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THE RELATIONSHIP

BETWEEN

THE AMERICAN AND JAPANESE SCIENTISTS

DURING THE

FUKURYU MARU NO. 5 INCIDENT

Final Report

by

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ABCC - Atomic Bomb Casualty Commission

ABIIC - Atomic Bomb Injury Investigating Committee - Japanese group

AEC - United States Atomic Energy Commission

Allerdice - AEC

D. I. H. - Tokyo First National Hospital (Dai Iti Hospital); run by NIH

Eisenbud - Director, Health & Safety Laboratory, AEC; on American team

Kakehi - Radiation Radiologist, Nakaidzumi's Assistant

Kobayashi - Head of NIH in Japan

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Lewis - Head of Medicine, ABCC; Naval Lieutenant

Maki - NIH representative at ABCC

Morita - Professor of Medicine, Toho University (not connected with Tokyo University)

Mansfield - AEC

Miyoshi - In charge of radiated patients. On Staff and Faculty of TUH

Morton - Director, ABCC

Nagai - Secretary, NIH

Nakaidzumi - Professor of Radiology and Head of Radioactive Isotope Laboratory at TUH

NIH - National Institute of Health, Japan

Omura - Director of Hospitals for Ministry of Welfare

Pastore - U. S. Senator from Rhode Island

Sams - Head of Public Health and Welfare Branch, SCAP

SCAP - Supreme Command Allied Powers. Ruled Japan during Occupation.

Shimizu - Professor of Surgery at TUH

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This paper is the fourth in a series of reports on the Fukuryu Maru No. 5 Incident. Two of the previous reports dealt only with medical aspects; while the third report (by Mr. Merril Eisenbud) dealt with the monitoring of ships, cargoes and crews, and also more with the radiation chemistry and nuclear physics as they pertained to the incident. This fourth report deals with the human element as evidenced by the poor rapport between the American and Japanese teams. This in no small part was due to the rantings of the hysterical sensation-seeking, irresponsible, sometimes mendacious Japanese press. These four reports must be read as a unit; to take one separately would give a false impression of what transpired.

The American team was truthful, trustful, and terribly naive. The leaders of this team represented years of training and experience in the finest medical schools and research institutions of the United States. It was inherent in their training that matters of science had to be dealt with openly and honestly. They were obviously not skilled in chicanery and distortion.

The deterioration of relationships between the Americans and the Japanese can best be followed against the background of newspaper reports, public utterances of Japanese investigators, resumé of bi-national conferences, and selections from the American team's diaries. However, this portion of the entire episode was played against a backdrop of much more political tinge; such factors as the purging of Japanese scientists by SCAP, the stagnation of Japanese medicine, the founding of the Japanese NIH (National Institute of Health), ABCC in Japan, the return to scientific

power of Tokyo University, and the supposed sequestering of the Japanese investigators' Hiroshima-Nagasaki medical data by American scientists all were factors which assumed prominence at one time or another.

On March 1, 1954, at Bikini, a thermonuclear-type weapon was detonated. At this time, a Japanese fishing vessel was trolling for tuna supposedly outside the danger area set up by U. S. scientists. The course of this vessel, the Fukuryu Maru No. 5, was directly toward the island of Bikini. If the weapon had been detonated several hours later and the ship had not changed course, the vessel would undoubtedly have been within the restricted zone. Following the flash from the weapon, the vessel changed course and eventually headed into a "radioactive fall-out". This vessel was part of a fishing cooperative operating out of the port of Yaizu. It reported by wireless twice daily to its home port. The ship was supposed to report all untoward incidents or sickness of personnel. At no time did the Fukuryu Maru transmit by wireless any report of the thermonuclear flash, the radioactive fallout, or the beginning illnesses of the crew. It is reasonable to assume that the United States agencies would have been most anxious to remove the men from the potential hazard of the radioactive ship and to remove the ship and its cargo of tuna from endangering Japanese workers and Japanese tuna consumers. The irrefutable fact that Japanese Nationals allowed their catch to be handled and conveyed through fish wholesale and retail channels without regard to consumer safety has never been questioned officially by the Japanese government or emotionally by the Japanese people. It is possible that a large part of the hysteria that accompanied the newspaper reports of the "fall-out" was a commercially tinged outlook. Japan is predominatly a fish-eating country; large segments

of its population earn their livelihood in the fishing industry or one of its allied industries. The 23 crewmen served as the "human interest" focal point as the Japanese community was faced with a potential, tragic, financial disaster to a segment of its economy.

