



HEADQUARTERS
DEPARTMENT OF THE ARMY
OFFICE OF THE SURGEON GENERAL
WASHINGTON, D.C. 20315

3 Sept 64

IN REPLY REFER TO
MEDPS-C

ARM2.950113.034

MEMORANDUM FOR THE RECORD

SUBJECT: Meeting of the AMEDS Radioisotope Committee

1. The AMEDS Radioisotope Committee meeting convened at 1300 hours, Thursday, 3 September 1964. The following officers were present: Colonel Robert L. Rhea, Jr., MC (Chairman), Colonel Albert J. Bauer, MC, Colonel Marshall E. McCabe, MC, Lt Colonel Roswell G. Daniels, MC, Lt Colonel Bernard L. Goldstein, MC, Lt Colonel Wallace R. LeBourdais, MC and Mr. Ernest Earman, Jr.

2. Colonel Daniels distributed to members of the committee the current license application for Martin Army Hospital, Fort Benning, Georgia, which item was the major subject for discussion. The problem fundamentally is whether or not to indorse Martin Army Hospital, a Class I installation, for a wide variety of isotopes in a quantity comparable to that required by an isotope program at a Class II hospital. Do we need a full therapeutic program with isotopes at Martin Army Hospital? This is the first Class I installation to present this type of situation. It is a matter of a Class I hospital assuming a Class II's responsibility. Equipment for this service at Martin Army Hospital is questionably adequate, and the personnel at that hospital desire new equipment for which funds are not available.

3. The Quarterly Report on Radioisotopes in Human Use Activities dated 3 February 1964 (Incl 1) was read with particular emphasis on paragraphs 5 and 6 of that report.

4. Colonel Rhea stated that Martin Army Hospital is acting clinically as a Class II hospital. There is no general hospital in the Third Army Area. Colonel Rhea feels that they should have the program they desire and that they have the necessary staff and clinical workload to acquire this status. The committee unanimously agreed that the full license application should be indorsed on to AEC and that they should be authorized a full diagnostic and therapeutic program under the concepts of AR 40-37.

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5. Concern was expressed over the high dosage of hippuran being used for renograms at Martin Army Hospital. Colonel Bauer stated that this same dosage (30-35 μc) is being used at Walter Reed and apparently is required for adequate renal scans. The list of isotopes in Table I of AR 40-37, agreed to mutually by representatives of The Surgeon General and AEC, should be further reviewed with AEC to determine if the hippuran dosages recommended should be changed and brought into line with the current Army usage of 30-35 μc for a renal scan.

6. To determine the adequacy of the equipment at Martin Army Hospital and at the same time to review the isotope program at this hospital, it was believed imperative that a survey of the isotope activities of this hospital be accomplished in the near future. It was agreed that the Quarterly Report, inclosed, should be indorsed back to the Commanding Officer of Martin Army Hospital advising him that their isotope program will be surveyed.

7. Colonel Bauer believed that the dosages listed as recommended in Table I, AR 40-37, should become mandatory limitations which should not be exceeded without prior approval of this committee and that a letter to this effect for dissemination to the field was indicated. It was agreed that following a review of these dosage levels with AEC by Lt Colonel Daniels and/or Colonel Bauer, Colonel Bauer would prepare a letter for this purpose for the signature of the Chairman of the Committee.

8. It was pointed out that generally a particularly aggressive individual (internist or radiologist) will initiate a radioisotope program and unless he is replaced by an individual who is qualified and interested in maintaining this service, it will not continue. Fort Meade was an example of this problem. Therefore, it is important for the consultant in medicine and radiology to plan personnel moves with the radioisotope program in mind.

9. It was the consensus of the committee that if any of the equipment at Martin Army Hospital is inadequate and is replaced, that it should not be transferred from Martin Army Hospital to the hospital at Fort McPherson.

10. It was suggested that Colonel Rhea bring the subject of the radioisotope program up during the Commanders Conference in October 1964, as a matter for discussion in the last part of the program - free time.

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This would provide an opportunity for a statement concerning the need for not exceeding the dosages delineated in Table I, AR 40-37. It is appreciated, however, that the dosage listed for hippuran must be reviewed prior to this presentation.

1 Incl
as

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Colonel, MC
Chairman

CONCURRENCE:

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