NIH Ham Radio Club Assists PHS by Alaska Communication Following Quake

The value of the NIH Radio Amateur Club as a means of communication in an emergency or natural disaster was demonstrated following the devastating earthquake centered in the area around Anchorage, Alaska, on Good Friday, March 27.

The abruptness of the disaster resulted in a complete tie-up of all regular communication channels and circuits to Alaska. The Public Health Service was unable to make contact with its hospital in Anchorage, or any of the three native hospitals it supervises in Alaska.

The Division of Indian Health, Bureau of Medical Services, called Richard L. Seggel, NIH Executive Officer, about noon time on Saturday, March 28. Mr. Seggel then phoned George F. Morse, Chief of the Plant Safety Branch.

PHS urgently needed to know hospital operations here were underway. Within hours the club succeeded in contacting an Alaskan station and

Dental Room Is Designed for Patient's Comfort, Assurance

Dr. Rubin to Give The Dyer Lecture Here on April 29

Dr. Harry Rubin, Professor of Virology at the Berkeley campus of the University of California, will deliver the thirteenth R. E. Dyer Lecture in the Clinical Center auditorium Wednesday, April 29, at 8:15 p.m.

Dental Room Is Designed for Patient's Comfort, Assurance

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10 of NIH Staff Receive Awards From DHEW

Ten NIH staff members were among 30 Public Health Service winners of meritorious service awards at the 12th Annual DHEW Honor Awards Ceremony April 10. The awards were presented by Anthony J. Celebreze, Secretary of the Department of Health, Education, and Welfare, at a ceremony in the Department auditorium.

Charles V. Kidd, Ph.D., NIH Associate Director for International Activities and Chief of the Office of International Research, received the Department's highest civilian honor, the Distinguished Service Award, "in recognition of outstanding Federal service, distinguished scholarship, and major contributions to the development of policies and programs of the National Institute of Health."
Pauline Utz, Gray Lady for 25 Years, Wouldn't Miss Friday for Anything!

"I wouldn't miss Friday for anything!" That's how Ms. Pauline Utz, a member of the Red Cross Gray Service team, feels about the day she spends each week at the Clinical Center.

Mrs. Utz is marking her 25th year as an American Red Cross volunteer, and 10 of the 25 years have been devoted to Clinical Center patients.

Arts and crafts is Mrs. Utz's specialty. Through the Rehabilitation Department's Occupational Therapy Service, she is assigned to the Clinical Center nursing units where she works with patients who must remain in their rooms or within the unit.

Often she will teach patients how to weave on portable hand looms that she brings to the bedside. Sometimes she brings materials and helps the patients make jewelry, leather items, mosaic tiles, and other craft projects.

Mrs. Utz also likes to come on Fridays so she can make sure the patients have enough materials to work with over the weekend.

"I started as a Red Cross volunteer in 1939," she recalls, "at the old Naval Hospital downtown." When the Bethesda Naval Hospital opened in 1941, she transferred there.

Trains With ARC

During the war, in addition to the two days she worked at the Naval Hospital, Mrs. Utz trained with the arts and crafts corps of the Red Cross at Walter Reed Army Hospital two days a week. When Suburban Hospital started its volunteer corps after the war, Mrs. Utz and several others went there to help train a new group of Gray Ladies.

"We did the same when the Clinical Center was ready to start its volunteer program in 1953," she explained.

As a matter of fact, Mrs. Utz helped to train the Center's first volunteer class, and it was she who set up the large looms that are still in the occupational therapy section today.

"I liked it here so much then," she says, "that I "'stayed ever since.'"

Mrs. Utz began volunteer work communications link relative to the Alaska earthquake...

"The promptness with which the NIH center was activated early Saturday morning, March 28," Dr. Gehrig said, "and the cooperative spirit of the entire communications group in transmitting information to our staff was greatly appreciated by this Bureau and its Division of Indian Health."

Speaking for the NIH Director, Mr. Secretary, has expressed to each of the participants the appreciation of NIH for their "skill and dedication in effectively carrying out an important P.H. S. assignment."—George Mannina.
**Proposed Law Provides More of Moving Costs**

The Civil Service Commission has sent Congress a legislative proposal that would authorize Federal agencies to pay more of the moving costs of employees who are relocated for the convenience of the government.

The proposal seeks to amend the Administrative Expenses Act of 1946 under which moving expenses of many non-Foreign Service employees have been paid for the past 18 years.

It would authorize agencies to increase the weight limit of transported household goods to 11,000 pounds, up some 60 percent from the present 7,000-pound limit, and liberalize travel expenses of the employee's immediate family.

Under current law, the government does not pay food and lodging costs of the employee's family en route to the new duty post.

**Subsistence Expenses**

Another provision would allow agencies to pay subsistence expenses of the employee and his immediate family for up to 30 days while they occupy temporary lodging, such as a motel.

