APARTMENT HOUSE READY FOR RENTAL

Fifteen employees and their families have moved into the newly completed NIH apartment house. Unfurnished units are now ready for occupancy, and furnished apartments, approximately half of the units, will be available in the spring.

The seven-story building contains 49 efficiencies, 26 one-bedroom, and 5 two-bedroom apartments. Facilities for the tenants include a laundry room, a clothes drying yard, an incinerator room, and two storage areas. A roof deck and a basement recreation area are available for tenants and general NIH use.

Apartments are available to NIH personnel in the following categories: (1) Employees whose presence on the Station is essential to the prompt and proper performance of Clinical Center or other NIH functions, (2) employees who are subject to emergency call, (3) guest investigators who expect to be at NIH for two months or longer (Wilson House is available for those who will be here less than two months), and (4) Clinical Center patient-care personnel or other employees whose duties or working hours make residence in the apartment house a (See Apartment, Page 2)

NIH AND VA SPONSOR SMOKING HABITS STUDY

The National Cancer Institute, the NIH Office of Biometry, and the Veterans' Administration are sponsoring a cooperative study to determine whether persons who use tobacco have higher mortality rates from various diseases than those who do not use tobacco. A questionnaire concerning tobacco habits is being sent to 300,000 veterans of World War I, all holders of Government life insurance policies.

One of the prime objectives of the study is to determine whether smokers and nonsmokers differ in their mortality from lung cancer, and if so, by how much. Another objective is to determine if a relationship exists between mortality and the use of tobacco in any form—cigarettes, pipes, cigars, or snuff. This will be done by correlating each person's history of tobacco use with the medical information obtained from death certificates and hospital records. The study is expected to continue for three or four years.

DR. C. V. MOORE TO GIVE NIAMD LECTURE

Dr. Carl V. Moore, well-known authority on anemia, will deliver the NIAMD lecture at 8 p.m. on Thursday, February 18, in the Main Auditorium of the Clinical Center. All interested NIH scientific personnel are invited to attend the talk, the second in the 1954 series of guest lectures. Dr. Moore will discuss "Iron-Nutrition, Metabolism, and Clinical Significance."

Dr. Moore has been Professor of Medicine at Washington University in St. Louis, Missouri, since 1946. He has conducted extensive research on hematology, iron metabolism, and other nutritional aspects of blood dyscrasias.

Dr. Moore is the present chairman of NIH's Hematology Study Section, and has served as editor of the Journal of Laboratory and Clinical Medicine and as president of the Central Society for Clinical Research.
The Pharmacy Department in the Clinical Center is unique in combining the functions of pharmacy and central sterile supply under a single administrative unit. In most hospitals, sterile supply is operated by the nursing branch. The Pharmacy Department supplies about 3,500 items for patients’ needs. At present, there are 14 people in the department, four of whom are pharmacists.

In the Clinical Center, pharmacy and central sterile supply are an integral part of the professional services and research teams. The department, in addition to offering standard pharmacy services, provides special services for various study projects. For example, it compounds new forms of established drugs and new drugs that are not administered routinely.

The Pharmacy Department through its Central Sterile Supply Section provides all sterile items for the clinical area, such as dressings, syringes, needles, sterile solutions, and trays. Sterile supplies and pharmaceuticals are often closely related. For example, the Pharmacy Department prepares sterile solutions for injection and irrigation.

Whenever possible, large quantities of the same type of sterile items are pre-packaged in advance of their actual need by the nursing units. The department uses one common system for distributing pharmaceuticals and sterile supplies to the nursing units. This involves a dumbwaiter delivery system serving all floors of the Clinical Center.

### APARTMENT Cont’d

convenience to both employer and employee.

Efficiency apartments are available to individuals or family units of not more than two people. One-bedroom apartments may be rented to family units of not more than three people. Occupancy of the efficiency and one-bedroom apartments by employees not comprising a family unit will be determined on an individual basis. Two-bedroom apartments may be occupied by family units only.

