

TRUST TERRITORY OF THE PACIFIC ISLANDS  
OFFICE OF THE DISTRICT ADMINISTRATOR  
MAJURO, MARSHALL ISLANDS

May 21, 1956

Dr. R. A. Conard  
Brookhaven National Laboratory  
Upton, N. Y.

BEST COPY AVAILABLE

Dear Dr. Conard:

Things have been fine here since you left last April. The health aide at Ejit has had no problem and everything was fine until last Sunday, May 13, 1956, when he came over to Uliga early in the evening to announce that one man had suddenly died after a very short illness of about one hour duration.

Since this was the first death among the original Rongelapese that were brought here, we were faced with the problem of an autopsy. We discussed the matter with the District Administrator, Mr. Maynard Neas, and Mr. Byron Bender, one of our School teachers and a Liaison Officer to the Ejit people. At first they thought that we send a dispatch to Eniwetak for some doctors there to come and do what necessary measures they think on the deceased but after my explaining that you had left instructions as to what to do in case of death among the Rongelap people they agreed that I go ahead.

Not to interfere with local customs of Marshallese death rituals we agreed to let the family have the body for the night. Mr. Bender and Mr. Jack Tobin, the District Anthropologist, went over that same evening to Ejit as a courtesy measure of the Administration at the death rituals. They were asked to try and get permission for an autopsy at the same time so it could be performed the following morning.

(Incidentally, we were performing another autopsy and embalming that same Sunday evening on another death (\_\_\_\_\_ of Likiep) which occupied much of our time with my practitioners until about midnight, not to mention a baby delivery all about the same time. Some unusual happenings all at once).

On Monday morning, May 14, Mr. Bender came in to our office with and Jehn, the Ejit Magistrate. They had asked the family permission for an autopsy but the family refused. John and \_\_\_\_\_ were willing to go along with our wish of doing an autopsy but the family were reluctant with a fear that we shall mutilate the body, remove pieces and organs which according to their native belief is a very bad thing to the future after-life of the deceased.

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To overcome this I had to send one of my practitioners, Dr. Armer Ishoda, to do the explaining and reasons of why we wished to do an autopsy. In the first place it was an unusual death without any history of illness, and the second was that we wanted to exclude death by radiation which only the AFB people can detect. The family finally consented. The body was received at the hospital in the afternoon, twenty hours after death.

Before I go on with the autopsy findings let me brief you with the deceased history before death as given by \_\_\_\_\_, the health aide:

X (also spelled \_\_\_\_\_ in your papers we have with us) aged 45, male, was one of the 84 original persons of Rongelap during the 1954 radioactive fallout. He has never visited our hospital nor attended our Out-patient Clinic for any illness. \_\_\_\_\_ states he has been always healthy until the day of death. (After our autopsy findings we enquired to \_\_\_\_\_ whether he had noticed any swelling of the deceased feet during the past. He quickly stated that he had noticed it about two months previously but had taken no consideration to it since the man did not complain of anything else).

HISTORY:

The deceased was quite well until May 13, 1956 when around 3 P.M. he went for a walk. He finally sat and rested under the shade of a coconut palm when suddenly he developed shortness of breath, no pain, and mentioned this to one lady who was near by. He laid there for about an hour when following this dyspnic attack he developed acute griping pains at his lower abdomen which came and went. He walked home, and \_\_\_\_\_, the health aide, was called for. Upon arrival at about 4:30 P.M. \_\_\_\_\_ noticed that the man was dyspnic and having a rigid abdomen which lasted for half an hour when he finally died. The man actually was dead at 5:15 P.M. Just over one hour since the appearance of the first symptom.

On inquiring about the deceased's previous history of illnesses, etc. \_\_\_\_\_ gave me the following:

1. \_\_\_\_\_ does not know of the deceased childhood illnesses.
2. During the Japanese occupation of the islands, the deceased developed some mental trouble after a long drift on a boat from the Marshalls to Nauru (about 600 miles away).
3. In 1953 deceased developed a queer imagination that his abdomen swelled with high tides and recedes with outgoing tide. During high tides, deceased had to stay in the house and gets out when it is low tide. This was all imaginary and no actual swelling was noted according to \_\_\_\_\_.