The government does not now reimburse an employee for the extra living expenses incurred between his arrival at the duty post and the time of moving into permanent quarters.

Still another feature would authorize reimbursement for storage of household goods up to three years of employees who move to isolated duty stations within the United States (excluding Alaska and Hawaii) where there is no residential housing.

Out-of-pocket costs incurred by an employee in moving in the government interest has averaged about $500. Some 35,000 employees are relocated each year.

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**Dyer Lecture**

(Continued from Page 1)

are credited with notable advances in understanding the transmission of known animal cancer viruses and their mode of action within the living cell.

Recently he and his associates discovered that Rous sarcoma virus, the most virulent of the tumor viruses, needs a “helper virus” to create new infectious viruses inside the cell.

Before joining the University of California faculty at Berkeley in 1958, Dr. Rubin served with the Public Health Service in Montgomery, Ala.

Since receiving the Doctor of Veterinary Medicine degree from Cornell University in 1947, he has held fellowships with the National Foundation, the American Cancer Society, and California Institute of Technology.

In 1959 the American Association for the Advancement of Science awarded him the Anne Franklin Rosenthal Cancer Research Award for his work concerning the relationship between tumor viruses and animal cells.

Other awards with which Dr. Rubin has been honored include the 1961 Eli Lilly Award in Bacteriology and Immunology, administered by the American Society for Microbiology, and the 1964 Merck Research Award for developing a practical assay for detecting chicken leukemia viruses, thus aiding in the development of a safe measles vaccine.

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**Unit Is Quietly Effective in Controlling Rodents, Insects**

Fugitive mice and hungry cockroaches are the number one problems confronting the Insect and Rodent Control Unit of the Division of Research Services.

Although the only time most people at NIH are aware of insect and rodent control is when they smell insecticide, this unit operates with quiet effectiveness around the clock in the Clinical Center, throughout other NIH buildings, on the grounds of the reservation, and at the Animal Center.

The animal rooms scattered throughout the reservation are a source of fugitive rodents, as well as the main attraction to roaches. Here there is usually plenty of food, plus nooks and crannies for hiding and nesting. Also, careless eaters in offices and laboratories often leave tidbits from lunches and snacks that may attract vouched.

**Procedure Explained**

Fortunately, there is an eradication and control program to keep the insects and rodents within bounds. Besides a routine program, this unit also welcomes complaints.

When a complaint is received, a check is made the same day to verify it, and treatment of the offending area is usually begun immediately. Treatment is continued on a trouble-shooting basis until the problem has been eliminated or brought under control.

The rodent problem arises from within and outside the buildings. Inside the buildings escaping mice, rats, and hamsters present the biggest problem. Some of these rodents carry infectious organisms and, if they get to other rodent colonies, may ruin someone’s research. A big help in controlling these rodents, besides poison bait, is the

(See RODENTS, Page 7)

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**NYU Is Awarded Grant for Biological Study of Psychotic Disorders**

A $555,670 grant has been awarded by the National Institute of Mental Health to the New York University Medical Center for establishment of a clinical research center for biological studies of psychotic disorders, to be located in the Psychiatric Division of Bellevue Hospital Center in New York City.

The grant, for the first year of a proposed 7-year period, will be under the direction of Dr. S. Bernard Wortis, Professor and Chairman of the Department of Psychiatry and Neurology, NYU.

Establishment of a clinical research center will make available a group of patients for study under controlled environmental conditions.

The patients will be characterized behaviorally and will be studied by an interdisciplinary team in order to determine possible relationships among metabolic, physiological and behavioral factors.

**Intensive Study Planned**

The Medical Center will pursue a broad, intensive study of schizophrenia. Past research efforts have revealed the presence of some unusual metabolic substances in schizophrenic patients.

Alterations have been observed in the amounts of norepinephrine and epinephrine produced in certain types of psychiatric patients.

Further work in the area of metabolic disorders will include attempts to isolate, identify and synthesize abnormal metabolites. The environment of the metabolic ward will be carefully controlled for the evaluation of the possible roles of these metabolic phenomena in mental illness.

In addition to the clinical research center program will include basic biochemical studies of neurohormones, investigations into genetic and electrophysiological factors in disturbed emotional states, and intensive studies of the effects of pharmacological agents on mental illness.

**House Group Approves $1.06 Billion for NIH**

As this issue of the Record went to press, the House had begun floor consideration of the Fiscal 1965 DHEW appropriation bill, including funds for NIH.

The measure, as reported by the House Appropriations Committee, allocates $1,060,209,000 for NIH, a net reduction of $4.25 million from the revised Administration request of $1,064,459,000.

Overall, the bill provides a total of $5.3 billion for DHEW, of which $1.6 billion is for the Public Health Service. Funds for NIH are part of the PHS appropriation.
**Dr. Beye, Authority on Tropical Diseases, Dies April 8 in Panama**

Dr. Henry K. Beye, 52, of the Public Health Service, died of a heart attack April 8 in Panama, where he had been Director of the Middle America Research Unit (MARU) since 1961.

