$17 Million Grant Supports Study Of Toxic Drugs

A research and training program of greater scope than any prior effort in studying the possible toxic effects of drugs and other chemical substances to which man is exposed will be established at the University of North Carolina. The program will be supported by a $17 million 7-year grant from the National Institute of General Medical Sciences.

The award was announced by Dr. Luther L. Terry, Surgeon General of the Public Health Service.

Purpose Explained

Purpose of the research and training center in pharmacology and toxicology is to bring to bear all the modern knowledge and techniques of the physical and biological sciences as well as mathematics in attacking problems relating to the safe and rational use of drugs and to the toxic effects produced by drugs or other chemicals.

In announcing the award, the largest grant ever made by the National Institute of General Medical Sciences, Surgeon General Terry expressed the belief that these things would be accomplished in the multidisciplinary program that could not be achieved.

LBJ Signs Research Facilities Act Here, Lauds NIH, Reports Dr. Terry Leaving

President Johnson came to the National Institutes of Health on Monday, August 9, to sign into law the measure approved by Congress which extends for three years the Nation's Research Facilities Construction Program and authorizes $280 million for that purpose.

In front of the Clinical Center, before an audience of more than 2,000, the President cited major health accomplishments of the past decade, praised NIH for its worldwide leadership in the war on disease, and disclosed the impending retirement of Dr. Luther L. Terry as PHS Surgeon General to become Vice President of the University of Pennsylvania.

Many Distinguished Guests

Among the distinguished guests were members of Congress praised by the President for their leadership and support of the Research Facilities measure. These included Sen. Lister Hill of Alabama, Rep. John E. Pogarty of Rhode Island, and Rep. Oren Harris of Arkansas.

Many Government leaders attended the ceremonies, including

(Continued on Page 2)

NIH Safety Measures Require Cooperation Of 4 Organizations

Security preparations in connection with President Johnson's recent visit here required effective cooperation between the four enforcement groups concerned with his protection—the NIH Plant Safety Branch, the U.S. Secret Service, and the Maryland State and Montgomery County Police.

Notice of the certainty of the President's visit was not received here until nearly 4 p.m. Friday, at the end of the week prior to his arrival, scheduled for mid-day on Monday.

Half an hour later, at 4:30 p.m., Secret Service officials met here with George P. Morse, Chief of the Plant Safety Branch, and key members of his staff to develop detailed plans for the President's

(See SAFETY, Page 2)

Benefits Are $31 Million

Some 83,700 superior performance awards were given last year throughout Government, an increase of 7,000 over the previous year. Measurable benefits from superior performance totaled over $31 million. Each cash award averaged about $146.
NEWS from PERSONNEL

NEW IDENTIFICATION CARDS

As of October 1 the color of the identification card of PHS Commissioned Officers will change from blue to green to conform with identification cards issued by other uniformed services. This change will necessitate issuing new cards for nearly 1,200 Commissioned Officers at NIH. The Commissioned Officer Section, Personnel Management Branch, and I/D Personnel and Administrative Officers have arranged for designation points within I/D work areas to which COs may go for fingerprinting and signing the new cards. Officers will be notified when the designated points have been established.

Any officer who has not had an official identification card picture taken at NIH within the last three years will need a new photograph for the new identification cards. The Photography Section, DRS, will perform this service any work day, Monday through Friday, from 9 a.m. to 4 p.m., in Rm. B1D40 of the Clinical Center.

EMPLOYEE TRAINING

With the approach of the 1965-66 academic year, NIH personnel considering job-related courses may be interested in learning what financial assistance is available under the Government Employees Training Act, Circular, No. 113, 1965.

Under authority of the Government Employees Training Act, NIH may support job-related training for civil service employees when: 1) the gains to be derived by NIH justify the cost; 2) the employee has at least one year of current continuous civilian service (when training is more than 40 hours in a single course); 3) training is not for the sole purpose of obtaining a degree; 4) training is not designed to provide skills which normally would be required for the employee to qualify for his job; 5) training is not designed primarily to qualify employee for promotion; 6) funds are available; and 7) supervisors recommend employees for the training.

Discussion Urged

To assure timely processing of requests and to meet a maximum number of training needs, employees and supervisors are encouraged to discuss training and development plans in advance of school registrations.

Commissioned Officers desiring NIH support of training should refer to the Commissioned Corps Personnel Manual Circular No. 113, July 7, 1965, distributed to all Commissioned Corps officers on duty as of July 1, 1965.

