Foundations Spend $72 Million for Research in '60

Private philanthropic foundations contributed $72 million for the support of medical research and education in 1960, Surgeon General Luther L. Terry of the Public Health Service announced recently.

According to a report prepared by NIH, $47 million, nearly two-thirds of the $72 million reported by the foundations, was devoted to medical research, with $25 million of the total providing support for education in health-related fields.

Second in Series

The report, "Foundation Expenditures for Medical and Health-Related Research and Education—1960," is the second in the Public Health Service series devoted to analyzing the Nation's resources for medical research.

It is based on data obtained through a collaborative arrangement between NIH and the National Science Foundation.

Copies of the report are available from the Resources Analysis Branch, Office of Program Planning, NIH, Ext. 4321, Bldg. 1, Rm. 303.

Emphasizing that foundations (See FOUNDATIONS, Page 8)

Communications Head Cites Cooperation As Vital to Distribution of NIH Record

Distribution of “all-hands” memoranda and certain other information materials requiring delivery to all NIH employees is no slight and simple operation. Moreover, its effectiveness depends to a considerable extent upon an understanding of the method of distribution by those who receive it—plus a reasonable degree of cooperation.

These facts are soon obvious to anyone who discusses the subject with James G. Hawkes, Head of the Communications Section, Office Services Branch, OD.

Using the Record as an example, Mr. Hawkes explained the method of delivery of all-hands material and the extent of cooperation needed to make it work.

Ten thousand copies of the Record—for distribution to all NIH employees—are delivered to the Central Mail Room in Building 31 by mid-morning of the day of publication. The remainder—1,800 copies—are delivered to the DHED Reproduction Branch for mailing key distribution.

By means of a scale counter, which by measurement counts 20 to 50 copies at a time, the Central Mail Room employees allocate the number of copies for delivery to the nine sub-mail rooms located in buildings on and off the reservation. They also earmark the number of copies for distribution to the DHEW Mail Room employees allocate the number of copies for delivery to the DHED Reproduction Branch for mailing key distribution. (See DISTRIBUTION, Page 1)

Two New Institutes Established Here Bring Total to 9; Dr. Robert Aldrich, Dr. Clinton Powell Named Directors

Dr. Luther L. Terry, Surgeon General of the Public Health Service, has announced the establishment of two additional Institutes here at NIH. They are the National Institute of Child Health and Human Development and the National Institute of General Medical Sciences.

Both were authorized by Congress last October. Their establishment brings the number of NIH Institutes to nine.

The National Institute of Child Health and Human Development (NICHD) was authorized to supplement and reinforce research in the health status, needs, and problems of people in the various stages of development.

DGMS Becomes Institute

The National Institute of General Medical Sciences (NIGMS) was formerly the Division of General Medical Sciences. It will be responsible for administering, fostering, and coordinating research in the sciences basic to medicine and biology, public health, and certain clinical sciences and biomedical studies not within the responsibility of the other Institutes. It will support programs of research grants, of training for investigators, and will make fellowship awards.

The Surgeon General at the same time announced appointments of the men chosen to head the new Institutes.

Dr. Robert A. Aldrich, Professor and Chairman of the Department of Pediatrics at the University of Washington School of Medicine, has been named Director of NICHD, which is expected to be in operation early next month.

Dr. Clinton C. Powell, who has been Chief of the Division of General Medical Sciences since last August and has served continuously at NIH since 1954, has been appointed Director of NIGMS.

President Predicts

When he signed the bill authorizing NICHD, President Kennedy said:

"We will look to the National Institute of Child Health and Human Development for concentrated attack on the unsolved health problems of children and of mother-infant relationships. This legislation will encourage imaginative research into the complex processes of human development from conception to old age."

Two specialized research centers—the Center for Aging Research and the Center for Research in Child Health—formerly located in the Division of General Medical Sciences, will provide the nuclei of these Institutes.

The other NIH Institutes will continue their research in their...
**NIH-NMC Research Seminars Attract Teenage Scientists**

Not a ducktail haircut, a transistor radio or a pair of levis were anywhere in sight as more than 600 Montgomery County high school science students attended the fourth session of the annual Medical Research Seminars at NIH and the National Naval Medical Center last Saturday.

