Radiation Meeting To Feature Talk By Dr. Flemming

DHEW Secretary Arthur S. Flemming is scheduled to deliver the principal address at the banquet session of the three-day annual meeting and exhibition of the Health Physics Society, to be held at the Statler-Hilton Hotel in Boston, June 29 through July 1.

Secretory Flemming will discuss the responsibilities and activities of the Federal Radiation Council, of which he is chairman.

Management Stresses Value Of NIH Safety Inspections

The program announcement indicates that the symposia and the papers to be presented will be of timely interest to those concerned with radiation safety, nuclear medicine, and the legal and social aspects of atomic energy.

A symposium on "Waste Disposal" will cover tank, ground, deep underground, and ocean disposal methods and problems.

Another important symposium will deal with "The Effect of the NCRP Recommendations on National Life." Experts in the legal, medical, labor, and insurance fields will present their views on this subject.

Following a series of relatively minor mishaps, some of which were potentially serious, NIH top management recently stressed the importance of the safety inspections of laboratory and other building areas conducted by the Plant Safety Branch, OAM.

These periodic, unannounced inspections are made on a continuing basis in all NIH buildings, under the policy guidance and with the cooperation of the Scientific Directors and the NIH Safety Committee. Their purpose is to determine and eliminate hazardous conditions that endanger life and property.

At a recent meeting of the Scientific Directors, Dr. Joseph E. Smadel, Associate Director for Intramural Research, emphasized the concern of NIH management over the ever-present physical hazards involved in a large medical research establishment such as NIH, and requested the cooperation of the NIH Plant Safety Program by participating in a recent building inspection tour. Dr. Donald B. Tower, NINDB, Chairman of the NIH Safety Committee, calls attention of Dr. Smadel and James B. Black, NIH Safety Officer, to a properly grounded centrifuge in one of NCI's multiple-use laboratories.

The Institute itself will contribute two new exhibits.
SAFETY

(Continued from Page 1)

all personnel in working toward their elimination.

"It is especially essential," he said, "that those responsible for the laboratories remain alert to their need to protect personnel and property against acts of negligence."

At the same time he pointed out that the inspections are essential in all buildings and areas of NIH.

Following up his recommendations, Dr. Smadel accompanied the inspectors on their next tour which included all laboratory areas of the Clinical Center and required portions of three consecutive days for completion.

Alert for Hazards

The inspection tours are conducted by the NIH Safety Officer, James B. Black, or other staff members of the Plant Safety Branch, the appropriate Scientific Director or his representative, and the Chairman of the NIH Safety Committee, Dr. Donald Tower, who is Chief of the Neurochemistry Section, NINDB.

The inspectors take note of existing hazards, which they discuss with personnel, and then submit recommendations for their elimination. Follow-up inspections are conducted to make sure that the recommendations are observed.

The inspectors have an eagle eye—which is constantly getting keener—for such things as methods of storage and handling of flammable liquids and chemicals, proper location and safeguarding of machines and equipment, general housekeeping practices, and adherence to common-sense safety procedures.

Similar unannounced inspections are conducted by Fire Marshall Kenneth W. Gettins who looks for fire hazards such as faulty electrical connections, blockage of aisles, corridors, and escape hatches, and defective or inadequate fire-fighting equipment.

RADIOGRAPHY

(Continued from Page 1)

Additional papers and discussions will treat of topics such as atmospheric pollution and air cleaning problems, environmental hazards, internal radiation hazards, and dosimetry.

Field trips are also planned to the various atomic energy installations in the Boston and Cambridge areas.

Attendance at the meeting is expected to far exceed last year's record of 600.

Visit to NIH Scheduled For Japanese Writers

A group of eight Japanese science writers were scheduled to arrive here yesterday (Monday) for a two-day tour of NIH as part of the itinerary of their visit to the United States under sponsorship of the Asia Foundation and the Japan Newspaper Publishers and Editors Association.

After a welcoming address by Lealon Martin, Deputy Chief, ORI, the writers were to tour the Clinical Center Monday morning and view the new NIH motion picture.

In the afternoon, Dr. R. E. Scan- tlebury, Chief, Foreign Grants and Awards Branch, DRG, was to preside at a discussion of the international aspects of medical research and the NIH Visiting Scientist Program.

