Museum of History and Industry
Historical Society of Seattle and King County

Transcript
Dr. Erroll Rawson - taped interview, April 28, 1985
corrected and edited transcript, approved June 9, 1985

Side A

This is an interview with Dr. Erroll Rawson on April 28, 1985. The interviewer is Lorraine McConaghy for the Museum of History and Industry.

Q. What was your personal and professional situation in the late thirties and early forties?

Dr. Rawson I classified myself as a general practitioner, but did mostly surgery and was interested in obstetrics and very much interested in cancer.

During that time I was exceedingly busy because of my charity work at Harborview Hospital where I had a surgical service, and where I had the tumor service. And I was chief of staff for four years at the Seattle General Hospital.

I was very active in the King County Medical Service Corporation which was doing pre-paid medical work at that time, and was one of the founding societies to handle that type of work, and eliminate smaller pre-paid medical companies that were not keeping up their standards.

And many other things along these lines. This was an exceedingly busy time for me, and through all the years of the war. I saw very little of my family during that time because I had my own private practice as well as all this charity work.

Q. As the nation moved toward involvement in the war, Seattle instituted an efficient and thorough medical emergency program. Could you describe that program please?

Dr. Rawson Yes, in early 1940, at the instigation of the U.S. government, we established an emergency program here and Dr. Tom Carlisle was the main man in it to supervise all of the branches.

We took various schools that had gymnasiums that we could use for clearing patients, and segregating them as they came in in case of emergency. And we established and organized doctors and nurses and retired nurses and private individuals to take the various positions that were required there.

We had medicines, and we used drugstores in the neighborhoods to keep a stock of medicine on hand that was necessary.

We had bicycle and foot messenger service, because if we had a bombing here, it would knock out all the possible transportation facilities.

We had stretcher bearers, and we had exercises that were experimental in a way, in that they would have "casualties" spread out through the area that we were

covering in the city. The men with the stretchers would go out and find them and make a record of what the patient was supposed to have, and what their recommendations for his care were and disposed of him accordingly, taking him to the hospital or to the emergency one.

We also had these people who belonged to each unit bring with them to our meetings, and at any time they were called to the emergency hospital for service, two blankets if possible, a flashlight, and other little items that would be useful in handling the patients and for our work in the emergency hospitals.

We would refer patients, if we could get them there, to the other main hospitals in the city.

These emergency hospitals were established in the various parts of the city because, if there were a bombing, they would strike at Boeing's and the industrial area which was down on the Duwamish River flats. If that were the case, people in West Seattle and people north of the canal between University of Washington and Capitol Hill would be isolated because of the likelihood of the enemy also striking the bridges and reservoir and other important items in the city in a bombing.

Each hospital was also organized with its own staff which could not be also working in the emergency hospitals because, if they were needed, they would also be needed at the hospital. They had their own arrangements with many women taking charge of work that could be done by them, and every patient that came to the door of the hospital would be classified according to what was wrong, and either discharged right then and not admitted to the hospital at all, or admitted to the emergency room or in case of necessity taken in for longer care in the hospital.

Q. Isn't there a name for that battlefield kind of...?

Dr. Rawson "Triage." That's where the casualties are classified as those who are going to die anyway and cannot be taken care of properly to save them, and it would be wasted time, and those who have nothing wrong with them - you give them a kiss and a promise, and send them away with advice of what to do and what not to do but not admit them beyond the entrance to the hospital. And then those that you can really help and take care of and dispose of them to major hospitals, or take care of them for a short time in the emergency hospitals.

Q. The spectrum of injuries that you were expecting to see - that you were preparing for - what were you expecting to see? Bombs or fire fights?

Dr. Rawson We expected that the great danger would be bombing, especially after Japan came in to the field and if they bombed, there would be fires with it. But the main thing would be the destruction of all communications between hospital and hospital, and getting out of the city.

This started in the early part of 1940, and it quickly carried on to a good working organization that took time to practice several times during the ensuing year.

And at the time of Pearl Harbor - December 7, 1941 - we were exceedingly well organized, and carried on for a while on our own organization. But shortly after that, the government took over and directed everything themselves.