The rental rates are as follows:

<table>
<thead>
<tr>
<th></th>
<th>Eff.</th>
<th>Unfurn.</th>
<th>Furn.</th>
</tr>
</thead>
<tbody>
<tr>
<td>Fls. 1, 2</td>
<td>67.50</td>
<td>70.50</td>
<td>73.50</td>
</tr>
<tr>
<td>Fls. 3, 4</td>
<td></td>
<td>94.00</td>
<td>100.00</td>
</tr>
<tr>
<td>Fls. 5, 6, 7</td>
<td>57.50</td>
<td>70.50</td>
<td>97.00</td>
</tr>
<tr>
<td>One-Bedroom</td>
<td></td>
<td>100.00</td>
<td>122.00</td>
</tr>
<tr>
<td>Fls. 1, 2</td>
<td>57.50</td>
<td>70.50</td>
<td>97.00</td>
</tr>
<tr>
<td>Fls. 3, 4</td>
<td>94.00</td>
<td>100.00</td>
<td>125.00</td>
</tr>
<tr>
<td>Fls. 5, 6, 7</td>
<td></td>
<td>100.00</td>
<td>122.00</td>
</tr>
<tr>
<td>Two-Bedrooms</td>
<td>120.00</td>
<td>130.00</td>
<td>152.00</td>
</tr>
</tbody>
</table>

The Credit Union is asking its members to bring in their passbooks so that interest on 1955 savings can be credited to their accounts.

### CC Fire Drill

On Thursday, February 25, at 2:30 p.m., one of the fire alarm boxes in the patient area of the Clinical Center will be sounded. This pre-signal will ring only a few bells located at strategic spots, and will actuate the red flasher lights at the nursing stations. The general alarm, which rings all bells and chimes, will not be sounded. This drill will involve only the emergency organization, and the nursing unit adjacent to the actuated box.

### Appointment

Mr. Roswell B. Perkins, young lawyer and social security expert, was recently named Assistant Secretary of DHEW.

### Maryland Tax Forms

Maryland Resident and Non-Resident Tax Forms are now available in the Personnel Branch, Rm. 1-5-231, Bldg. 10.
The following items have been found on the NIH reservation:

- Man's wallet
- Scarf
- Earring
- Black rosary
- Tie clasp
- Glove
- Brief case
- Lady's
- Pipe
- Handkerchief

The above articles may be seen in the Guard Office, Room 119, Building 1, and those listed below in the Guard Office, Room 1-A-06, Building 10.

- Locker & door key
- Pearl necklace
- Lady's sweater
- Lady's glove
- Scarf
- Earring
- Lady's umbrella
- Eyeglass case
- Lady's boots

All articles not claimed by March 15 will be returned to the finder.

ORGANISTS WANTED

The Clinical Center Chapel urgently needs organists for the Sunday afternoon Protestant services. The Chaplain would like to obtain the names of volunteers who would be able to serve on occasional Sundays. The services are now scheduled at 3:00 p.m., and the organist's hours are from 3:15 to 4:15.

If you play the organ, and are willing to provide this valuable service for the patients, call the chaplain's office on ext. 2750. Evening practice sessions for such services can also be arranged with the office.

WORKMAN CHOSEN FOR GERMAN STUDY-TOUR

Dr. William G. Workman, Chief, Biologics Control Laboratory, NMI, has been asked by the German government to attend a study-tour of Germany and West Berlin from February 8 to March 8. Dr. Workman was chosen as a participant in the public health and medical group of the tour, which is part of the German government's American Exchange Program.

While in Germany, Dr. Workman will also attend a celebration honoring Paul Ehrlich and Emil von Behring, the founders of chemotherapy and immunotherapy respectively, at the Johann Wolfgang Goethe University and the Paul Ehrlich Institute in Frankfurt.

