Survey, to estimate external radiation exposures during the period when air dose rates were highest, plus four detailed surveys: Comprehensive Health Check, Thyroid Ultrasound Examinations, Mental Health and Lifestyle Survey, and Pregnancy and Birth Survey.

The Fukushima Global Medical Science Center

The reconstruction vision and plan formulated by the Fukushima government advocates the strengthening of radiation medical research and treatment capabilities at our university, thereby establishing it as a hub for the early diagnosis of and cutting-edge medical care for radiation-induced health effects. It also describes the development of local industrial capacity in medical sectors related to research advances in radiology, pharmaceuticals, and the emerging needs of an aging society.

To these ends, our university established the Fukushima Global Medical Science Center in 2012, to oversee three functions: (1) monitoring health (Radiation Medical Science Center, Health Promotion Center, Medical Support for the Futaba Area); (2) providing advanced medical services (Advanced Clinical Division, Thyroid and Endocrine Center); and (3) promoting advanced research and industrial recovery (Medical-Industrial Translational Research Center, Advanced Clinical Research Center). It is also home to the Education and Human Resources Development Division to support the aforementioned three functions.

To provide appropriate facilities for these



| PET-MRI



| Medium-sized cyclotron



| "Life and Future" Medical Center Building

operations, a total of four new buildings were constructed: the Disaster Medicine and Medical Industry Building, the Environmental Dynamics Analysis Center Building, the Advanced Clinical Research Center Building, and the Fukushima “Life and Future” Medical Center Building.

Each building was fitted with advanced equipment required for its intended functions. For example, the Advanced Clinical Research Center Building was equipped with PET-MRI and cyclotron facilities, useful for early detection and treatment of diseases such as cancer.

The “Life and Future” Medical Center Building serves to enhance and improve health care delivery with the Advanced Clinical Division for early detection and treatment of diseases using state-of-the-art medical technology. It also houses the Thyroid and Endocrine Center, Perinatal Maternal Center, Children’s Medical Center, Disaster Medicine/Advanced Emergency and Critical Care Medical Center, and the Division of Thyroid Ultrasound Examinations in the Radiation Medical Science Center for the Fukushima Health Management Survey.

Sights set on both on the region and the world

Our university attaches great importance to serving Fukushima residents throughout the prefecture. The Aizu Medical Center opened in 2013 as a core facility providing a complete range of services to people in the Aizu region. Center initiatives include dispatching doctors and hosting workshops in partnership with local organizations. Dispatching doctors to address the health situation of each region of Fukushima Prefecture is something that also actively contributes to regional development. Our expanded support of the Futaba Medical Center-Affiliated Hospital, opened in April 2018, complements previously established medical services in the district.

Our university is expected to play a significant role in the research and development of new cancer immunotherapies and targeted alpha particle delivery systems, while continuing to improve on previously pioneered cancer treatments.

Achieving global ranking as a research hub must not eclipse efforts in disease prevention that make full use of our advanced medical facilities. Prevention, early detection, treatment, cure, and chronic disease management all belong to our comprehensive range of health care services.

In short, what began as an effort to rebuild medical services in Fukushima Prefecture now includes broad ambitions to bring our research and medical care to world-class standards that continue to address the needs of our prefecture as a whole, its unique regions, and individual citizens.

When the (tentatively named) School of Health Sciences opens near Fukushima Station in 2021, it will become the third professional school of our university, with a four-fold mission to train new physical therapists, occupational

therapists, medical radiologists and laboratory technologists.

Long-term ambitions require daily resolutions. Every day, we resolve to protect life and promote health, while educating medical professionals of the future, for the future.

