Virologists Attend Int’l. Conference On Measles Here

More than 75 virologists from the United States, Europe, Africa, South America, and the Far East were expected to attend a 3-day International Conference on Measles Immunization, beginning here this morning and continuing through Thursday afternoon.

The conference, which is being held in the Clinical Center auditorium, is sponsored jointly by the National Institute of Allergy and Infectious Diseases, the Division of Biologics Standards, and the University of Colorado Medical School.

Sessions Listed

The meeting is divided into six sessions covering the world-wide epidemiological aspects of the disease. The session topics are the World-Wide Importance of Measles, Measles Virus, Immunization of Man Against Measles (two sessions), Problems of Production and Biologic Control of Measles Vaccine, and the Future of Measles Vaccine.

PHS Surgeon General Luther L. Terry was to deliver the welcome... (See MEASLES, Page 4)

Building 31 Officially Opened At Cornerstone Ceremonies

Boisfeuillet Jones, Special Assistant to the DHEW Secretary for Health and Medical Affairs, addresses assembled guests prior to laying the cornerstone behind him of Building 31. Front row, left to right: Dr. James A. Shannon, NIH Director; Dr. Luther L. Terry, PHS Surgeon General; Wilbur J. Cohen, DHEW Assistant Secretary for Legislation; and James V. Lowry, Chief, Bureau of Medical Services.

An assemblage of special guests, including Boisfeuillet Jones, Special Assistant to the DHEW Secretary for Health and Medical Affairs, and PHS Surgeon General Luther L. Terry, joined with NIH staff and other personnel last Tuesday in observance of simple cornerstone ceremonies marking the official opening of the new 11-story NIH office structure, designated as Building 31.

Dr. James A. Shannon, NIH Director, delivered the welcoming address, and Dr. Terry replied on behalf of the Public Health Service and introduced the special guests who were seated under the portico to the right of the main entrance, which fronts on Center Drive.

Several hundred NIH employees witnessed the ceremonies from the building’s entrance driveway.

The new building, Dr. Shannon said, “represents a challenge...” and its implied responsibility, and as a means of identifying the purposes that will be served here,” (See BUILDING 31, Page 8)

NIH-UGF Drive Lags at End Of 4th Week

Returns at the end of the fourth week of the current NIH-UGF campaign showed that contributions had reached 71 percent of the $82,750 goal, with 76 percent of NIH employees contributing.

Commenting on these returns, Chris A. Hansen, DRS Chief and NIH Campaign Chairman, expressed concern.

“Following the fine start we had made by the end of the second week of the drive,” he said, “this report is disappointing. In fact, it indicates that we are faced with a serious threat to the success of our drive.”

Action Urged

Mr. Hansen pointed out that although DGMS and Program Direction have gone over the top with 101 percent and 117 percent of their respective quotas, “several Institutes and Divisions will have to take immediate steps to improve their standing if we are to meet our responsibilities to help support the UGF agencies which provide vitally needed service.”

“Because of the nature of our work at NIH,” he added, “we can...” (See NIH-UGF DRIVE, Page 7)
CC Medical Record Dept. Processes Information Vital to Clinical Research

By Carole Spearin

At a recent national convention of the American Association of Medical Record Librarians this quotation was called to the attention of the delegates: "A hospital without medical records is like a clock without hands—it runs, but it tells no time." Within 24 hours of Bob's admission, the Transcribing Section, headed by Elizabeth Cavanaugh, receives the dictation of Bob's medical history and physical examination, recorded by his NIH physician on dictaphone discs. This report, the first of several transcribed reports, will be typed and included in his folder with other records of treatments and operations as they accumulate.

8,000 Discs Transcribed

During 1960 Mrs. Cavanaugh's staff of 24 typists transcribed almost 8,000 of these discs for over 28,000 reports. She said that her staff "does not have much trouble with medical terminology because the doctors compensate by enumerating more carefully when using difficult technical terms, but sometimes ordinary prepositions and adverbs are slurred and can present transcribing problems." Mrs. Cavanaugh finds transcribing work personally valuable. "It gives us a liberal education in medical terminology. It's remarkable how the girls increase their vocabularies."

Another section of the Medical Record Department also plays an important role in Bob Davis's stay at the Clinical Center. This is the MedicoLegal Section, headed by... (Continued on Page 8)

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**Distinguished Scientist Is NIAMD Visitor**

Dr. Arne Fredga, member of the Nobel Committee of Chemistry and Director of the Institute of Organic Chemistry, University of Uppsala, Sweden, visited the National Institute of Arthritis and Metabolic Diseases, October 18-20, as the guest of Dr. Klaus Schwarz, Chief of the Section on Experimental Liver Diseases, Laboratory of Nutrition and Endocrinology.