The afternoon was also planned to include a visit to the germ-free Animal Laboratory, NIAMD, and a visit to the animal facilities.

On Tuesday the writers were to inspect the various laboratories in which Japanese scientists are working under the Visiting Scientist Program and were scheduled to have lunch with members of the NIH Information staff.

The tour of NIH was arranged at the request of John Foster of the Graduate School of Journalism, Columbia University.

MAN OF MANY ROLES—On weekend duty as Administrative Officer of the Clinical Center, Don Stein assumes the role of ambulance dispatcher. Here he instructs the Bethesda sub-station if two men appear at the CC requesting treatment for gunshot wounds. It is possible these men may be the fugitives who were wounded in a gun fight tonight after shooting and killing a policeman in downtown Washington."

Points With Pride

Before the AOD Program was instituted in 1956, the Medical OD and Nursing Supervisors somehow had to find time to do all these things in addition to handling the more complex and urgent problems involving patient care.

"I wonder how on earth we ever got along without AODs in the early days of the Center," muses Margaret Badger, Acting Executive Officer.

Miss Badger speaks with pride of these young men—Don Stein, 22; Harold Miles, 25; and John Patterson, 26—who so effectively represent the CC Executive Officer during other than regular working hours.

Drama Is Order of the Day For Quick-Thinking 'AODs'

By Margaret O'Brien

One night last January, the Administrative Officer of the Day at the Clinical Center made this entry in his log book:

"10:50 p.m. . . . Received call from Detective Sergeant King, Montgomery County Police, asking us to notify him he has instructed the Bethesda sub-station if two men appear at the CC requesting treatment for gunshot wounds. It is possible these men may be the fugitives who were wounded in a gun fight tonight after shooting and killing a policeman in downtown Washington."

Duties Are Varied

Not all entries in the log book of the Clinical Center AOD are quite as dramatic as this one, but neither is this sample as often as it may seem to be, as far as his "routine" duties go.

The AOD, an employee of the Office of the Executive Officer, serves as representative of the administrative branch of the hospital outside of regular working hours. He goes on duty at the Clinical Center's reception desk after the daytime staff has gone home for the night or weekend, and what will happen on his 8-hour tour of duty is anybody's guess.

Specifically, it is his job to relieve the Medical Officer of the Day and other physicians of matters which are administrat-
The True Nature of a Book

An Allegory

By Seymour S. Kety, M.D.
Chief, Laboratory of Clinical Science,
National Institute of Mental Health

The following is an excerpt from the National Institutes of Health Lecture delivered by Dr. Kety on May 18:

If our assumption of the mechanistic nature of life and of behavior is correct, and man is nothing more than the most magnificent physical-chemical engine which has ever been constructed, but an engine nevertheless, is it not obvious, then, that he or at least his behavior ought someday to be explained completely by physics and chemistry? If we believe that, and many of us do, then do not physics and chemistry and their sister biological sciences become the real sciences of behavior, and disciplines or bodies of knowledge and techniques like psychology, sociology and psychoanalysis, are merely empirical, descriptive and derivative, to be tolerated as a sort of first aid manual—what to do until the biophysicist or the biochemist comes?

I should like to answer this question in the form of an allegory; it is entitled "The True Nature of a Book."

Let us imagine a community of high intelligence and quite civilized except that they have never seen a book—they have developed other means for the transmission of knowledge. One day a million books appear in their midst which arouses so much curiosity and consternation that they decide to set up a scientific institute to study them. They set up this institute by scientific disciplines and being much more directive than we, they establish a policy that each scientist can examine these objects only with the tools and techniques and concepts which are characteristic of his discipline.

The first laboratory to be organized is the laboratory of anatomy. They study strange objects for a while and their conclusion reads like this:

"The specimen is a roughly rectangular block of tissue covered ventrally and dorsally with two coarse, fibrous, encapsulated laminae approximately 3 mm. thick. Between these lie several hundred white laminae a fraction of a millimeter thick, all fastened at one end and mobile at the other. On closer inspection of a few of these, they are found to contain a large number of black surface markings arranged in linear groupings in a highly complex manner."

By that time the chemists have appeared on the scene. The first chemist to get hold of a specimen burns it and satisfies himself that it obeys the law of the conservation of matter and is therefore in its province, he may even compute its energy release per gram on complete oxidation. Next comes the analytical chemist, who discovers first its elementary composition—he also reports traces of elementary carbon which are probably impurities.

