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Research and Development Board

Washington, D.C.

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COMMITTEE ON MEDICAL SCIENCES

TRANSCRIPT OF 15TH MEETING

Held 25-26 October 1951

In Room 3E-1060, Pentagon at 9:30 a. m.

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Ms

PROCEEDINGS

The Fifteenth Meeting of the Committee on Medical Sciences convened at 0930 Hours, 25-26 October 1951, in Room 3E-1060, The Pentagon, Dr. Lowell T. Coggeshall presiding.

DR. COGGESHALL: If you will take your seats we will get under way.

In starting today's meeting I will simply say that although I have a certain familiarity with the background, I have lost out on the, after a little over a year's absence, activity of the Committee on Medical Sciences, Research and Development Board. I will try to catch up as rapidly as I can and re-learn some of the vocabulary and particular terms that are used that one rapidly loses if not in daily contact with them.

Now I think that for the benefit of myself and others here it might not be inappropriate to review very briefly our functions. Sometimes I wonder just exactly what it is, whether we are putting our best foot forward and giving all the help we possibly can. We collect information in terms of reference and procedure known to all of you, but we are to collect necessary information for the appropriate channels concerning the United States and foreign programs, plans, and budgets in the field of medical and applied science; two, necessary information (from the Joint Chiefs of Staff to the Executive Secretary of RDB) on such aspects of the over-all planning for National

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Defense as may be needed in formulating an adequate program for research and development in the field of medical sciences.

Now this Committee shall analyze and evaluate information obtained in accordance with the section above, but first determine the major goals and problems in the field of medical and applied sciences and direct constant emphasis on them. Two, assess the adequacy of the plans, programs, and projects and effectiveness with which programs are handled. Three, determine the presence of unjustifiable duplication of effort in the field of medical and applied sciences. Four, determine presence of serious gaps which exist in the program. Five, adequacy of the facilities, personnel, and equipment currently available and estimate future requirements. Six, assess the degree of coordination obtained in medical and applied science programs including that reflected in budget requests.

Well, there are so many committees in the interests of the military services today that I really feel sorry for the boys in the military service. They must spend about half of their time being coordinated, guided and assessed.

It seems to me if we are to make this a useful instrument to the Armed Forces we must subjugate ourselves to them, to the things they are trying to do, work as a team in order to give them the best possible guidance that we are capable of rendering, and take the problems

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home with us. I feel that many of us have the feeling that as soon as we have concluded the day's meeting at one of these sessions that is over until six months later. I think our responsibilities go much beyond that.

Now of particular importance is the problem of personnel that occurs both in civilian and military organizations today. There is such competition for adequate and qualified workers that there is not enough to go around, but by reassignment and appointing certain personnel to certain spots I think that it can be improved. If we are to give our best I think we must be thoroughly informed on what is going on because we certainly cannot pass judgments that are worth the paper they are written on if we do not have some accurate idea of the programs, of the needs, and of the planning in the minds of the men here charged with the development of a research program for the Armed Forces.

Now I think the philosophy, as I understand it, of the RDB today is that although this particular Board is not concerned with dollars, we are concerned to this extent, that the budget for research and development will probably not keep climbing all the time, that we are reaching a point where we must, if we add emphasis in one area, it must be decreased some place else. In other words, every idea that comes up cannot be put into play and expanded indefinitely.

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I think, with that brief statement, we will get under way. I will need your assistance in guiding me and we will try to do our best for the Armed Forces. I consider our function, as I see it, not a policing unit at all, but an assisting unit. We would like to be placed in the position of giving the maximum help to you and would like to be called upon to assist in any of those problems that you have under way, avoiding conflicts with other organizations that are set up to handle the needs of the services if they can be handled better elsewhere.

Now the first item on the Agenda today is the approval of the Minutes of the last meeting. I think I will ask Dr. Spender to just review the items of the Minutes so that you may be acquainted with the general topics and we will not discuss them in detail.