The Seminars, presented by the Montgomery County Tuberculosis and Heart Association in cooperation with the National Heart Institute and the Naval Medical Center, have attracted a record number of high school students this year. Last year about 360 participated.

The six sessions deal with cardiovascular and pulmonary diseases and are presented by physicians and scientists from NIH and the Naval Medical Center.

The first meeting took place on January 19 in the NIH and Naval Center auditoriums. The subject was "Congenital Heart Disease."

Subjects of other seminars were "Hypertension: Cause and Treatment," "Hypercholesterolemia and Coronary Artery Disease," and "The Kidney."

The fifth seminar will be held at Walter Johnson High School, Bethesda, on March 9 and will consist of round table discussions.

**Exams on March 16**

On March 16 the students will again meet at Walter Johnson for the final seminar which will include qualifying examinations for fellowship appointments.

These examinations will determine the seven to ten students who, by virtue of their high grades, will be awarded $200 fellowship stipends to help support them in their work next summer with research scientists at NIH and the Naval Medical Center.

Because of the large turnout of students at the seminars this year, a large screen, closed-circuit television connection has been used for better instruction and coordination between the two centers. Montgomery County school buses have been transporting the students to the seminars.

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**Dr. Emerson P. Slacum, Principal of the North Bethesda Junior High School and President of the Montgomery County TB and Heart Association, addresses students at one of the NIH seminars.—Photos by Thomas Joy.**

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Some of the more than 600 Montgomery County High School science students attending one of the Saturday morning Medical Research Seminars at NIH hear a lecture which is being transmitted by closed-circuit TV (cameraman, left rear) to a similar group in the Naval Medical Center auditorium.
'61 Medical Care Outlay Exceeds $21 Billion, Is $116 Per Capita


The total private outlay for medical care, which includes $14.4 billion in direct out-of-pocket expenditures and $6.7 billion paid for health insurance, exceeded by $1.8 billion the total spent in 1960.

The record 1961 consumer expenditure for medical care amounts to $116.60 for each individual in the Nation. Direct expenditures per capita were $79.76, while payments for health insurance amounted to $36.84 per capita.

Private Spending Increases

All these sums apply to private expenditures for health care; they do not include government outlays or care provided through private charity.

In 1961 the private spending for medical care increased in all categories over corresponding figures for 1960.

Hospital care increased by 9.8 percent; and nursing-home care increased by 8.9 percent. The net cost of health insurance—that is, the difference between the amount paid for insurance and benefits paid by insurance carriers—increased by 15.7 percent.

Other items that showed smaller increases over 1960 were payments to physicians, up 6.5 percent; and outlays for eyeglasses and appliances, up 2.3 percent.

Expenditures Itemized

A breakdown by category of expenditures shows how the consumer's medical care dollar was spent in 1961.

Hospital care accounted for 27.6 cents; physicians' services 27.6 cents; drugs 19 cents; dental care 9.8 cents; eyeglasses and appliances 6 cents; nursing and other professional care 4 cents; nursing-home care 1.4 cents. The remaining 4.6 cents of the consumer's medical care dollar represents the net cost of health insurance.

Of the total $6.7 billion expenditure for health insurance premiums, 45.4 percent was paid to Blue Cross-Blue Shield plans, 38.1 percent to independent insurance companies for group coverage, 9.4 percent to insurance companies for individual policies, and 7.1 percent to independent health insurance plans.

The Social Security Administration estimates that insurance benefits paid 28.3 percent of the consumer's total 1961 medical bill, exclusive of the cost of insurance. Insurance met 66 percent of all charges for hospital care, 30 percent of all charges for physicians' services, and 1.5 percent of the cost of all other items, including dental care, nursing service, care, drugs, and nursing-home care.

Since 1948, private expenditures for health care have increased by 175 percent. One reason for this, the Social Security Bulletin article notes, is simply the increase in population. Another is the general increase in price levels. About two-thirds of the increase in per capita health care expenditures since 1948 is attributed to higher medical prices; the remaining one-third resulted from increased use of health services and improvements in the level and scope of medical services.