Before I forget to mention it, one day a chemist accidently drops a colored compound on one of the pages and by serendipity discovers paper chromatography, which lies around for 25 years before someone figures out what to do with it.

Then there are the biochemists who slice the book and mince it and, best of all, homogenize it (because on the slices and the mince they can still see those black contaminants and the homogenate can be centrifuged to remove them, permitting them to work with a pure system). But all of these chemists have an uncomfortable feeling that though what they are doing is important, the real answers will come from the follow down the hall who has just arrived and is still polishing his bright and expensive equipment—the molecular biologist.

Molecular Biology Applied

With the self-confidence which comes from the adulation of those fundamental sciences, he is anxious to begin work on the copy he has selected because someone has told him that this book is a biased and distorted treatment of its subject. Having hung a sign over his door which reads "No twisted book without a twisted molecule," he proceeds to search for it. By repeated extraction, centrifugation and sometimes ultracentrifugation, electrophoresis, disintegration and repolymerization, he finally isolates a pure substance, free of the carbon particles, and what is even better, a macromolecule, and a twisted one at that.

Simultaneously, the physiologists have been attacking the subject. Unlike the biochemists they have read the report from the anatomists and proceed to study and speculate upon why and how the pages are attached on one side. They study the movement of the pages as the book is riffled and how the pages are organized into chapters.

Then a bio physicist discovers that in an appropriate electrostatic field, the graphite markings produce discontinuities in potential. Fine microelectrodes are developed to pick these up and amplifiers and oscilloscopes to display them. They discover by sticking these electrodes into the book in various places that those which do not break off will pick up signals some of which are reproducible. They develop thousands of tracings of these signals and call in the cyberneticist to help them uncode them. The signals are recorded on miles of magnetic tape and fed into huge computers.

Biophysics Almost Triumphs

Excitement mounts when in a particular region extending over a few millimeters in a certain book, one of them discovers on a particular day that for a few minutes before he damaged the source of the signals a tremendously complex pattern appeared which was reproducible but incomprehensible.

But this was fed into the data reducers and the computers which can test thousands of hypotheses per minute. Finally, the electric typewriter begins to print — a meaning has been found in that complex pattern—it reads "THE."

By this time the behavioral scientists have been admitted to the institute and begin to study the problem. They are a strange lot. Some of them have read the reports of the anatomists, the chemists and the physiologists, but many of them don't seem to care. Most will admit, if pressed, that the book is material in nature, obeys material laws, that it and its contents are nothing more than a highly specialized arrangement of chemical substances. But they don't slice the book, and they don't purify the chemical substances—indeed, they appear to feel that it is improper to do so. Instead, they ask questions peculiar to their discipline and look in the book for the answers.

The first one likes to count so he counts the number of letters

(See ALLEGORY, Page 5)
WHAT'S NEW IN AGING?

By Daniel Bailey

Information Officer, Division of General Medical Sciences

NIH first established a laboratory for the study of gerontology at the Baltimore City Hospitals in 1940, with initial support from the Josiah Macy, Jr., Foundation. In 1941 the full support of the work was assumed by the National Institutes of Health, and in 1948, with the establishment of the National Heart Institute, the laboratory became the Gerontology Branch of NIH. The city of Baltimore continues to provide space for the laboratory in the Baltimore City Hospitals. Some of the staff are also members of the Johns Hopkins University there.

Following the establishment of the Gerontology Branch, the next major development came in 1955 when the Mental Health Institute set up its Section on Aging under Dr. James E. Birren.

By 1955, the public at large had become very conscious of what is referred to as the problem of aging. There was talk in many circles, including Congress, of an national institute on aging of some sort. Also during 1955, the Advisory Councils began to recognize that aging deserved more direct attention in research, and they all passed resolutions to that effect.

The Councils were particularly interested in increasing the amount of attention given the field of aging in the NIH extramural research and training grant programs. The result, after deliberations in the Office of the Director, NIH, was the Center for Aging Research.

The obvious point about such a center was that an institute for research in aging probably would not be necessary if we had a mechanism which could tell us fully what NIH already was doing, in aging, in the extramural and intramural programs.