The circular defines short- and long-term training, outlines the method to be followed when applying for training both inside and outside the Service, and provides three copies of Form PHS-1122, Application for Training Outside the Service.

Training Application Revised

Attention is called to the fact that the application for training has been revised. The old application form may be used for short-term requests, but for residency and long-term training requests must be submitted on the revised application form.

Since the new form will not be available immediately through regular supply channels, Commissioned Corps Officers are urged to retain for use the copies attached to the Manual Circular.

Radiation Safety Devices

A survey of the effectiveness of film badge monitoring services available in the United States shows that the Clinical Center's Radiation Safety Department meets all criteria established by the National Sanitation Foundation, an independent corporation located in the School of Public Health at the University of Michigan.

26 Organizations Participate

Twenty-six organizations, including national laboratories operated by the Atomic Energy Commission and several commercial firms, participated in the recent survey conducted by the Foundation.

Film badges were sent from each of the participants to the Foundation, which, because the program has grown.

Meet Criteria of NSF

The NIH Master Utilities Extension program began August 12 at the main entrance of Building 31.

The Plant Safety Branch reports that until the work is completed one-way traffic will be maintained on Center Drive near Buildings 31 and 6. All NIH shuttle buses and private automobiles and taxis will be routed to the East Entrance of Building 31, B wing. The information desk normally located in the A wing is now on the B-2 level of the B wing and is equipped with a telephone.

Construction work now in progress for new stairwells at the north end of Building 4 will also affect traffic on Center Drive and Memorial Road.

31, Room 4B13. Phone: 496-2471.

The Foundation for Advanced Education in the Sciences, Inc., sponsors the program courses which are approved by the U.S. Civil Service Commission for examination, where they were exposed to combinations of radiation. The survey indicates, Dr. Andrews said, "that NIH film badges are reliable and accurate indicators of radiation exposure."
SAFETY
(Continued from Page 1)

These plans—several times changed during the weekend—were communicated to officers of the State and County police to insure their full cooperation.

In all, approximately 200 enforcement and security personnel were assigned to specific posts with detailed instructions as to their duties.

The weekend changes in plans resulted from shifts in the location of the ceremonies from the CC auditorium to the area in front of the building's main entrance, plus the President's decision to visit some of the patient areas of the Clinical Center.

Each of these changes necessitated replanning and the redrawing of the maps pinpointing the posts and responsibilities of the security forces.

Shannon Praises PSB

Of the numerous commendations received by the NIH Plant Safety Branch none was more welcome than the following memo from Dr. James A. Shannon, Director of NIH:

"Shortly after President Johnson left NIH, one of the White House Secret Service men told me that NIH had provided one of the best security arrangements that he had seen. I understand that this didn't 'just happen' but resulted from careful and exhaustive planning that you and your staff developed over the weekend.

"I am sure that you are proud of a job well done, and certainly I am no less so. A number of people have told me that the guard force did a particularly good job, and I am sure that your fire, protection, and safety groups did an equally able job as evidenced by the results."

Book Chronicles Story

Of Modern Medicine

The story of modern medicine is chronicled in a new book, "Famous Modern Men of Medicine," by Dr. Caroline Chandler of the National Institute of Mental Health. Although written primarily for teenagers, it has been well received by the professional community.

Dr. Chandler is Chief of the Child Mental Health Section of the NIMH Community Research and Services Branch. She joined the staff of NIMH in 1961 as Chief of the Demonstrations Section of the Community Services Branch. She is also Assistant Professor of Pediatrics at Johns Hopkins School of Medicine.

Published by Dodd, Mead & Co., the book was released July 19.

NHI Celebrates 17th Anniversary
With New Director, Advances in Research

The National Heart Institute is celebrating its 17th anniversary this month with a new Director, Dr. William H. Stewart, and new hope for victory over the heart and blood vessel diseases.

The Heart Institute was established in August 1948 by Act of Congress to administer functions of heart research, training, and administration set forth in the National Heart Act. Intramural research projects in cardiovascular diseases and gerontology conducted elsewhere in NIH were transferred to NHI and the NHI Director was designated as the focal point of leadership and coordination for the total heart program of the Public Health Service.

Dr. Cassius J. Van Slyke was the first Director. He was followed in 1952 by Dr. James Watt who served until 1961, when Dr. Ralph E. Knutti was appointed. Now retired, Dr. Knutti turned over the reins this month to Dr. Stewart.

Significant Progress Cited

Over the years the NHI has made significant strides in heart research through its intramural studies and world-wide research grants programs.