NIH Spotlight

Olive Johnson

When she came to NIH in 1952, Miss Olive Johnson had as her goal a pioneering task—the organization and maintenance of record and report systems that would meet the needs of the clinical, scientific, and administrative programs concerned with the treatment of patients, evaluation of that treatment, and research projects. A large part of her early work was consultation with other department heads to design forms that would meet the special needs of the Clinical Center. Over 200 new forms have been processed for the Center.

Miss Johnson was well suited to her task of organizing the Medical Record Department. Born in Duluth, Minnesota, she attended the College of St. Scholastica, and did graduate work in medical records at St. Mary's Hospital. Later she organized hospital records in Minneapolis, Cleveland, and New Haven. While she was in New Haven, Miss Johnson did graduate work in organization and administration at Yale University.

She came to Washington and accepted a position with the Division of Public Health Methods, PHS. Here, she participated in many projects applying statistical methods to medical and health records, such as a study of medical records in group practice clinics, and a study of records and reports in local health departments. She was also a member of survey teams visiting medical, dental, and public health schools.

Miss Johnson has installed a centralized unit system of medical records in the Clinical Center. When the admission record is filled out for each patient, a copy is sent immediately to the Medical Record Department. Here an addressograph plate is prepared and 13 forms are stamped with pertinent data on the patient. These forms are sent to the nursing unit to which the patient is assigned. Later, the department prepares a larger plate with more detailed patient information, from which 23 cards are made for various CC departments.

The patient's file contains a case history and physical examination record, prepared by the medical transcribing section.

In the file also are narrative and research summaries of treatment, operative, and follow-up reports. When a patient is discharged, the department checks over the patient's file to see if it is complete, and sends it to the clinical director for review. Then the patient's data is indexed in many ways—by diagnosis, operations, manifestation, procedures, therapy, and physician.

Among the novel services that the Medical Record Department performs is the biweekly preparation of a list of patients by number, attending physician, date of admission, and current diagnoses, for distribution to directors of clinical research programs.

Miss Johnson admits to some absorbing pastimes when she is away from her desk. They are surprisingly varied—fishing, three-dimensional photography, phonograph records, and Continental cooking.

At the end of a four-week drive for new members, Membership Chairman Jeanne Walton announces that 1,126 employees have joined the R & W Association. This is a wonderful record; there was a total of 1,265 members in 1953 and 830 in 1952. Everyone at NIH is eligible to join, so contact your division representative today and add your name to the list.

The two remaining division representatives have been elected for 1954: William Murphy, NIDR; and Mrs. Georgeanne Johnson, NINDB.

Ladies, there's still time to join the Slimnastics class. About 70 have signed up already, and an instructor is being selected now. For more details, call Barbara Forman, ext. 2888.

WH Spotlight

Olive Johnson

When she came to NIH in 1952, Miss Olive Johnson had as her goal a pioneering task—the organization and maintenance of record and report systems that would meet the needs of the clinical, scientific, and administrative programs concerned with the treatment of patients, evaluation of that treatment, and research projects. A large part of her early work was consultation with other department heads to design forms that would meet the special needs of the Clinical Center. Over 200 new forms have been processed for the Center.

Miss Johnson was well suited to her task of organizing the Medical Record Department. Born in Duluth, Minnesota, she attended the College of St. Scholastica, and did graduate work in medical records at St. Mary's Hospital. Later she organized hospital records in Minneapolis, Cleveland, and New Haven. While she was in New Haven, Miss Johnson did graduate work in organization and administration at Yale University.

She came to Washington and accepted a position with the Division of Public Health Methods, PHS. Here, she participated in many projects applying statistical methods to medical and health records, such as a study of medical records in group practice clinics, and a study of records and reports in local health departments. She was also a member of survey teams visiting medical, dental, and public health schools.