Cooling System for Electronic Computer Delivered to NLM in 3-Degree Weather

Automation is coming next month to the new National Library of Medicine Building at the southeast corner of the NIH reservation. To speed up its system of indexing, search, and retrieval, the NLM has ordered an electronic computer system.

Known as Medlars—short for Medical Literature Analysis and Retrieval System—the high-speed digital computer and additional equipment are due for delivery March 15, according to Ray W. Grim, NLM Executive Officer.

Preparation for installation of the computer and its peripheral equipment on the first (ground) floor of the building began last December, Mr. Grim said.

Cool, Man, Cool!

Massive units of an air-conditioning system, essential to the operation of Medlars, were delivered and moved into the building on January 24, which ironically was the coldest day of that date in the Washington area since 1935.

The 50-ton capacity air-conditioning unit and the equally huge air-handling unit had to be hoisted by cranes into the building.

The air-conditioning unit is being installed in the Mechanical Room on the C level of the Library, three floors underground. This 50-ton unit will provide the cold air which, in turn, will be circulated around Medlars by the air-handling unit. The latter is being installed in the computer area on the first floor.

The air-conditioning system is solely for the benefit of Medlars, which has to be maintained at a precise temperature at all times in order to function properly.

NIMH Scientists Report Point of Thyroxine Synthesis of Protein

Recent studies by scientists of the National Institute of Mental Health have determined the point at which thyroxine brings about protein synthesis.

In previous NIMH studies, it was shown that thyroxine stimulates protein synthesis in newborn rats. New findings have established that the stimulation occurs in the transfer of soluble RNA-bound amino acid to microsomal protein.

The NIMH investigators further demonstrated that the thyroxine stimulation of the transfer step is not secondary to an effect on GTP, ATP or GSH generation, the various cofactors.

The studies demonstrate that the thyroxine effect depends on the presence of both mitochondria and an oxidizable substrate and involves a lag of approximately five minutes preceding the period of stimulation.

Substance Stimulates

There is evidence that some intermediate substance derived from the interaction of mitochondria and thyroxine is formed during the lag period and is responsible for stimulating the protein synthesis.

These requirements are the same as those for the effect of free amino acid incorporation into protein.

Previous research showed that thyroxine inhibits the rate of amino acid incorporation in adult rat brains but stimulates the rate in infant rat brains.

Recent findings indicate that these differences are related to the mitochondrial fractions. Further, high amounts of amino acid incorporation into the protein of the mitochondrial fractions, particularly in preparations from infant rat brains, have been observed.

Further Studies Begun

Since this fraction as prepared in these studies also contained myelin, and myelin is known to be synthesized more rapidly in infant rat brains, studies have been initiated to determine if the amino acid incorporation reflects myelin synthesis in vitro.

The effect of thyroxine in stimulating protein synthesis and its differential action on infant as opposed to adult brains could be related to the defective cerebral and intellectual development found in cretinism.

These findings were reported by Dr. Louis Sokoloff, Chief of the Section on Cerebral Metabolism, Laboratory of Clinical Science, and Dr. Seymour Kaufman, Chief of the Section on Cellular Regulatory Mechanisms, Laboratory of Cellular Pharmacology, and associates, in the Journal of Biological Chemistry.
Trainees' Baltimore Trip Is Eye-Opener
To Variety, Range of PHS Activities

By Dan Rogers
NIH Information Trainee

The NIH Information Training Committee, evidently feeling that a rat in the hand can supplement reams of reading material, recently arranged a trip to the Public Health Service's Quarantine Station and vessel "Nadir" to learn firsthand how rat trapping activities are conducted at Baltimore harbor.

Baby Rat Trapped

The cursory inspection turned up a baby rat, the 84th rodent trapped since the vessel's docking. Prior to the boarding, Bernard Loher, Supervisory Quarantine Inspector of the Baltimore station, explained that when the ship was boarded 10 days earlier traces of rat infestation had been discovered. Since the craft was idled temporarily by the longshoremen's strike, rat trapping activities were in progress.

The group climbed up a rickety ladder to the ship's deck, Mr. Weaver gave the trainees a chuckle as he told the Turkish First Mate, "These are bigwigs from Washington who want to look over your ship."