The charter of CAR was written to say that this group would be the focal point for research in aging—in planning, financing and coordination. CAR would serve as the principal source of information on the status of research in aging, in the NIH intramural and extramural programs, and also would serve to foster and encourage additional research programs in aging by the nation's scientists.

Areas Defined

In the beginning, however, CAR had to decide the big question: "What is research in aging?"

Many people—even mature scientists in the field—often think of it as research among old persons. There is research, of course, among older people, but this is only a fraction of the total.

In a modification of the classification outlined in his book "Trends in Gerontology," CAR developed a classification guide which is used to determine whether a particular bit of research falls into the field of aging or not. This guide includes the structural, physiological, biochemical, psychological and social aspects of aging, certain identifiable disease processes, and special training. Thus, in the NIH sense, research in aging involves just about every known medical and biological discipline and all the applied sciences. It is the role of CAR not only to encourage more intramural and extramural research in aging, but also to review every research and training grant made by NIH to determine its direct or indirect applicability to aging and to record it and follow it through. CAR became a part of the Division of General Medical Sciences when this Division was established in 1958.

At the same time Dr. G. Halsey Hunt, who had been Director of CAR, became Chief of DGMS.

Responsibilities Outlined

The other responsibilities of DGMS are directing the NIH grant programs for research in the sciences basic to medicine and biology, in environmental and public health, and in certain clinical sciences not covered by the Institutes. In addition, the Division also administers the grant programs for training investigators in the basic biomedical sciences and provides fellowships at five levels for general research training.

The greater emphasis in research in aging is not on the clinical sciences and it is not on older people. The greater emphasis is on the basic biological processes of aging and most of this research necessarily is not carried out on human subjects. This is not to say that there is not a great deal of research on those disease processes identified with aging, and research also in problems such as the rehabilitation of older persons. But most of the scientists being supported in the field by NIH are concerned with the basic processes.

There are three main reasons for this:

1. The first grows out of what might be called a purely biological interest in a remarkable phenomenon of life which is the tendency and fate of all living organisms to weaken under the stress of just existing and finally to die. The scientists want to know how and perhaps why.

2. The second reason for the intense interest in the basic biological processes of aging is part of an effort to disentangle disease processes from what might be called normal aging processes. There are a few scientists who believe that aging is a result of disease, but this is distinctly a minority opinion. The majority feel that aging is a separate process, yet one that can and be is affected by disease. When scientists have learned to distinguish clearly between the two, then they will have taken a great stride in combating disease at the most fundamental and perhaps the most crucial level.

3. The third reason for study emphasis on the basic processes of aging is that they might be able, in some manner, to affect this process, that is, delay it, so as to prolong human life. This is, of course, part of the same age-old search for the fountain of youth.

Juvenile Hormone Found

Of equal interest is the work of Dr. Carroll Williams at Harvard who has found the juvenile hormone in human tissue. This could be nothing more than a biological curiosity, or it might be one of the most significant findings of this century. The hormone points out what if the hormone means to humans the same as it does to some insects, then we all might be able to remain boys and girls until the age, say, of 30.

One field that promises some exciting work if not the fountain-of-youth answer is radiation, which, it has been found, can produce effects similar to aging. This poses the question, of course, of whether in a natural basic process of aging, this process is not caused by natural radiation from outer space.

Older People Helped

Now to go to the other end of the spectrum and mention a couple of items on research among older people themselves.

In the rehabilitation of older persons, particularly among those suffering from disease, it has been known that intensive rehabilitation techniques could help them learn to take better care of themselves. There has been a need, however, for good quantitative measurements of the percentages of older people who can be helped. A New York group is coming close to providing these measures. They are using teams to treat some patients in nursing homes; and other patients are transferred to rehabilitation hospitals for comparative tests of different methods. Assuming they can collect comparable data, the information will be of great value to all individuals and groups charged with caring for old persons.

EEG Pattern Studied

A last item pertains to hypertension and electroencephalograph patterns. Among older persons generally, the EEG pattern is different from the pattern among younger persons. But Duke University scientists have found that an appreciably more regular EEG pattern is present among older persons.
Liver Triglycerides Increased By Consumption of Alcohol

National Heart Institute scientists have found that large single doses of alcohol in rats interfere with putative control over the fat transport system. As a result, excessive amounts of triglycerides (neutral fat) are mobilized from adipose tissue as free fatty acids and carried by the plasma to the liver, where they are recombined with glycerol and deposited in this organ.