Though heart disease has been the leading cause of death in the United States since 1921, deaths from rheumatic fever, congenital heart disease and high blood pressure have decreased.

Current forecasts of the arteries and coronary heart disease are still eluding medical scientists, but researchers have uncovered factors suspected of causing heart disease.

The NHI has been one of the world leaders during the past 17 years in supporting research against the cardiovascular illness. Congress appropriated the Institu tion more than $124 million for Fiscal 1965 to support a variety of programs, including 12 intramural laboratories, more than 2,000 extramural research grants in the U.S. and overseas, and a number of collaborative and epidemiological studies.

NHI Contributions Impressive

Through the years NHI scientists have compiled an impressive list of scientific accomplishments which contributed to a major report produced by NIH and the American Heart Association in "A Decade of Progress Against Cardiovascular Disease" in February 1959.

More recently the NHI scientists participated in the Second National Conference on Cardiovascular Diseases in Washington in November 1964.

Dr. Knutti was co-chairman for the event when 700 of the country's leading heart research experts recommended a sweeping perspective of priorities to be confronted in the next decade. The physicians made

(See NHI ANNIVERSARY, Page 7)

SAFETY
(Continued from Page 1)

A patient walks a treadmill as Dr. Stephen Epstein (right) operates a cardiostatometer and electrocardiogram machine, and Dr. Brian Robinson assists. The treadmill operates at speeds from 2 to 11 miles an hour and can be elevated up to 20 degrees. The hood over the subject's head collects the air he is breathing. It passes through a tube into a machine for continual analysis, allowing oxygen consumption to be measured.

A new miniature heart pacemaker which could mean the difference between life and death for youngsters with heart defects is undergoing experimental trials at the National Heart Institute. The tiny gadget on the right, also useful in adults, delivers a regular electrical impulse to hearts whose own natural pacemaker is faulty. The device contains miniatuized batteries that should continue delivering impulses through wires to the heart for more than three years. This pacemaker is not implanted next to the heart but just under the skin of the abdomen or other sites. When the batteries approach their life expectancy, the pacemaker can be replaced in a simple operation. On the left is a normal size pacemaker, similar to the implanted one in the background X-ray.

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TOXIC DRUGS
(Continued from Page 1)

by the individual scientist or by the usual university department of pharmacology.

"Through this research and training program," Dr. Terry said, "the University of North Carolina can exert a generally salutary effect on American pharmacology by fostering new outlooks and by substantially increasing the number of talented scientists interested in pharmacological problems."

The Director of the new Pharmacology-Toxicology Center will be Dr. Thomas C. Butler, Professor in the Department of Pharmacology, School of Medicine, University of North Carolina at Chapel Hill. Dr. Butler is internationally known for his contributions to pharmacological research.

Center at Chapel Hill

The Center will be located at Chapel Hill, a part of the "research triangle" formed by the University of North Carolina at Chapel Hill, Duke University, and North Carolina State University at Raleigh.

The triangle area is also the site of the projected U.S. Public Health Service National Center for Environmental Sciences.

The proximity of all these research facilities will provide ready opportunities for consultation and cooperation and will greatly enhance the health of the nation.

The Center's research programs in pharmacology and toxicology will include:
1. Studies of the physical and chemical disposition of drugs.
2. Studies of drug idiosyncrasy (how individuals differ in their responses to drugs) investigated by pharmacologists, biochemists, immunologists, and geneticists.
3. Studies of the biochemical effects of drugs and their influence on tissue morphology, with major emphasis on the mechanisms by which drugs induce abnormalities in the developing fetus.

Other Programs Listed

5. Biostatistical studies which will include analysis of pharmacological data and theoretical studies of the mathematics of drug disposition and drug action.

The Surgeon General pointed out that potential toxic reactions to the numerous numbers of drugs employed today in the practice of medicine have become a matter of increasing concern in recent years, and there is recognition in both lay and medical circles that these problems are not receiving adequate attention.

Although there have been in the past numerous studies of the physiological and chemical disposition of drugs, research in this area, Dr. Terry emphasized, has not been as systematic or comprehensive as would be desirable to furnish a basis for the wholly rational use of drugs.

Knowledge of the mechanisms of

NIMH Announces 1st Grant Under 1963 Community Mental Health Centers Act

Approval of the first construction grant under the Community Mental Health Centers Act of 1963 was announced recently by the National Institute of Mental Health.