The visiting landlubbers picked their way along the deck, crawled over hatchways, and inched down steep ladders as they examined the ship's hold, galley storage room, officers' mess and crew's quarters while listening to Mr. Weaver's explanation of sanitation inspection procedures.

Hospital Visited

At the USPHS Hospital in Baltimore, Jack Weiblen, Assistant Administrative Officer of the hospital, briefed the visitors on the duties and setup of the Baltimore facility. Some research is carried on at the hospital, Mr. Weiblen explained, "though on a slightly smaller scale than at NIH." Research currently underway includes work in cytopathology and oral cytology which is supported by the necessity for long-term hospitalization of the mentally ill, and to hasten the patient's social recovery in the community following hospitalization.

Dr. Robert H. Felix, Director of the National Institute of Mental Health, presented tentative guidelines for the grant-in-aid program, pending formal publication of the guidelines and regulations governing the program.

Initially, States are to submit to the Public Health Service their "plans for planning," Dr. Felix said. These plans will then be assessed by the Service as a basis for approval of the planning grants. Administration of the funds will be by the recognized mental health authority in each State.

Broad Services Needed

Dr. Felix said the community programs for which the States will plan should provide a broad range of mental health services emphasizing continuity of care—including preventive services, early diagnosis, treatment, and aftercare for discharged hospital patients.

They also should assure coordination of the plans and efforts of all community agencies and organizations with interests in mental health, and these should be aimed at prevention of mental illness and promotion of mental health.

States are also expected to take into account in their planning activities such diverse areas as the need for facilities and services, research and training, legislation and financing, and others.

The guidelines allow each State to develop priorities for short- and long-range State goals, and each is expected to outline and document its need for new and expanded programs.

At the final session of the two-day Conference, the mental health authorities commended Congress for providing the funds and endorsed the principles of planning and evaluating State mental health programs.

They also recommended to the Surgeon General that support for a second year of planning be provided and that this initial step be "considered as only the beginning of a continuing program of planning and evaluation."

STATE GRANTS
(Continued from Page 1)

Dr. Karl R. Reinhard, veterinary officer director in the PHS Commissioned Corps, has been appointed Deputy Chief of the Research Grants Review Branch, Division of Research Grants.

Dr. Reinhard was Chief of the Infectious Diseases Laboratory, Arctic Health Research Center, in Anchorage, Alaska, before coming to DRG in July 1960. For the past two and one-half years he has served as Executive Secretary of the Division's General Medicine Study Section.

Dr. J. Palmer Saunders, Chief of the Research Grants Review Branch, said that Dr. Reinhard will continue as Executive Secretary of the Study Section until a replacement is obtained. His appointment as Deputy Chief of the Branch was effective February 1.
DISTRIBUTION
(Continued from Page 1)

each of the mail stops in Building 31 and all other buildings served directly by the Central Mail Room.

For example, 3,000 copies are dispatched to the Clinical Center Mail Room, 800 go to the Robin Building Mail Room for distribution to employees in the Robin and Arts Buildings in Silver Spring, and 700 are sent to the sub-mail rooms in Building 13 for distribution in Buildings 11, 12 and 13.

From the Central and sub-mail rooms the NIH mail messengers then distribute the Record on their routes throughout the buildings.

They do not, of course, distribute copies to each person's office or desk. They merely deposit, at the established mail stops, the number of copies required for distribution to all employees served by each mail stop.

Cooperation Need Explained

This is the point, Mr. Hawkes explained, where an understanding of the distribution system and a degree of cooperation on the part of office personnel are essential.

Although each messenger carries a list of the number of copies to be left at each mail stop, these numbers are frequently subject to change as a result of employee transfers or additions.

It is therefore the responsibility of those in charge of distribution from each mail stop to notify the messenger or the Central Mail Room of any changes in these employee totals.

As a further aid to effective delivery, many areas use "tagholders" containing the correct distribution numbers to their mail-stop receptacles.

Tagholders Available

This is a great help to the messengers, Mr. Hawkes said. His office will be glad, he added, to provide these tagholders and insertable numbers on request. His extension is 5671.