An authority on tropical diseases, Dr. Beye had only recently returned to Bolivia, where MARU scientists are conducting intensive studies on Bolivian hemorrhagic fever.

**Reports on Studies**

During a brief visit to NIH last October, Dr. Beye reported on the MARU studies of Bolivian hemorrhagic fever, expressing high hopes that an immunizing agent may be produced.

A native of Phoenix, Ariz., Dr. Beye received his medical degree from the University of Southern California in 1948. For some years before that he was a biostatistician and public health official in California. Following his internship, he became a faculty member of the UCLA School of Medicine as well as field director of the Pacific Tropical Disease Foundation.

From 1952 to 1954 Dr. Beye served as a consultant to the Philippine Government on problems of rural health and tropical diseases. In 1957 he was invited by the U.S. Technical Mission and the Government of India to conduct a survey on filariasis and schistosomiasis in that country. For his contributions to the project, Dr. Beye received commendations from the Malaria Institute of India.

**Other Countries Visited**

Dr. Beye was a consultant in Thailand for both the United States and the World Health Organization. In 1959 he was a consultant for the Pan American Health Organization to British Guiana, where he outlined a program for control of filariasis.

In 1954 Dr. Beye joined the National Institute of Allergy and Infectious Diseases to conduct clinical research on parasitic diseases. His studies of Entamoeba histolytica contributed to a new concept of therapeutic management of such cases.

In other studies, Dr. Beye and his associates developed a new clinical technique for administering anthelmintics. They also defined precisely the characteristics of similar malaria infection in man.

Dr. Beye was a lecturer in tropical medicine at George Washington University, the U.S. Naval Medical Center, Bethesda, and the Army Medical School, WRAIR. He had served on the WHO Expert Committee on Parasitic Diseases since 1951.

Among the scientific societies to which Dr. Beye belonged are the American Society of Tropical Diseases, American Public Health Association, American Medical Association, Philippine Public Health Association, New York Academy of Sciences, and the India Society of Malariology.

Dr. Beye is survived by his wife, Lola. Funeral services were held at Fort Amador Chapel, Panama Canal Zone, Saturday, April 11. Interment was to be in Arlington National Cemetery.

**Scientists Find Enzyme Defect Causes Homocystinuria, Rare Childhood Disease**

Public Health Service scientists at the National Institutes of Health have found that an enzyme defect causes homocystinuria, a newly discovered, hereditary, and as yet apparently rare childhood disease marked by mental retardation and dislocation of the eye lenses.

The investigators have demonstrated that the absence or lack of activity of a specific enzyme, cystathionine synthetase, is the basic defect in this disease.

Without this catalytic agent the body is unable to convert a naturally occurring amino acid (building block for proteins), methionine, to another important amino acid, cysteine.

Implicit in the new discovery is the possibility of preventive or curative treatment for this serious disorder, and the scientists are seeking additional patients in order to test this possibility.

Homocystinuria was first described as an "inborn error of metabolism" less than two years ago by physicians in England and in Wisconsin. These investigators had observed elevated levels of homocystine (an intermediate product in the conversion of homocystine to cysteine) in the blood and urine of homocystinuric patients.

**Theory Rejected**

At the same time they noted increased levels of methionine in the blood. Although their observations suggested that cystathionine synthetase might be implicated in the development of the disease, the scientists tended to reject this theory.

Recently, Dr. S. Harvey Mudd of the National Institute of Mental Health and Drs. James D. Finkeleit, Filadelfo Irreverre, and Leonard Laster of the National Institute of Arthritis and Metabolic Diseases, succeeded in demonstrating the enzyme defect.

Sensitive methods were developed to measure the activity of the suspect enzyme and of another enzyme which also plays a role in methionine conversion. These measurements were applied to liver specimens obtained from five control subjects, including two young girls, and an 8-year-old female homocystinurie patient.

**Enzymes Found Active**

Both enzymes were found to be active in the livers of all the control subjects tested. In marked contrast, however, there was no detectable cystathionine synthetase activity in the liver of the homocystinuric patient. This confirmed the deficiency or absence of this enzyme.

Because this enzyme is missing, a child born with homocystinuria may suffer from a cysteine deficiency just after birth, a time in life when the body's need for this amino acid is particularly high.

The need for cysteine may be partly satisfied in a normal infant by the conversion of dietary methionine to cysteine, but the enzyme deficiency of the homocystinuric infant may well deny him the benefits of this metabolic pathway and result in cysteine deficiency.

Such a deficiency may be accentuated if the infant is fed cow's milk, which, in contrast to human milk, is relatively poor in cysteine. This has led the scientists to suggest that early supplementation of the diet with cysteine may prevent irreversible damage.