The Fukuryu Maru accident was fortuitous, however, for Dr. Tsuzuki is a shrewd, brilliant medical politician. He is a master at utilizing rumor to his advantage by allowing true statements to carry the burdens of falsehood; he will deny the latter only when confronted openly. Dr. Tsuzuki was a Rear Admiral in the Japanese Navy during World War II. Rumor has it that he signed the surrender aboard the U.S.S. Missouri as the representative for the Japanese medical profession. Though this is not true, it gives him tremendous prestige with foreign scientists and with many of his own countrymen. Dr. Tsuzuki headed the Japanese team that immediately went into Hiroshima following the A-bomb in 1945. His reports were sent to SCAP and thence to the United States; thereafter American doctors utilized his data without regard to the moral and scientific obligation of giving him due credit. It is believed throughout Japan that Dr. Tsuzuki never had returned to him his laboriously-prepared classic medical reports from the Americans. Dr. Tsuzuki has received his reports, but he has never bothered to inform most of his colleagues of this fact. It is undoubtedly true, that Dr. Tsuzuki never harvested the accolades and acclaim due him for his pioneer work.

When the American team offered to investigate the 23 fishermen on a "joint commission" basis, this was immediately turned down by Dr. Tsuzuki, on the basis that the U. S. was not again going to receive data and glory

which should accrue to the Japanese investigators and that there would be no repetition of what SCAP and Washington had done in 1945.

In 1945 SCAP purged Dr. Tsuzuki for his past political and war records. This is generally accepted as the reason he is Emeritus Professor of Surgery at Tokyo University. It does not explain why, following the "peace treaty", he was not given his rightful position of Professor of Surgery at Tokyo University. It was believed Dr. Tsuzuki would never be able to re-visit the United States because of American animosity; at the time of the writing of this report, Dr. Tsuzuki is in the United States.

In the opinion of the writers of this report, Dr. Tsuzuki is the most powerful figure in Japanese medicine. He has attained this position through surgical skill, investigative talent, and shrewd, powerful politicing. In a country where most industries and professions are dominated by a single individual, Dr. Tsuzuki dominates medicine. It would be a tragic mistake for the United States to believe that the sop of a trip through the United States would alter his determined course and judgment, whatever they may be. It is also regretable that many of the moves the American group made only strengthened Dr. Tsuzuki's power.

The first official message from Washington to Dr. Morton requested him to contact Tokyo University Hospital. This meant contacting Dr. Tsuzuki, which immediately gave him a psychological advantage over his confreres, since it showed that the chief civilian American medical group in Japan had come to him. When Mr. Eisenbud was flying to Japan, a telegram was sent to Dr. Tsuzuki informing him of the fact; no other Japanese was so informed.

At the present time while being feted in the United States, he still shrewdly uses the press to keep himself before the Japanese public. Here is the man, who in our viewpoint, led the opposition to the American team's examining the Fukuryu Maru crew; who, we believe, was capable and able enough to ignore the pressure of the American doctors, the U.S. diplomatic corps in Japan, and the Japanese Ministry of Foreign Affairs, Ministry of Welfare and Ministry of Education; and who successfully kept us from the patients even while he was out of the country. To his Japanese medical enemies, it must be strange indeed that the United States rewards him with an official welcome.

If there is any medical figure who might be strong enough to try to oppose Dr. Tsuzuki, it would be Dr. Kobayashi of the Japanese National Institute of Health. His power seems to be directly proportional to the budget of the NIH - both dwindling with the resurgence under the peace treaty of the old Tokyo Imperial University group (Tokyo University Hospital). The NIH was established by SCAP decree on 21 May 1947. It seems to have been the idea of Brig. Gen. Sams, who set it up through the Ministry of Welfare. By decree, he ordered half of Tokyo University Institute for Infectious Diseases to be renovated and equipped. The animals, part of the professional staff, and the technicians, were to be supplied from Tokyo University; this was also by decree. Tokyo University must undoubtedly be antagonistic to the NIH. The idea of Dr. Sams was a fine one, since medicine in Japan during World War II was stagnant. The huge problems of social welfare and public health were not even realized let alone attacked. Even now the level of Japanese medicine appears to be of the caliber seen in Germany between 1900 and World War I. So set up, the NIH was to have these main functions:

research in infectious disease, assay of biologic and antibiotic preparations; diagnosis and cooperative investigation with ABCC of A-bomb survivors. The NIH was conceived and started by Americans. If it had not been for the Washington cable demanding contact with Tokyo University, it is probable that ABCC would have gone through NIH channels in offering aid and advice. The unintentional circumventing of Dr. Kobayashi and his group may have antognized the most friendly medical segment to the United States that exists in Japan. It is difficult to explain these actions of Dr. Kobayashi however: (1) when ABCC was designated as the single U.S. agency to handle medical problems, he requested U.S. Army doctors to examine the patients in Yaizu; and (2) when 16 patients were placed in the Tokyo First National Hospital (under the Ministry of Welfare), he did not use his influence to obtain permission for ABCC to examine the patients. There are three possible explanations: (1) petulance at the U.S. strengthening Dr. Tsuzuki; he would therefore try to play the various medical groups against one another; (2) domination by Dr. Tsuzuki and the Tokyo University group, so that he did not dare fight on this issue; or (3) agreement between Drs. Kobayashi and Tsuzuki that the Japanese doctors should "go it alone".

It was also unfortunate that the press headlined the Fukuryu Maru incident just as a U.S. Congressman was in Japan following a trip to Bikini. On 16 March ABCC first heard of the radiated crewmen. That night Dr. Maki, NIH representative in Hiroshima, left for the port town of Yaizu on instructions from NIH in Tokyo and presumably the Ministry of Welfare. The following day, Dr. Tsuzuki invited ABCC to see the two patients at TUH. On the evening of 18 March 1954, Dr. Maki reported to Dr. Morton in Tokyo on the condition of 20 patients he had

seen at Yaizu. He felt from his limited examination that these patients were probably not in severe danger. The one patient not accounted for was the capatin of the ship. As he was the only ship's member not born in the Yaizu-Shizuoka area, his not being hospitalized for another day was viewed with much suspicion. On 19 March 1954 Dr. Morton and team examined the two patients at TUH. Following this visit, Dr. Morton told the press the patients were in better shape than anticipated and should be well in about one month. On the basis of Dr. Maki's report and the TUH visit, Dr. Morton was asked to brief Senator Pastore, Mr. Allerdice and Mr. Mansfield. This he did, warning the Senator that a medical opinion at such an early moment in these patients' courses was most dangerous. A similar report was also cabled to Washington. To the consternation of the American team, non-medical personnel such as senators, representatives and military men all made medical statements from a guarded professional opinion, pertaining to the non-serious nature of the crewmen's illness, which they by training were not prepared to judge or evaluate. This spectacle of seemingly trying to minimize radiation injuries suffered by citizens of the only country ever to be under attack of a nuclear weapon was seized upon by the paranoid, hysterical Japanese press and thereby was created an atmosphere of suspicion, distrust, and contempt.

It is indeed difficult to ascertain what event or series of events caused the disruption of rapport between the Japanese and American investigators. During the interim between 18 March 1954 and 3 April 1954, various United States agencies represented by Doctors J. J. Morton and J. J. Lewis and Mr. M. Eisenbud offered the following services to the Japanese Government and the Japanese investigators:

Complete facilities of various U. S. Armed Forces Hospitals wherein the Japanese doctors would have complete control of the patients as to diagnoses and therapy. This offer was not accepted.

Towing of the Fukuryu Maru No. 5 to Yokosuka for radioactive decontamination and repairs to the ship. This offer was refused.

A plane to transport the crew members to Tokyo. Approximately 10 days after the offer was tendered the plane was requested. A military transport was immediately placed at the disposal of the Japanese Government.

Complete analyses of urine and feces of the crew for various radioactive isotopes. This offer was partially accepted with the admission that the chemical analyses in Japan had not been successful.

Complete analyses of the radioactive ash. This was accepted; again, because of incomplete analyses by the Japanese investigators.

All suspected ships and cargoes would be monitored, no matter where in Japan. This offer was not accepted except for one ship.

Any drugs used for treatment would be furnished. Dr. Miyoshi asked for over 100 grams of aureomycin. Within 18 hours this request was filled.

A request for antibiotic sensitivity discs was filled in 24 hours.

Duplicate color transparencies requested by Dr. Shimizu were sent to him within one week.

Geiger counters were requested by the Ministry of Welfare for their use in monitoring tuna. Five instruments were delivered immediately.

The use of scintillation counters for making internal radiation measurements of the patients was offered but not accepted.

> We offered to provide equipment with which the Japanese could collect fallout samples. This equipment is now in Japan but we have decided not to volunteer this equipment at this time. The Japanese have not requested the equipment.