Q. What hospitals were the emergency hospitals?

Dr. Rawson They were in various schools throughout the city, and I can't name the schools at this time.

Q. But they were really in schools?

Dr. Rawson Yes, schools with gymnasiums where you could bring the patients in, stretch them out on the stretchers which they were brought in on, most of them, and go through the triage, and give them the care that was needed or send them on to the hospitals.

Q. And the drugs that you would need were sort of cached in these local drugstores that would open their doors to you in event of an emergency?

Dr. Rawson Yes, we'd made arrangements with drugstores in the region to maintain a certain stock of medical supplies that we would need, and they would have to be kept fresh all the time, rather than the government's idea of putting all these products into the emergency hospital and letting them rot there or deteriorate there. This included blankets, too, because the moths could not be kept out of them, and things of that sort.

Q. What stock of drugs were kept on hand? Things like morphine, and antiseptics?

Dr. Rawson It would be antiseptics and bandages. At that time, penicillin was just coming into vogue, and that would not be in the drugstore for use there because at that time it was [only available] in a condition that would deteriorate very quickly. Very few drugstores would keep it at that time, but we did have the sulfa drugs which were a great boon. However, they were taken over by the government at the very onset of Pearl Harbor. For a time, we could not get any except for a few partially filled bottles that came from the drugstores.

And then, of course, alcohol and antiseptics were used, and lots of cotton and bandages, and various simples supplies that you would have anywhere. We would have splints to put on fractures so as to immobilize those.

Q. What was the treatment of burns like at that time?

Dr. Rawson The treatment for burns was undergoing a very great change at that time. They were using silver nitrate treatment, but that would not be carried out in the emergency hospitals, but they would probably have an ointment put on to cover them. The main thing was to leave it alone if possible until they got into a hospital where they could

be properly treated because of the fact that when you try to dress them in non-sterile conditions, you were likely to infect them. If you leave the blisters and the burned areas until they can be properly cared for, you avoid the infection which is the great danger in this condition.

Q. In the event of a bombing and, as you say, bridges bombed out and parts of the city isolated and without power, there might be difficult in obtaining clean water for drinking. Was this part of the plan? Was there any contingency for that?

Dr. Rawson The only thing that they did was to put high wire fences around all the reservoirs of the city and make it a little bit difficult for them to throw things into the water. It was always a possibility. You cannot prevent certain things completely - there's always a possibility there.

But we had no difficulty that way. And we didn't have any bombing so all this preparation was of no avail except that it was a preparation which could have worked very well if we had been actually bombed.

Q. Didn't some people store water, in containers?

Dr. Rawson All families in the city were advised to prepare places they could escape if possible, or at least reduce the likelihood of danger to themselves - usually in the basement of their home. And there, they were supposed to store several large wine bottles or jugs full of water, and keep it there, and other supplies that they would need, including a flashlight and some staple foods that could be kept for quite a while. In fact, I have two large wine jugs of water that I put in my basement at that time and they're still there! I'm thinking of giving it to the University of Washington to analyze to see the contents of the various metals that they are so afraid of today.

Q. That would be very interesting. I really hope you do that.

I wanted to ask you about blood banks. There is considerable confusion in the popular mind - there were blood drives during the war, so I assume there were blood banks in some cities, but that is not your memory of Seattle, I know. I wonder if you can explain that.

Dr. Rawson I do not believe there were any true blood banks in any city because at the time the storage of the blood itself was only from twenty-four to forty-eight hours, but they did have blood serum banks in which the cells have been removed from the blood and the serum saved. This could be used for emergency cases in place of blood.

Blood transfusions in hospitals at that time were fairly frequent, but not like they are today where we have the major surgeries of heart and lung and brain that require so much blood.

Q. The serum banks - was there a way to access that material

in the event of this emergency?

Dr. Rawson We kept serum banks in several of the hospitals. The first one was in Harborview Hospital, the big county charity hospital here in Seattle. We had them in at least one regular hospital - not an emergency hospital - in each section of the city - one north of the canal, one west of the tide flats in the West Seattle area, and here in the main part of the city where the hospitals were concentrated we had several hospitals that had serum banks. That serum could be kept for quite a long period of time, but it had to be kept fresh as the war went on because you cannot keep it indefinitely.