The Act authorized a total of $150 million for assistance in constructing comprehensive community mental health centers over a 3-year period. First, a nine-county portion of $25 million was made for Fiscal 1965, with the funds available through Fiscal 1966.

The grant, totaling $691,000, was made to the Mid-Missouri Mental Health Center in Columbia, Mo. The Federal funds will provide 49.91 percent of the mental health center portion of the Columbia contract. Construction of this center is under the direction of the Missouri Division of Mental Diseases, George A. Ulett, M.D., is Director of the division.

Center to Serve 9 Counties

Affiliated with the University of Missouri Medical School, the Mid-Missouri Mental Health Center is part of a $3.2 million medical facility already under construction. The Federal funds will assist in the construction of a comprehensive mental health center designed to serve seven counties with a total population of 197,072.

An advisory council, representing public and private local agencies, will assure coordination of community services with the mental health center.

According to regulations for the Centers Act, to be eligible for Federal assistance a center must be a part of a program providing "at least the essential elements of comprehensive mental health services."

These are defined as inpatient and outpatient services, partial hospitalization, emergency services, 24 hours a day, together with consultation and education services to community agencies and professional personnel.

Optional Services Noted

In addition, the regulations list a complete range of optional services that include diagnostic, rehabilitative, precare and aftercare services, and training, research and evaluation. The Mid-Missouri Center will offer this full range of services.

Provisions of the Centers Act are being administered jointly by NIMH and the Division of Hospital and Medical Facilities of the agencies of the Public Health Service.

Before approval of individual center projects by the PHS Surgeon General, each State must submit and have approved a State plan for centers covering an inventory of existing mental health resources, a survey of the area needs, and an establishment of priorities to meet those needs.

Dr. Stanley F. Yolles, NIMH Director, said the Missouri Center is the first of between 500 and 700 community mental health centers expected to be in operation by 1970.

The centers, he said, are the key segment of a new national mental health program designed to establish the foundation for a new system of treatment with its focus in the community.

Traditionally, the responsibility for the mentally ill has been vested solely in the State, and has been discharged through a system utilizing State mental hospitals, many of which have become obsolete.
LBJ Signs Research Facilities Act Here

(Continued from Page 1)

Anthony J. Celebrezze and John W. Gardner, the outgoing and incoming Secretaries of DHEW; Wilbur J. Cohen, Under Secretary of DHEW; Dr. Terry, the outgoing Surgeon General; and Dr. David E. Price, Deputy Surgeon General; and Dr. James A. Shannon, Director of NIH.

Also among the President’s hearers were representatives of many universities and health and scientific organizations, as well as a large number of foreign diplomats and NIH employees.

Referring to NIH, the President said, “Here on this quiet battleground our Nation today leads a worldwide war on disease. The experience of the past ten years assures us that war can be won.” He listed some of the major achievements of that period as:

- the development of new vaccines that “have almost eliminated from our entire land the crippling curse of polio”;
- development of a measles vaccine that “promises victory over disease which kills 20 to 30 percent of all the people of other countries”;
- a new vaccine that “may soon rid mothers of the fear that their unborn children could become the victims of German measles”; and
- chemical treatment that has “already extended the lifespan of cancer victims and shows a very high promise of far greater success”;
- the artificial kidney that “gives invalids new hope for normal and productive life;” and
- research that is “making it possible to renew and to rebuild the human heart.”

Referring to the Research Facilities Construction measure, Mr. Johnson said, “This bill that I will sign shortly will provide the bricks and mortar for the biomedical research laboratories throughout this entire Nation.” It will, he added, “help foster new breakthroughs in our war on disease” and “will accomplish the miracles of which we only dream.”

Grants on Matching Basis

The grants under this law will go to universities, hospitals, medical schools and non-profit organizations on a 50-50 matching basis.

Looking ahead, Mr. Johnson said, “A staggering era for medicine has begun. . . You here at NIH are shaping and you can be proud of what you are doing as we are proud of you.”

In announcing Dr. Terry’s resignation, Mr. Johnson referred to him as “one of our great leaders in the medical field” and said, “We owe a deep debt of gratitude to Dr. Luther Terry and his family, and we regret that he has seen fit to go on to other pursuits in the educational field.”

The President also paid tribute to Mr. Celebrezze who will soon resign as Secretary of DHEW to accept appointment to the U.S. Court of Appeals for the Sixth District (in Cincinnati), and to Mr. Gardner, his successor subject to Senate confirmation.

Praise Is Non-Partisan

He also praised members of both parties in Congress who have supported legislation for medical research, especially Sen. Hill and Rep. Fogarty, long recognized for their leadership in sponsoring such legislation in their respective branches of the Congress.

