MINISTER OF HEALTH FOR INDIA VISITS NIH

Rajkumari Amrit Kaur, Minister of Health for India, and the only Indian woman of cabinet rank, visited NIH October 6. She was greeted by Dr. W. H. Sebrell, Jr., who conducted her on a tour of the Clinical Center, after which she was feted at a tea in the CC by Indian doctors from the Washington area.

Her first visit to the U. S., Mme. Kaur is making a 30-day tour of medical and research installations in all parts of the country. While in Washington, she spoke of the enormous health problem in India, where there is only one doctor for each 6,300 persons, and one hospital bed for every 4,000.

Mme. Kaur has been Minister of Health since 1947, when India achieved its independence. One of the most distinguished women in India, she served for 16 years as secretary to the late Mahatma Gandhi, and is now one of the principal proponents of his beliefs.

NEW COUNCIL MEMBERS NAMED

Surgeon General Leonard A. Scheele has announced the appointment of 21 new members to the seven National Advisory Councils. Composed of leaders in medical science, education, and public affairs, the Councils meet three times a year to review applications for PHS research grants and to advise the Surgeon General on matters of policy in their respective fields of interest.

Dr. Currier McEwen, Dean of New York University's College of Medicine, and Dr. Eugene Stead, Jr., Professor of Medicine at Duke University, have been appointed to the National Advisory Arthritis and Metabolic Diseases Council.

New appointees to the National Advisory Cancer Council are Mrs. Albert D. Lasker of the Albert and Mary Lasker Foundation, New York City; Dr. I. S. Ravdin, Surgeon-in-Chief of the University of Pennsylvania Hospital; and Dr. Harold P. Rusch, Director of the McCord Memorial Laboratory for Cancer Research at the University of Wisconsin.

Three new members were also named to the National Advisory Dental Research Council. They are Mr. Jack B. Beardwood, Administrative Associate with Welton Becket and Associates, a Los Angeles architectural firm; Dr. Francis F. Heyroth, Assistant Director of the University of Cincinnati's Kettering Laboratory of Applied Physiology; and Dr. Maurice J. Hickey, Associate Dean of the Faculty of Medicine at Columbia University.

New members of the National Advisory Health Council include Dr. Detlev W. Bronk, Director of the Rockefeller Institute for Medical Research; Dr. Thomas Hale Ham,
The Metabolism of Hydrocortisone
No. 127 in a Series

Dr. James B. Wyngaarden and Dr. Ralph E. Peterson prepare steroid samples for carbon\textsuperscript{14} determination.

Almost every aspect of growth and metabolism in man and animals is affected directly by a variety of steroid hormones, including hydrocortisone, which has demonstrated striking beneficial effects against rheumatoid arthritis and rheumatic fever. Little has been known, however, about the metabolism and disposition of the steroid in the body, and in 1953, this became the subject of a series of studies by Dr. Ralph E. Peterson, Dr. James B. Wyngaarden, Dr. Joseph J. Bunin, Serafim L. Guerra, and Charles E. Pierce of NIAMD’s Arthritis and Rheumatism Branch, and Dr. Bernard B. Brodie of NIH.

A clinical study was recently undertaken by the group to determine the rates of disappearance of hydrocortisone from the plasma of normal subjects and patients with disease. Using both pharmacological and tracer doses of the steroid, the investigators found that half of the hormone disappeared from the plasma of normal subjects within an average of two hours. Patients with rheumatoid arthritis have disappearance rates that fall within the normal range. Hyperthyroid patients showed a greatly increased disappearance rate, and a hypothyroid patient a decreased disappearance rate. In patients with liver disease, hydrocortisone shows a much slower disappearance rate, with the half-time ranging from 3 to 13 hours.

In tracing the physiological disposition of the hydrocortisone in normal humans, the investigators found that after intravenous administration of carbon-14-ring-labeled hydrocortisone, 80 to 85 percent of the radioactive hormone appeared in the urine, and all but 4 percent of the excreted hormone appears to have been metabolized by the body. Four percent of the isotope appeared in the feces, probably by way of the bile, since 4 percent of the hormone was recovered in the bile of a surgical patient 24 hours after administration. When hydrocortisone was administered orally, the rate and quantity of the urinary excretion was the same, indicating a complete oral absorption of the steroid.

Similar tracer studies in guinea pigs and rats have indicated that their excretory patterns differ from that of man. After subcutaneous administration of the steroid in guinea pigs, 75 percent of the isotope was found in the urine and 25 percent in the feces. Sixty-five percent was found in the bile 16 hours after injection.

The rat was found to excrete only 30 percent of the radioactive hydrocortisone in the urine, while 70 percent was found in the feces. Three hours after administration, 85 percent of the isotope was recovered in the bile. The difference in these excretory patterns indicates that the guinea pig has a more active enterohepatic circulation than the rat, since the hydrocortisone products carried by the bile appear to have been reabsorbed in the intestinal tract and eventually excreted in the urine. In neither animal did any of the isotope appear in the expired carbon dioxide.

