Dr. Udenfriend Wins Annual Hillebrand Award

Dr. Sidney Udenfriend, Chief of the Laboratory of Clinical Biochemistry, National Heart Institute, has been selected by the Washington Section of the American Chemical Society as this year's winner of the Hillebrand Award for original contributions to the science of chemistry. 

The Award, named in honor of Dr. W. F. Hillebrand, Past President of the American chemical society, will be presented to Dr. Udenfriend at the Society's annual award dinner, March 8, at the Knights of Columbus Hall in Arlington, Va.

The eighth NIH scientist to receive the Award since its establishment in 1925, Dr. Udenfriend will be cited for his fundamental contributions to the biochemistry of neuroregulatory substances in health and disease.

Dr. Udenfriend's primary research efforts at NIH have been on the metabolism of amino acids and amines. His studies have established him as an international authority in his field and findings have contributed to the new and larger offices in Building 31 next Monday, March 6. Banking facilities with five teller windows will be located in Room IA08, and the loan department will be located in Room IA07.

A special feature of the loan department will be individual interview offices insuring complete privacy for loan applicants.

NIH Credit Union Moves To New Offices Monday

The NIH Federal Credit Union will move from the Clinical Center to its new and larger offices in Building 31 next Monday, March 6. Banking facilities with five teller windows will be located in Room IA08, and the loan department will be located in Room IA07.

A special feature of the loan department will be individual interview offices insuring complete privacy for loan applicants.

Open Daily

Business hours in the new offices will be from 10:00 a.m. to 4 p.m., Mondays through Fridays, with the exception of paydays when the offices will open at 9:30 a.m.

In addition, the CU will provide pay-by-mail envelopes for members wishing to make savings deposits or loan payments through the interoffice mail system.

An open house to which all NIH employees are invited, will be held in the new offices on Tuesday, March 6. Light refreshments will be served from 9 to 10:30 a.m. and from 2 to 3:30 p.m.

Joint Crusade-Health Agencies Campaign Begins Monday

The annual combined campaign of the Federal Service Joint Crusade and the National Health Agencies will be launched here on Monday, March 5.

This is the second of the two official fund drives sponsored each year by the Federal government. Concentrated during the first two weeks of March, the NIH drive aims at 100 percent effective employee participation, with no dollar quota. Campaign keymen, one for every 25 NIH employees, will personally contact each member of their groups during the combined drive to outline its objectives.

Army Band to Present Concert Here March 1

The U. S. Second Army Band will give a concert in the Clinical Center auditorium Thursday evening, March 1, at 7:30 p.m.

NIH employees, their families and friends are invited. The concert is primarily for CC patients and was arranged by Arnold Sperling, Chief of the CC Patient Activities Section.
Study of Psychiatric Outpatient Clinics In Maryland Yields Valuable New Data

The first comprehensive study of the characteristics of psychiatric outpatient clinics of an entire State—Maryland—has been carried out by a team of National Institute of Mental Health scientists and associates.

Data were collected on the age, sex, color, place of residence, and mental disorder of every Maryland resident seen in various clinics serving residents of the State during the year ending June 30, 1959. Findings indicate that less than one-half of one percent of the population are seen in a psychiatric clinic in a year.

Primarily For Children

In rural counties, clinical services are primarily for children, reflecting the use of the clinic by school psychological services and as a caseworker and court diagnostic facility in lieu of other community resources.

All clinics reported long waiting lists for treatment of children, indicating marked inadequacy of services in all geographic areas. Clinic admission and termination rates were considerably higher for boys than girls.

Children under five and adults 65 and over have the lowest rates of admission to clinics; high rates for school children are followed by a decline in late adolescence, a secondary rise at ages 30 to 40 years, followed by another decline.

The general decline in the clinic population past the age of 40 does not indicate diminishing disease with age, since it is accompanied by an increase in the rate of admission to inpatient care.

A lower psychiatric rate for adults was observed in less urbanized areas, which parallels earlier findings indicating that highest rates for hospitalization for schizophrenia occur in areas of high population mobility and density.

Other findings show that in late adult life, brain syndromes associated with cerebral arteriosclerosis and senile or presenile brain disease predominate. Transient situational personality disorders (adjustment reactions) are of considerable numerical importance in childhood and decline at 18 years. In psychiatric classifications among children, personality disorders and mental deficiency were major problems among adults, psychotic disorders led, followed by psychoneuroses.