**Is Present in Brain**

Furthermore, cystathionine, an intermediate compound in the conversion of methionine to cysteine, is reportedly present in large quantities in the normal human brain, where it possibly serves some useful function in addition to giving rise to cysteine.

In the afflicted child, however, due to the enzyme defect, cystathionine is not produced. If this substance does serve some useful function in the brain, then dietary cystathionine supplementation might also be helpful in homocystinuria.

**Whether the abnormal accumulation of methionine, homocystine, or one of their breakdown products contributes to the clinical disturbance is not yet known. If this should prove to be the case, then dietary restriction of methionine might also be helpful in treatment.**

William H. Briner, Chief of the Clinical Center Pharmacy Department's Radiopharmaceutical Service and Assistant Chief of the Department, was elected President of the Society of Nuclear Medicine Mid-Eastern Chapter at the annual business meeting of the society in Baltimore March 12.

Objectives of the society are to promote the discussion and communication of knowledge of nuclear phenomena as it applies, or is likely to apply, to the better understanding and control of disease and to stimulate and disseminate research advances in the biological and medical applications of nuclear energy.

The society is composed of 12 regional chapters throughout the country. Its members include physicians, dentists, physicists, chemists, and other scientists having interest and competence in the applications of radioactivity. The Mid-Eastern Chapter includes Southeastern Pennsylvania, Delaware, Maryland, Virginia, West Virginia, and the District of Columbia.

Mr. Briner, who came to NIH in 1954, is a commissioned officer (Senior Pharmacist) of the Public Health Service. He is the author of numerous technical articles in his field and contributed a chapter on radiopharmaceuticals for a textbook published recently by the J. B. Lippincott Company. Mr. Briner is also active in a number of other professional organizations, including the Association of Military Surgeons of the United States, American Association for the Advancement of Science, American Pharmaceutical Association, American Society of Hospital Pharmacists, Maryland Association of Hospital Pharmacists, and the Baltimore-Washington Chapter of the Health Physics Society.
PHS Contracts for Studies to Prevent, Control Hemorrhage in Acute Leukemia

The Public Health Service recently awarded four contracts totaling $500,000 for coordinated "pilot" studies of blood platelet replacement therapy to prevent and control hemorrhage in acute leukemia. Blood platelet is an important factor in blood coagulation.

The awards were made to the American Red Cross in Washington, D.C., Children's Cancer Research Foundation in Boston, Children's Hospital of Philadelphia, and Children's Hospital of Los Angeles.

The National Cancer Institute will administer the contracts through its Acute Leukemia Task Force. For accomplishments of more than a dozen institutions active in leukemia research. Scientists in these institutions are working together to extend the gains made in recent years in the treatment of acute leukemia, particularly in children, and to make the benefits of research available to as many leukemia patients as possible.

Hemorrhage is one of the most serious problems in the management of leukemia, PHS explained. It is caused by a deficiency of blood platelets, which enable blood to clot.

Is Forward Step

The work to be done under the contracts represents a step toward solving the problems that now rule out widespread use of platelet replacement.

Immediate objectives are to define the conditions under which platelets ought to be given and the results to be expected, and to work out ways of collecting and supplying large amounts of platelets on a regular basis.

The contract with the Children's Cancer Research Foundation, headed by Dr. Sidney Farber, is in the amount of $120,000 and that with the Children's Hospital of Philadelphia, where Dr. Isaac Djerassi will direct the work, $65,000.

Dr. H. Grant Taylor and Djerassi were pioneers in platelet replacement therapy and have been utilizing the technique on a modest scale for some time.

Hospital Has Contract

The Children's Hospital of Los Angeles, where Dr. Denman Ham mond will direct the research, has a contract of $50,000.

The Red Cross, for which Dr. James H. Pert directs the work, has an agreement totaling $68,000 for providing fresh platelets to be used in treating patients at the National Cancer Institute and for research on processing of platelets.

A fifth member of the Acute Leukemia Task Force, the M. D. Anderson Hospital in Houston, Tex., is also investigating the use of platelets concurrently with other research supported in part by NCI grants. The work there is directed by Dr. H. Grant Taylor.

Herbert Nichols Named NHI Assistant Chief Of Public Information

Dr. Ralph E. Knutti, Director of the National Heart Institute, has announced the appointment of Herbert B. Nichols as the Institute's Assistant Chief for Public Information and Assistant Chief of its Information Center.

Mr. Nichols, previously Information Officer of the Division of Research Facilities and Resources, will be responsible in his new position for press, radio, TV, film, and publications activities.

Experience Cited

From 1949 until 1962, when he came to NHI, Mr. Nichols was Information Officer of the U. S. Geological Survey. For one year, 1954-55, he aided in establishment of a public relations unit for General Electric Research Laboratory in Scheneectady, N. Y.

Mr. Nichols has been a science writer since he began free-lancing during his undergraduate days at Harvard University. For 18 years he was Natural Science Editor of the Christian Science Monitor.