Dr. Fredga discussed with Dr. Schwarz and his collaborators the results of their joint studies on Factor 3 active organoselenium compounds. The latter prevent Factor 9 deficiency diseases, such as dietary liver necrosis, heart muscle necrosis, and muscular dystrophy in rats, mice, and other animals.

**Heads Royal Academy**

Dr. Fredga, who is President of the Royal Academy of Sciences of Uppsala and an international authority on organoselenium chemistry, was here by invitation of Dr. Goeran Bergson, also of the University of Uppsala. An expert on quantum chemistry, Dr. Bergson is associated with Dr. Fredga in studies on selenium compounds.

Both visitors were guest lecturers at NIH during their brief stay here. Dr. Fredga's subject was "Organoselenium Chemistry Analogies and Differences to Sulphur Derivatives." Dr. Bergson spoke on "Some Recent Advances in the Study of Organic Diselenides and Thiolelenates."

**Dr. Helen M. Dyer, NCI, Winner of Garvan Medal**

Dr. Helen M. Dyer of the Laboratory of Biochemistry, National Cancer Institute, has been named winner of the Garvan Medal by the American Chemical Society. This award is presented annually to an American woman in recognition of distinguished service to chemistry.

Dr. Dyer's award of $1,000, an inscribed gold medal, and a bronze replica of the medal, will be presented at the 1962 meeting of the Society to be held in Washington, D.C., next February.

A native of Cleveland, Ohio, Dr. Dyer joined the staff of the National Institutes of Health in 1948. She has been with NCI since 1942 and has made many contributions to fundamental research in the chemistry of chemical agents that cause and destroy cancer.

**Patients' Welfare Fund Is $43 Richer From Proceeds of NIH Children's Fair**

Dr. Jack Masur, Director of the Clinical Center, receives the proceeds from the annual NIH Children's Fair from Louise Holliday, 10, while Richard Zipkin, 14 (second from right), and Douglas Kreshover, 11, look on. The money, raised by the children for the NIH Patients' Welfare Fund, amounted to $43, nearly four times as much as the amount raised last year.—Photo by Jerry Hocht.

**President Recognizes International CU Day**

October 19 marked the fourth annual observance of International Credit Union Day, established to bring to the attention of people everywhere the value and usefulness of credit unions.

Credit unions are organizations of people saving together and lending to each other at a low rate of interest. They are chartered by government and operate under local and government supervision.

President Kennedy, in a letter circulated prior to this year's observance, stated that credit unions are "furnishing an example of democratic control through their principle that each member has one vote regardless of his share in or his debt to the credit union."

The annual observance commemorates the founding of the first credit union in Germany in 1849, and introduced to North America in 1900.

**Dr. Roy Hertz, Of NCI, Gives NIH Lecture**

Dr. Roy Hertz, Chief of the Endocrinology Branch, National Cancer Institute, will give the National Institutes of Health Lecture on Wednesday, November 15, at 8:15 p.m. in the Clinical Center auditorium.

Dr. Hertz has chosen for his subject "Endocrine Aspects of the Cancer Problem."

A native of Cleveland, Ohio, Dr. Hertz has been with the National Institutes of Health since 1941. He served initially in the Division of Physiology. In 1944 he transferred to NCI and was appointed Chairman of the Endocrinology Section in July 1946.

**Admits First CC Patient**

Dr. Hertz was responsible for initiating the Institute's clinical research activities in the Washington area, and admitted the first patient to the Clinical Center when it opened in 1953.

In 1957 Dr. Hertz was awarded the Anne Frankel Rosenthal Memorial Award of the American Association for the Advancement of Science for outstanding accomplishment in the field of cancer research, and the Superior Service Award of the Department of Health, Education, and Welfare.

Dr. Hertz has served as Chairman of the Endocrinology Panel of the National Research Council's Committee on Growth and as Chairman of the American Cancer Society's Committee of Research on Therapy, and is currently a member of the board of the Society's Research Advisory Council.

**Raymond Baker Retires; At NIH over 30 Years**

Raymond Baker, a technician in the Laboratory of Infectious Disease, National Institute of Allergy and Infectious Diseases, retired September 29 after 33 years of Federal service.