Besides these services, the Japanese were repeatedly assured that all reports on the accident would be published by them. As early as 20 March, however, there were signs of strain. The American team, while in Yaizu, was barred from seeing patients by two armed guards. Two hours later we were given permission to enter the ward. Again on 22 March, while at TUH to see blood smears on the patients at Dr. Nakaidzumi's invitation, there was a discussion for close to two hours before the slides were viewed by the American group. The constant bickering and discussion seemed to be a necessary prelude to every service offered or every examination undertaken. There were a few certain incidents that seemed to widen the slight break. When Dr. Morton examined the Fukuryu Maru on 20 March 1954, he was accompanied by several radiation experts supplied by the United States Air Force. These capable men monitored the ship and it was agreed between Dr. Morton and Dr. Nakaidzumi that the figures obtained on the ship by the Americans and the Japanese would be interchanged. On 24 March 1954, Dr. Nakaidzumi refused to release his figures without the receipt of the American data, which had not been given to Dr. Morton. Upon contacting the U.S.A.F., there was sent a report that was so sketchy as to render it useless and insulting. This report was handed to Dr. Nakaidzumi, who then released his figures. It was on this same date that Nakaidzumi made the public statement that the Japanese physicians were capable of caring for the crewmen without the aid of the U. S.

On 23 March 1954 Dr. Tsuzuki was questioned before the Diet. He was guarded in his prognoses, but made the sensational statement that 10% to 15% of the crew would die and if there were no deaths, it was due to the great achievements of Japan's scientists. When asked why he had released to the press only reports of the patients' improvement and good prognoses, he replied it was the fear that he would cause the patients worry. The press then contacted Dr. Lewis of the American team for comment on Dr. Tsuzuki's Diet speech. Dr. Lewis stated that he had no new information as to how Dr. Tsuzuki reached a new conclusion that two to three patients would die. This undoubtedly was an error on Dr. Lewis' part, particularly since it meant bringing into the open the smoldering antagonism between the Japanese and the Americans.

Very early in the relations between the American and Japanese teams, the U. S. group stated that there was no known miracle drug to cure radiation illness. At first the Japanese were reluctant to believe this, but as it became evident that this was true, their reluctance was replaced by resentment, scorn and jeers voiced not only in private but to the world press services.

The American lack of a cure was the honest statement to which every Japanese scientist at will could attach innuendo and fabrication and thus have it accepted as truth. The American team, counseled by a kind but firm Embassy, refused contact with the press or radio. This was in agreement with the Japanese at a meeting on 25 March at which time it had been decided that all press announcements would come through a sub-committee of the ABIIC headed by Dr. Kobayashi. When the Japanese realized that the Americans would not answer their attacks, but would repeatedly "turn the other cheek", responsible Japanese scientists began making irresponsible statements. One could read

in the daily papers that not one hair or one particle of dust would be given to the U. S.; or the American doctors would not be allowed to see the fishermen or take a single drop of blood; or that unknown nuclear particles unmeasurable at present cause the worst medical conditions. As the Japanese public was continually bombarded with such statements, it was kept in a state of hysteria, terror and resentment. The normal routine of the average Japanese was disrupted; fish were radioactive; plants were radioactive; animals were radioactive; and as late as 24 May 1954, citizens of Hiroshima were warned to stay out of rains because the water was radioactive.

On 27 March 1954, at an Embassy-sponsored dinner (Mr. W. Leonhart, host), the Japanese proposed for the first time that only the Japanese doctors of the American team examine the crew. Though this request was immediately acceded to, it was resented by the Caucasian American doctors, not because of "white superiority", but because Dr. Morton and Dr. Lewis were the best trained and most experienced physicians of the American group. The Japanese by this maneuver established an anti-white policy; more important, they were lowering American medical standards to the inferior Japanese medical practices. With this bitter concession surrendered, the Japanese continued to block American examination of the patients. The reasons given for not permitting the examinations were the patients were nervous even with their Japanese doctors and the patients were afraid the Americans would use them "as guinea pigs". Reiteration by Dr. Nakaidzumi of the anti-Caucasian policy occurred on 29 March; acceding again, the American team asked when its Japanese doctors could examine the patients. His reply was that the Japanese group were meeting in a couple of days and then

we would have the answer. It must be stressed that these talks were between the doctors of Japan and the U. S. without members of the governments of either country present. At the same time the Embassy was negotiating with the Foreign Ministry for the American team to see the patients, as the U. S. wanted to pay medical compensation on the findings of its own doctors. It is difficult to convey the atmosphere in which the American team was being maligned and abused. The following excerpts are from the diary (kept at the request of the Embassy) of a member of the U. S. team:

31 March (Wednesday)

"Embassy told us we were to present ourselves to the Director at TUH about 9:00 a.m. and examine the patients. If anything happened we were to report back to the Embassy. Contacted 406 Med. Lab. and sterilized blood equipment; primed the medical photographers. Went to Embassy and out of courtesy decided to call TUH. Director of hospital out of town; Nakaidzumi next in line; he's out of town; down to Shimizu, not in but operating at 10 o'clock; he will call. At 10:30 still no call from Shimizu. We called Tokyo First National Hospital (DIH) and told to come out. The 406 notified us their photographers asked to leave TUH where patients located. On way to DIH picked up photographers. At DIH Director's office told patients not recovered from travelling to Tokyo.

"Back to Embassy. Tsuzuki called and requested Morton and team to be at TUH by 1:30. On arriving we were ushered into Director's office; Tsuzuki, Shimizu and Miyoshi there. No apology from Shimizu. Tsuzuki told us

patients in fearful state and we should wait couple of days. Morton stated intention to return Hiroshima. Tsuzuki wishes him to stay in Tokyo. Back to Embassy.

1 April (Thursday)

Embassy obviously disturbed as much as we are. This afternoon told we are go go to DIH with member of Foreign Ministry. On our arrival we were ushered into Director's office. Among those present were Kobayashi, Nagai, Omura, Miyoshi, Kumatori, etc. Nagai taking copious notes. Gist was patients still nervous. With this as a start the negotiations began. We finally gave in on laboratory work, but insisted on our own complete histories and physical examinations. They tried to beat us down by asking if we could use their histories or if we could ask questions along with their doctors. To this the answer was "No". It was finally agreed to let the patients decide whether they would like the American team to examine them. After a long wait, (we were three three hours), we were told the patients were undecided and we would be notified tomorrow hight.

"The fact that tea was not served is a barometer of how antagonistic the Japanese group is and how low the relations between them and us have sunk."

Five days later on 6 April, Dr. Morton and Dr. Lewis were asked to a meeting at the Foreign Affairs Ministry. At this conference six reasons were given whey the patients were "psychologically disturbed."

1. They had no warning of bomb or fall-out.
2. Almost all had relatives who fought in South Pacific area against the U.S.

3. No benefits had accrued from American visit to Yaizu.
4. They were annoyed at newspaper accounts accusing them of spying.
5. Had been examined by many groups in Yaizu without benefit.
6. Suspected they would be objects of study in Tokyo.

With this as the background, the patients set forth the following conditions:

1. Two patients out of the 23 should be designated. If the two chosen agreed then
2. An examination limited to a history and physical examination were to be done within twenty minutes.
3. They were not to be examined before and preferably after 7 April.
4. At the conclusion of the examination, Dr. Morton was to speak words of consolation.

The American team replied it was impossible to do a complete examination and history on a patient within twenty minutes.

As a result of the impasse, Dr. Morton decided to take his group back to Hiroshima, leaving Dr. Lewis in Tokyo as a liaison officer. Mr. Eisenbud, who had fared no better, prepared to leave Japan. With the departure of two of the senior members of the American team, the Embassy released a statement stressing the regret of the U. S. at the unfortunate accident and then defined the spheres in which positive action by the American team had occurred. It appeared that as soon as Mr. Eisenbud's

departure time was released, the Japanese Government was suddenly able to make available for inspection a supposed "hot" ship. Mr. Eisenbud who had been rebuffed in all previous attempts to monitor any of the numerous "hot" ships reported daily, turned his monitoring equipment over to the liaison officer and called the bluff. On the way to the ship, the Kaifuku Maru, the American scientist and the Embassy interpreter were told that Communists were very active in the small port where the ship was docked and that there might be physical violence. Much to the relief of the two Americans, no physical violence occurred and the fishermen aboard the vessel were most cooperative and relieved at the assurance that they, the ship and cargo were not radioactive.

During these weeks, in complete disregard of their own agreement, numerous Japanese investigators seemed to compete with one another as to how much publicity could be procured by making sensational statements to the press. These investigators represented hospitals from all of Japan and seemingly the patients were not objecting to their examinations. On 14 April, the papers carried the report that henceforth all press releases would come from the ABIIC. Immediately some of the TUH doctors claimed the U. S. was preventing freedom of speech. For a few days, the Japanese group abided by the agreement. However, on 19 April Dr. Morita of Toho University told the press that the patients would never recover.