A native of South Norwalk, Conn., he attended Suffield Academy and in 1932 received his B.S. degree in biology from Harvard.

In 1956-57, as a lieutenant colonel, USAF, he was an observer for Adm. Richard E. Byrd during the Weddell Sea Expedition, and in 1959-60, he joined the Hoegh-hausen-Amundsen Sea Expedition as official observer for the Secretary of the Army.

Former NASW President

A member and former President of the National Association of Science Writers, Mr. Nichols is also on the Council of the American Association for the Advancement of Science. He is a member of the Geological Society of Washington, the Explorers Club of New York, the Bond Astronomical Club at Harvard Observatory, and the Vermont Botanical Club. In 1946 he was co-winner of the George Westinghouse Award of the AAAS for "distinguished service to science in the field of journalism."

Mr. Nichols was invited to deliver the Sir Hubert Wilkins Memorial Lecture at the Explorers Club in New York on April 19.

Lost little boy to policeman: "I can't remember my address, but my area code is 914."—Sauers in the Saturday Evening Post.

My wife backed the car out of the garage for me this morning. The only problem is that I had backed it into the garage the night before!"—Table Talk.
Malayan Research Team Names Malaria Parasite In Honor of Dr. Young

A Malayan research team, supported in part by a grant from the National Institute of Allergy and Infectious Diseases, has named a newly isolated malaria parasite, *Plasmodium youngi*, in honor of Dr. Martin D. Young, who recently retired from the Public Health Service.

At the time of his retirement, Dr. Young was NIAID's Associate Director for Extramural Programs.

The new species of parasite, discovered in a young gibbon in the Malayan State of Kelantan in May 1962, was described in a paper appearing in the March 1964 issue of the American Journal of Tropical Medicine and Hygiene.

Authors Listed

The authors of the paper are the late Dr. Don E. Eyles, Drs. Yap Loy Fong, F. L. Dunn, E. Guinn, McWilson Warren, and A. A. Sandosham.

Before his death in the fall of 1963, Dr. Eyles headed the Far East Research Project of the Laboratory of Parasite Chemotherapy, NIAID, stationed at Kuala Lumpur, Malaya.

Both Drs. Guinn and Warren are on the staff of the Far East Research Project.

Drs. Fong and Sandosham are members of the Institute for Medical Research at Kuala Lumpur, and Dr. Dunn is associated with a University of California Project there.

Dr. Braunwald Delivers Haile Selassie Lecture

Dr. Eugene Braunwald, Chief of the Cardiology Branch, National Heart Institute, was scheduled to deliver the annual Haile Selassie Lecture yesterday before the Royal Society of Medicine, London, England.

The lecture was endowed several years ago by the Emperor of Ethiopia, and the lecturer is chosen by the Academic Board of the National Heart Hospital of London.

Dr. Braunwald is the first American to be honored with this lecturership. His subject was "The Control of Ventricular Function in Man."

In December 1963, Dr. Braunwald delivered the Eastman Memorial Lecture at the University of Rochester and in January 1964 he was selected to be the annual James Bryan Herrick lecturer by the Chicago Heart Association.

One woman to another: "I won't go into all the details; in fact, I've already told you more about it than I heard myself."—Reader's Digest From The Progressive Farmer.

10 From NIH Receive DHEW Awards

(Continued from Page 1)

Mr. Miller

Mr. Hornback

Corps, "for his outstanding and distinguished leadership in medical research administration and national cancer research programs."

Seven from NIH received the DHEW Superior Service Award. They are:

Harry L. Hornback, Head of the Program Analysis Section, Office of International Research, "for his major contribution to the mission of the Public Health Service, through his pioneering efforts in analyzing the field of international biomedical research."

Charles Miller, Chief of the Management Policy Branch, Office of Administrative Management, "for his notable contributions to management improvement of the National Institutes of Health."

Marshall W. Nireberg, Ph.D., Chief of the Section of Biochemical Genetics, Laboratory of Clinical Biochemistry, National Heart Institute, "for the first experimental verification of the chemical basis of the Genetic Code."

Herbert H. Rosenberg, Ph.D., Chief of the Resources Analysis Branch, Office of Program Planning, "in recognition of consistently superior service and specifically for fundamental work in the measurement and analysis of the national resources of funds, manpower, and facilities devoted to medical research."

Frederick L. Stone, Ph.D., Chief of the Division of Research Facilities and Resources, whose citation read, "As Division Chief, he has creatively led in the evolution of policy and the implementation of a new concept of institutional research resources."

George Z. Williams, M.D., Chief of the Clinical Pathology Department of the Clinical Center, "for his outstanding leadership in the progressive development of automation methods in Clinical Pathology."

C. Gordon Zubrod, M.D., Director of Intramural Research, the National Cancer Institute, "for his continuing efforts to transfer cancer chemotherapy, research program administration, and drug metabolism research."