Mr. Baker came to NIH in 1919 from the Veterans Administration Hospital at Perry Point, Md. It was in that year that the Congress changed the name of the old Hygienic Laboratory to the National Institute of Health.

Mr. Baker has worked closely while at NIH as Dr. Rolla E. Dyer, Director of NIH from 1942 until 1950.

**PHS Awards 8 Grants For Cancer Research**

The award of $5,022,803 in grants to eight institutions for comprehensive cancer research programs has been announced by the Public Health Service.

These program-project grants will help institutions support teams of scientists engaging in long-term study of a range of problems on the nature and control of malignant disease. The investigators, representing many scientific fields, will coordinate laboratory, clinical, and auxiliary services in the search for more effective treatment of cancer patients.

Awards were made by Surgeon General Luther L. Terry on the advice of the National Advisory Cancer Council.
Schistosomiasis Seen in Lebanon For First Time

Although schistosomiasis has never previously been reported in Lebanon, a field study conducted by a National Institute of Allergy and Infectious Diseases scientist and his associates from the American University of Beirut following discovery of a single case, produced clinical evidence of the parasitic disease in 14.6 percent of the individuals tested. The investigation of this first focus of schistosomiasis in Lebanon was reported in the American Journal of Tropical Medicine and Hygiene by Drs. J. E. Azar, G. W. Luttermoser, and J. F. Schacher, Department of Tropical Health, American University of Beirut, Beirut.

Teaches in Beirut

Dr. Luttermoser, on leave from the Laboratory of Parasite Chemistry, National Institute of Allergy and Infectious Diseases, is currently teaching and doing research at Beirut.

The investigators collected urine specimens at random from 591 residents in the area in which the first case was discovered. One hundred and seventy-one specimens were collected from children in schools, and the remainder from children and adults interviewed during house-to-house visits.

All of these individuals were natives of the area who, with one exception, had never lived outside their birthplace or traveled elsewhere.

Schistosomiasis, a disease highly prevalent in many countries of this region, results from infection by blood flukes which are acquired by penetration of aquatic larval forms through the skin. Intermediate hosts of these small worms are various species of snails which live in fresh water.

Canal is Water Source

The two chief sources of surface water available to the village in which the study was conducted are a spring at the base of a hill, and the Kaimive-Litani Canal. The canal, which has been operating in the area since about 1953, is a relatively new factor in the life of the community and is probably the chief source of fresh water for the people living along its banks.

Examination of the spring gave no indication that it was a suitable habitat for snails but on the banks of the canal numerous small shells of the species Bulinus (Bulinus) truncatus Audouin were found. No living snails of that

Dr. Sarnoff to Receive Heart Research Award

Dr. Stanley J. Sarnoff, Chief of the National Heart Institute's Laboratory of Cardiovascular Physiology, was presented at the conference, and the opening address at today's opening session.

Approximately 80 papers will be presented at the conference, and general discussions will be held at the end of each session.

Dr. James A. Shannon, NIH Director, will be the principal speaker at a banquet tomorrow evening at the Officer's Club of the National Naval Medical Center in honor of Dr. John F. Enders, 1954 Nobel Prize winner in Physiology. The dinner X-ray revealed no evidence of pulmonary or skeletal metastases. Distant metastases developed within two years in 23 percent of 72 patients treated by definitive surgery. Local recurrence developed within three years in 47 percent.

In the majority of the patients, the distant metastases were confined to the lungs. Thus the study emphasizes the importance of routine chest X-ray as a post-operative followup for detecting lung metastases, particularly during the first two years.

Lung Metastases Seen In Head Cancer Victims

Medicine.

Also serving on the committee are Dr. Roderick Murray, Director, Division of Biologies Standards; Dr. Frederick C. Robbins, Professor of Pediatrics, Western Reserve University School of Medicine; and Dr. Joseph E. Smadel, Chief, Laboratory of Virology and Rickettsiology, DBS.

Papers on NIH research in measles will be presented by Dr. Lewis Rosen, Chief of the Laboratory of Infectious Diseases, NIAD; Dr. Carleton Gaydus, of the Collaborative and Field Research staff, National Institute of Neurological Diseases and Blindness; Dr. Harry M. Meyer, Jr., Chief of the Section on General Virology, Laboratory of Virology and Rickettsiology, DBS; Dr. Murray, and Dr. Smadel.