Field Studies Needed

Results of the survey, the investigators note, sharply point up the need for further intensive field studies along these lines, and demonstrate the usefulness to the psychiatrist, mental health program planner, sociologist, and epidemiologist of such data obtained for an entire geographic area and referable to a population basis for computation of admission and termination rates.

The study was reported by Anita K. Bahn, Caroline Chandler, NIMH; and Leon Eisenberg, Johns Hopkins University, in the American Journal of Psychiatry.
from research that he has conducted or directed have influenced much of the basic and clinical research of the Heart Institute.

His studies on the biosynthesis and metabolism of serotonin, norepinephrine, and epinephrine have significantly contributed to NIH research on hypertension, especially in the pharmacological evaluation of hypotensive drugs.

Studies currently underway in Dr. Udenfriend's laboratory are yielding additional information on the operation of the central and autonomic nervous systems. His work on amino acid and amine uptake by the brain is helping to define further the nature of the "blood-brain" barrier.

Theory Suggested

The biosynthesis of acetylcholine, one of the body's most important neurotransmitters is being investigated in other studies. Some of his recent research has shown that homocarnosine, a compound that appears to be synthesized only by tissues of the central nervous system, is excreted in the urine. This suggests the possibility that homocarnosine may act as an index of the metabolic activity of the CNS.

Dr. Udenfriend has been associated with NIH since 1950 and became Chief of the Laboratory of Clinical Biochemistry in 1956. Since 1951 he has authored or coauthored more than 140 scientific papers, and has recently completed a book, Homocarnosine Assay in Biology and Medicine, published this month by the Academic Press. In 1958 he was the winner of the Arthur S. Flemming Award for his outstanding contributions to NIH research programs.

Born in New York

A native of New York City, he received a B.S. degree from the College of the City of New York in 1939, and M.S. and Ph.D. degrees from New York University in 1942 and 1948 respectively.

He is a member of the American Chemical Society, the Society of Biological Chemistry, the Society of Pharmacology and Experimental Therapeutics, and the Society of Experimental Biology and Medicine.

Other NIH winners of the Hillebrand Award are the late Dr. Claude S. Hudson, who received the prize in 1948; the late Dr. Lyndon F. Small, 1949; Dr. Bernard L. Horecker, 1954; Dr. Bernard Witkop 1958; and Dr. Leon Heppel, 1960, all of NIAMD.

Two NCI scientists have also been winners of the Award: Dr. Dean Burk, in 1952, and the late Dr. Jesse P. Greenstein, in 1957.

Educational TV Use in Nursing Care Demonstrated by Special CC Program

Dr. Jane Wilcox (left), Assistant for Nursing Research, CC Nursing Department, mans the TV control center during a special program on the "Use of Television in Nursing Research and Nursing Education." Monitors and switch box are shown in the foreground, and Ruth Motka, Assistant Chief, NCI Nursing Service, is reading props in the background.

-Photo by Jerry Hecht.

A special program on the "Use of Television in Nursing Research and Nursing Education" was presented recently in the Clinical Center's 14th floor auditorium by the CC Nursing Department.

Directed and coordinated by Dr. Jane Wilcox, Special Assistant for Nursing Research, the 2-hour program included live demonstrations of the "do-it-yourself" use of television cameras in teaching and in nursing care observation.

The program was presented for members of the Nursing Research Study Section, DRG, at the request of Helen G. Tibbits, Executive Secretary of the Study Section, in order to provide background information which would be helpful in evaluating research proposals involving the use of television.

To demonstrate how nurses can use television in teaching, Dr. Wilcox included the reenactment of part of a regular monthly clinical nursing conference. The portion she had been presented with the use of TV by the Cancer Nursing Service last October to show the hospital and home care of the colostomy and ileal bladder.

Use of television for direct observation of bedside nursing care in a patient's room was also demonstrated. Members of the Study Section were able to see how a researcher, by means of television, can observe actual nursing care. On two monitors they watched Barbara Dal tire, Cancer Nursing Service, as she cared for a patient with a tracheostomy. Robert E. Taylor, Jr., nursing assistant, played the part of a patient.

