

AMEDS Com File

ARM1.950111.004

MEDPS-PO

7 October 1964

MEMORANDUM FOR: Chairman, AMEDS Radioisotope Committee

SUBJECT: Visit to Martin Army Hospital

1. The undersigned visited Martin Army Hospital, Fort Benning, Georgia on 5 October 1964 for the purpose of viewing the radioisotope clinic physical facilities, discussing AEC license problems with local radioisotope committee members and determining adequacy of radiological instrumentation. Lt Colonel Eugene F. Chandler, Martin Army Hospital Radiation Protection Officer, served as escort during the visit.

2. Following a short meeting with the Hospital Commander, the undersigned toured the radioisotope clinic and met with the following members of the local radioisotope committee:

Lt Colonel Edwin S. Stenberg, Chairman
 Lt Colonel Eugene F. Chandler, Chief, Radiology Service
 Captain Joe C. Stubbs, Chief, Radioisotope Clinic

Extensive discussions ensued on various topics including philosophy behind institutional licenses, periodic surveys by clinic personnel, film badge service procedures, wipe test of sealed sources, authorization of users, and adequacy of equipment. At this time, Martin Army Hospital has an AEC license to store its Sr-90 applicator and 10 microcuries of Co-60 as Vitamin B-12. License for human use has yet to be approved by the Atomic Energy Commission, but prior to expiration of previous license, approximately 20 procedures per day were performed.

3. A short exit briefing was held with the hospital commander prior to departure.

4. It was concluded that the clinic was adequately staffed and equipped with the exception of certain obsolescent instrumentation. It was stated that scalars have exhibited excessive down-time, a condition aggravated by lack of adequate local repair service because of its complexity and non-standard nature and by the distance between Fort Benning and Atlanta where repair is available by the manufacturer. In

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 Martin Army Hospital 1964*

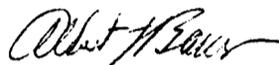
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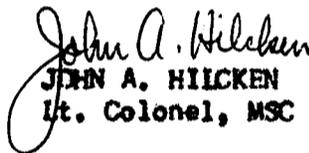
addition to the disadvantages above, the Picker isotope scanner has a small crystal and thus requires about two hours to scan a liver for instance, with much less resolution, hence more interpretive difficulties and uncertainties than modern equipment now available.

5. The outstanding qualifications and mature judgement of the members of the local radioisotope committee impressed the undersigned and it is believed that with some new equipment, a sound and expanded human-use radioisotope program can be developed.

6. It is recommended that every effort be made to assist Martin Army Hospital in securing approval of its human-use isotope license as soon as possible and that isotope operations be started with the present equipment and that any steps possible be taken to assist them in obtaining funds to obtain a new Magna-Scanner.



ALBERT J. BAUER
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Chief, Radiological Consultant



JOHN A. HILCKEN
Lt. Colonel, MSC

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