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MEMORANDUM TO THE AMBASSADOR

SUBJECT: Visit to

by a United States Doctor.

DEPARTMENT OF ENERGY DECLASSIFICATION REVIEW	
SINGLE REVIEW AUTHORIZED BY: A.A. SWINGALL	DETERMINATION (CIRCLE NUMBER(S)) CLASSIFIED BY: [redacted] DECLASSIFY ON: [redacted]
VIEWER (ADD): 3-31-94	DATE: 4-1-94
UNCLASSIFIED INFO BRACKETED	

1. Doctor Gert Laqueur of the Atomic Bomb Casualty Commission visited the critically ill radio operator of the Fukuryu Maru, at the Dai Iiti Hospital for about an hour on the evening of August 30 at the request of the Japanese physicians in charge of the case. No prior arrangements had been made for this visit which took place when Doctor Laqueur appeared at the hospital to collect urine samples from the patients. He was told of the relapse of and asked if he would be willing to see the patient. This was the first indication, official or otherwise, that we had of condition.

2. Doctor Laqueur is the Chief Pathologist of the ABCC. His other qualifications for the views he expressed below include: medical schools in Germany and the United States (Dr. Laqueur is of German birth, although his grandfather practiced medicine in New York City before re-immigrating to Germany); ten years as consulting pathologist to San Francisco hospitals; and three years service as Senior Pathologist to the United States Public Health Service and the National Institute of Health in Washington.

3. At lunch with Dr. Laqueur today and, with some diffidence, he volunteered the following observations on the care and treatment of the unfortunate

(a) It is a well-known fact in medical science that blood transfusions are dangerous where a history of jaundice is present. "Serum hepatitis" or "virus hepatitis" can result particularly if the standards for the disinfection of equipment are not rigorous. Even under the most exacting standards blood transfusions normally are administered most sparingly where there is a jaundice record. The case records of disclosed that, early in his hospitalization, he suffered from jaundice. Despite this fact 73 transfusions have been given to 21 Blood transfusions and 52 plasma transfusions. Dr. Laqueur described this as giving the patient "73 chances" of getting hepatitis and concluded that, by normal medical standards, there had been "serious overtreatment" of the patient.

(b) This relationship among jaundice-transfusions-hepatitis has been established long before illness from exposure to radiation was known. The Japanese doctors referred to case as "radiation hepatitis". Dr. Laqueur said that the phrase is unknown in medical literature and asked the attending physicians what they meant by this phrase. He said that they giggled nervously, looked at each other, and finally said that they had "invented" the term to account for the symptoms. Dr. Laqueur commented to me that the symptoms were common to the jaundice-transfusion-hepatitis relationship.

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(c) Dr. Laqueur found the number of transfusions extraordinary on another basis: For some weeks the White Blood Count of the patient had returned to normal yet the transfusions were continued, apparently with the same frequency and volume.

(d) Dr. Laqueur said that he had been given an opportunity to examine the charts of the patients. He noted things in the charts that as a medical man he could not understand. He cited two examples:

i. The urine output of the patient was extremely high, about 3 litres a day; yet its specific gravity was high and increasing. Normally the greater the amount of water the more complete the dissolution of any substance contained in the urine, or the lower its specific gravity. Nonetheless, the charts showed that in this case the greater the amount of water the denser were the dissolved substances. This was contrary to all case records that Dr. Laqueur knew.

ii. The attending physicians had diagnosed the relapse as due to a liver injury arising from radiation. Yet it is invariably true that when the liver, which manufactures protein for the blood is injured, the protein content of the blood declines. According to the patient's records however the protein factor in his blood was well above normal; a factor of 8 plus as compared with the normal 6-6½.

iii. Dr. Laqueur said that he could not be categoric in the absence of an opportunity to control the samples and laboratory analysis but he would assume that there was a reasonable possibility of serious error in the charts.

iv. Dr. Laqueur observed that the patient appeared to have been put in isolation very recently and commented that if the illness had been serious enough to justify the quantity of transfusions he had received more normal practice would have been to place the patient in complete isolation so as to guard against casual infections to which his deteriorated blood would have made him particularly susceptible.

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