Another important part of the program was a presentation by Frank Vanaman, Chief of the Television Engineering Unit, CC Clinical and Professional Education Branch. He discussed the kinds of equipment, personnel, and other facilities needed for various types of programming when television is used as a medium of communication in research.

Dr. Wilcox and her staff are now making plans to produce a TV program on "Medical Aspects."
**VACCINE**
(Continued from Page 1)

Dr. Walsh McDermott, Cornell University Medical College. Dr. McDermott will act as official representative of the National Advisory Allergy and Infectious Diseases Council.

NIH members of the Board are Dr. Robert J. Huebner, Chief of the Laboratory of Infectious Diseases, and Dr. Robert M. Chanock of the same Laboratory, Vice Chairman. James E. Moynihan, Special Assistant to Dr. Davis, is the Board’s Executive Secretary.

The first Board meeting was attended by three liaison representatives: Dr. C. A. Smith, Chief of the Communicable Disease Center; Dr. Thomas H. Tomlinson, Jr., Assistant Director, Division of Biologies Standards; and Dr. Karl Bambach, Executive Vice President and Secretary of the Pharmaceutical Manufacturers Association.

**3 Phases Planned**

The long-range program for vaccine development will consist of the following steps: 1) Special facilities and skilled manpower will be assigned to the actual development on an experimental basis of prototype vaccines for human use. 2) Small pilot lots of vaccine will be evaluated for potency and tested for purity and safety. Only after successful preliminary trials will controlled evaluation of the vaccine be extended through broad field studies. These activities will develop information concerning optimal dosage, preferred methods of administration and technical improvement of the vaccine. 3) Larger lots of the vaccine will be collected by military or prison populations, and later on civilian populations.

**Disease Is Costly**

Human respiratory disease is recognized as the largest single disease problem of man. In the United States it causes more time lost from work and other productive pursuits than any other disease, with an estimated economic loss through this factor alone of over $3 billion a year.

A massive problem in adults, respiratory illnesses are even more pervasive in children. Each year in the pre-school age group, there are more than 20 million respiratory episodes with fever. An estimated 85 per cent of all illnesses between birth and age 18 are caused by acute respiratory disease, according to a 30-year study by scientists at the Harvard School of Public Health.

It is now possible to implicate known viruses in about 60 percent of the serious respiratory illnesses of hospitalised children, and it is that its action is readily reversible, and its effects are temporary and noncumulative. The intensity of its effects is dependent on the amount of drug in the brain. When the drug disappears, so do its effects. The desired clinical results are obtained by merely adjusting the dosage.

Reserpine, on the other hand, is harder to handle. Its action is not easily reversible and its effects last for long periods after therapy is discontinued. It is a "hit and run" drug, often disappearing completely from the brain before its effects develop. Since effects pile up after each dose, clinicians must carefully regulate dosage to prevent serious side effects.

**Side Effects Cited**

Some patients with high blood pressure, given a minimum dose of reserpine daily, may become increasingly lethargic, fatigued, and occasionally even mentally depressed. Patients with mental illness, given larger daily doses, may exhibit signs of Parkinsonism which may last weeks and even months after the reserpine therapy is discontinued.

Given intravenously, the new drug—known as SU-9064—is far less potent than reserpine and produces sedative effects much less intense even in doses five times as large. Administered orally, the drugs are about equal in effectiveness. The more potent reserpine loses much of its effect when given orally because much that is absorbed from the stomach and intestines is rapidly metabolized by the liver before it can get to its sites of action in the brain. SU-9064 does not suffer this fate and is equally effective orally or intravenously.

**Report Published**

SU-9064—chemically a methyl ether of methyl reserpate—was produced by CIBA Pharmaceutical Products in cooperation with the National Heart Institute.

The Heart Institute scientists, Drs. Eduardo Cuenca, Erminio Costa, Ronald G. Kuntzman, and Bernard B. Brodie, reported their studies with SU-9064 in the December issue of Medicine Experimentalis.

**Correction**

In the picture story on NIH rural research in the last issue of The Record, the name of William T. Lane of the Laboratory of Infectious Diseases, NIAID, was incorrectly printed as William Allen. The Record regrets the error.