This derangement of fat transport may be important in the development of the cirrhosis often found in alcoholics, in which the chronic deposition of excessive fat in the liver is thought to lead eventually to necrosis.

Increases Measured

Single orally administered doses of 4.8 grams of alcohol per kilogram of body weight (equivalent in humans to about six double martinis) resulted 18 hours later in a threefold increase in liver triglycerides in female rats. Larger doses increased liver triglycerides almost fivefold.

That these effects following a single large dose were due in the main to the mobilization of fatty acids from adipose tissue rather than to an increased synthesis of fatty acids by the liver was shown by the linoleic acid content of the deposited fat. This unsaturated fatty acid cannot be synthesized by the rat, but is of dietary origin.

When assayed by gas chromatography, the liver fat deposited by action of the alcohol was found to have virtually the same linoleic acid content as adipose tissue. Similar results were obtained when the oleic acid content was assayed.

Since the concentration of both fatty acids in liver reflects that in adipose tissue, little if any of the fat deposited as a result of the alcohol could have come from fatty acids synthesized by the liver.

Mechanism Not Known

The finding that alcohol did not produce these effects in rats whose pituitaries had been removed suggested that the effects in alcoholon fat transport were mediated through hormones from this master gland. Investigation of the effects of alcohol on the pituitary-adrenals axis indicated that alcohol is in the complex interrelationships of 13 billion neurons, biology is most pretentious if it thinks that it can unravel them by means of its tools. There may some day be a biochemistry or a biophysics of memory—but not of memories.

AGING

(Continued from Page 4)
Antitumor Agent Action Mechanism Studied at NCI

Studies of the mechanism of action of the antitumor agent, 6-mercaptopurine (6-MP), are important to an understanding of resistance to the drug and to development of more effective derivatives.

Results of one such study, summarizing data on the effects of 6-MP upon nucleic acid metabolism of mouse leukemia L1210 cells in vitro, have been reported by Dr. Jack D. Davidson of National Cancer Institute's Clinical Pharmacology and Experimental Therapeutics Service.

Drug-sensitive and drug-resistant leukemic cells were compared with respect to utilization of radiolabeled precursors for the formation of nucleic acid purines. Both lines showed similar rates of nucleic acid synthesis, but the details of the metabolism were different.

Metabolism Traced

The sensitive line showed much greater utilization of labeled hypoxanthine (purine precursor); utilization for adenine formation was greater than for guanine formation. Resistant cells utilized labeled glycine (amino acid precursor) to a greater extent than the sensitive ones, and the utilization for guanine formation was greater than for adenine.

6-MP, which is similar to hypoxanthine except for the substitution of a mercapto (SH) group for a hydroxyl (OH) group, inhibited the incorporation of hypoxanthine and glycine into the adenine nucleotides (moieties of nucleic acid) in the sensitive cells, but had no effect on the guanine nucleotides.

Hypothesis Upheld

These findings support the hypothesis that 6-MP is metabolized to its nucleotide, and this produces a metabolic block in the conversion of inosinic acid (hypoxanthine nucleotide) to adenylc acid (adenine nucleotide). The common pathway for these two precursors lies between inosinic acid and adenylc acid.

In the resistant cells, 6-MP inhibited profoundly the incorporation of hypoxanthine into both the adenine and guanine moieties; utilization of glycine was unaffected.

These results suggest that the 6-MP block in the resistant cells is located on the pathway from free hypoxanthine to inosinic acid. This pathway is of limited capacity in the resistant cells and is incapable of producing sufficient 6-MP nucleotide to inhibit the conversion of inosinic acid to adenylc acid.

Resistance is, therefore, correlated with the cell's loss of the capacity to convert free 6-MP to its nucleotide derivative, which appears to be the form responsible for antitumor activity.

The work is reported in a recent issue of Cancer Research.
**NEW APA PRESIDENT VISITS EXHIBIT**

Dr. Robert H. Felix, Director of NIMH (center), and Mrs. Felix talk with Dr. Anthony Hordern, on NIMH Visiting Scientist, at the recent meeting of the American Psychiatric Association in Atlantic City prior to Dr. Felix's induction as president of the Association. The exhibit in the background depicts the project on clinical research methodology recently completed at the NIMH-Saint Elizabeths Clinical Neuropsychology Research Center by Dr. Hordern and Dr. John G. Offit, a resident psychiatrist at St. Elizabeths. The exhibit, produced in collaboration with the Medical Arts Section, DRS, is now on display in the CC lobby and will remain until June 15.