Chronology

1871: Aug 10	Shirakawa Temporary Hospital opened. The Medical Lecture Center opened in September.
1872: Feb 29	Shirakawa Temporary Hospital relocated to Sukagawa and was renamed Fukushima Prefectural Hospital. The Medical Lecture Center was renamed Sukagawa Medical Center.
Oct	Fukushima Prefectural Hospital was renamed Sukagawa Prefectural Hospital.
1873: Apr 21	A new hospital building was constructed and opened. The hospital was renamed Fukushima Prefectural Sukagawa Public Hospital.
1874: Jul	Fukushima Prefectural Sukagawa Public Hospital opened a field hospital named Fukushima Branch Hospital in Fukushima Town (currently Fukushima City).
1875: Jan	Sukagawa Medical Center was renamed Sukagawa Medical Lecture Center.
1879: Oct 20	Sukagawa Medical Lecture Center was renamed Sukagawa Medical School. The head-branch relationship was abolished and Fukushima Branch Hospital was renamed Fukushima Prefectural Hospital.
1881: Aug 25	Sukagawa Medical School was closed.
1882: Jan 22	Fukushima Medical School Opening Ceremony.
1884: May	Fukushima Medical School was classified as a Class A Medical School.
1887: Mar 31	Fukushima Medical School was closed.
1890: Apr 1	Prefectural Fukushima Hospital left the jurisdiction of the prefecture and was named Tri-County Cooperative Hospital.
1925: Apr 1	Tri-County Cooperative Hospital was renamed Fukushima Public Hospital.
1944: Jan 10	Inauguration of Fukushima Prefectural Women's Medical College was authorized.
Apr 1	Fukushima Public Hospital became Fukushima Prefectural Women's Medical College-Affiliated Hospital.
1947: Jun 18	Inauguration of Fukushima Medical University (old system) was authorized (up to 40 students per year). Inauguration of the Preparatory Course for the medical university was authorized.
1950: Mar 30	Inauguration of the School of Medicine (old system) was authorized (up to 40 students per year).
1951: Mar 31	Women's Medical College and its affiliated hospital were abolished. Preparatory Course of Medical University was abolished.
Apr 1	Former Women's Medical College-Affiliated Hospital became Fukushima Medical University-Affiliated Hospital.
1952: Feb 20	Establishment of Medical University (new system) was approved.
Apr 1	Inauguration of Medical University (new system) was authorized. Prefectural Senior Welfare School became a Medical University-Affiliated Nurses' Training Center.

1954: Mar 10	The Medical University-Affiliated Nurses' Training Center was renamed Medical University-Affiliated Nurses' School.
1955: Jan 20	Establishment of Medical University Preparatory Course was approved.
Apr 1	Medical University Preparatory Course was inaugurated.
1958: Sep 30	The laboratories were renamed departments due to amendments to Fukushima prefectural government regulations.
1959: Oct 30	Right to confer degrees was approved.
1961: Mar 31	Establishment of the Graduate School of Medicine was approved.
1962: Dec 20	Student quota was increased from 40 to 60.
1968: Apr 1	Established new school regulations.
1969: Jan 22	Memorandum of agreement for student quota change for the graduate school was accepted (Changed from 25 to 27, starting from April 1st, 1969).
1971: Jan 12	Student quota was increased from 60 to 80.
1983: Sep 16	University song "Hikari no Tori" (Bird of light) was announced.
1987: Jun 1	The Affiliated Hospital was relocated from Sugitsumacho to Hikarigaoka.
1988: Apr 1	University headquarters was relocated from Sugitsumacho to Hikarigaoka.
1989: Apr 1	Received Alumni Association Hall (Hikarigaoka Kaikan) as a donation from the Alumni Association.
1997: Sep 6	50th anniversary was celebrated.
Dec 19	Establishment of the School of Nursing was approved.
1998: Apr 1	School of Nursing was inaugurated with a quota of 80 students per year and up to 10 students for transfer admission at the third year.
2001: Mar 31	School of Medicine-Affiliated Nursing School was abolished.
Dec 20	Establishment of the Graduate School of Nursing was approved.
2002: Apr 1	Graduate School of Nursing was inaugurated (Up to 50 students).
2004: Apr 1	Graduate School of Medicine was reorganized (5 research courses to 4 majors. Increased student quota from 27 to 37).
2006: Apr 1	Fukushima Medical University became a public university corporation.
2008: Jan 28	Establishment of Masters Course in the Graduate School of Medicine was approved.
	Operation of Doctor Heli started.
	Emergency Medical Care Center started operation.
Apr 1	Student quota for the School of Medicine was increased from 80 to 95.