Miss Johnson has installed a centralized unit system of medical records in the Clinical Center. When the admission record is filled out for each patient, a copy is sent immediately to the Medical Record Department. Here an addressograph plate is prepared and 13 forms are stamped with pertinent data on the patient. These forms are sent to the nursing unit to which the patient is assigned. Later, the department prepares a larger plate with more detailed patient information, from which 23 cards are made for various CC departments.

The patient's file contains a case history and physical examination record, prepared by the medical transcribing section.

In the file also are narrative and research summaries of treatment, operative, and follow-up reports. When a patient is discharged, the department checks over the patient's file to see if it is complete, and sends it to the clinical director for review. Then the patient's data is indexed in many ways—by diagnosis, operations, manifestation, procedures, therapy, and physician.

Among the novel services that the Medical Record Department performs is the biweekly preparation of a list of patients by number, attending physician, date of admission, and current diagnoses, for distribution to directors of clinical research programs.

Miss Johnson admits to some absorbing pastimes when she is away from her desk. They are surprisingly varied—fishing, three-dimensional photography, phonograph records, and Continental cooking.
Relation of Hexavalent Chromates to Bronchogenic Carcinoma

No. 111 in a Series

A scientist adjusts the exit flue of the apparatus which dispenses the chromate dust into the atmosphere of the chamber. Dust can be seen issuing from the exit port. Experimental animals are on the right.

An industry-sponsored study in 1948 revealed that the death rate due to cancer of the lungs and bronchi in the chromate-producing industry of the U. S. was considerably higher than the normally expected rate.

With the aid of a research grant given by the U. S. Public Health Service in 1948, Dr. Anna M. Baetjer and associates in the Department of Environmental Medicine, School of Hygiene and Public Health, Johns Hopkins University, have initiated long-term research on the effects of chromates and their significance in the etiology of pulmonary carcinoma. The research has been of two types--animal experiments and chemical studies.

In the original animal experiments, mice and rats were exposed by inhalation and intratracheal, intravenous, or intrapleural injections to various chromium chemicals; and the incidence of lung tumors and other abnormal conditions was compared with that in control groups. Recently rabbits and guinea pigs were added to the studies. Three strains of mice were used--Swiss, C57, and A--each with different degrees of susceptibility to spontaneous lung tumors.

In order to reproduce in the inhalation experiments the conditions in the chromate-producing plants, some of the animals were placed in a dust chamber for one to two years and subjected daily to a mixed chromate dust obtained from a chromate plant. The mice that were injected received this mixed dust or other hexavalent chromium compounds. The animals were killed after varying periods, and the lungs and other tissues examined under a microscope. Sections were made of all abnormal tissues. The histopathologic diagnoses were made at first by a pathologist in the hospital division of the Public Health Service, and are now being made by NCI's Laboratory of Pathology. Experiments are still in progress and results are not yet available.

In the chemical studies, the first problem was to develop a satisfactory micro method of analysis in order to determine the amount of chromium in the lungs and other tissues of the animals that were being exposed to the chromium compounds. Following these studies, investigations were started to determine the rate of absorption, distribution, storage, and elimination of soluble and insoluble chromium compounds when introduced directly into the animals' lungs. The concentration of chromium in the lungs of humans with and without previous exposure to chromates, and the retention of such compounds after the end of exposure, are being studied. Experiments have also been undertaken to determine the effect of chromium compounds on tissue proteins and other cell constituents.

The industrial workers in the older chromate-producing plants were exposed continuously to both trivalent and hexavalent chromium compounds, some of which are soluble and some insoluble. To learn which of these chromium compounds may be specifically carcinogenic and their mode of action are the immediate problems.

The role of chromates in carcinogenesis is especially interesting because very few inorganic, nonradioactive materials have been shown to produce cancer. Most of the chemical substances that are carcinogenic are complex organic or radioactive compounds. It was hoped that studies on these simpler substances might yield information not only on the mechanism by which they produce bronchogenic carcinoma, but also on fundamental processes in cancer causation.