Q. Was any of it shipped out, do you know, to the theatres of the war to help in battlefield medicine?

Dr. Rawson No, not to my knowledge. Some of it was sent out to small hospitals away from the main city to keep a small supply on hand there. But I don't know of any being sent into the war area.

Q. Very suddenly, Seattle became a very crowded city as workers streamed into town to go to work in the shipyards, to go to work at Boeing. There were huge housing projects built to accomodate these people. Were there any health consequences to this sudden crowding of the city?

Dr. Rawson I do not believe so, no more than any time when you crowd people together. Like in the Army, you have everybody's bacteria carried in.

Many houses were built, and the people who built them - if they could hold a hammer in their hand and knew which was the head and which was the handle, they were given a job.

But the city was flooded with potential workers who came mostly from the Middle West and the South, and many of them were worthless and only took the ride out here because the government paid for it. They were encouraged to get out of the jails and the charitable homes back in the Middle West and South by the cities there. We had many skilled workers come, but we also had many unskilled and worthless ones. It was a problem to separate them.

Their care was kept up fairly well by the medical system of the city. First, practically every one who got a job with a large company would find that company had established an emergency room with nurses in charge and supervised by doctors who were constantly available and frequently came down to the emergency room to take care of the illnesses there so that the workers would not have to spend the time to go to the office or to the hospital. They would see non-emergency cases right there, at specified times which would be designated for each one of the shifts of workers.

Their families that came with them would also, in many cases, either depend upon charity or go to the doctor that had been assigned to their particular company, and the husband - the worker - had already gone there.

Of course, many, many women worked in jobs that had never been taken by women before. Without them, the work of the city and the war work could not have gone on.

There were two hospital built in the city in the 1940's. The Doctors' Hospital was the first one, and the U.S. government furnished most of the money. We, the King County Medical Service Corporation, which did prepaid medical work, was approached in 1940 about this and nothing more was done until early 1943 when they definitely offered it and urged it upon us. It was finally accepted and in November of '43, ground was broken, and in November of '44, the hospital was opened. It was a 200 bed hospital.

Another hospital was placed in Renton - a one story hospital which had been planned previous to the war for a summer resort, I think! It was a one-story hospital which formed a star with a central corridor. The heating in a northern climate would be almost impossible because of the exposure of all the windows to the weather. And the fact that the nurses had to walk so far to get to each patient. It was offered to the King County Medical Service Corporation, but we turned it down after looking it over. They finally turned it over to the town of Renton, which incorporated it into their expense account there. The government paid for all of that hospital, I believe.

Other hospitals were very busy, and many doctors had been going to these hospitals for years - those who had, had easy access to the hospitals. But each hospital had their own staff, but most doctors in Seattle went to more than one hospital. In the eastern states and in most very large cities, they were limited to a single hospital, but here they were not.

There was some difficulty in getting many patients into the hospital. We had to get them out more quickly than we might really have done if it had been in ordinary times, but I don't think very many people suffered from not being able to get into a hospital or from being discharged early. In fact, I marvel at how well the medical situation was taken care of here.

There were diseases, naturally, that came in with such an influx of people from all sections of the country, but we had no real epidemics.

Q. I was curious about that. That's what my question was trying to get at before - was there a rise in infectious illness in this new population?

Dr. Rawson There was an increase in many diseases, but there was no real epidemic at all.

Veneral diseases were up a great deal, of course. With shots for the flu and vaccinations, smallpox was no problem though I think there were two or three cases one year. They were very surprised, but they came in from people who had been in the orient. Everybody else was vaccinated for smallpox, and if they worked in areas where there were great chances of having accidents that were skin and flesh penetrating, they might have injections for tetanus.

Q. Was diptheria a problem ever?

Dr. Rawson No epidemic. Simply a few cases which were quickly isolated, and the source tried to be determined. They were taken care of so that there was no epidemic at any time of diptheria.

Typhoid fever was practically nonexistent. In terms of my private practice, I've only seen one case and that was from another city. This man drank out of a sprinkling faucet, and the water came from a river which also accepted the sewage of the city.