The President also announced his intention to establish a task force to set up goals for the Great Society in “education, health and happiness.”

At the conclusion of his speech the President signed the Research Facilities Construction measure, using many pens which he had given to congressmen, diplomats and government officials.

He then spent a half-hour within the Clinical Center, visiting the Heart Nursing Unit where Dr. Andrew G. Morrow, Chief of the Heart Institute’s Surgical Branch, introduced him to three patients and

Dr. Mergenhagen Heads New NIDR Lab Section

Dr. Stephen E. Mergenhagen has been named Head of the newly established Section on Immunology in the Laboratory of Microbiology, National Institute of Dental Research.

The new section will provide better coordination and more efficient planning and performance of programs in view of the broad scope of present and projected research in the Institute.

The staff will conduct research in immunological problems of oral and related diseases including defenses against oral microorganisms and allergic reactions to dental drugs and materials.

Degrees From 3 Institutions

Dr. Mergenhagen holds a B.S. degree from Allegheny College, an M.A. degree from the University of Buffalo, and a Ph.D. degree in microbiology from the University of Rochester.

He has been associated with the Dental Institute since 1958. His major field of research interest is pathogenesis of experimental infections, with special reference to the mechanism of action of bacteria and their products on host-tissue as may be related to systemic and oral diseases.

On the elevated platform under a protective canopy, Dr. James A. Shannon, Director of NIH, congratulates the President following his speech and signing of the National Research Facilities Construction Act. The First Lady, in background, chats with Sen. Lister Hill of Alabama.—Photo by Ed Hubbard.

5th Human Virus Found That Induces Cancer in Laboratory Animals

A virus isolated from a sick child has caused cancer in laboratory animals.

Scientists at the National Institutes of Health and Microbiological Associates have found that adenovirus type 3, a common cause of severe respiratory disease in infants and young children, induces tumors in hamsters after a long incubation period.

This pattern of tumor-causing action resembles that of another strain, adenovirus type 7. Further analysis of type 3 revealed that both adenovirus types have common tumor and cellular antigens.

So far, 5 human adenoviruses have induced cancers in laboratory animals. These viruses fall into two distinct antigenic categories. Three of the most potent cancer-inducing strains, adenovirus types 12, 18, and 31, fall into one antigenic group.

Although commonly present in man, types 12, 18, and 31 have not been shown to cause much, if any, human disease.

Type 3 Causes Concern

On the other hand, adenovirus types 3 and 7, which are in the second group, are common causes of severe respiratory disease in man.

The oncogenic properties of adenovirus type 3 are of special concern, however, since infants and young children are particularly susceptible to infection with this agent.

Based on viral surveys throughout the world, it is estimated that well over 50 percent of children have been infected with adenovirus type 3 by the age of 10 years old. The investigators caution, however, that there is no evidence that adenoviruses cause cancer in man.

These findings were reported in the August issue of the Proceedings of the National Academy of Sciences by Drs. R. J. Huebner, M. J. Casey, and R. M. Chanock of the National Institute of Allergy and Infectious Diseases, and Dr. K. Schell of Microbiological Associates, Bethesda, Md.

Dr. Byrne Is Chairman

Dr. Robert J. Byrne, Chief of the Laboratory Aids Branch, Division of Research Services, has been appointed Chairman of the Legislative Committee of the Maryland State Veterinary Medical Association.

The association represents more than 200 of the practicing public health regulatory and research veterinarians in the State.

Visiting the NIH Clinical Center, President Johnson talks with patient who is equipped with an implanted Starr-Edwards heart valve. Left to right: Dr. Andrew G. Morrow, Chief of the Surgical Branch, NHI, who holds a Starr-G Morrow, Chief of the Heart Institute's Surgical Branch, introduced him to three patients and

Dr. Mergenhagen
List of Latest Arrivals of Visiting Scientists

7/1—Dr. Alisa B. Gutman, Israel, Research in the Laboratory of Metabolism. Sponsor: Dr. D. Steinberg, NIH, Bldg. 10, Rm. 5N307.

7/2—Dr. Jacques Andre de Champlain, Canada, Research in the Laboratory of Clinical Science. Sponsor: Dr. A. Sjoerdsma, NIH, Bldg. 10, Rm. 2D55.

7/2—Dr. John V. O. Reid, South Africa, Research in the Laboratory of Experimental Therapeutics. Sponsor: Dr. A. Sjoerdsma, NIH, Bldg. 10, Rm. 7N290.

