

NATIONAL SECURITY RESOURCES BOARD
WASHINGTON

404919

July 19, 1950

MEMORANDUM

To: Ward Miller, Jr.
Asst. to the Chief, Civil Defense Liaison Branch
Room 337, Atomic Energy Commission

From: Harold L. Goodwin
Civil Defense Office

Subject: Corrected Copy of Medical Aspects of Atomic Weapons

Enclosed is a corrected copy of the Medical Aspects of Atomic Weapons.

You will note that the major change is on page 10. A typewritten copy of page 10 as it should read in the reprinted version is enclosed.

In addition, the spelling of "gastrointestinal" on page 21 is corrected.

On page 23 the sentence "The wound should then be closed" has been deleted.

We would appreciate your securing the clearance of the appropriate officials of the Department of Defense in these corrections so that we may send them to the Government Printing Office.

Enclosures



Adequate care to injuries and burns suffered in an atomic explosion present a problem of great magnitude. While the types of injuries, aside from the radiation hazard, are similar to those encountered in ordinary bombing or other catastrophe, the large numbers of individuals involved in an atomic blast, and the general chaos that results, present a problem whose solution requires a great deal of careful planning and preparation.

It would be unrealistic to prepare for fewer than 40,000 to 50,000 severely burned persons from a single atomic explosion.) This number of burn casualties, together with injuries of other types such as fractures, contusions, abrasions and radiation sickness, would demand enormous amounts of supplies to prevent unnecessary loss of life. Ideal treatment would be impossible under such disaster conditions. Treatment for these casualties would deplete current local supplies in a very short period of time.

Some idea of the civil defense health supply problem may be derived from the amount of first-aid supplies which would be needed for the first week of treatment of casualties in numbers comparable to those at Hiroshima. It is estimated that with efficient packing nearly 100 railroad boxcars or 175 large trailer vans would be required for transportation of only the most elementary life-saving surgical supplies.

Fortunately, severe symptoms from radiation in those not killed outright do not ordinarily come on until several days after the acute exposure, so that those suffering from burns and mechanical injuries will actually constitute the chief immediate medical problem and make their heaviest demands on emergency facilities at a time when those suffering solely from acute radiation will require very little attention.