Q. There was a manpower shortage in almost every skilled field you can think of because of men being inducted into the armed services. There was to some extent a medical man- and woman-power shortage. I know that you, for instance, took over someone else's practice for him for a time. Could you describe how nurses came to be more widely used and how the medical profession coped with what could have been a very difficult situation?

Dr. Rawson As I said before, each large company had its own doctor or doctors, and nurses in charge of the examining room and the emergency room at the plant. There was always one or more doctors to supervise the running of that emergency room, and they were always available by phone for any questions by the nurse.

Sometimes, when a nurse thought it necessary, a patient would be sent to the doctor's office for examination and care there, and further direction.

They would send immediately to the hospital, after talking with the doctor, any patient that they thought needed major work. Otherwise, they would try to handle it in the emergency room itself.

As I said before, the family usually went to the doctor that their wage earner went to, and that took care of many. The worthless ones went to the charity institutions as a rule which were expanded and heavily used during those years.

Medical and surgical care in the city was very well taken care of.

Q. How common was sharing a practice? To take over someone's practice when they left for military service?

Dr. Rawson Many young doctors, particularly, who were just graduating from their residencies or internships, went into the Army and received a fairly good rating in the Army. They hadn't established much of a practice as yet.

Many doctors who had been in the First World War went into the Second World War, and received higher ratings in charge of surgery and specialties.

Most doctors who remained in the city, of the older doctors who had big practices, they would take over the practice of some doctor that was going into the service and who did have a practice that was of some moment. Most of these doctors would return the patients to the doctor when he returned from the service. This was simply a service by

local doctors to give care to those who had been "deserted" by their own doctor. (chuckling)

As I said before, I think the medical situation in the city during all this time was excellent.

Q. With the pressure on the hospitals - and I realize that new hospitals opened - there are vogues in surgery, or changes that come about over the course of time - was there pressure, say, to shorten confinement? The amount of time that a woman was kept in the hospital after her baby was born? Or to postpone elective surgery?

Dr. Rawson The length of stay was probably shorter than it would have been had there been less pressure for beds, but I don't think anybody was every injured thereby.

Whereas we in years gone by would keep a woman in the hospital for ten to fourteen days after she delivered, the tendency during the war was to reduce that amount. Since then, they've reduced it down so that they sometimes go home the day after they deliver!

There was a great change at that time, and following the war, of the mother and the child in the hospital.

Q. You told me a story that ended with the punchline, "Run like hell! The Japs are after us!" Can you tell that story again?

Side B

Dr. Rawson We established an emergency service, and the emergency hospitals, and the hospitals, and the schools all entered into the practice runs of that service. The schools were supposed to empty if the siren went off and they had the trial run.

A school down in the Central District, where there were very many Orientals in the time before the actual declaration of war against Japan took place, was emptying itself, and a little Japanese grade school student ran out, and he said, "Run! The damn Japs are after us!" And that showed that he was an American citizen and very conscious of the things which might happen.

Speaking of this, unfortunately, the U.S. Army and Navy and government had to take certain steps to protect the flow of military traffic through Seattle, which was tremendous in amount, and supplies going to the Orient after Pearl Harbor. There were ships going, and movements of troops.

So, unfortunately, they felt that they had to isolate the Japanese population and keep them where they would not be able to give information to the enemy. Many of these people had been born in Seattle and were faithful citizens, but the government did not have time nor could spare the men and time to investigate each individual. It was very unfortunate that this was the case, but I was surprised, as I had many Japanese friends, how well they took this and seemed to understand the necessity of it even if they themselves were faithful citizens of the United States.

It was one of the tragedies, or near-tragedies, of the war.

Other things that were done were to investigate any new occupants of the buildings that overlooked the harbor of Seattle, or overlooked the train area, to be sure that the new residents were not those who would spy. Many telephone conversations, especially those that were long distances ones, were listened in on by the telephone operators to see that no news would be given of thw movement of troops, ships, trains and so forth.

We did not have television at that time, but we had radio and anybody who put out a radio antenna would be investigated to see who he was and why he put it out. That was constantly under surveillance.

People who bought new homes, or moved into areas that looked out over the Sound, were checked very carefully. Some of them were removed from that location.