Dr. George Z. Williams is Award Winner for Annual Ward Burdick Award

Dr. George Z. Williams, Chief of the Clinical Pathology Department of the Clinical Center, received in absentia the Ward Burdick Award for outstanding service in pathology at the recent J a n u a r y 1961 Joint Annual Meeting of the American Society of Clinical Pathologists and the College of American Pathologists.

Dr. Williams was selected by the members of the Committee of the American Society of Clinical Pathologists as the Fellow who has made the "most meritorious contributions in the science of clinical pathology" during the past year.

Dr. Williams' paper, "Clinical Pathology Tomorrow," will be published in the American Journal of Clinical Pathology, official publication of the Society, as the Ward Burdick Award contribution.

Before coming to the Clinical Center in 1958, Dr. Williams was a faculty member of the Medical College of Virginia for 17 years. Dr. Williams, a Captain in the U.S. Naval Reserve, served on active duty from 1940 to 1946 and became Acting Fleet Medical Officer, Seventh Fleet, in the Pacific Theatre of Operations.

Activities Are Many

Active in many medical and health organizations, Dr. Williams is a Diplomat, American Board of Pathologists; a Fellow, American Society of Clinical Pathologists; and a Founding Fellow, College of American Pathologists. He is also a Consultant, Radiation Medicine, to the Surgeon General, Department of the Air Force; Consultant in Pathology, Atomic Energy Commission, Medical Division, Oak Ridge, Tenn.; Research Associate, National Cancer Institute; and a member of the Expert Panel on Health Laboratory Methods, World Health Organization.

The Ward Burdick Award is given annually in honor of the Denver pathologist who founded the American Society of Clinical Pathologists.

Dr. Williams Receives Gold Medal

The award, a gold medal, was accepted for Dr. Williams, who was unable to attend the annual meeting, by Dr. Lester H. Hoyt, Secretary-Treasurer of the Society.

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Grounds Upkeep Complicated By Wide Range of Problems

By Mike Maroney
NIH Information Trainee

The typical suburban homeowner, Mr. summit's lawn-mowing efforts, is now regarding with alarm the arrival of Mr. Summit's lawn-mowing efforts, is now regarding with alarm the arrival of GM and L Section, to domestic scale. But the GM and L Section is responsible for the maintenance of 306 acres here, with approximately 25,000 trees and plants, six miles of roads, 53,000 feet of sidewalks, and 25 acres of parking lots, not to mention the 500 acres that comprise the NIH animal farm.

Hazards Involved

And the job is, of course, complicated by the natural hazards of snowstorms, heavy rains, insects, and plant diseases.

In addition, the Section occasionally takes on such jobs as the safe moving of delicate, expensive equipment such as mass spectrometers. These require up to 1,000 pounds, and the installation of special equipment such as mass spectrometers. These require the use of special rigging equipment.

Under Mr. Myers, the GM and L Section is staffed by Thomas J. Cook, in charge of planning; Charles H. Dove, General Foreman; and 48 full-time maintenance men.

Are Landscape Architects

Both Mr. Myers and Mr. Cook are landscape architects. They are primarily responsible for maintaining the general appearance of the grounds and the serviceability of the roads and walks; and for development and updating of a master landscaping plan, enabling the GM and L Section to keep pace with the problems accompanying growth and expansion.

As General Foreman, Mr. Dove has charge of the five grounds maintenance units that insure the NIH reservation's well-groomed look. These units employ tractors, king-size lawn mowers, trucks, and jeeps in their large-scale methods of operation.

The duties of the landscaping crews do not follow a humdrum daily routine, as do similar chores around the home. The work is carefully and scientifically planned from known, anticipated factors. Careful records of seasonal weather are kept, and this information is applied to useful advantage in planning. The staff recalls last winter's crippling snowfalls with little enthusiasm. At that time, many employees were granted emergency leave owing to the hazards. These units encamped on the reservation on a 24-hour operating schedule, clearing roads, sidewalks, and parking lots, and maintaining the general safety of the grounds.

One of the most notable statistics resulting from this experience is the (estimated) 4,000,000 times the GM and L men "cussed" the weatherman and those who abandoned their cars on NIH roads and parking lots. This "statistic" was humorously reported in the spring issue of the PEB Newsletter. Mr. Myers calls it "a conservative one."

Overtime Is Extensive

It is noteworthy, however, that the Section averaged 52 hours of overtime per man over a period of five snowstorms. The maximum overtime for one man was 160 hours.

The yearly maintenance of the NIH grounds and the animal farm, Mr. Myers says, calls for the use of approximately 125 tons of fertilizers, 25,000 to 30,000 gallons of insecticides and fungicides, and two tons of grass seed.

