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PART II

MEMORANDUM TO THE AMBASSADOR

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DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW:	
SINGLE REVIEW AUTHORIZED BY: A. B. SINISGALLI	DETERMINATION (CIRCLE NUMBER(S)) 1. CLASSIFICATION RETAINED
REVIEWER (ADD): 3-31-94	2. CLASSIFICATION CHANGED TO: CONTAINS NO DOE CLASSIFIED INFO
NAME: D. P. J.	3. DECLASSIFICATION CANCELLED
DATE: 11-94 September	4. CLASSIFIED INFO BRACKETED

DO5 MEMO 9404251, 3/94

1. Dr. Holmes, the Director of the Atomic Bomb Casualty Commission, visited me again yesterday afternoon. Dr. Holmes had also seen later in the evening of August 30 and after Dr. Laqueur's visit. He had come to the hospital at the invitation of Dr. Tsuzuki and had subsequently obtained, through the Embassy, a supply of intravenous aureomycin for the patient. He requested a further supply of the drug during this interview and we were able to obtain it for him from the FEC.

2. Dr. Holmes confirmed much of what Dr. Laqueur had previously told me but without the detail that Dr. Laqueur had supplied. He was categorical however concerning the relationship between transfusions and hepatitis in cases where there is a history of jaundice, and he expressed his "personal amazement" that so many transfusions would have been given to a patient with a jaundice history.

3. Dr. Holmes additionally stated that when he had examined the patient he had noted in particular severe dehydration. He described the patient's skin as "like tin foil" and said that if you pinched it and held it up an inch or so, it would not fall back into place but would remain standing like a piece of tin foil that had been creased. He hesitated to make a suggestion which the Japanese doctors might have thought (sic) was a prescription for treatment but he finally asked, "of course you will be beginning hypodermic clysis soon?" This is a form of subcutaneous irrigation or rehydration which is normal in cases of this sort. Dr. Holmes understands that this technique has subsequently been used for the patient, and he said that he believes that the fact that is still alive owes probably more to the rehydration than to the aureomycin.

4. Dr. Holmes also said that despite the hyperaction of the patient's reflexes (although comatose, he appeared to be exceedingly sensitive to touch and thrashed about rather violently), no neurological examinations appeared to have been made. It is generally considered standard practice to examine, in cases of this sort, the meninges (brain membranes) because they are particularly vulnerable in cases of severe virus hepatitis.

5. Dr. Holmes also remarked wryly that when he had gone to the hospital at Dr. Tsuzuki's personal and private request he had found himself surrounded by reporters that have since been calling him at the Imperial constantly. With regard to press accounts subsequently published he noted:

(a) That Dr. Tsuzuki's statement that he had asked the Americans for intravenous aureomycin and had been told that none was available in the Far East had received wide coverage. Subsequent reports that the Americans had supplied intravenous aureomycin have not been considered news worthy.

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(b) Dr. Holmes said that he had invariably said to the press representatives: "the relation between radiation and liver damage is highly uncertain and speculative at best; the relation between transfusions and hepatitis is direct and well-established". He had not felt justified in saying more or less about the case than this. He noted that not a single Japanese newspaper has carried this statement, although all of them have indicated that "the American doctor" was unable to suggest anything that might additionally be done for the patient.

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