4. Prior to the atomic fallout and the preceding period patient was quite well.
5. Last year while on Ejit deceased developed an illness of pyrexia of unknown cause. Temperature ranged from 102 to 104°F. for 4 days and then got well. He was treated by with Aspirins only.
6. In January of this year, he had another attack of the same trouble which lasted a week. Associated with the fever were headache, slight cough, body aches and general malaise. These illnesses occurred apart from the common cold epidemics which is quite frequent here.
7. About the time you were here during March, or soon after, deceased developed oedema of both lower extremities which has persisted. Since deceased did not complain of anything else, did not consider this a serious matter and was never referred to our Out-patient Clinic until his sudden death.
8. No family history available contributory to this condition.

AUTOPSY FINDINGS:

The body is that of Marshallese male of a huge frame close to six feet tall and weighing about 200 lb. His age appears to be in the latter forties. Rigor mortis was present.

General appearance show no evidence of trauma or external injuries except dark areas over both shoulder pads and back of neck with few scattered hemorrhagic skin rash seen at back of the ears, sides of chest, and areas below both axillary regions. Two parallel skin scars (5 cm. in length) were noted at both inguinal regions as a result of previous surgery.

We tried to take a complete skeletal roentgenographs of the body before we opened it up but out of the six films taken, only one (of the chest) was satisfactory. I am so sorry about this but we were working against time as the deceased's family and relatives were anxiously waiting outside our laboratory room where we performed our autopsy.

PRIVACY ACT MATERIAL REMOVED

The chest and abdomen were opened in the usual Y incision. The subcutaneous fat and muscles appeared normal.

The chest was opened first. Upon lifting the anterior chest wall the pericardium was found to be adherent to the under surface but was easily separated. The heart was found greatly dilated with an hypertrophied left ventricle. There was 40cc straw-colored fluid in the pericardial sac. The great vessels were in normal position. The heart weighed 54 grams. No external findings were detected but on opening the heart the only pathological findings found were multiple tiny firm nodules over the tricuspid valve region and three large friable vegetations measuring about 5cm. by 1.5 cm. attached to the mitral valve and endocardial surface and along the chordae tendinae. These large vegetations were easily separated (a specimen of this is among the specimens forwarded). The lungs both showed areas of congestion. The main vessels and bronchi were patent. No pleural adhesions. Rt. lung weighed 690 gm., Lt. lung 600 gm.

The abdomen was next opened. Abdominal viscera appeared normal except for fatty necrosis of the pancreas was noted. The following are the weights of the abdominal viscera examined:

Liver - 1290 gm.  
Spleen - 240 gm.  
Pancreas - 270 gm.  
Rt. Kidney with adrenal 300 gm.  
Lt. Kidney with adrenal 285 gm.

A specimen from each of the examined organs were preserved in formalin solution as directed. Bone specimens were obtained from the rib, sternum, vertebrae (dorsal), ilium and tibia. Skull specimen, epiphyseal and articular specimens were not obtained as there was rather an impatient feeling among the waiting family and relatives so I had to quickly close up and return the body back.

I hope you would excuse me not obtaining all the necessary skeletal specimens as you specified but since this is the first case of autopsy done among these Rongelap people, I thought it wiser not to disturb them too much at first. I even had \_\_\_\_\_ and one brother of the deceased present during the autopsy explaining everything to them, of what we found, as we went along. If we have more cases in the future I believe it would be easier to obtain permission after having witnessed how we returned every organ back to their places and nicely repaired and sewed up the body.

PRIVACY ACT MATERIAL REMOVED

said to me personally that the people were satisfied with our work and there was no ill feeling among the family. by the way, is a cousin of the deceased.

My conclusion as to the anatomical cause of death were:

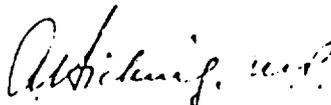
1. Rheumatic Degenerative Heart. I state this because of the presence of the nodules and vegetation found in the valves.
2. Subacute Bacterial Endocarditis, because of the high fever history, skin patchias, and again the presence of valvular vegetations.
3. Congestive Heart failure due to the pulmonary congestion and history of oedema in the lower extremities.
4. Acute pancreatitis due to its fatty degeneration.
5. Embolic lesions from the vegetations could not be ruled out but no findings were found.

I think that is all the information I can furnish you about this first death among the Rongelap people.

Tissue and skeletal specimens of the organs examined are herewith forwarded as directed.

We would appreciate a copy of your report on the specimens as to your histological and pathological findings whether we were right with our diagnosis as to the cause of death. Also we would appreciate your note to satisfy our curiosity and of the Rongelap people in general whether the death was in one way or another connected with the radiation which I greatly doubt.

Sincerely yours,



A. Hicking, M. P.  
Dist. Dir. of P. H.

cc: NiSen TerPacIs, Guam  
Director of Public Health, Ponape  
District Administrator, Marshalls