	<p>Master' s Course in the Graduate School of Medicine was inaugurated (with 10 students, 2-year duration)</p> <p>Integrated Center for Science and Humanities and Center for Medical Education and Career Development (CMECD) were established.</p> <p>School of Medicine was reorganized by consolidating 6 courses into 2.</p> <p>Translational Research Center was established.</p>
Jun	20th anniversary of relocation to Hikarigaoka and 10th anniversary of the establishment of the School of Nursing. "Anniversary 2008" event was held to celebrate the completion of transition to a public university corporation.
Nov	Fukushima Medical University Vision 2008 was announced, along with a new university emblem and new FMU student song.
2009: Apr 1	<p>Student quota for the School of Medicine was increased from 95 to 100.</p> <p>Doctoral Course in the Graduate School of Medicine was reorganized (4 majors were integrated into 1 PhD program).</p> <p>Internal Medicine Division and Surgery Division were established within the School of Medicine.</p> <p>School of Medicine was reorganized: 3 internal medicine departments, 2 surgery departments and 2 pathology departments were renamed.</p>
2010: Apr 1	<p>Student quota for the School of Medicine was increased from 100 to 105.</p> <p>School of Medicine was reorganized: 3 new departments were created based on 3 clinical departments.</p>
2011: Jan 28	Industry-Academia-Government Regional Collaborative Research Center was established.
Mar 11	<p>Great East Japan Earthquake occurred.</p> <p>Student dormitories were partially destroyed. University activities were suspended through April, although a scaled-back graduation ceremony did convene on March 24 in the upper room of the Alumni Association Hall.</p>
Apr 1	<p>Student quota for the School of Medicine was increased from 105 to 110.</p> <p>School of Medicine-Affiliated Medical System Research Center was established.</p> <p>School of Nursing was reorganized: 4 divisions were abolished and 4 divisions were newly created.</p> <p>Office of Research Promotion Strategy was established.</p>
May 6	Delayed entrance ceremony
May 9	New semester started.
Jun 1	In response to the disaster, several new vice presidents were appointed from the faculties of FMU and other Japanese universities, with specific portfolios for each one.

Sept 1	Radiation Medical Science Center for the Fukushima Health Management Survey was established.
Oct 1	Department of Radiation Life Science and Department of Radiation Health Management were established in the School of Medicine. October admission for the Graduate School of Medicine (PhD Course) started.
2012: Feb 1	Education Center for Disaster Medicine was established under the Center for Medical Education and Career Development (CMECD).
Apr 1	Student quota for the School of Medicine was increased from 110 to 125. Student quota for the School of Nursing was increased from 80 to 84. School of Medicine-Affiliated Rehabilitation Research Center was abolished. Advanced Medicine Research Promotion and Support Center was integrated into the Office of Research Promotion Strategy.
Jun 1	Department of Infection Control and Laboratory Medicine was renamed Department of Infection Control. Translational Research Center and Industry-Academia-Government Regional Collaborative Research Center were integrated to form the Industry-Academia-Government Collaboration Promotion Headquarters.
Jul 31	A new lecture building (Building No. 6) was completed.
Nov 20	Fukushima Global Medical Science Center was established.
2013: Mar 1	Department of Laboratory Medicine and Department of Thyroid and Endocrinology were established in the School of Medicine.
Apr 1	Student quota for the School of Medicine was increased from 125 to 130.
May 12	Aizu Medical Center opened.
Jul 1	Department of Neurophysiology was renamed Department of Systems Neuroscience.
Aug 1	Department of Epidemiology and Department of Radiation Physics and Chemistry were established in the School of Medicine.
Oct 1	Department of Disaster Psychiatry was established in the School of Medicine.
2014: Apr 1	School of Medicine-Affiliated Autopsy Imaging Center was established. Nursing Education and Training Division was established in the Center for Medical Education and Career Development (CMECD). The Education Center for Disaster Medicine was integrated as part of CMECD. New Laboratory (Building No. 12) started operation. The position of General Vice President was created in the University while 6 vice presidents are in charge of general affairs, academic affairs, clinical education, and planning and community medicine.