When asked what plants required special attention, Mr. Myers grinned. "All of them," he said.

The transplanting of this northern red oak in front of the Clinical Center is one of the multiple tasks of the Grounds Maintenance and Landscaping Section, DRS. This 20-foot tree, with its ball of earth, weighs approximately 2½ tons. It is one of 25,000 trees and plants cared for by the GM and L Section. Milford Myers, Section Chief (right), supervises the operation. Charles H. Dove, General Foreman (left), prepares the cable for a hook-up. The three men in the center are contractor's employees who delivered the tree.—Photo by Sam Silverman.
Medical Records Processes Vital Information

(Continued from Page 2)

Hazel Pickett. It supervises the requests for and release of clinical information. For example, if Bob wants clinical data sent to his insurance company, his written consent authorizes the Medicolegal Section to release the information.

When the research project in which Bob has been participating is completed and Bob is physically able to be returned to the care of his referring physician, he is discharged. Work on his medical record continues, however.

After Bob’s discharge the Research and Statistics Section, headed by Esther Ridenour, must do a quantitative and qualitative analysis to insure its completion. This includes obtaining the required signatures on all forms pertaining to his treatment and obtaining any outstanding professional reports.

Records are not always completed as soon as the patient is discharged, since some special laboratory tests may take several months to complete and be forwarded for inclusion in the patient’s chart.

Demand Is Constant

Because the Clinical Center is primarily concerned with medical research, there is a constant demand for medical records to be used in retrospective studies. A complete medical record, properly coded and classified, is the only means by which an accurate retrospective study can be conducted.

These studies are classified as minor or major depending upon the amount of assistance required of the Medical Record Department. A minor research study is one in which the investigator needs only minimum assistance when he submits the subject of his study and a list of the medical records needed for his review. A major study, which is the type most often requested, is one for which the in

Gloria Burich, Chief of the Medical Record Department (left), and Esther Ridenour, Research and Statistics Section head, conduct the Diagnostic Index to obtain information on Clinical Center patients’ diagnoses and operations. Investigator requests the librarian to prepare graphs and statistics. Examples of requests for assistance may embrace any one of the following: (1) a specific disease; (2) two or more related diseases; (3) a specific operation; (4) the incidence of a type of disease; (5) toxic reactions; and (6) selected causes by results of diagnostic or laboratory tests. One research study may require the reviewing and screening of a hundred or a thousand medical records.

In medical and administrative research, the planning, preparation, and presentation of clinical data and, subsequently, are of the utmost importance in evaluating the scope of accomplishment of a research center.

The Files Section, under the supervision of Evelyn Virginia Bray, is one of the most critical parts of the Medical Record Department. It has the monumental task of receiving, filing, and circulating medical records and reports.

This is accomplished by maintaining a requisition and charge-out system of control. As a result, this section is able to determine the exact location of any one of the 37,000 medical records, including Bob’s, which have accumulated since the opening of the Clinical Center in 1943. Special record forms and folders have been designed to cope with the perpetual expansion of medical records.

Members of the Medical Record Department staff are constantly making an effort to continue streamlining their service to patients, physicians, and administrators. They are indeed doing their part to make sure the Clinical Center will never be “like a clock without hands.”

Dr. Shock Sees Preventive Medicine As Best Approach to Care for Aged

Preventive medicine is the most effective approach to medical care of the aged, according to Dr. Nathan W. Shock, Chief of the Gerontology Branch of the National Heart Institute.

Speaking at a symposium on “Health Care for the Senior Citizen,” at the recent annual meeting of the American Association of Medical Clinics in New York, Dr. Shock defined effective health care for the elderly as “a continuing service throughout life, practiced by physicians with an awareness of the nature of age changes and a recognition that elderly people can respond to therapy.”

Early Diagnosis Stresser

“Most of the handicaps of extreme old age,” he pointed out, “may be traced back to early beginnings in middle age. In many instances early diagnosis and the application of present knowledge might well have prevented the final stages of incapacity.”

Gerontological studies of individuals between the ages of 20 and 95 have shown that where decreases of function due to age occur they represent primarily a reduction in reserve capacities. From both histological and physiological research, it is now apparent that a part of the loss of reserve capacities in many organ systems is due to the gradual dropping out of functioning cells and units.

It is clear, therefore, that maintenance of bodily function in advanced age will depend, at least in part, on methods of preventing tissue losses and that these measures must be introduced in middle age or earlier.