**DRAMA**

(Continued from Page 2)

It is interesting, too, that Edward Zadai, Miss Badger's Administrative Assistant, was the Clinical Center's first AOD, and that he still works closely with the three who have taken over. Some of the problems they encounter call for the wisdom of a present-day Solomon.

One night a patient arrived at the CC from a rural section of Alabama. Unable to read or write, he had been escorted to Bethesda by his 17-year-old son who helped the AOD fill out the papers necessary for admission.

**Problem Solved**

When that was accomplished the son was free to leave, and that's when the problem arose. The youth had no money for his trip back home. What to do?

The AOD decided he needed advice. He phoned the Senior Administrative Staff Officer, who is on 24-hour call, and was told to take care of the young man out of the Patient Fund supplied by the Recreation and Welfare Association of NIH.

There was not enough cash on hand, however, to pay for meals and transportation to Alabama, so the AOD gave the lad enough to pay for an overnight stay in a local rooming house and told him to return in the morning.

At that time the Social Service Department took over, bought the young man a bus ticket, supplied him with eating money for his trip, and sent him home to Alabama.

Although senior staff members are available to give advice, it is the AOD who must be on the alert for knowing when and where action must be taken.

An example of this type of alertness is the "detective" work he does at admission time. He must be certain that all information given by the patient is absolutely accurate. If it is not, an avalanche of troubles could descend upon the Clinical Center.

**Accuracy Essential**

For instance, the information given by the patient regarding his next of kin must be correct. This is important because the next of kin must be notified in the event of the death of the patient.

Often a woman will state that she is separated from her husband and name a sister-in-law or someone else far removed, as next of kin. She neglects to mention that she is not legally separated from her husband. In such a case, of course, her husband still is in fact her next of kin.

**Trouble Averted**

Were the husband not notified of her death, a long string of legal suits could ensue for the Clinical Center. The quick-witted AOD stops this trouble before it starts by first spotting something amiss and then constantly probing for complete information.

Detective, troubleshooter, interviewer, information clerk, counselor, the AOD moves efficiently from job to job, giving help wherever he can, and smoothing the operation of the Clinical Center all through the night.
Aging Problems Topic
Of Dr. Mohler’s Talk

Dr. Stanley R. Mohler, Medical Officer of the Center for Aging Research, DGMS, spoke on the problems of gerontology in the United States at a meeting of the Section on Geriatrics and Gerontology of the Pan American Medical Association recently in Mexico City.

Dr. Mohler discussed the problems of health, income, retirement, and housing which face the aged, and current research on the process of aging.

The Pan American Medical Association promotes closer relations among the members of the medical and dental professions in the 22 nations of the Western Hemisphere, grants post-graduate scholarships, and seeks generally to further scientific knowledge.

Lab Refresher Courses
Offered at CD Center

A series of laboratory refresher training courses, varying in length from one to four weeks, will be presented by the Laboratory Branch of the Communicable Disease Center in Atlanta, Ga., during the period of October 10, 1960, through April 7, 1961.

The courses, which are open to members of the Commissioned Officers Corps at NIH, will deal primarily with laboratory methods in the study and diagnosis of various infectious diseases. A few unscheduled courses will be given by special arrangement.

Interested personnel may obtain information and application forms from the Training Officer, Communicable Disease Center Laboratory Branch, USPHS, 50 Seventh St., N.E., Atlanta, Ga.

Singing Capital Chorus
To Present Program

The annual NIH program of barbershop harmony by the Singing Capital Chorus will be presented Monday, June 12, at 8 p.m. in the CC 14th floor auditorium.

The chapter is the D.C. Chapter of the Society for the Preservation and Encouragement of Barbershop Quartet Singing in America, Inc. The chapter’s smaller 25-man chorus and several quartets will also appear on the program which is being produced by Robert L. Campbell, Publications and Reports Branch, NIMH. The master of ceremonies will be William G. Baylis, Executive Officer, NIAM.

Employees of NIH, CC patients, and their families and friends are invited to attend the concert free of charge.