I had a conversation with a doctor who had gone to the South Seas. His aunt, who had been like a mother to him all his life, came down with a serious surgical condition. I sat in my office one day, and finally the telephone rang, and the operator said, "I have a long distance call from the war zone for you. It will come at 1:10 this afternoon. You will be there?"

"Yes."

"You can talk to him about the subject of his aunt, and nothing else."

He and a dentist across the hall from me owned an airplane together, and when the call came, he (the dentist) wanted to listen in on it. After I had told him the doctor in the South Pacific about his aunt, the dentist tried to ask him if he could sell the airplane. Immediately, a voice came on the telephone, "No conversation other than on the subject. If any more is heard, you will be disconnected immediately!"

This shows how they checked on long-distance calls, especially those that would go to the Orient.

Q. With all your emergency planning, the attack on Pearl Harbor might have almost seemed like an anti-climax to you. How did you hear that news, and how did you perceive it?

Dr. Rawson That day was a Sunday, and I was as usual doing some work in the morning out in the garden. My son was there, and he had heard on the radio about the bombing - I couldn't believe it!

Then the news came in and everything was heard in more detail as the news kept coming in. It was unbelievable.

It stimulated the government in closing off means of giving news to the enemy here, and in checking on all individuals very carefully. It also, of course, increased the efforts of Boeing and the shipbuilding companies tremendously. More and more people were called upon in the draft.

During this period, before the bombing and afterward, the doctors remaining in the city were requested

by the government to examine those people in the draft who asked for exemption because of health reasons. We would go over that individual by appointment and report to the government what his status should be as far as deferment of services in the military. We could suggest to them what he could do in the non-military part of the government's efforts.

This was just another donation of services by the doctors to the war effort.

Of course, all of this started long before Pearl Harbor. In 1939, and in the early '30's, Russia and Germany and Japan were expanding their borders and developing their armies and military strength, and invading areas which they had looked at before. In Europe, they had held those nations prior to the end of the First World War, and during the thirties they felt very unhappy about this and there was more and more effort and thought on their part to regain their previous territories.

In August, 1939, Russia and Germany under Hitler came to an agreement in a non-aggression agreement. They were not friends - they were both looking at Poland and all those areas - but they made this agreement. One month later, in September, 1939, Germany attacked Poland from the south and Russia, not wanting Germany to get all of Poland, attacked it from the north. They were friends as long as they hadn't met - when they met, they became enemies again.

Poland was taken over. Russia took over parts of Finland, and other areas east and south. Germany took over south Poland and then they extended into Denmark, and into Norway, and into smaller countries south of them. Russia had taken over Lithuania and the three Baltic states.

American sympathy was with Poland. Because of the fact that France and England had made an agreement with Poland that they would protect her, immediately after the invasion, in September of 1939, they declared war on Germany. With that movement, the United States people were very sympathetic with Great Britain and France. In spite of the fact that they had an agreement, made in 1937, that the Congress had made to be neutral in the war which they feared would develop in Europe, they began to help more and more the British and the French until we finally we were in the war. Everybody knows the tremendous efforts the United States took in that and made it possible for France and England to survive.

Q. Would you mind telling me your brother's story? I think his experience in the Philippines was a very interesting one, and it must have put a tremendous strain on you during the war.

Dr. Rawson Well, to begin with, my brother went to the Philippines in 1917, and he remained there until 1948. At the time of Pearl Harbor, the Philippines was bombed as well. He was expecting it.

The day after Pearl Harbor, I received a letter from my brother which said, "By the time this letter reaches you, you will probably have heard what is going to happen in the Orient."

They feared it there and knew that it was almost certain. He and the officers of his company were put in an old Spanish prison and kept there for about four months until the Philippine insurgents stormed the old prison and liberated them by blasting a hole through the wall of the prison. Finally, they killed all the Japanese soldiers in charge of the prison.

My brother and the officers of his company escaped into the jungles, taking the wives of two of the officers and the children of one of the oficers, with them. They spent the next three and a half years in the jungles of the eastern Philippine island of Luzon. They kept up contact with their employees - some 2800 of them - and promised that they would return them to their jobs when the war was over, not expecting it to last four years.

