

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

**SUMMARY  
OF  
MAJOR EVENTS AND PROBLEMS (U)  
1 JULY 1954 TO 30 JUNE 1955**



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n. “Medical Treatment Facilities - General Administrative Provisions” (AR 40-200, 23 Jun 55). These regulations establish policies and set forth general administrative provisions governing the operation of Army medical treatment facilities. The following major changes have been incorporated: (1) added for information and guidance is a provision pertaining to enforced treatment and a provision that civilians admitted to Army medical treatment facilities must comply with medical treatment facility regulations; (2) instructions concerning the filling out of questionnaires and other forms by Army medical treatment facilities for various professional associations have been included; and (3) the method of identifying newborn infants has been revised in accordance with the procedures outlined in a publication of the American Academy of Pediatrics entitled, “Hospital Care of New-born Infants.”

o. Authorization of Radioisotope Laboratories. In further implementation of SR 52-10-10, TSG announced on 10 May the policy regarding establishment of radioisotope laboratories. Essentially, the authorization of such facilities depends on medical requirements for such a program, the extent of plant modifications necessary, and the attendant facilities and equipment required. As of 30 June, radioisotope laboratories were authorized at Walter Reed, Brooke, Letterman, Fitzsimons, and Tripler Army Hospitals. (Adm Ltr 10-8, OTSG, 10 May 55.)

#### 5. Projects for Improving Hospital Methods.

a. Reorganization of Class I Hospitals. The organization of Class I hospitals described in SR 40-610-5, 16 January 1952, and amended by Change 1, 5 December 1952, was superseded by AR 40-22, 29 April 1955. Outstanding features of the new regulation are:

(1) Increased Flexibility. Commanders of hospitals of less than 100 operating beds are authorized to adapt the organization to their requirements. Hospital commanders have the option of placing the medical holding detachment with the Troop Command or the Registrar Division. There are a number of other similar options in both administrative and professional areas designed to extend the prerogatives of the commander.

## Section III

### RESEARCH AND DEVELOPMENT DIVISION

Col. Richard P. Mason, MC, Chief

1. Introduction. Increased efforts were made during the year to bring the Research and Development Division into closer relationship with the Professional, Personnel, Education and Training, and Preventive Medicine Divisions of the OTSG to insure that requirements known to these and other divisions were given appropriate consideration in the formulation of the research program. Additionally, this closer liaison served to facilitate the transition between research results and their practical application to the practice of military medicine.

Highest priority was given to research projects designed to prepare the Army Medical Service to meet its responsibilities in case of war or disaster. Extensive contractual and in-service work continued in the fields of blood preservation, trauma, shock, burns, radiation injury, and anesthesiology. The findings are applicable to individual casualties as well as to small or large numbers.

2. Personnel. Col. Richard P. Mason, MC, became Chief of the Division on 7 July 1954. Col. Glenn J. Collins, MC, was appointed Assistant Chief on 11 January 1955 after having acted in that capacity since 1 December 1954.

As a result of the economy program in the use of Medical Corps personnel, the number of such personnel assigned to research duties was reduced during the year from 130 to 112.

3. Management of Research Program. The 24th Intermediate report of the House Committee on Government Operations, prepared by the Subcommittee on Military Operations and issued as House Report No. 2618 on 4 August 1954, made recommendations concerning the management and execution of the research and development programs of the three military departments. Among the suggestions was one

proposing a survey of the current research and development contract procedures, using the statement of "Fundamental Principles for Research and Development" made by the Advisory Committee on Contractual and Administrative Procedures for Research and Development for the Department of the Army, 15 October 1948, as a guide to indicate the specific corrective measures required to further improve contractual relations of the Army. Since the implementation of this recommendation was assigned to the Chiefs of Technical Services, it is felt that many improvements can be made in such relations with nonprofit institutions.

The adoption of a research and development type of contract, suitable for use with nonprofit institutions, instead of the presently used procurement-type of contract, would eliminate a great volume of administrative work on the part of this Division, improve its relationship with contractor institutions, relieve it of excessive administrative burdens and costs, and thus provide more money for actual research. The best solution appears to be establishment of a grant-in-aid operation, and efforts continue to obtain this.

The Research and Development Division recommended adoption of a basic-agreement type of contract with nonprofit institutions where the number of contracts with one institution warrants their use. Deletion of 10 specific articles, required by the Armed Services Procurement Regulations, was recommended as they are not considered applicable to research and development contracts with nonprofit institutions.

Reference: Par. 11(2) of Staff Study, "Organization and Administration of the Military Research and Development Programs," undated, but based on HR No. 2618, issued 4 Aug 54.

4. Allocation of Funds. AMEDS was allocated \$10,185,000 of research and development funds for FY 1955. Of this amount approximately 40 percent was used for support of intramural research and 60 percent for contracts with nonprofit institutions and transfers to other government agencies. At the end of the fiscal year, 347 contracts were in force. The 31 approved major projects embraced several hundred subtasks.