Physician Is Keystone

Dr. Shock cited the practicing physician as the keystone of health care for the elderly, stating: “It is he who must bring the results of research to their ultimate fruition in the treatment of the patient. The complaints and infirmities of the elderly must not be considered as the natural concomitance of aging for which nothing can be done.

Although there is still much to be learned about the nature of aging, laboratory research,” he said, “has almost already shown that older people retain many physiological capacities which will respond to training as well as to therapeutic measures.”

In the light of wide individual differences in the effects of aging on various body functions, Dr. Shock stressed the need for physicians to recognize that chronological age, in itself, is a poor index of capability and that each individual requires special study and assessment to determine both his strengths and his weaknesses.

He also emphasized the importance—for middle-aged and elderly persons—of periodic physical examinations and ready access to health maintenance clinics. He added as an important system of adequate nursing homes and home care with free mobility of patients in and out of hospitals.

Coordination of medical, hospital, and nursing services, he said, would greatly improve the medical care of the aged and would minimize costs.

NHI Papers, Speeches
And Exhibits Presented At Fia. ANA Meeting

Extensive participation by the National Heart Institute in the 14th Scientific Sessions and Annual Meeting of the American Nurses Association included a speech by Ralph E. Knutti, NHI Director; the presentation of five scientific papers, sponsorship of a conference, and the showing of two exhibits. The sessions and meeting were held October 18-24 at Bal Harbour, Fla.

Dr. Knutti’s subject was “The Relation of Research Programs of Federal Government to AHA and Other Voluntary Agencies.” PHS Surgeon General Luther L. Terry spoke on “Heart Disease Control—A Joint Responsibility,” and Dr. James Watt, Chief of the PHS Division of International Health and former Director of the Heart Institute, addressed a staff conference on International Cooperation.

A field staff conference conducted by the NHI Heart Disease Control Program was held October 16-18 as an adjunct to the meeting.

Dr. Eugene Braunwald, Chief of the Cardiology Branch, and Dr. Arthur E. Rikli, Chief of the Heart Disease Control Program, were participants in two conferences.

Authors of NHI papers presented at the meeting were Dr. Braunwald, Dr. James O. Davis, Dr. Joseph T. Doyle, Dr. Thomas R. Dawber, Dr. William B. Kannel, A. Sandra Kich, and Harold A. Kahn.

Also, Dr. James W. Foeley, Dr. T. David Lee, Dr. William R. Hinder, Dr. Donald F. Polse, and Dr. Maurice M. Aygen.

The exhibits were “Directions of Present-Day Research in Gerontology” and a special exhibit, “Group A Streptococci Identification,” sponsored by the Heart Disease Control Program.
NIH-UGF DRIVE
(Continued from Page 1)

not be indifferent to the work of
these agencies. As part of an or­
organization dedicated to fur­
thering the health and well-being of
other people, we share their day­
to-day interests. The quality and
scope of the services UGF agen­
cies can render depends upon the
kind of response we make to their
yearly appeal for help.”

Mr. Hansen said he hopes no one
will fail to answer that appeal.
A breakdown of contributions at
the end of the fourth week of the
campaign follows:

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* Result of increase in number of employees since establishment of the campaign quotas.

Mice Experiments Show
Drug-Induced Tolerance
To Tumor Homografts

Delta Uphoff, of the National Cancer Institute’s Laboratory of Biology, has reported in the Plastic
Reconstructive Surgery and Transplantation Bulletin preliminary re­

sults of investigations of drug­
induced immunological “tolerance” in mice to tumor homografts.

The study originated in Miss
Uphoff’s earlier observations that
the drug, methotrexate, protects
mice from the lethal effect of a
homograft reaction following to­
tal-body irradiation and the incul­

cation of genoetically incompatible
bone marrow.

Methotrexate Inhibits Reaction

Since the methotrexate inhibited a graft-vs.-host reaction, it was
reasoned that “tolerance” to homo­

transplants could be produced by pretreatment with a combination of the drug and a viable cell sus­
pension from an appropriate for­

eign strain.

In the present study, mice were rendered “tolerant” to tumor transplants from mice of an un­
related strain by pretreatment with methotrexate and a tissue brei
of spleen and thymus of the donor
strain. Progressive tumor growth
was not observed in mice pre­
treated with drug or tissue brei
about.

Induction of “tolerance” was ac­

complished in three different strain combinations which varied in their genetic incompatibility. It was
found that to induce the “tolerant”
state, pretreatment over a pro­

longed period of time was neces­

sary.

