

APPENDIX NO. 7

MEMORANDUM TO: L. V. PHELPS

RE: VITAL STATISTICS

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GENERAL HEADQUARTERS  
SUPREME COMMANDER FOR THE ALLIED POWERS  
Public Health and Welfare Section

28 December 1946

MEMORANDUM

To: Mr. L. V. Phelps

From: Atomic Bomb Casualty Commission (ABCC)

Re: The Relation between Vital Statistics and the Work of the ABCC

1. The ABCC has for the past several months been engaged in formulating a long-range program of comprehensive studies on persons in Hiroshima and Nagasaki exposed to the various effects of the atomic bomb. Two important problems included in the projected studies are:
  - a. The question of whether there have been any detectable genetic effects of the atomic bombing, and
  - b. The question of whether the length of life and the incidence of various diseases in the population has been altered.
2. In order to answer the first of these questions, one must have accurate information on the incidence of abortions, miscarriages, premature deliveries, and stillbirths, the live birth rate, and the incidence of various congenital malformations. These data must be available not only for Hiroshima and Nagasaki, but for a suitable control area or areas.
3. In order to answer the second question, one must have accurate contagious disease records, and registration of deaths not only by primary but also by contributing causes. Autopsy records on a large scale are highly desirable.
4. It is obvious that accurate vital statistics are basic to the study of these problems.
5. During the period 4 December 1946 to 20 December 1946, the Commission was engaged in a survey tour of Japan. After a study of several areas, the city of Kure was selected as being a suitable control area for the contemplated studies in Hiroshima and, to a lesser extent, Nagasaki. Kure and Hiroshima are similar in location, size, damage due to bombing, and nutritional level. During the course of this survey, Japanese groups in a position to contribute to accurate vital statistics were contacted in these three areas, as follows:
  - a. In Nagasaki - On 11 December 1946, a conference was held with Dr. M. Yamagishi, Chief of the Public Health Service of Nagasaki Prefecture, at which the reasons for our particular interest in the vital statistics of Nagasaki were stated, and in which the recent vital statistics of the city were discussed. It was apparent to all present, from the ratio of abortions

to livebirths, that only a fraction of the abortions in the population was being reported. On 13 December 1946, a further conference was held, with Dr. Yamagishi again present, and in addition, Dr. Toru Shimomura, President of the Nagasaki Association of Obstetricians and Midwives, and Dr. Tamotu Sano, Professor of Pediatrics at the Nagasaki Medical School. The problem was again presented and the necessity for accurate information stressed. The system of registration under way at Hiroshima was described. The new vital statistics forms were also discussed. Much interest was expressed by the Japanese present, but it was clearly indicated that additional personnel and training would be required if more adequate statistics were to be obtained.

b. In Hiroshima - On 19 December 1946, a conference was held with Dr. Ikuzo Matsubayashi, Chief of the Public Health Service of Hiroshima, Dr. Yekizo Watanabe (Gyn.), Dr. Soichi Matsumoto (Gyn.), Dr. Shuzo Ishibashi (Obs. and Gyn.), Dr. Kaei Sawasaki (Gyn.), and Mrs. Setsu Yamamoto, President of the local midwives society, and 11 other leading midwives. The general problem of the effects of the atomic bombing on vital statistics was presented, after which Dr. Matsubayashi presented and described a new form to be used in following up all births in the Hiroshima area, this form emphasizing history of parents at the time of the bombing, and the occurrence of malformations in children. There was some discussion as to the best way to obtain accurate information on possible malformed children, and it was suggested by the physicians present that the city be divided into districts, with a physician responsible for following up in each district any malformations recorded by midwives.

c. In Kure - On 20 December 1946, a conference was held with the leading physicians and midwives of the city, at which time the general problem of atomic bomb effects in Hiroshima and Nagasaki was presented, and the necessity of having a control area given. It was stated that Kure had been chosen for control studies. The necessity for accurate vital statistics in this area was then emphasized.

d. As a result of conversation with these and other groups, the Commission believes that by no means all abortions, stillbirths, miscarriages, premature deliveries and stillbirths are being reported and that the occurrence of certain congenital malformations may be concealed by the practice of infanticide.

6. The Commission is in the course of making arrangements for small office-laboratory-clinical units in the Red Cross Hospital of Hiroshima and the Mutual Relief Hospital of Kure. Here members of the group will work in close contact with Japanese physicians in the area.

7. It is understood that the Division of Vital Statistics, P H and W, GHQ, SCAP, through the medium of the Japanese Government, is launching a campaign designed to improve the quality of Japanese vital statistics.

8. It is the feeling of the Commission that close cooperation with the Division of Vital Statistics in this undertaking is highly desirable and because of the above described organization of the Commission's work, practical. The following suggestions are raised for consideration as ways in which this cooperation may be expressed in concrete actions:

a. It is suggested that a representative of the ABCC accompany Mr. Phelps, in charge of vital statistics for SCAP, on his proposed mid-January tour of Kure, Hiroshima, and Nagasaki, in order that the ABCC may further familiarize itself with the program to be carried out by the Division of Vital Statistics.

b. It is suggested that the appropriate Japanese Ministry be requested to devote some special effort to the attempt to obtain accurate statistics for Kure, Hiroshima, and Nagasaki, because of the great medical interest attached to these areas. Moreover, the Kure area, intensively studied, might serve as a yardstick for comparison with other similar locations in Japan.

c. It is suggested that in the three areas under consideration, some cross check on the reliability of the reports be instituted, such as requiring registration by both physician and family.

d. It is suggested that in the Kure-Hiroshima areas the Commission be active in the organization of teams of Japanese or Japanese and American physicians, to follow up any cases of congenital malformations reported by obstetricians and midwives.

e. It is suggested that the problem of securing more accurate records of causes of deaths in these areas be reviewed that the aid of the above-mentioned teams of physicians be used in this matter, and that means of obtaining more extensive autopsy records be sought by the Commission.

f. It is suggested that the problem of establishing a system of bookkeeping to keep track of survivors of the bombing who have moved elsewhere be considered.