A tenth NIH employee, Robert C. Schemo, of the Laboratory of Blood and Blood Products, Division of Biologics Standards, shared a unit citation with two members of the Food and Drug Administration.

Baylor Awarded Grant For General Clinical Research Center

A grant for $770,606 for the establishment of a general clinical research center under Baylor University College of Medicine at Texas Medical Center, Houston, has been announced by Surgeon General Luther L. Terry of the Public Health Service.

This brings to 72 the total number of such centers administered by the NIH Division of Research Facilities and Resources.

Three of these, at the Texas Medical Center, are under Baylor University. The first, awarded in 1963, authorized a 6-bed general clinical research center for chronic illness to be located at the Texas Institute for Rehabilitation and Research (TIRR).

An affiliate of Baylor, TIRR is a 55-bed hospital located directly behind the medical school. It accepts patients of all ages with severe physical problems calling for extensive rehabilitation.

2nd Award in January

The second award to Baylor, granted last January, was for a 6-bed children's general clinical research center, to be a separate unit within Texas Children's Hospital. This hospital, associated with St. Luke's and Methodist Hospitals, is a part of the extensive Baylor pediatric program, which provides great diversity and a large volume of clinical patients.

The latest grant will extend a 6-bed ongoing cardiovascular clinical research center at Methodist Hospital supported by the National Heart Institute, into a 12-bed general clinical research center.

Half of the beds will continue to be supported by the National Heart Institute with research scientists and surgeons exploring new frontiers in heart and blood vessel surgery and organ transplantation, working toward an artificial replacement for the human heart.

Principal investigator will be Dr. Stanley W. Olson, Dean of the Baylor College of Medicine.

Frank B. Rogers, M.D., well known to NIH as the former Director, now the National Library of Medicine, now a faculty member at the University of Colorado Medical Center, was one of those who received a Superior Service Award.

"For outstanding leadership and vision in the establishment of the National Library of Medicine as the most complete compendium and source of readily accessible medical information in the world."

Under Secretary Ivan A. Nesi, who presided at the ceremony, Music was by the orchestra of the U.S. Marine Band.
RODENTS
(Continued from Page 1)

common, house-variety mousetrap.
At various times of the year, field rodents make an attack on the NIH buildings—doubtless having heard of the easy life inside. These animals are usually taken care of by poison-bait stations scattered around outside the buildings.
The bait is cheese, except when peanut butter is used as the alternative. Recently the Insect and Rodent Control Unit has been evaluating a paraffin-imbibed poison for outside use. They found that this bait is just as attractive to the rodents but does not deteriorate under moist conditions and so is particularly effective in outdoor poison-bait stations. Anticoagulant baits are the mainstay in the rodent control program, providing a wide margin of safety in case of accidental human ingestion.
The main activity of the insect control program is cockroach poisoning. This may be by spraying, fogging, misting, painting, or injecting with air compressor equipment. Whatever the method used, the one chosen is considered to be the most effective for the area involved.

For example, paintbrush applications are made along the baseboards of animal rooms. Fogging, with a noisy, thermal fog generator, is used to treat areas difficult to reach by some of the other hand methods.

In charge of the Insect and Rodent Control Unit is Richard Boettcher, an entomologist who began his insect-chasing career in the Plant Quarantine Division, USDA, inspecting the baggage of irate travelers for contraband plants prohibited from U. S. importation. He obtained a M.S. in entomology from the University of Maryland in 1956.

One of Mr. Boettcher's ongoing projects is the assembly and maintenance of a reference and teaching collection of local insects of significance to the NIH program. He now has collected and identified a majority of the insects of public health significance at NIH and a good many of those found at the Animal Center.

Because of the limitations imposed by such areas as nursing units, animal rooms, insectaries, and food preparation areas, a balance must be reached between pesticidal effectiveness and mammalian non-toxicity.

Approved Pesticides Used

Only those pesticides registered with the U. S. Department of Agriculture and fully approved for indoor pest control are used. Even then a conservaive program is strictly followed, with field tests and toxicity tests of pesticides before they are approved for routine NIH use.

Because of cockroach resistance to insecticides, the insecticides employed have to be periodically evaluated for their effectiveness on the local roach population.

For example, chlordane produced extremely good results from 1954 to 1957, until roach resistance developed to a point that made this insecticide ineffective. Now the main insecticide used in the Clinical Center is refined malathion. Diazinon, korlan, and malathion are being rotated in other buildings.

Next to cockroaches, the most frequently encountered insects at NIH are flies, gnats, ants, wasps, and boxelder bugs. Less frequently encountered are fleas, carpet beetles, grain moths, mites, ticks, and carpenter bees.

At the Animal Center horse flies, stable flies, and mosquitoes are problems that are not usually encountered here on the reservation. But regardless of the insect, they all require some degree of individual attention to eliminate.