Simple Tests Stressed

In her report, Miss Uphoff
stressed the need for compara­
tively simple test systems for de­
termining the optimum pretreat­
ment method for inducing “toler­
ance.” She noted that marrow
transplantation in the lethally ir­
radiated mouse was too compli­
cated a test system, and that tumor transplantation, although
less critical than skin transplanta­
tion, made possible the trial of
more types of treatment schedules than would otherwise have been feasible.

Knowledge of factors that con­

tral susceptibility to cancer trans­
plantation is important both to an
understanding of immunity to can­
er and to the development of prac­
tical methods of conditioning an
individual to accept a genetically
incompatible transplant.

Coatney Elected Society President At D.C. Meeting

Dr. G. Robert Coatney, Chief of the Laboratory of Parasite Chemother­

apy NIAID, is the newly elected President of the American Society of Tropical Medicine and Hygiene.

He succeeds Dr. William W.
Frye, Dean of the School of
Medicine of Louisiana State Un­
iversity, whose term of office ex­
tended through the annual meet­
ing of the Society he held last
week, Wednesday through Friday,
at the Willard Hotel in Washing­
don.

The meeting was attended by
more than 400 specialists in tro­
pical disease research from this
country and abroad.

Dr. Coatney, well known for his
contribution to malaria research,
was chosen President-elect of the Society at its meeting last year. A Scientist Administrator in the PHS Commiss­
oned Corps and an NIH staff member for more than 20 years, Dr. Coatney has been Chief of the Laboratory of Parasite Chemother­
apy since its establishment in 1956.

He is the recipient of a number of awards in the field of malaria research, has served as a special consultant with the World Health Organization, and is presently a member of the Expert Committee on Malaria.

First Meeting in D.C.

Last week’s annual meeting of the Society was the first in its 57-year history to be held in the Nation’s Capital. Scientists of six of NIAID’s laboratories presented papers at the meeting. The lab­
oratories thus represented were the Parasitic Diseases, Parasite Chemother­
pay, Tropical Virology, Clinical Investigation, Infectious Diseases, and Rocky Mountain Laboratories.

Dr. Frye, who is a member of the National Advisory Allergy and Infectious Diseases Council, pre­
sided at the opening session, at
which Dr. Richard M. Taylor of
the California State Department of Public Health delivered the 26th Annual Charles Franklin Craig Lecture. He was introduced by Dr. Justin M. Andrews, Director of NIAID. The lecture was on the subject of insect-borne diseases.

Approximately 100 papers were presented during the 4-day meet­
ing.
BUILDING 31
(Continued from Page 1)

public authorities, scientific institutions, and scientists in the conduct of research relating to the causes, diagnosis, treatment, control, and prevention of physical and mental diseases and impairments of man.

Dr. Shannon said he was sorry that members of the Congress could not attend. He conveyed regrets from Senators Lister Hill of Alabama, Margaret Chase Smith of Maine, and Congressman Melvin R. Laird of Wisconsin, and read a message from Congressman John E. Fogarty of Rhode Island.

John E. Fogarty of Rhode Island. read a message from Congressman Margaret Chase Melvin R. Laird of Wisconsin, and Smith of Maine, and Congressman "You and I know that neither we can accomplish these responsibilities without the support of the staff and personnel at every level of NIH and the entire Public Health Service."

Following his introduction of guests, Dr. Terry presented Mr. Jones, recalling that as Chairman of the Committee of Consultants on Medical Research, he "increased his already extensive knowledge of the National Institutes of Health and its programs, and contributed greatly to the blueprint of its future."

In applying mortar to the cornerstone, just to the right of the main entrance, Mr. Jones employed the trowel used by former President Harry S. Truman at cornerstone ceremonies of the Clinical Center on June 22, 1951, and by Ogden Mills, former Secretary of the Treasury, at the cornerstone laying of the Public Health Service Building at 19th St. and Constitution Ave., N.W., occupied by the Service until World War II.

Lists Cornerstone Contents

Mr. Jones pointed to the significance of the NIH programs and expressed a hope for "the broad purpose of medical research fully backed by the will of the American people."

He listed the items deposited in a specially constructed and sealed plastic box behind the cornerstone: the NIH Brochure, the NIH Scientific Directory and Bibliography 1960; the PHS Grants and Awards by NIH, FY 1960; a master plot plan, an aerial photograph of NIH; a photograph of Top Cottage with the new building in the background; a roster of PHS Advisory Groups; and one copy each of the NIH and DHEW telephone directories.