On 21 April the papers carried a statement attributed to Dr. Nakaidzumi that the U. S. doctors were asked for aid; not only did they refuse aid but didn't even acknowledge the appeal. That afternoon at the request of Dr. Kakehi, Dr. Lewis met him in his office at TUH. At this meeting he

offered Dr. Lewis access to the medical records and the patients in both hospitals if Dr. Lewis would agree to go in the back entrance and not let anyone know he was allowed these privileges. These offers were refused.

That night Dr. Shimizu, who had not supposedly had contact with the patients since 2 April, made the following points to an acquaintance in the U. S. Embassy:

1. Patients were afraid of ABCC doctors.
2. Diplomats "muddy waters".
3. Patients were seriously ill.
4. Japanese doctors can handle the cases without help.
5. Japanese doctors did not receive help when they asked for it.

It is regretable that a surgeon of Prof. Shimizu's standing should stoop to fabrication. If one grants points 1, 3, and 4, there are still the serious accusations of points 2 and 5. The diplomats only entered the medical side of the incident when an obvious impasse had occurred. Dr. Shimizu's points 4 and 5 seem to contradict each other. However, the services requested were almost completely fulfilled except for two notable exceptions:

1) it was impossible to give the plans and composition of the nuclear weapon detonated on 1 March and
2) it was impossible to supply a "miracle drug" that would cure radiation sickness.

Aside from the services offered, if there was no "miracle drug", were there good reasons why the American doctors should have been permitted to examine the patients? The answer must be in the affirmative. It is

obvious that all physicians are not alike in their ability to diagnose and to treat patients.

From our conversations with the Japanese team and our studied opinion of the Japanese medical structure it was apparent that American medical practices were far superior in every respect. In just the diagnoses and therapeutics as related to the fishermen, their chances of survival and of speedier recuperation would be greatly enhanced under the supervision of the U. S. team.

The question of compensation for the crew's injuries is most important. For the United States to pay large sums of money on medical claims not substantiated by its own expert doctors is absurd. The Japanese team has the quite accurate impression that the American team was devoid of power and the ability to apply pressure. As the U. S. Government's chosen agent, it probably to their minds reflects U. S. weakness. Nothing in the medical area has occurred to give them pause or make them change their opinion. Furthermore, to the authors, it sets up two very objectional and obnoxious precedents 1) medical compensation for radiation injury without the compensator's own medical experts evaluating the cases and 2) the implied sanction and approval of the Japanese medical findings by the U. S.

The Japanese team by its obstinacy and desire for aggrandizement has irrevocably lost what may be very valuable data for the National Defense to the U. S., the islands of Japan, and the Free World.

The field of atomic medicine is in its infancy. The gleaning of knowledge for its own sake becomes even more important because of the vast unknown. Accidentally an experiment was performed on 23 unfortunate men.

Compassion must always be present, but for the advancement of Man which occurs whenever a truly new segment of data is obtained, the loss of an expert evaluation in this experiment may well outweigh all other reasons for seeing these patients.

As the Fukuryu Maru incident has after several months lost its hysterical emotional tinge and publicity becomes much less, a new course is being taken by the Japanese side. On 13 May Dr. Shimizu wrote for one of the larger press services of Japan a series of articles entitled "Bikini Patients and Japanese American Medical Circles". He presents a short summary of part of the Japanese team's view of the affair. It is conciliatory in nature towards the U. S. doctors. It tries to place the blame on the diplomats and over-eagerness of the Americans. However, the same formula and method is used of attaching to a true statement half-truths and lies. From other sources, also, word has seeped to us that the Japanese now feel all will be well and relationships will be smooth again. To us it is just another indication that the entire action of the Japanese side was well thought out and well co-ordinated. In Dr. Shimizu's article he goes into great detail on what was discussed at a meeting (See pages 12 and 13) of both teams. Dr. Shimizu was not even present at that meeting and as mentioned Dr. Nagai took copious notes. Dr. Shimizu is from TUH; Dr. Nagai is secretary of NIH. We may be forgiven if we strongly suspect collusion and a leader, who even had the apparent differences within his own group well under control. Who this dominant figure is remains unknown. We believe it is probably Dr. Tsuzuki, but such politicians as Drs. Kobayashi, Nagai, Nakaidzumi, some unknown, or even someone within the Foreign Ministry remain possibilities.

Ruminations of what could have been or what the action of the Japanese will be in the future would be useless and probably misleading speculations.