

HEADQUARTERS
U.S. STRATEGIC BOMBING SURVEY
(PACIFIC)
APO #234
C/O POSTMASTER, SAN FRANCISCO

RESTRICTED

PLACE: Nagasaki

DATE: 8 November, 1945.

INTERROGATION NO. 417

Division of Origin: Medical.

Subject: Effect of Bombing on Nutritional Status
Morbidity and Mortality in Nagasaki Area.

Personnel interrogated and background of each:

Father Prudent Monfette, O.F.M., Administrator,
Urakami Hospital.

Doctor Tatsuichiro AKIZUKI, Hospital Physician at
Urakami Hospital.

Where interviewed: At remains of Urakami Hospital,
Motoharacho 2-Chome, Nagasaki.

Interrogator: Major Robert S. Goodhart;
Captain Adolph B. Schneider, Jr.

Interpreter: Father Prudent Monfette, O.F.M.

Allied Officers Present: None.

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I N T E R R O G A T I O N

The Urakami Hospital was completely destroyed by the bombing and no patients are now being treated there. At the time of the bombing there were 55 patients in the hospital, one priest, one doctor and 4 or 5 nurses, along with other help. No person was hurt or killed in the bombing. Subsequently two or three of the patients died but all of these that died had advanced tuberculosis and their deaths were probably unrelated to the bombing.

The Urakami Hospital was a Catholic school before the war. During the war it was made into a tuberculosis hospital, in order to prevent the acquisition of the buildings by the military. The largest number of patients at the hospital at any one time was 70.

Nine hundred people lived in the Motoharacho 2-Chome area of Nagasaki at the time of the bombing. Of this number two hundred were killed, about forty of whom died instantly. The remainder died within one month after the bombing, most of them during the first two weeks. There was one death on November 5 and another on November 7. Both of these people suffered from burns and radiation effects. However, the immediate cause of death in the first case was dysentery.

Of the 40 victims who died instantly, the majority died of burning. About 11 died from trauma and blood loss. Most of the victims who died were working in the fields at the time the bomb dropped.

According to Doctor Akizuki, many of the cases of delayed deaths were due to natural causes such as tuberculosis, heart disease, high blood pressure, etc. Three cases of tuberculosis under treatment by Doctor Akizuki became considerably worse following the bombing. Doctor Akizuki believes that this was due to poor housing, congestion and malnutrition and possibly

to some radiation effects.

Among the causes of death in those subjects who died during the first month after the bombing were anemia, leukopenia and purpura (all manifestations of radiation sickness). In addition, all of the subjects who died had received severe body injuries such as burns, fractures, contusions, concussions, etc. Most of the victims of the bombing were kept at the Urakami Hospital during the first two or three weeks. Those that were living after this time were transferred to the Shinkosen Hospital. Laboratory and treatment facilities were not available either at the Urakami Hospital or the Shinkosen Hospital. All of the patients who died while at the Urakami Hospital, died before any diagnosis could be made.

Both Father Monfette and Doctor Akizuki stated that warning leaflets had been dropped on Nagasaki prior to the bombing. However, the police would not permit anyone to discuss the information given on the leaflets and it was also illegal to read them. The warning given on the leaflets was never published in the newspapers. About ten days before the bombing a Government edict forbade anyone to move out of Nagasaki Shi. As a result of all this, only a few people knew of the possibility of atomic bombing and there was no general exodus from the city.

According to Doctor Akizuki, who had been practicing medicine in the city throughout the war, there were very great food problems, particularly within the city (rural families had farms and did not suffer so greatly). During June, July and August of 1945 there was only one ration of vegetables per person per month. There was a particularly high mortality among babies and young adults from tuberculosis. There was also a high mortality from diarrhea in children under six or seven years of age. Doctor Akizuki also believes that many babies died because of maternal

malnutrition during the period of pregnancy.

Doctor Akizuki stated that most of his patients during the war had some degree of beri beri. Most of the cases of beri beri had neuritis. He stated further that his cases of beri beri did not respond to treatment with synthetic Vitamin B-1. However, the dosages given by him (1 or 2 milligrams daily by injection) were grossly inadequate. Most of the doctor's patients who had beri beri also had tuberculosis and/or dysentery. The doctor believes that the beri beri preceded or seriously aggravated these conditions.

Pellagra. - Doctor Akizuki stated that he had seen no pellagra. However, he stated that there was a great deal of diarrhea due to a diet that was not well balanced or sufficiently varied. This diarrhea was accompanied by a high death rate in small children.

Scurvy. - Very little.

According to Doctor Akizuki and Father Monfette, the food supply situation became much worse after the bombing. There is now much more fish than was available during the war but there is less rice and wheat. The situation regarding rice and wheat is probably not due to the bombing but due to the fact that there was a bad harvest both this year and last year and transportation facilities are inadequate.

At the request of Doctor Akizuki, Major Goodhart and Captain Schneider visited a patient of his who had been injured by the atomic bombing. The patient, a 65 year old Japanese male, had no evidences of external injury but had presumably been injured by radiation effects. He was found lying on a mat in an unheated, open, dirty shack containing one room, in which five people lived, including one infant. He was emaciated in appearance, dark-skinned, and filthy. Ascites and dependent edema were present. There were no masses in the abdomen and no collateral circulation.

The conjunctivae and the nail beds were extremely pale. The lateral and anterior margins of the tongue were markedly reddened and the papillae were low to absent over these areas. He was stated to have had pain in his chest and a bloody sputum for a few days immediately following the bombing, but has had none since.

Because of the finding of pellagrous glossitis in this patient, the daughter of the house, a girl in her 20's who was presumably well except for a flash burn on her right calf, was also examined for evidences of pellagra. It was found that the tongue showed only a slight coating with beginning atrophy of the papillae and definite palor. It can safely be stated that both of these people were suffering from general malnutrition, pellagra, and anemia. It is possible that the old man may also have tuberculosis or a malignancy. No laboratory facilities are available to Doctor Akizuki to explore these possibilities.