DR. SPENCER: The last meeting was held the 26th of April, 1951, the 14th meeting of the Committee. In the Minutes of that meeting under Item 1, of course, was approval of the Minutes of the 13th meeting. Item 2 was a report of the Panel activities. The Panel on Physiology, Panel on Shipboard Medicine, the Subpanel on the Medical Aspects of Atomic Warfare all contributed partially to that section in their activity as they were recorded.

Item 3 of the last Minutes was entitled "Technical Estimates." One comment about that. The Research and Development Board at its last

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meeting in September approved the consolidated technical estimates, consolidation of this Committee's paper along with the other twelve committees that comprise the Research and Development Board. The final edition of this is not available, but we do have a draft copy of that if anyone would like to see it, to see what part this Committee plays in its formulation.

Item 4 of the last Minutes had to do with disaster study program. This will be taken up as an item on our today's Agenda, today and tomorrow, and I don't think it needs any further comment now, Dr. Coggeshall.

Item 5 of the last Minutes was entitled "Other Business," by a medical participation test addressed under that item as well as crash research. Both of these items will be touched on further in our Agenda today.

The Symposium on Selection of Military Manpower will not specifically be touched on in today's and tomorrow's meeting. Dr. Fenn represented our Committee at that Symposium which was held last April. If Dr. Fenn has any comments about that perhaps he would like to give them to us at this time.

DR. FENN: No.

DR. SPENCER: It was sponsored both by this Committee and the Committee on Human Resources and was a three-day meeting. The discussion that took place at that meeting will be published in book form

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and we have reason to believe that it will be available about December 1st. No one has seen the draft up until now.

Under Item 5 D of the last Minutes is the conduct of field research under combat conditions. This is one of the major items of the Agenda of this meeting so we will pass that at the moment.

Item 5 E is discussion of the Armed Forces sponsorship of graduate fellowships. This again is one of the major items on our Agenda for this meeting so we will pass that by.

Item 5 F is RDB document circulated for information.

Item 5 G has to do with the retirement of the Chairman of the Committee on Medical Sciences, Dr. Francis Blake.

DR. COGGESHALL: I think we ought to report that Dr. Blake, the retiring Chairman, has had an illness. I understand that he is recovering very nicely and expects to be in Washington soon to take charge of the research and development program of the Army. Is that right?

COLONEL WOOD: He is what we call the Scientific Director of our program.

DR. COGGESHALL: I am very happy to report the latest information that Dr. Blake is recovering very nicely and expects to be here soon.

DR. SPENCER: Item 5 H was the foundation for the Executive Director, Dr. Joseph Pisani, which we will skip.

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Item 6, date of the next meeting; the meeting adjourned without setting a definite date at that time.

DR. COGGESHALL: Thank you, Dr. Spencer. Dr. Spencer has reviewed the items of the Minutes of the last meeting. All unfinished business carry-overs will be included in today's Agenda. Unless there is discussion, I think I will ask for a motion to have them accepted as read.

COLONEL WOOD: I so move.

DR. McLEAN: Second.

DR. COGGESHALL: Any discussion or comment? If not, all those in favor say "Aye" - Carried.

Now today we welcome Dr. Frank Berry as a member of this Committee on Medical Sciences. There have been several changes in the Panel membership. Those will be taken up as we discuss each Panel activity.

At this time I would like to pass out, ask Dr. Spencer to pass out the program guidance of the various panels and for your convenience I would like for you to label them one, two, three, four and five, and we will refer to them in that order.

Panel No. 1 will be shipboard and submarine medicine. Some of you have them already.

No. 1 is shipboard and submarine medicine. No. 2 is atomic warfare. No. 3 will be aviation medicine. No. 4 will be military

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and field medicine; and No. 5 is physiology.

DR. SPENCER: The documents that have to be signed for are the shipboard and submarine medicine papers and the paper I am about to pass out now is the draft of the working paper of the Committee. The others do not have to be signed for. We have sufficient copies on the Symposium on Burns and Atomic Weapons for everyone present. We would like each of you to have one copy at least.