	Student Affairs Division was reorganized as Education and Training Support Division.
Jun 1	Fukushima Medical University Vision 2014 was announced and a memorial ceremony was held.
Aug 1	Department of Radiation Oncology was established in the School of Medicine.
Sep 1	Department of Medical Oncology was established in the School of Medicine.
Oct 1	Department of Radiation Disaster Medicine was established in the School of Medicine.
2015: Jan 1	Department of Health Risk Communication was established in the School of Medicine.
Apr 1	Integrated Center for Science and Humanities was reorganized: 2 sections under Department of Human Sciences and 4 sections under Department of Natural Science were refocused and renamed.
	Department of Anesthesiology was established in Aizu Medical Center.
	Clinical Research and Education Promotion Division was established in the University-Affiliated Hospital.
Aug 26	The University-Affiliated Hospital was designated as an Advanced Radiation Emergency Medicine Support Center and a Nuclear Disaster Medical Care/General Support Center.
2016: Jan 29	Advanced Clinical Research Center Building and Environmental Dynamics Analysis Center Building were completed.
Mar 22	New student dormitory was completed in Watari, Fukushima City.
Apr 1	Department of Rehabilitation Medicine was established in the School of Medicine.
	School of Medicine was reorganized: Department of Cardiology and Hematology was split into Department of Cardiovascular Medicine and Department of Hematology.
	Division of Disaster and Radiation Medical Sciences Joint Major (Masters Course) was established. Department of Disaster Public Health Nursing and Department of Public Health Nursing for International Radiation Exposure were established.
	Graduate Course in Gerontological Nursing was inaugurated in the Graduate School of Nursing.
	Student Affairs Division was integrated as part of the Center for Medical Education and Career Development (CMECD).
	Planning section for the School of Health Sciences was established as part of the Education and Training Support Division.
	9 vice presidents were appointed: General Vice President and Vice Presidents in charge of general affairs, academic affairs, clinical education, research and community medicine, securing doctors and promoting healthy longevity, and operation in general.

Jun 30	Disaster Medicine/Medical Industry Building was completed.
Jul 1	School of Medicine was reorganized: Department of Nephrology, Hypertension, Diabetology, Endocrinology and Metabolism was split into Department of Nephrology and Hypertension and Department of Diabetes, Endocrinology and Metabolism.
Aug 1	School of Medicine was reorganized: Department of Gastroenterology and Rheumatology was split into Department of Gastroenterology and Department of Rheumatology.
Oct 28	Fukushima “Life and Future” Medical Center Building was completed.
Nov 1	School of Medicine was reorganized: Department of Regenerative Surgery and Department of Organ Regulatory Surgery were split into Department of Gastrointestinal Tract Surgery, Department of Hepato-Biliary-Pancreatic and Transplant Surgery, Department of Chest Surgery and Department of Breast Surgery.
2017: Apr 1	Medical Research Promotion Headquarters, Industry-Academia-Government Collaboration Promotion Headquarters, and Office of Intellectual Property Management and Utilization were merged into Medical Research Promotion Strategy Headquarters.
2018: Apr 1	School of Health Sciences Promotion Headquarters was established.

The chronology as shown in this first English edition goes only as far as our previously published source documents.

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Editorial note

The History of Fukushima Medical University was first published in 2006. A decade on, our editorial team resolved to make corrections in accord with new historical research. Chapter 5 of the 2006 edition was substantially reworked, and a new Chapter 6 took readers through 2018. This first-ever English edition is based on the previous two Japanese editions, with some further refinements. We aim to reflect ever more carefully on our past and share it with a broader audience. In so doing, we invite you to imagine a bright future that we can build, together.

The year 2018 marked 150 years since 1868, noteworthy to Fukushima for the Boshin War, but also, the year Japan set out to become a modern nation state. A medical aid station born out of necessity during the Boshin War became, postwar, the Shirakawa Temporary Hospital in 1871, with its Medical Lecture Center becoming Fukushima Prefecture's first venue to offer education in Western medicine.

From Shirakawa, Japanese adaptations of Western medical science were handed over to the Sukagawa Medical School, Fukushima Medical School, then, with some interruptions, Fukushima Prefectural Women's Medical College and today's Fukushima Medical University.

In 2021, the 150th anniversary of the Shirakawa Medical Lecture Center's founding will be remembered. The idea of celebrating this milestone is tempered by a novel corona virus that continues to challenge medical and social institutions around the world.

Our university as we know it owes its existence to everyone who has faced up to the challenges of history: war, weapons of mass destruction, unsustainable bubble economies, an ageing society, and the peaceful use of atoms abruptly unraveled by still more powerful forces of nature. Much can happen in 150 years, and the pace of change we are witnessing in medicine reflects the pace of change in many other aspects of modern life. Mindful of the past, we must brace for the future.

This book would not be possible without the Fukushima Medical University Alumni Association who contributed enormously to its publication. Their support is due to a deep understanding of the significance of our university's history being told. We also extend our heartfelt thanks to Professor MATSUI Shiro, specially appointed professor in the public relations and communications office, for his cooperation in the authorship of Chapter 6.

The editing of this enlarged and revised edition was performed by the Fukushima Medical University Planning, PR and Liaison Board, with the writing carried out by OHIRA Hiromasa (Professor and Chair of the Department of Gastroenterology), Vice Director in charge of planning and public relations, and SUENAGA Keiko, Instructor the Department of Human Sciences.

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