The radioactive hydrocortisone used in these studies was developed under an NIAMD grant, administered by the NIH Endocrinology Study Section.

Here and There
Xmas Decorations

With Christmas just two months away, the Clinical Center committee has begun planning for the program. Decorations for the patients' Christmas trees are needed, and contributions will be gratefully accepted. If you have any ornaments you can donate, please call June Mazer, ext. 3121.

Surgery Lectures

All interested NIH professional personnel are invited to attend two special lectures on thoracic and cardiovascular surgery, sponsored by the Heart Institute Clinic of Surgery. Mr. Phillip R. Allison, F.R.C.S., Nuffield Professor of Surgery at Oxford University, will give the first lecture at 5:00 p.m., Friday, October 29, in the CC Auditorium. Mr. Allison will discuss "Benign Obstructions of the Lower Esophagus."

The second lecture, "Management of Congenital Cardiac Anomalies by Direct Vision Intracardiac Surgery," will be given by Dr. C. Walton Lillehei, Associate Professor of Surgery at the University of Minnesota. A color motion picture of the experimental and clinical procedures will accompany the lecture, which will be given at 5:00 p.m., Friday, November 5, in the CC Auditorium.

Meetings

The public is invited to a meeting of the Montgomery County Mental Hygiene Society to be held Thursday, Oct. 28, at 8:15 p.m., in the CC Auditorium. Two ministers and two psychoanalysts will discuss what psychiatry and religion have in common. Dr. Henry Laughlin, past president of the Washington Psychiatric Society, will lead the discussion.

The Montgomery County Medical Society held its regular dinner and scientific meeting October 19, in the CC cafeteria and auditorium.

N. I. H. RECORD
Published by
Scientific Reports Branch
National Institutes of Health
Room 116, Building 1
Bethesda 14, Maryland
OLiver 6-4000 Ext. 2125
EMPLOYEE HEALTH NOTES

With this issue, the NIH Record inaugurates a series of articles prepared by the Employee Health Service. The column will carry items on health maintenance, notices of new Health Unit services, and articles of general interest in the field of preventive medicine. If you have any questions on problems relating to health which you would like to have discussed in the Record, send them to the Employee Health Service in Room B2-A-13.

This delightful but unpredictable fall weather brings with it the annual siege of the common cold. Maybe you can skip those colds this year if you keep in top physical condition and avoid people with colds. Eat well-balanced meals and get plenty of sleep, rest, and sensible recreation. Wear clothes to suit the weather, and be sure to avoid getting chilled or wet.

If you do get a cold, you will probably feel able to work if you have no fever. Keep warm and dry, however, and get more than your usual amount of rest. Eat simple, nourishing foods and drink plenty of liquids. Don't depend upon drugs—there are no "sure cures" for colds. Antihistamines often control early symptoms, and antibiotics may be useful in treating serious aftereffects. Consult your family physician or the Health Unit if your cold is unusually severe or prolonged.

Remember to be thoughtful and keep your cold to yourself. Avoid close contact with people. Cover your nose and mouth when you sneeze, and be sure to dispose of paper tissues in such a way that others cannot become contaminated.

PLANS START FOR 1955

EQUIPMENT EXHIBIT

The Supply Management Branch has already started planning for the Fifth Annual Research Equipment Exhibit and Instrument Symposium, to be held May 2 through 5, 1955, in Building 22. All NIH scientific personnel are invited to submit suggestions of specific items and manufacturers that they would like to have participate in the exhibit. Send your suggestion to SMB, Room 207, Building 1, before October 29.

NIH SPOTLIGHT

Affectionately known by his friends as "The Mayor," NMI's Ted Williams is often called upon for some of his homespun philosophy. He firmly believes that "if you really want to do something you can do it."

With 25 years of NIH behind him, Ted is now a Research Technician in the Laboratory of Infectious Diseases, where he keeps a stock of neurotropic viruses and works on tissues for isolation. He also performs neutralization tests and titrations. He has been in this section since joining NIH as a Laboratory Attendant.

Born in Greenwood, S. C., Ted left school when he was 11 years old in order to help support his family. He moved to Washington 32 years ago and accepted a job at Garfield Hospital as residential orderly. While there he continued his education by attending night school at Dunbar High; then enrolled for a three-year course in pharmacy at the Washington College of Pharmacy.

He is married and has two children. His wife is a teacher in the District schools. Their son is completing studies on his Ph.D. in chemistry at the University of Connecticut, Storrs, Conn., and their daughter has accepted a position at the Department of Defense and is completing requirements for her Master's degree in Library Science at Catholic University. "A man can't be successful unless his family is," claims Ted; "I'm really proud of my family."

A major interest in Ted's life is the Banneker Softball League, of which he is president. Several years ago he organized the 10-team league, (four girls' and six men's) and the Banneker Softball Club. One of his teams, the Columbia Girls, this year won three championships--League, D. C. Play-off, and Six-State Regional. His efforts in helping to integrate the Banneker Playground he considers as one of his proudest achievements.