The mail stops, Mr. Hawkes pointed out, serve areas of varying size, including extensive laboratory areas. The method of distribution to individuals within these areas is determined by the person in charge of each area, Mr. Hawkes said.

He pointed out that investigation of complaints from those who frequently fail to receive the Record has revealed that the breakdown in distribution occurs most frequently from two causes:

1. Failure to maintain and notify the Central Mail Room or messenger as to the number of employees currently served by the mail stops.

2. Failure to distribute copies to individuals after the requisite number of copies have been deposited at the mail stops.

The Central Mail Room, in

Self-Service Store Business Is Booming; New Items Added; More Stores Planned

In business a little over six months, the Supply Management Branch's self-service store in Building 31, operated by the Property and Supply Section, has enlarged its stock to more than 650 office- and general-use items.

Nearly 200 items, many of which were suggested by customers, have been added. This new merchandise is easily identified by colorful "New Item" stickers affixed to the shelves.

Sales and patronage have climbed steadily since the store opened. November sales were 135 percent greater than those in July, the first full month of operation. The number of customers has increased 79 percent.

To date 250 charge-plates have been issued. As expected, analysis of their distribution revealed that the self-service store is patronized by employees of many adjacent buildings.

NIH Historian Requests Old Phone Directories

Dr. Wyndham D. Miles, the NIH Historian, reports that he is trying to assemble a complete file of NIH telephone directories for reference use.

He finds the old phone books useful in providing names and titles of former NIH employees and information about changes in organization.

Dr. Miles said he has not been able to determine when NIH began issuing telephone directories, but his present collection contains none prior to 1953.

Assuming there were no more than three editions published in any one year, Dr. Miles' collection is complete for the years '54, '55, '56 and '62.

Copies in his possession for the remaining years and the dates of issue are: '53—May and Sept.; '56—April; '57—Jan. and May; '59—none; '60—Oct.; '61—May.

Dr. Miles requests that anyone having copies not in his possession phone him, Ext. 3806, or send them to his office, Bldg. 15-K, Rm. 207.

Nancy Wigle of the Cardiology Branch, NHL, is one of 250 charge-plate customers who find shopping in the self-service store convenient and time-saving. "New item" stickers identify stock recently added.—Photo by Bob Pumphrey.

Offers Fast Service

This is attributed to the speedy and simplified shopping service offered by the self-service store. Items are openly displayed; customers make their own selections, are checked out upon presentation of an official charge-plate, and take their purchases with them. No requisition or paperwork of any kind is required.

Additional self-service stores in other buildings are presently being planned by SMB.

Head of Newly Created OAM Audit Branch

Richard L. Seggel, Executive Officer of NIH, has announced the appointment of James W. Schriver as Chief of the newly established Management Audit Branch, Office of Administrative Management, OD.

The appointment became effective February 4.

Mr. Schriver brings to NIH long Federal experience in the management audit and accounting field, particularly internal auditing, dating back to 1945.

Immediately prior to his appointment he was Chief Auditor of the Internal Audit Division, Agricultural Marketing Service, U. S. Department of Agriculture, a position he had held since 1960.

Serves as Program Director

Mr. Schriver previously served as Program Director for Finance Corps Activities and Overseas Commands, U. S. Army Audit Agency from October 1958 to September 1960, and as Branch Chief of the Munich (Germany) Branch Office, U. S. Army Audit Agency from April 1956 to January 1957.

In proposing the establishment of the new Branch, Dr. James A. Shannon, NIH Director, emphasized the need for NIH to have its own internal auditing organization "for regularly reviewing its own operations to assure itself that its management systems, organizations and operating concepts are sound and effective, and for identifying the nature and extent of any problems."

Reports to Executive Officer

The new Branch and its Chief will report directly to the NIH Executive Officer, Dr. Shannon said. The MAB will make "broad management audits as an integral part of the total process of ensuring that we operate effectively," he said, "and provide the needed detached review and appraisal of our various management activities."

"Since the auditors will report to the NIH Executive Officer," Dr. Shannon added, "we will have an additional channel for acquainting our central management staff with potential problems from the perspective of the Institutes and Divisions, and for acquainting them with concerns of the Office of the Director."

