

DEPARTMENT OF THE AIR FORCE
HEADQUARTERS UNITED STATES AIR FORCE
WASHINGTON 25, D.C.



REPLY TO
ATTN OF: AFCSG-11

SUBJECT: Trip Report: AGARD Meeting - Istanbul, Turkey

14 November 1960

TO: AFCSG-10

1. I departed Washington for Istanbul via special air mission aircraft on 30 September and returned in the same manner on 8 October 1960.

2. The purpose of the visit was attendance at the AGARD Meeting and in particular the presentation of a paper at the meeting of the Aerospace Medical Panel of AGARD.

3. Colonel Marett has submitted a trip report principally concerning the activities of the Aerospace Medical Panel and I shall limit my report to the scientific program of that Panel. A copy of the program is attached to this report and a detailed program of the entire AGARD Meeting and a booklet of general information concerning AGARD are on file in my office. Copies of the various scientific papers are also available in my office and these will be published as an Agardograph in the near future. My paper was entitled "Aviation Medicine and Consultation Problems from Cases" and a copy of the paper is attached to this report. The scientific program in general was rather good and with some prejudice I would say that the papers given by the USAF delegation were probably the best on the program. The program was aimed at clinical aviation medicine and some interesting discussions revolved about this topic. The current problem concerning the disposition of ulcer cases was mentioned not only in my paper but also in one by a RAF Surgeon and by the RCAF Representative. Dr. Garraway reported that the incidence of peptic ulceration in the RAF is only 1/20 of that in civilian life but that still some 600 cases a year are seen. However, less than 10% of these occur in aircrew. The RAF has a policy of performing gastroectomy on all uncomplicated duodenal ulcers unless they respond very rapidly to medical treatment and the response is maintained in normal duty. An analysis of 300 consecutive gastrectomies with a 5 year follow-up shows that 75% returned to unrestricted duties within 6 to 9 months and 20% returned to limited duty in the same time. The direct mortality was 1% and the resulting morbidity was 4%. The aircrew so treated had a 90% return to full duty. Dr. Nelson of the RCAF expressed similar feelings concerning the use of elective surgery in the treatment of peptic ulceration in aircrew. Dr. Nelson also presented a paper concerning the experience of the RCAF with the surgical therapy of spontaneous pneumothorax

in flying personnel. They have performed several pleurodeses and also pleurectomy with thoracotomy. They feel that the latter procedure offers equal or better protection against recurrence and in their series less morbidity. All of their personnel were returned to full flying duties.

4. The medical services of the various NATO Nations were well represented at this meeting and it is obviously important that we maintain our contacts at this level and when ever possible present papers at these sessions. It is of importance to discuss the various mutual problems in Aerospace medicine with these representatives of other NATO countires. Such exchange results in some new ideas and in many instances a clearing of conflicts. I would strongly recommend our continued healthy support of the AGARD Aerospace Medical Panel.

Charles A. Berry

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1. Program
2. Paper