DR. COGGESHALL: In an effort to get a little closer working relationship between the panels and the Committee, and in order to have questions that may arise answered more adequately, we have invited members of the panels, either its Chairman or representatives, to attend today's meeting.

Dr. Bard, you attend for the Physiology, Dr. DuBois for Shipboard and Submarine Medicine, Dr. McLean on the Panel for Atomic Warfare, Dr. Frank Berry for Military and Field Medicine, so all panels are represented today.

Now, we are required at this time, in addition to preparing a general program guidance report for the Research and Development Board, to issue in addition a summary identifying guidance of particular importance. In other words, we are to summarize, as a summary sheet, identifying those items that deserve particular emphasis in the various technical objectives. This will be most of the meat of the meeting today and I think we will swing right into it and with your permission

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I would like to conduct the meeting as follows: First, we will take up the panel activities with the exception of the specific programs identified with the panels, taking up those items as membership, general recommendations apart from the specific projects. Then we will start immediately taking the technical objectives starting with PO-11 and go from panel to panel to take up PO-11, say, first and shipboard and submarine medicine, atomic warfare, aviation medicine, right down the line discussing them by technical objectives and attempt to highlight those items that we think deserve particular emphasis that something needs to be done and needs to be done rapidly.

Therefore, I would like to ask Dr. Spencer, first, to report on the Panel on Shipboard and Submarine Medicine with particular reference to their general recommendations, membership and what not.

DR. SPENCER: The Panel on Shipboard and Submarine Medicine at its Eighth Meeting in August 1951, in discussing research personnel in the Armed Forces, approved a motion which they wished to be forwarded to this Committee. Shall I read the motion?

DR. COGGESHALL: Please.

DR. SPENCER: I will read it as it stands: "Although excellent facilities are now available within the medical services of the Armed Forces for the pursuit of research in military medicine and the allied sciences, there is at present continued interruption of the scientists' careers and these personnel activities. Active participation of the

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I might ask since Dr. Du Bois is here if he cares to add anything in behalf of the Panel's general activity. No specific proposals or programs yet?

DR. DuBOIS: We left the important things open to be considered later, I thought, but diarrhea disease, which was handled by another Committee, is tremendously important. The approach of the submarines that remain submerged for a long time, have no details regarding the proposed submarine, so we are not in a position to guide research until we know more about it, but there is a great deal of work that has to be done before that ship is in the water.

Then the problem of transports is very important, that is, the health aboard the transport, whether air conditioning is needed or not.

Those, I should say, are the main things. Much more should be done on submarine ventilation.

DR. COGGESHALL: Thank you, Dr. DuBois. Some of those items will be covered as we go through the Panel's programs.

The next panel under discussion will be Atomic Warfare.

DR. SPENCER: The Joint Panel on Medical Aspects on Atomic Warfare at its last meeting, 18-19-20 September, 1951, first, with reference to a statement "biological participation in future weapons tests," the Panel voted to authorize the Chairman to appoint a working group to include members of the Panel and such others as may be

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desirable with responsibility for initiating proposals in biomedical participation in atom bomb attacks.

That requires no action.

DR. McLEAN: Do you want the rest of the resolution? You stopped in the middle of the resolution.

DR. SPENCER: Just a minute.

DR. COGGESHALL: You have the complete resolution, I think, Doctor.

DR. SPENCER: That consideration be given for the inclusion of necessary---

DR. McLEAN [Interposing]: You still---

DR. SPENCER [Interposing]: I see what you mean, excuse me. I will start from the first. They voted to authorize the Chairman to appoint a working group to include members of the Panel and such members as may be desirable with the responsibility of initiating proposals in biomedical participation in atomic bomb attacks and to review such proposals for such participation as may be referred to the Panel in the cause of defense and with the desire to make recommendations on behalf of the Panel concerning approval, instrumentation, and disapproval of such proposals to the appropriate authorities, it being further understood that the possibility of coordination of the work of this group with that of other organizations, with specifically the Armed Forces Special Weapons project and the division of biology and medicine of the Atomic Energy Commission would be further explored.