An active participant in community life, Ted is chairman of the Recreation Committee of the Pleasant Plains Civic Association, and has organized several basketball and football teams in his neighborhood. He and his wife and daughter live in their own home on Euclid St., NW.

Turkeys have become his hobby. Although he does not raise them, their breeding, care, and "proper age for the table" is an interest through which he hopes to derive his main source of income when he retires.

COUNCILS Cont'd

Professor of Medicine at Western Reserve University; Mr. Frank Martin Wood, Wichita Falls, Texas, businessman; and Mrs. Robert Vann, President of the Pittsburgh Courier Publishing Company.

Dr. George E. Burch, Chairman of the Department of Medicine of Tulane University; Dr. Irving S. Wright, Professor of Clinical Medicine at Cornell University; and Sister Bernard Mary, Administrator of Saint Francis Hospital, Hartford, Conn., were appointed to the National Advisory Heart Council.

The National Advisory Mental Health Council has two new members. They are Dr. William McKinley Thomas, physician-surgeon at both the Mount Zion and Doctor's Hospitals in San Francisco; and Dr. John C. Whitehorn, Director of the Johns Hopkins University Department of Psychiatry.

Four new members were named to the National Advisory Neurological Diseases and Blindness Council. Dr. Louis Sanford Goodman is Professor of Pharmacology at the University of Utah School of Medicine. Dr. H. Houston Merritt is Director of the Neurological Institute of Columbia University, New York City. The other members are Mr. Roy Laos, Tucson, Arizona, businessman; and Mrs. Helen Hamilton Woods, of Washington, D. C., formerly Deputy Director of the Women's Army Corps.
Miss Katharine Parent, R & W President, presents the check for the Patient Welfare Fund to Dr. D. W. Patrick, CC Director.

With the presentation of a check for $850, the Recreation and Welfare Association turned over the administration of the Patient Welfare Fund to the Agent Cashier of the Clinical Center.

The Association established the fund shortly after the first patients arrived in the Center. It is used to provide basic necessities for the patients, and to finance activities for which no appropriated funds are available. Almost $1500 has been paid out since July 18, 1953, for patients’ haircuts, shoe repairs, stamps, clothes, and toilet articles. The money has also provided bingo prizes, transportation, outings for the children, and emergency loans to patients. The needs of the patients are screened by the Social Service Department.

In addition to the continuing R & W contribution of 35 percent of the NIH concessions profits, the fund has been sustained by contributions from the Commissioned Officers’ Wives’ Club, the manufacturers who participated in the Research Equipment Exhibit, and from NIH employees and friends and relatives of CC patients. The Hamsters also donated 50 percent of the profits from the last production of “Life at NIH.”

Maintaining a clean environment—so important to the NIH research program—is the responsibility of the NIH Sanitary Engineering Branch.

Under the supervision of Mr. Donald L. Snow, the Sanitary Engineering Branch oversees sanitation activities in all buildings on the reservation. The staff consists of four sanitary engineers, one entomologist, two insect and rodent control men, one secretary, and one file clerk.

The Sanitary Engineering Branch is located on the 11th floor of the Clinical Center, and offers advisory services on the cleaning of laboratory glassware, animal cages, refuse cans, floors, and walls, and on sterilization of contaminated equipment. The Branch makes routine inspections of kitchens, cafeterias, vending machines, barbershop, animal buildings, waste collection practices and schedules, the incinerator, and the waste chemical disposal site.

The Branch contends that the basis of insect and rodent control work is sanitation, and that insecticides are not a cure-all; they are supplements to good housekeeping. Laboratories and animal rooms are periodically checked and treated with insecticides.

Control of atmospheric pollution is a responsibility of the Sanitary Engineering Branch. When foreign odors are detected, it is up to the Branch to identify them, discover their source, and find ways to eliminate or mask them. Special attention is being given to problems of odor control within animal rooms, particularly those located in the Clinical Center, because of their proximity to patient care and office areas.

Cleanliness of air in operating rooms is particularly important, due to the danger of infection, and air samples are taken in these areas on request.

Water quality control is another function of the Branch. Routine and special bacteriological and chemical examinations will be made of the domestic water consumed by patients and personnel, and of distilled or demineralized water used in experimental procedures.

The Branch participates, from a sanitation viewpoint, in the construction of equipment. It took part in the designing of the chemical fume hoods in CC laboratories, the cage washing and glassware-washing machines in the CC sub-basement, the conveyor belt system in the incinerator, and the layouts in the laundry, kitchens, and outpatient department.

The Branch designed two machines that are cleaner and faster for washing refuse cans than the present manual method. These machines will be delivered soon, and when in operation, will wash refuse cans so thoroughly that they may be placed either in laboratories or in patient areas, without regard for their previous location and use.