Clinical Research Center Administrators Meet on Problems and Programs

More than 100 directors, assistant directors, and hospital administrators representing 72 general clinical research centers met at the National Institutes of Health April 2 and 3 to discuss administrative problems and scientific programs.

Supported by the division of Research Facilities and Resources, the centers are situated in institutions in 30 states, the District of Columbia, and Puerto Rico.

Outlining the progress of the clinical research centers' program, Dr. Frederick L. Stone, Chief of DRFR, said the sharp growth curve representing the establishment of 72 general clinical research centers in less than four years would now level off as the program went into a period of steady, general growth.

During the next few years, he pointed out, the Congress will be interested in the capabilities displayed by the center staffs and the host institutions. Because Congress must assess the value of the centers nationally, it is upon that assessment the future of the program will depend.

Program Has Impact

Dr. George Harrell, Dean of the College of Medicine, University of Florida, told the audience that the general clinical research centers program has had a strong impact on medical education, especially in making faculty and students approach patient care from the research point of view with its emphasis on critical evaluation of data collected on patients. Every teaching hospital of the future, said Dr. Harrell, should incorporate into its design a general clinical research center.

Major problems discussed by the participants were the proposed new policy for payment of hospital service charges in support of research conducted in the centers, ethical considerations in conducting research on human patients, recruitment of clinical research nurses, communications among the disciplines using the centers, safety measures in hazardous areas of clinical research, and relationships between center directors and hospital administrators.

Research highlights presented by staff scientists of the centers indicated the wide scope of their scientific investigation, including genetics, cancer chemotherapy, surgery, sanitation's effect on the effects of starvation on man, muscular disorders, metabolic studies, and rheumatoid arthritis.

Dr. Stephen Fredd, Scientific Administrator, General Clinical Research Centers Branch, DRFR, chaired the 2-day meeting.

The dental room and its equipment are so designed that the patient can relax in a reclining position, while the dentist and his assistant work from comfortable positions in swivel chairs.—Photo by Jerry Hecht.

DENTAL ROOM
(Continued from Page 1)

different from that of an orthodontist, prosthodontist, or periodontist.
The room at the Clinical Center with its particular arrangement of cabinets, chair, instrument unit and other equipment is set up for operative dentistry and prosthodontics to meet the need of a large dental hospital clinic.

Dental equipment manufacturers are now attempting to develop "modular" units that are standardized and flexible enough to be adaptable to the particular needs of the dental specialist.

Dr. Blythe notes that the Clinical Center's experimental dental room will be rearranged often, with equipment added from time to time to incorporate new ideas and improve effectiveness.

Dr. Ferrazzano Named Hospitals Division Chief

Dr. Gabriel P. Ferrazzano has been appointed Chief of the Division of Hospitals in the Public Health Service, effective July 1. He is currently head of the Division of Health Mobilization. Dr. Ferrazzano succeeds Dr. Myron D. Miller who will become Medical Officer in Charge of the PHS Hospital, San Francisco, Calif.

Entries for NIH Art Exhibit Must Be Submitted May 1

All NIH personnel and their immediate families interested in entering the 6th Annual NIH Art Exhibit must submit entries on Friday, May 1, between 5 and 6 p.m., in the 14th floor solarium in the Clinical Center. The entrance fee is $1 per entry.

Judges for this year's exhibit are Jose Bermudez, noted sculptor and Head of Graphic Arts, Pan American Union; Albert J. Carter, Curator of Art, Howard University; and G. D. O'Connell, Assistant Professor of Art, University of Maryland.

The exhibit will be displayed in the Clinical Center lobby, May 10 through June 5.

Pest controller spraying residual insecticide along baseboards and in interior areas as part of regular pest control program. This residual spray is renewed every 6-8 weeks.—Photo by Sam Silverman.
Kieley Will Help Select Ford-Future Scientists of America Winners

James F. Kieley, Chief of the Research Information Branch, National Cancer Institute, has been asked by the National Science Teachers Association to participate as a member of the National Judging Committee in selecting winners of the 1963-64 Ford-Future Scientists of America Awards Program.

Mr. Kieley will assist in reviewing 240 reports selected by 12 regional judging committees from approximately 10,000 entries. Twenty of the authors on 11th and 12th grade levels will receive national recognition and a college assistance scholarship.

Program Encourages Students

The program attempts to illustrate to students the true nature of scientific enterprise by encouraging them to engage in scientific experiments, report their results, and submit these reports for possible recognition.

It is open to U.S. students in grades 7 through 12, with various awards based on grade level. The projects are in any branch of science, engineering, or mathematics, but must represent the work of individual students rather than groups.

Dr. Philip, Director of RML, Returns from Conferences Abroad

Dr. Cornelius R. Philip, Director of NIAID's Rocky Mountain Laboratory, recently returned to Hamilton, Mont., from conferences and consultations in Italy, Egypt, and Hawaii.