Also included is a copy of the NIH Record of September 26, 1961, carrying a story and picture of the new building; a copy of the NIH Calendar of Events of October 30-November 3, 1961; a program of the ceremonies with the names of the participants and invited guests; and a photograph of the ceremonies, taken, developed, and printed by means of an automatic camera.

The ceremonies were preceded by a luncheon for the special guests, prepared by Government Services, Inc., which will operate the building's cafeteria, designed to accommodate 450 persons.

Guests Tour Building

Following the luncheon the guests were conducted on a tour of the first and ground floors of the building.

They also visited the ninth floor, occupied by extramural program units of the National Institute of Arthritis and Metabolic Diseases, to see a typical utilization of floor space.

Designs in the shape of an "H" and located at the north end of the NIH reservation, the new structure will house approximately 1,800 employees. The larger of the two wings, Wing A, is 11 stories high, while Wing B rises five stories above ground.

The building is modern in architectural concept and features large glass areas. White cast stone facing and antique lorraine brick form the exterior finish of the poured concrete structure.

Located in the building will be the offices of the Institute Directors and their Extramural Program branches, together with the Division of General Medical Sciences and the Division of Research Grants.

Moves to the new building began October 23 with the arrival of several units from rented space in Bethesda office buildings. The first scheduled major move is that of personnel and equipment from Building T-6, expected to be completed about the end of November. Virtually every NIH office will be affected by the moves, with other personnel being shifted to vacated space both on the reservation and in five Bethesda buildings and the Robin Building in Silver Spring.

The Norair Engineering Corporation of Washington, D.C., was the contractor for Building 31 and the architects were two firms: Keyes, Lethbridge and Condon, and Richard Collins and Associates.

Selective Regeneration
Of Sympathetic Fibers
Seen in Adult Mammals

Although regenerating peripheral nerve fibers may establish connections with foreign nerve cells, National Institute of Neurological Diseases and Blindness scientists have shown that, if given a choice, regenerating sympathetic fibers of adult mammals connect selectively with their appropriate nerve cells. Thus, specificity of nerve fiber and nerve ending which has been demonstrated previously in lower animals and embryos, can also be assumed to occur in adult mammals.

These conclusions resulted from studies conducted by Drs. Lloyd Guth and Jerold L. Bernstein of the Laboratory of Neuroanatomical Sciences, NINDB.

In initial experiments, the cervical sympathetic trunk of the cat was severed and allowed to regenerate. In normal cats, certain of the fibers connect with ganglion cells that control the dilation of the pupil of the eye; others connect with ganglion cells that control blood vessels in the ear.

After regeneration was complete, the investigators stimulated the nerve fibers controlling these functions. They found that the original relationships had been established, indicating that regeneration had indeed been selective.

In additional experiments, they interrupted only those fibers controlling pupillary function. Before complete regeneration, the function of these nerves is taken over by the other fibers via collateral connections. After completion of regeneration the investigators found that the collateral fibers became inactive and the regenerated fibers again established appropriate connection with their original ganglion cells.

These findings were reported in Experimental Neurology.

A PERSIAN FANTASY COMES TO NIH

One of the most elaborate entertainment programs ever presented especially for Clinical Center patients is scheduled for Thursday evening at 8:30 in the Clinical Center auditorium, according to Arnold Sperling, CC Patient Activities Chief. NIH employees, their families and friends are invited.

Members of the Second U.S. Army Showmobile Unit No. 15 will present "Persian Fantasy," performed in the exotic atmosphere of the Arabian Nights. This all-Army award-winning production promises to "take you, on the wings of your imagination, into a land of fabled wonderment . . . of pictorial excitement and exotic sights and sounds . . . for this is a fantasy." The production, according to report, will include delightful music and dancing, beautiful girls, and fantastic scenery. Arrangements for its presentation here were made by Mr. Sperling in cooperation with Col. William R. Heard, Special Services Officer, Second U.S. Army, Fort George G. Meade.

Members of the cast of "Persian Fantasy," to be presented in the CC auditorium Thursday night by the second U.S. Army Showmobile Unit No. 15, are posed in a scene from the elaborate production.—U.S. Army Photo.

A PERSIAN FANTASY COMES TO NIH

This American eagle, made of cast aluminum with an anodized gray finish, is poised on a polished aluminum ball atop a 48'10" steel flagpole, one of two in front of the Clinical Center.