A native of Carlyle, Wash., Mr. Schriver is a graduate of the University of Oregon, where he majored in Business Administration and received a B.S. degree in 1959.
SV40 Found Capable of Multiplying in Malignant Cells of Human Origin

Multiplication of SV40, the simian vacuolating virus, in two continuous lines of malignant cells of human origin—HeLa cells for approximately 8 months and HEp-2 cells for 6 months—has been demonstrated by Dr. Bernice Eddy and co-workers of the Laboratory of Virology and Rickettsiology, Division of Biologics Standards.

Infection Causes Change
Infection of the HeLa cells, and to a lesser extent the HEp-2 cells, was accompanied by changes in the appearance of the cultures depending on the concentration of SV40 in the inocula.

SV40 was found to multiply in each of the cell lines under study and the cells continued to shed virus into the fluid during periods of observation ranging from 178 to 241 days.

These results confirm the observation of Shein, Enders and Koprowski that the virus is capable of growing in human cells. The concentration of SV40 in the two human cell lines was high. The titer of the HeLa cell fluids varied from 10-8.5 to 10-9.5 and fluid from the HEp-2 cells reached 10-6.0.

Hamsters Injected
Newborn hamsters injected with fluid from two HeLa cultures, one incubated for 94 days and the other for 77 days, developed subcutaneous tumors that were typical of those induced by SV40. SV40 was also shed into the nutrient fluid of chick embryo cultures but the titers, as determined in cœropithecus monkey kidney cells, were low and hamsters injected with the fluid failed to develop tumors within a 160-day period.

The study is reported in Proceedings of the Society for Experimental Biology and Medicine.

NCI, DBS Scientists’ Studies Show SV40 Causes Abnormalities in Cell Cultures

Scientists of the National Cancer Institute and Division of Biologics Standards have reported results of two studies of the simian vacuolating virus (SV40), which has been found in some cases of poliovirus and adenovirus vaccines.

Originally isolated from live poliovirus vaccine, SV40 has since been shown to cause sarcomas and epimyomas (brain tumors) in newborn hamsters, epimyomas in South African mastomys, and abnormalities in cultures of human tissue from embryos, newborns, 3-month-old infants, and adults.

The results of one study by NCI-DBS indicated that SV40 caused hamster kidney cells to become malignant in tissue culture.

Abnormal Shapes Noted
SV40-infected cultures consisted of large sheets of rapidly growing cells, many of which were abnormally shaped, while cells in virus-free cultures grew slowly and retained their normal shape for the most part.

As early as 17 days after cells from infected cultures were implanted in newborn hamsters, tumors developed at the site of implantation.

The tumors were primarily carcinomas, in contrast to the sarcomas that usually developed after a much longer latent period when cell-free SV40 preparations were used.

Thus, it seemed likely that the tumors resulted from growth of cells that had been transformed in tissue culture.

The second study was an investigation of the effects of SV40 on human adult thyroid gland cells in tissue culture. Again, infected cultures grew more rapidly than uninfected cultures and contained many abnormal cells.

Large amounts of SV40 were recovered from the cultures more than four months after they had been initiated, indicating the formation of a virus-carrier cell state.

Fluorescent-antibody studies and electron microscopy revealed the presence of SV40 in the nucleus of approximately five percent of the cells in infected cultures.

Two hamsters inoculated intracerebrally at birth with cells from infected cultures were sacrificed 90 days later and found to have papillary epimyomas.

These were judged to have resulted from release of SV40 from infected cells, since similar brain tumors occurred in hamsters inoculated with cell-free SV40 preparations in a previous DBS study and since there was no evidence that the transplanted thyroid cells had grown in the brain tissue.

The investigators concluded that the virus retained its tumor-producing activity even after passage in human cells.

Other Attempts Unsuccessful
Other attempts to transplant thyroid gland cells from infected cultures into the cheek pouches and brains of hamsters and brains of monkeys were largely unsuccessful.

Dr. Alan S. Rabson of the Pathology Anatomy Branch, NCI, and Dr. Ruth L. Kirschstein, Chief of the Section on Pathology, Laboratory of Viral Immunology, DBS, were coauthors of the report on SV40 in hamster kidney tissue.