Arriving in Rome on February 26, Dr. Philip met with Dr. E. Biocca of Rome University and Dr. A. Corradetti of the Institute di Superiore Sanita to discuss preparations for the upcoming Congress of Parasitology, which meets in Rome in September. Dr. Biocca is President and Dr. Corradetti is a Vice President of the Congress.

Meets with Naval Unit

In Cairo, Dr. Philip met with representatives of the U.S. Naval Medical Research Unit #3 to discuss a joint PL 480 project. The study concerns rickettsial diseases in Egypt, particularly those in livestock and ticks. During his week-long stay in Egypt he met with various officials concerned with public health there.

Dr. Philip's visit to Hawaii was in connection with his work with the Smithsonian Institution. He serves as a consultant to the Institution on a study of the biology of sea birds in the mid-Pacific.

Lymphocytes Suppression Essential to Organ Transplants, Dr. Dougherty Finds

The fighters against organ transplants from one person to another are small—even microscopic—but they are efficient. They are the lymphocytes, better known as white blood cells. They attack foreign invaders that enter the body, but they don't know the difference between a harmful invader and an invader that is there to help.

Until these fighter cells, or lymphocytes, are suppressed, organ transplants can't be successful, according to Dr. Thomas F. Dougherty, Head of the Department of Anatomy and Director of the Radiationbiology Laboratory at the University of Utah College of Medicine.

NCl Supports Research

Dr. Dougherty, whose current research is supported by a grant from the National Cancer Institute, discussed the problem of suppressing lymphocytes as well as ways of combating the problems, at the annual meeting of the California Medical Association in Los Angeles, March 24.

One of six guest speakers at the 3-day scientific meeting, Dr. Dougherty spoke on "Hormonal Influences on Antibody Synthesis and Allergic Phenomena." He is one of the pioneers in the study of lymphocytes and their effect within the body.

He explained that he is studying three ways in which lymphocytes, more familiar as the body's infection fighters, act as a detriment rather than a benefit to the body. The lymphocytes fight against tissue and organ transplants; they cause allergies; and they can cause auto-immune diseases in which a person's own cells are attacked by his lymphocytes.

There is a difference, he said, between a lymphocyte, or white cell, and an erythrocyte, or red blood cell. He explained that it requires the entire lymphocyte cell to manufacture its kind of antibody, and the antibodies it produces can't be extracted from the cell as yet. The whole living cell is necessary to transfer immunity.

Red Cells Smaller

Red blood cells are much smaller and are not manufactured intracellularly. They combat bacteria, and one of the complications in suppressing lymphocytes is that the methods commonly used also suppress the production of erythrocytes and other blood cells. The person is then susceptible to disease.

The problem, according to Dr. Dougherty, is to find a break-off point. "We must cut down on cellulae antibodies or lymphocytes but leave enough circulating antibodies going around to combat disease," he explained. His idea is to do this with selective hormones.

"All the methods used so far to suppress lymphocytes have had a bad effect," he said. "Radiation and other inhibitors of the synthesis of DNA prevent the duplication of lymphocytes, but also they lower the red cell count and cause anemia."

He said that a kind of hormone, corticosteroid, probably would act with more selectivity. The corticosteroids act more efficiently to prevent lymphocytes from multiplying than they do to inhibit red blood cell manufacture. It is also possible to change the chemical make up of the hormone to make it even more efficient in suppressing the lymphocytes. This is the subject of Dr. Dougherty's present experiments at the University of Utah.

Helps Combat Allergies

The suppression of lymphocytes would not only make successful transplants probable but would also help combat allergies. Diseases caused by a person's lymphocytes attacking his own cells have already been arrested by suppressing the lymphocytes.

According to Dr. Dougherty, one of these auto-immune diseases, lupus erythematosis, was fatal 10 years ago, prior to corticosteroid treatment, but can be inactivated today.

Dr. Wanko, of NINDB, Dies of Heart Attack

Dr. Theodor Wanko, 40, Head of the Electron Microscopy Program of the Ophthalmology Branch, National Institute of Neurological Diseases and Blindness, died April 3 at Suburban Hospital following a coronary occlusion.

Wanko's pioneering electron microscope studies of eye and nerve tissues have served as guides in other basic physiological and pathological research.

Especially noteworthy is his electron micrograph of the crystalline lens. An exhibit on the crystalline lens received honorable mention at the Scientific Assembly of the D.C. Medical Society in 1959.

A native of Vienna, Austria, Dr. Wanko first joined the NIH staff as a visiting scientist in October 1956. After a brief return to Vienna, he came back with his family to accept a permanent position and applied for U.S. citizenship which was granted in 1962.

Dr. Wanko obtained his pre-college training for his later career as a research scientist in Vienna. After an interruption for military service he resumed his education, receiving an M.D. degree from the University of Vienna in 1952.

Dr. Wanko is survived by his wife, Dr. Annemarie Wanko, and a daughter, Martina.