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The next item concerns the Panel's attendance at the future weapons test. The Panel voted to "authorize the Chairman to request permission for the Panel and Secretariat to attend, as Department of Defense representatives, the A-bomb detonation at Las Vegas, Nevada, with preference being requested for detonation having biomedical participation. Due to the limited facilities for spectators at these tests the Department of Defense was able to make only four spaces available to this Panel and Secretariat."

Dr. McLean, Dr. Budell, Dr. Emelman and myself will be the spectators at the forthcoming test. Dr. Murr was supposed to go, but at the last minute found it was impossible for him to go and I am replacing him. That is all.

DR. COGGESHALL: That requires no action.

DR. McLEAN: I think it might be well to have the Committee give cognizance to this working group on biological participation in future weapons tests and I so move.

DR. COGGESHALL: Is there a second?

COLONEL WOOD: Second.

DR. COGGESHALL: All those in favor say "Aye" - Contrary? [None Carried. Dr. McLean, do you wish to add anything?

DR. McLEAN: I think not.

DR. COGGESHALL: Well, let's pass on to Aviation Medicine.

DR. SPENCER: The Panel on Aviation Medicine at its 11th meeting, 1st and 2nd of October 1951, the Panel voted to remove from

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That covers some of 16. "Studies on improvement of prevention, treatment, handling and rehabilitation of military toxics, emphasizing treatment of shock, preservation and sterilization of blood and blood products, wound ballistics of body armor. Evacuation and disaster studies. PO-15, mental health aspects of personnel selection and utilization, emphasizing studies on stress, group living and leadership as they involve military effectiveness.

DR. COGGESHAL: All right. What is the next one, AW-6?

VOICE: I used a little different form. We divided AW-6 into four, heading each with a subheading under 1. Treatment of radiation injury, subheading, Evaluation of Present Methods and Search for New and Improved Methods, AW-6. There is, at yet, no satisfactory method for the systemic treatment of the injurious effects of radiation but there is some promise of major breakthrough in the area by isolation of the biological facts for the existence and effectiveness of which there is considerable evidence. Efforts started for improved therapy should be vigorously prosecuted. (2) Thermal injury, subhead Assessment of Thermal Hazards from Atomic Explosion, Evaluation of Protective Measures, Studies of Mechanism of Local Injury, AW6. Techniques are now available for assessment of thermal hazard, and information from that atomic bomb tests should be collected as rapidly as possible. Protection requires evaluation and protective measures and search for improved measures.

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Fundamental studies of mechanisms of local injury are needed and search for improved methods of treatment. (3) Military hazards from radioactive material assessment and evaluation, AW-6. Rapid advancement of military Services and use of radioactive material necessitates constant and continuing assessment and evaluation of new material and techniques from the viewpoint of injury to civilians and military personnel. The development of atomic propulsion for aircraft submarines and other vehicles requires complete assessment of human hazards and development of protective methods. (4) Field Research, subheading Organization for Investigation of Radiation Injury on the Field of Combat, AW-6. New concepts of application of atomic weapons as well as increased intensities of broader types of application require organization of highly competent mobile teams for adequate study of various aspects of radiation hazard and thermal and blast hazard in a near target area. Only in this manner can the problem be critically assessed and a practical procedure for protection as well as on the spot therapy be developed and evaluated.

DR. COGGESHALL: Now these reports, as submitted, will be very, - They may be too general. I am not sure. Do you think so, Dr. Spencer. Do you think the Editorial Committee can combine these? I think we obtained one objective that has been set forth, viz., they are broad enough, yet sufficiently pointed that says just what they think the critical areas are. They are, however,

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