5. Construction. Considerable difficulty has been experienced in obtaining funds for minor construction and alterations in medical research laboratories. Research funds have been utilized in several cases to provide for construction required by changes in scope or magnitude of research projects.

6. Radiac Sets. The assignment given to the Division by General Hays on 21 April 1954 in connection with the procurement of radiac sets for fixed medical installations has been completed. TB Med 247, "Radiac Sets for Detection of Personnel Contamination," was published 14 June 1955. The Office of the Chief Signal Officer has advised that shipment of Beckman MX-5 survey meters will be made directly by the manufacturer. The first shipments were to be made by 13 July 1955, the balance a month later.

7. Peaceful Uses of Atomic Energy. Acting upon a suggestion made earlier by President Eisenhower, the General Assembly of the United Nations on 4 December 1954 called an International Conference on Peaceful Uses of Atomic Energy, to be held in Geneva, Switzerland, 8-20 August 1955. In response to an invitation to present for consideration appropriate material arising from investigations by AMEDS, The Surgeon General submitted six titles and abstracts on 11 March 1955. Of these, two were chosen by the Program Committee for publication in the proceedings of the Conference, and one was selected for oral presentation. This report, "The Use of Radioactive Tagged Red Cells and Platelets for the Study of the Phenomenon of Sequestration," will be given by Lt. Col. William H. Crosby, MC, Department of Hematology, Army Medical Service Graduate School.

8. Reports. The Annual Research Progress Report of the Division was issued on a calendar-year basis for the first time on 31 December 1954. Most laboratories under the technical control of the Division submit interim reports, their frequency being dependent upon completion of significant research. A new report, "Annual Task Summary," was initiated during the year by the Chief of Research and Development, Deputy Chief of Staff for Plans and Research. This report entails considerable effort in preparation since a form must be completed for each subtask.

Advisory Committees to The Surgeon General on (1) Nutrition and (2) Metabolism, with their subcommittees.

In addition, through overlapping memberships of representatives or by direct requests for information, the Division had the advantage of consultative advisory relationships with all technical services of the Army, and with the Navy, Air Force, Public Health Service (National Institutes of Health), National Science Foundation, Department of Agriculture, Foreign Operations Administration, and a number of civilian research foundations.

a. Armed Forces Epidemiological Board. The AFEB not only continued to function as the major advisory body for research in the field of preventive medicine but also continued to implement a coordinated program of research through the medium of thirteen commissions, with almost 200 of the nation's outstanding civilian and military scientists participating. The Board met four times during the year. Two of the meetings were special executive sessions, one of which was for the purpose of reorganizing and streamlining its internal operations which because of the rapid expansion of activities had become too burdensome for the small staffs of the President and Executive Secretary to carry on efficiently. Dr. Colin M. MacLeod, the President, was devoting from 75 to 80 percent of his time to Board business. Dr. MacLeod had agreed in May 1953 to serve a fifth consecutive two-year term provided the Board found a replacement by 1 July 1955. No other Board member at the time could make arrangements with his university to devote even 10 percent of his time to act as Board President. It became obvious that drastic remedial action was necessary.

The Assistant Secretary of Defense (Health and Medical), Dr. Frank B. Berry, took action to provide assistance by directing that an Assistant Executive Secretary's position be established, and that the Air Force provide such an officer, with a scientific and administrative background, from its MSC personnel. This was done on 28 February 1955 with the appointment of Lt. Col. Raymond E. Dockery, MSC (USAF).

With the expiration of Col. Adam J. Rapalski's appointment as Executive Secretary on 30 June 1955, Dr. Berry requested that the Navy nominate a replacement. This was done, and Capt. Robert W. Babione,

MC (USN), was designated as the incoming Executive Secretary for a term of four years, effective 1 July 1955. The office of the Executive Secretary was still hampered by the lack of an adequate secretarial and clerical staff.

b. Advisory Committees on Metabolism and Nutrition. The AFEB on 8 May 1954 discontinued the Commission on Liver and referred all of its research projects back to this Division. The AFEB was of the opinion that an advisory body with special competence in nutrition and metabolism should be formed for the purpose of evaluating research proposals concerned with metabolism. Consequently it established the Advisory Committee on Nutrition and the Advisory Committee on Metabolism with Dr. J. B. Youmans as Chairman of both committees on 28 November 1954. A joint secretariat of the two committees was likewise created in order that the investigations could be closely coordinated.

At the first meeting of the Advisory Committee on Metabolism on 24 December 1954 in the OTSG, two subcommittees were established: (1) Subcommittee on Liver, with Dr. Robert W. Kark as Chairman; Subcommittee on Metabolism in Trauma, with Dr. Charles S. Davidson as Chairman. Membership was selected and the first meeting of the Subcommittee on Liver was held 14-15 March and that of the Subcommittee on Metabolism in Trauma, 18-19 March, at the Army Medical Service Graduate School.