Dr. Rabson and Drs. Richard A. Malmgren and Gregory T. O’Connor, also of NCI’s Pathologic Anatomy Branch, and Dr. Kirschstein were the authors of the report on SV40 in human thyroid tissue.

accomplishments of NIH Gray Service

cited at 10th anniversary ceremonies

The Gray Ladies at NIH, together with all who participate in this volunteer service of the American Red Cross, are no longer to be known by that name. Its members now belong to the Gray Service.

Dr. Powell is a native of Hartford, Conn., and received his B. S. degree from the Massachusetts Institute of Technology in 1940 and his M.D. degree from Boston University in 1944. Following service with the U. S. Navy as a medical officer in 1945-46, he was commissioned in the U.S. Public Health Service.

A former member of the American Board of Pediatrics and a member of the American Medical Association, the Endocrine Society, the American Pediatric Society, the Society for Pediatric Research, and the American Association for the Advancement of Science, he served in the Medical Corps of the Navy from 1944 to 1946.

A psychiatrist and a diplomat in both preventive medicine and psychiatry, Dr. Hollister has had extensive public health experience.

He served as NIMH Consultant on Mental Health in Education for the past five years, and was Assistant Chief of the Community Services Branch for the past year. Prior to that he was Chief of the Mental Health Consultant staff in the Department of Health, Education, and Welfare office in Atlanta, Ga.

Contributes New Methods

Dr. Hollister began his mental health work by developing an educational program for parents which was incorporated into the State mental health programs of Mississippi, Alabama, and Tennessee.

He pioneered in the development of sociodramatic methods of teaching interpersonal relationship skills to staffs of county health and welfare departments and of public schools, and was responsible for initiating the efforts of the Southern Regional Educational Laboratory, representing a 17-State region, to upgrade mental health training and research in the South.

Dr. Hollister received his M.D. in 1941 from the University of Nebraska and a Master of Public Health degree from the Johns Hopkins School of Public Health in 1947.

Has Teaching Background

Dr. Hollister was Associate Professor of Clinical Psychiatry at Emory University and an instructor in psychiatry at Southern Methodist School of Medicine. He also has taught sociology and anthropology at the University of Omaha and was an instructor in psychological hygiene and various nurses' training schools.

He is a member of the American Medical Association and the American School Health Association, and a Fellow of both the American Public Health Association and the American Psychiatric Association.
have long played a pioneering role in the health field, Dr. Terry said: "The influence of foundations goes back to the turn of the century when the Carnegie-financed Flexner Report set forth a blueprint for the strengthening of the country's medical schools.

"Substantial gifts from the Rockefeller Foundation and others served to implement this report and to establish the pattern for the nation's medical research and education structure.

"In recent years," Dr. Terry said, "the unprecedented expansion of Federal activity in health research and education, reached $47 million in 1962, has redirected their resources to relatively neglected or newly emerging fields," Dr. Terry explained, "some support in established research, others in new fields," Dr. Terry explained, "some support in established research, others in new fields." The report states that the significance of foundations in the health field, Dr. Terry said:

Significance Stressed

"This report stresses that the significance of foundations in America extends beyond fiscal considerations to the character of support which, by their nature as private agencies, the foundations are able to provide.

"In response to rising Federal support in established research fields," Dr. Terry explained, "some foundations have channeled support to relatively neglected or newly emerging fields of inquiry. Others have redirected their resources to education.

"As the report indicates, foundations continue to pioneer in new areas and, at the same time, counterbalance and supplement the new potential of governmental efforts."

Highlights Cited

Highlights of the report show that:

- The $72 million spent for medical and health-related research and education represented one-sixth of the $437 million in total program expenditures reported by 272 foundations surveyed.
- Support for medical research alone, excluding funds devoted to education, reached $47 million in 1960, and claimed about 55 percent of the $89 million which foundations contributed for research in all fields.
- More than one-half of the foundations—149 out of 272—provided support for medical research and education.
- Of the $72 million spent by foundations for medical research and education, approximately $50 million, more than two-thirds of the total, was used to support current projects. Better than one-fifth of the total went for capital outlays for buildings and endowment, and nearly one-tenth was distributed through fellowships and scholarships.
- Of the $38 million spent in the health fields for research projects, roughly three-fourths was disbursed in the form of grants for work in educational institutions, hospitals, and other non-profit organizations in the United States and for work of investigators in foreign institutions. One-fourth was spent directly by the foundations in their own laboratories in this country and abroad.