Moments after thanking his colleagues for the matched set of golf clubs presented to him at the party in his honor in Wilson Hall, Jack Fletcher tries out the driver with the full approval of Mrs. Fletcher—Ed. Note: who is doubtless the most admiring caddy he has ever had.

FLETCHER
(Continued from Page 1)

buffet supper in the Terrace Room of the Officers’ Club at the Naval Medical Center, attended by 90 information staff members from NIH, PHS, and other Governmental agencies, members of their families, and friends.

At both gatherings, Mr. Fletcher was presented with gifts from his friends and colleagues. The presentations were made by Dr. Shannon.

Fletcher Replies

In his reply of appreciation and farewell at the Friday afternoon party, Mr. Fletcher spoke briefly but feelingly of his decade of association with NIH. He said in part:

“I feel I have not had a job or a position at NIH. I have had a place. The place one has in any human endeavor can be measured in only two ways: whether the work to be done is important, and whether the people one works with are good people. By both of these criteria, my place at NIH has been rewarding.”

Guests at the Wilson Hall party, where Mr. and Mrs. Fletcher received from 4 o’clock on, included friends from all levels of NIH, PHS, DHEW, other branches of the PHS “family,” and former associates who have since retired or transferred.

Gifts presented to Mr. Fletcher included a matched set of golf clubs and golf bag, a framed testimonial scroll signed by Dr. Shannon and members of his staff, and a leather-bound scrapbook containing the signatures of his Information Officer associates and photographs depicting events during various stages of his career at NIH.

Committee Established
For Data Processing

The NIH Computation and Data Processing Committee was established recently to advise the Division of Research Services on long-range program needs for electronic data processing.

The committee will serve as a policy-making and consultative body on the research role of computer services available through the DBS Computation and Data Processing Branch.

Chris A. Hansen, DBS Director, is executive secretary. Dr. Frederick S. Brackett, Chief, Section on Physiology, Laboratory of Physical Biology, NIAMD, was elected chairman at the first meeting, May 20.

Other members are John A. Beglin, Management Analysis Branch, OAM; Dr. Harold F. Dorn, Chief, Biometrics Research Branch, NIH; and Dr. John Z. Hearon, Chief, Office of Mathematical Research, NIAMD.

Also: Dr. Fay M. Hemphill, Assistant Chief for Training Grants, DRG; Dr. Seymour S. Kety, Chief, Laboratory of Clinical Science, NIAMD; Joseph S. Murtaugh, Assistant Chief, Office of Research Planning, OD; and Dr. George Z. Williams, Chief, Clinical Pathology Department, CC.

Two New Pamphlets
Issued by DGMS

Two new information pamphlets were issued recently by DGMS. Highlights of Research Progress in General Medical Sciences 1959, PHS Publication No. 739, is a selection of items of interest on research studies supported by the Division of General Medical Sciences during 1959. The different areas of program activity are grouped as follows: The Chemistry of Life Processes; Fundamental Genetics; Cell Biology, and Human Development; Clinical Research; and Research in Public and Environmental Health.

Summary of NIH Research Programs in Aging 1959, PHS Publication No. 740, is a brief report on research in aging carried out or supported by the NIH during the calendar year 1959, prepared by the NIH Center for Aging Research for non-government groups interested in the problems of aging:

Single copies of these pamphlets may be obtained without charge from the Information Office, DGMS.

10 Work Groups
To Discuss All Aging Problems

The 2,800 delegates who will attend next January’s White House Conference on Aging will meet in 10 major work groups to prepare recommendations on problems and opportunities of the nation’s older citizens, according to a recent DHEW announcement.

The 10 groups will cover 20 broad subject areas embracing virtually all problems involving older people.

This was one of the actions taken at a meeting in Washington, D. C., on May 12 and 13 by the 150-member National Advisory Committee. The meeting was attended by 116 members from 47 States and three Territories.

Governors of the 53 States and Territories will be asked to appoint national conference delegates by August 1 or within 10 days after each State conference, whichever is later.

Six State meetings have been held, and others are scheduled prior to October. These will develop State recommendations to be presented at the National conference next January 9-12.

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CORRECTION

In the preceding issue of the Record, in the story on Federal Employee Health Benefits Program, the number of the HEW form, “Certification of Incapacity,” was erroneously printed as 372. The correct number is 372.