The next letter that we received was written on a piece of yellow paper, printed with a pencil, and said, "If this letter gets to you, you will probably have another letter from me in a month."

At that time, MacArthur was on the island of Leyte, and this letter had been taken out by two pilots from an airplane that my brother and his companion rescued when they dropped into the sea off the island where he was located.

They took the message from there down to the island of Leyte, and after clearing with the U.S. Army, it was sent on to us here in Seattle.

He remained in the Philippines after the war was over so that he could work out his promise to give them a job. He had to start all over again. He was in the automobile transportation business there - trucks and passenger - in the southern portion of the island of Luzon. He had to get from the Army trucks and so forth to start his transportation again because it was the only way the Filipinos could move back and forth after the war.

He stayed on for two years and then sold out the company to some Philippine Spanish from Manila and they carried it on.

Out of the 2800 people who worked for the company at the time of Pearl Harbor, more than half of them remained faithful to the United States throughout and were insurgents, some of whom helped free him from the prison.

Q. Had you expected to ever see him again? Had you assumed that he was lost? What kind of news had you had in 1942 of him?

Dr. Rawson Well, from 1941 until Pearl Harbor, we got this letter, and that was all. But there was a rumor that an American by the name of Rawson had a group of Filipine insurgents who were somewhat under his care.

(a brief pause)

Q. So he was literally leading a group of insurgent fighters?

Dr. Rawson No, he didn't lead them - he just

encouraged them and he kept the place up. The company officers and their wives were all teachers and they kept up the education of those two kids. The whole story...! You could spend hours just on the four years there in the jungles. (Dr. Rawson later added that he was acquainted with one of these women, who was mother of the two children. One of those children, the son, presentlly lives in Seattle.)

Q. But you knew that he might be alive?

Dr. Rawson That was the only thing we heard - there was a story in the paper about someone by the name of Rawson who was encouraging some insurgents to keep up the fight against Japan. These two women and two other men besides my brother, and the two kids, and two other men who belonged to the company - these six adults and two kids were together. They were in areas where they had to separate for a time because they Japs were after them.

You see, they knew they were there and that they were a source of irritation. The Japs used one of the schoolhouses in that area as their stronghold and they would come out and the Filipinos would pick them off as they came along the trails. They didn't come out along the trails often, unless they had a body of soldiers.

They (my brother and his party) would have to leave their little camp, and move out and hide and the Japs would come and find food warm! But they had good relations with the natives and they would come and kill quite a few of the Japanese soldiers.

My brother established a swimming pool for the kids, and they used to swim underneath the waterfall. And they used the waterfall to produce power so that, after the batteries on their radio ran out, they used that to produce electricity.

They had their head mechanic with them in the jungle.

Q. What a great story!

Dr. Rawson They established this, and they would only run the radio at certain time of the day, and a lot of the natives would come in to listen to the news that would come over the radio. The stories are just unbelievable! (laughing)

Then he developed a sore on his shin where he cut himself with a machete, and had trouble with that. He got what they call "yaws" from it, which is a spirochete infection a good deal like syphilis, you see, but it's usually gotten from cuts. Natives will get it from scratches on their feet.

He finally got across to another island where a British doctor was who had been a company doctor for another company on this other island. He got over there and - oh! before Pearl Harbor, the U.S. government issued to various natives in different areas of the Philippines some Salvorsan, which is a 606 preparation for syphilis and yaws, so that they could use it on people who had yaws badly.

So my brother bought two of these capsules

from one of these Filipinos who had been assigned some of this, and got across to this English doctor who gave him one shot and his wound healed up just like that. He kept the other one, just in case he had another accident. One shot - yaws is much more sensitive to 606 Salvorsan than syphilis is. With syphilis you have to have long treatment of it. He got cleared of his yaws then.

His letter came - just a piece of paper - and I told you about it the other day, I think - "I'm bareheaded, barebacked, and barefooted, but in fairly good health."

When he rescued these two airmen who ditched their plane in front of where he was, he and this other man went out and picked them up before the plane sank and brought them ashore. They were two young fliers. They started through the jungle there to get off the beach, because the Japanese were a couple miles down the beach and had a camp there. He wanted to get away from the beach where they'd be exposed.