"As reported by the National Science Foundation in "Scientific Research and Other Programs of Private Foundations, 1960" (which appears in Reviews of Data on Research and Development, No. 35, August 1962), the 272 foundations surveyed accounted for 87 percent of the total program expenditures made by the 12,000 private philanthropic foundations in the United States."

"These provided practically all of the funds spent by foundations for the support of scientific research in 1960."

The Internal Revenue Service is aiding Latin American nations with tax administration problems, in connection with the Alliance for Progress aid program.

Mobile X-Ray Unit to Visit NIH February 25 and 26

The Montgomery County Tuberculosis and Heart Association will send its Mobile Chest X-Ray Unit to NIH on Monday and Tuesday, February 25 and 26, for the purpose of providing free chest X-rays for NIH employees.

"Cheats X-rays will be taken February 25 between the hours of 9 a.m. and 4 p.m., and on February 26, from 9 a.m. to 12:30 p.m. No advance appointment will be necessary. Employees are requested to report to a registration desk in front of the Clinical Center auditorium, during the specified hours on either day. From there they will be directed to the X-ray unit.

GRAY SERVICE

(Continued from Page 7)

ranges from home to zoo to Disneyland.

"Mrs. Guttermann considers Gray Service at the Clinical Center a way of life, and a good one. Many are attracted to the service, she said, as a result of experiences that make them want to help others. Some are happiest working with people, and some from foreign countries, whose husbands are on duty in the Washington area, also are drawn to NIH because of its international flavor."

Most of the Gray Service volunteers who serve at the Clinical Center are residents of Montgomery County or the District of Columbia, and all have been trained at the Clinical Center and the Montgomery County Red Cross Chapter.

New Members Named to NIAID Advisory Council

Appointments of three new members to the National Advisory Allergy and Infectious Diseases Council were announced recently by PHS Surgeon General Luther L. Terry.

The new council members are Dr. Edwin H. Lennette, Chief of the Viral and Rickettsial Disease Laboratory of the California State Department of Public Health; Dr. David Wilson Talmage, Professor of Medicine and Microbiology at the University of Colorado School of Medicine; and Steven M. Spencer, Science Editor of the Saturday Evening Post.

Dr. Lennette, an expert on influenza and virus diseases, has been associated with NIH since 1951 when he was a member of the Virus and Rickettsial Study Section. Most recently he has served as Chairman of the Training Grant Committee of NIAID.

A specialist in the field of allergy-immunology, Dr. Talmage directs the program of the University of Colorado's Clinical Research Center and serves on the faculty of the School of Medicine.

Mr. Spencer, an internationally known science writer, is the author of Wonders of Modern Medicine, and Outposts of Medicine, a recently published book on the medical missions of Asia and Africa.

The new council members will advise the Surgeon General regarding grant activities of NIAID.

Mary V. Geisbert Wins Performance Award

Mary Virginia Geisbert, Financial Analysis Officer in the General Research Support Branch, Division of Research Facilities and Resources, received a cash award for superior performance and achievement at a ceremony in the North Bethesda Office Center January 21.

Mrs. Geisbert received the award for her work over a period of 18 months in planning and organizing a program for equitable distribution of awards for "general research support" to institutions heavily engaged in health-related research.

The responsibility for this program was first placed in the Office of the Chief, Division of General Medical Sciences, and was transferred to DRFR when the new Division was established last July.

Praised by Dr. Stone

In making the presentation, Dr. Frederick L. Stone, Division Chief, said: "During the entire developmental phase of this institutionally complex program, Mrs. Geisbert operated under the most general supervisory direction from the Chief of Division and yet was able to interpret and translate program fundamental philosophy into operating policy and procedure.

"It is impossible to praise too highly those elements of personalit which, taken in the aggregate, have encouraged and cemented cooperative working relationships with the other parts of the NIH and the wide variety of institutions involved."