

HOSPITAL WORK IN HIROSHIMA

EIGHTEEN months as a medical officer with the New Zealand Occupation Forces in Japan, much of that time spent at the Red Cross hospital in Hiroshima, enabled Dr. C. B. Sherer to study at first hand some of the medical cases which are still being treated for injuries received when the atomic bomb was dropped there over two years ago. Last week Dr. Sherer described to *The Listener* some of the observations he had made.

"I first went to Hiroshima in October, 1946," he said, "and although when I left last February the hospital was still treating people who had been badly burned by the bomb explosion, they were in fact relatively few. By that time most of the original casualties required no further hospital treatment, and as far as we know they were cured."

"What was the exact nature of the injuries suffered by the people still being treated?"

"One typical case I examined was a woman who had been standing more than one and a-half miles from the point over which the bomb exploded. She was wearing a white dress with a V

neck, and on her neck above the dress line, and on her arms below the level of the sleeves, were excessive third degree burns which had contracted into deep keloid scars.

"She allowed herself to be examined quite freely by me, and explained that



Spencer Digby photograph
DR. C. B. SHERER

as soon as she saw the flash of the bomb she threw her hands over her face, thus getting excessive third degree burns on the backs of her hands and forearms. Her treatment, which was being made by a Japanese doctor named Inoue, consisted simply of cutting out her scars and replacing them with skin grafts. Doctor Inoue spoke fairly good English, and apart from his distorted opinion that German medical practice was the best in the world, he was technically quite well informed. He seemed to be getting good results."

Effect of Intense Heat

"What was the reason for these deep scars forming?"

"They were apparently caused entirely by the intense heat."

"Was there any question of other after-effects caused by exposure to gamma-rays?"

"The whole question of radio-activity and so forth is still being investigated—very thoroughly, I might say—by the Americans, and as they haven't published any of their conclusions yet it wouldn't be wise to say anything about that."

When we asked Dr. Sherer about the general medical services the Japanese enjoyed he said that the actual hospital building in Hiroshima was a good one even by our standards, but it was very dirty inside and overcrowded. The Japanese had a custom by which when a patient went into hospital his relatives would go along to prepare his food for him and supply his bedding. A typical ward 30 feet by 10 would have six beds in it, plus cooking utensils, food, and a *hibachi*—the standard Japanese indoor heating apparatus, consisting of a large earthenware pot of ashes and glowing charcoal, kept continually burning."

"Were they well supplied with drugs and equipment?"

"The operating theatre was a standard one with good instruments, and the doctors wore white gowns but only linen gloves because of the rubber shortage. There was very little ether and no cyclopropane or ethyl chloride. The Japanese nurses, who had to go through a three years' course, wore the usual red cross cap, dress and apron, but only occasionally did they wear stockings."

There were all sorts of tales about the way the Japanese were reacting to the Occupation Forces, Dr. Sherer said, and the Americans had sent out a sociologist named Ruth Benedict, whose book *The Chrysanthemum and the Sword* gave as good an analysis of the situation as any. Her opinion was that the Japanese were quite capable of carrying in their minds two diametrically opposite points of view, and if one failed them could quite sincerely make a complete *volte face* and try to make a success of the other. She thought this was what had happened in Japan to-day, but everybody didn't agree with her.

We said we were very curious to hear about the Japanese performance of Gilbert and Sullivan's opera *The Mikado* that he had seen, but Dr. Sherer told us he had made his description of it up into a radio talk. This talk will be heard by listeners to 2YA at 10.25 a.m. on Monday, May 3.

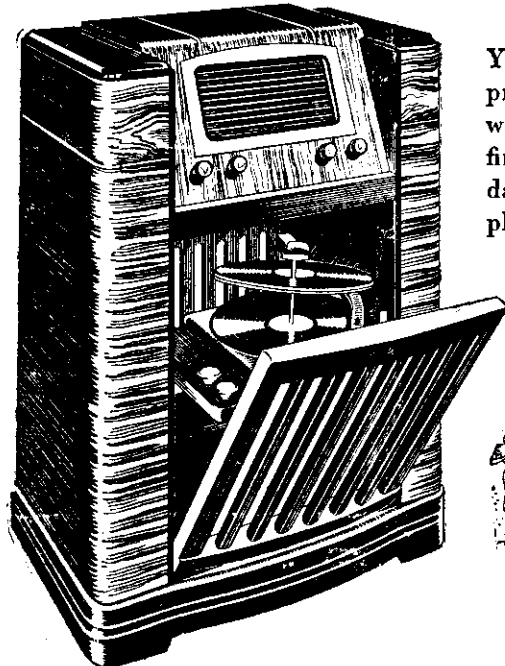


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