He took the men back into the jungle. One of the flight officers looked at my brother with his bare feet and bare legs and said, "Where are your shoes?!"

"They wore out three years ago!"

Shoes are only good for about six months in the jungles, because of the moisture and all.

"Well, I'll give you mine."

But my brother said, "Don't give them to me. You'll need them to get back to your lines with. I'm used to this. My feet are tough and I can run on almost anything, but you couldn't go a hundred yards here."

Q. As a physician and a man and a citizen, I wondered if all those aspects of your life came together during the wartime, especially at the end of the war when the atomic bombs were dropped. It seems to me that even at the time there was an appreciation of the monumental difference of those weapons - that they had changed the way we could make war.

Do you remember how you perceived those events - those two bombs, on Nagasaki and Hiroshima?

Dr. Rawson We were horrified by it, but it probably saved many lives - more than were destroyed by the bombs themselves - because it ended the war. But we were horrified, as I say, to think that such a weapon would be used against opposing nations or anywhere in the world.

But we had hopes that the fact that it might be used would deter other wars. That was the only good that we could see out of it. The possibilities of atomic energies in the line of peaceful living were very great, so that it did have a place in our civilization, but not in war.

Q. Did you ever know any of the Japanese physicians who treated any of those people after Hiroshima, or have any contact with the health consequence of that?

Dr. Rawson Only on one of my trips to Japan, many years after the war, I consulted many doctors there on various forms of cancer and looked at Hiroshima and Nagasaki,

and could see some of the remains of that devastation that were preserved for future generations in the hopes that it would be a deterrent to war.

I did not talk to - and they did not wish to discuss the subject very much. When I would bring the subject up, I would get very brief answers because it was a horror and a defeat to the nation that they were not willing to discuss. Though they left the evidence there and wanted it kept.

Other discussions on cancer were very helpful to me and very informative, because that subject was one of my lifelong efforts - to take care of the patients that were afflicted.

Q. There were two groups of returning physicians...

Dr. Rawson Yes, there were the doctors who went to the base hospitals in areas such as California, Florida, or the Hawaiian Islands, and had a life of luxury and ease with more doctors than were necessary for intensive care.

The other group were on board the hospital ships in action or with fighters on the land, and went through hell many times with the bombing every night by Japanese planes and by Japanese torpedo cruisers. Many of them came home not wishing to talk about the horrors of the situation there. Others were willing to talk, but expressing clearly the terror and the violence of war injuries.

Those of us who stayed home, many of us worked exceedingly hard. Others worked hard, but did not give as much of themselves as they should have in the situation of a nation at war.

I think that would be my last thoughts on this.

Additional notes
Erroll Rawson, June 9, 1985

Gasoline rationing and food stamps, or points, were established limiting one's driving and consumption especially of red meat. Doctors and some others were allowed more gasoline than the average. Most people cooperated.

My big German shepherd received bones and pigs ears in his diet because they required no red points.

A doctor friend of mine whose waistline suggested his pleasure in eating and his enjoyment of beef steak solved his problem by putting many of his patients on a reducing diet, acquiring their red points for his own use. He also encouraged his wife to offer her services on the gas rationing board to ensure an adequate supply of gas for his big car although he made few house calls.

In the years before Pearl Harbor, Japan was importing large quantities of scrap metals from the United States, much of it through the port of Seattle. Old automobiles and other scrap metals were crushed before shipping. It was believed that some bodies were disposed of in this manner by the underworld.

With Pearl Harbor, no more scrap metals were exported.

The government prohibited the use of metals in construction other than for military purposes. Thus in the building of Doctors Hospital, only timber, brick, and mortar were used. All door knobs, plumbing fixtures, etc., were madde of ersatz metals and had be to replaced when the war ended.

War gardens were encouraged by the government. Vacant lots and even parking strips were used and the previously unused ground was especially good for growing potatoes. My office secretary found her parking strip very difficult to prepare. Her solution to the problem was to scatter nickels and pennies under the soil before the school children came by from school, uncovering a few coins as the children stopped to chat. They immediately wished to help and she turned her tools over to them. Thus working under her direction, the ground was shortly well-prepared for the war garden. A pleasure for the children, and of little cost for herself.