7/4—Dr. Paul Renz, Germany, Research Training in the Laboratory of Biochemistry. Sponsor: Dr. T. C. Stadtman, NIH, Bldg. 10, Rm. 120.

7/6—Dr. Haen Rin, Taiwan, Research in the Laboratory of Socioenvironmental Studies. Sponsors: Dr. W. A. Caudell, NIH, Bldg. 10, Rm. 2N220, and Dr. L. C. Wynne, NIH, Bldg. 10, Rm. 5N722.

7/6—Dr. Pal Venetianer, Hungary, Research Training in the Laboratory of Chemical Biology. Sponsor: Dr. C. B. Anfinsen, NIAID, Bldg. 10, Rm. 9N309.

7/12—Dr. Folke F. G. Sjoqvist, Sweden, Research in the Laboratory of Chemical Pharmacology. Sponsor: Dr. B. B. Brodie, NIH, Bldg. 10, Rm. 7N117.

8/2—Dr. Kuzuo Suzuki, Japan, Research in the Carcinogen Screening Section. Sponsor: Dr. J. Weisburger, NCI, Aurora Building, Rm. 204.

8/3—Dr. Pandulak K. Nayak, India, Research Training in the Laboratory of Chemical Pharmacology. Sponsor: Dr. L. Schanker, NIH, Bldg. 10, Rm. 8N114.

ASSOCIATES

(Continued from Page 3)

sachusetts General Hospital in Boston.

Dr. Black was Co-Director of the Rheumatology Service at the Georgetown Division of D.C. General Hospital from 1957-1963. His university appointments include a 3-year term as Assistant in Medicine at Johns Hopkins University, 1959-1962, and as Clinical Assistant Professor of Medicine at Georgetown University from 1958 to June 1964.

ARA Member

He has published extensively in his field and is a member of the American Rheumatism Association. Referral assignment to NIH seven years ago, Dr. Farrier headed foreign quarantine programs in both Austria and France, and served as Deputy Chief of Medicine at the PHS Hospital in Norfolk, Va.

Dr. Farrier graduated from Washington University School of Medicine in 1946 and then served an internship and residency in Internal Medicine at the PHS Hospital, Staten Island, N.Y.

He is an Associate of the American College of Physicians and the American Association for the Advancement of Science.

PHS Awards Grant for 7-Year Study Of Psychosomatic Factors in Asthma

A major 7-year study of the possible psychosomatic causes of bronchial asthma will be conducted by Dr. Marvin Stein of Cornell University Medical College under a Public Health Service grant announced recently by Surgeon General Luther L. Terry.

Dr. Stein, who has studied the psychosomatic factors in asthma for 10 years, will head a team investigating the many allergic, infectious, psychological, social, neuro-endocrine, and hereditary factors that may be involved in bronchial asthma in humans and animals.

$106,542 First Year

The grant for this multidisciplinary study totals $106,542 in direct costs for the first year plus additional support for 6 years by the National Institute of Mental Health.

Dr. Stein, Professor of Psychiatry at Cornell, says no specific cause of asthma is known. Because many factors have been found to trigger asthma, he considers the syndrome rather than a single disease entity.

An estimated 5 million Americans have asthma. The disease is characterized by breathing difficulties, coughing, wheezing, and a feeling of tightness in the chest.

These symptoms are caused by constriction of the bronchioles, the small branches of the bronchi which are the primary airways leading from the windpipe or trachea.

Emotional Involvement Possible

A number of psychological processes may be involved in asthma, Dr. Stein said. For example, emotions may predispose a person to asthma by acting through the central nervous system to make the bronchioles hypersensitive to allergens which trigger bronchiolar constriction.

The emotions may also act to directly constrict the bronchioles through the central nervous system which controls bronchiolar function.

"These two processes may occur simultaneously and probably reinforce each other," Dr. Stein said. "We propose to investigate this interrelationship."

One approach will be through animal studies. It is already known that psychological stress in animals can affect temperament, behavior and susceptibility to disease later in life.

Dr. Stein’s team will study effects of such stresses as cold and high-intensity sound on guinea pigs with experimental asthma and anaphylaxis (an acute asthma-like reaction caused by injection of a substance to which the guinea pig was previously made hypersensitive).

The researchers will study the effects of central nervous system stimulation on breathing mechanisms in the guinea pig. They will also investigate a number of neuroendocrine mechanisms in animals and humans, such as the relationship between adrenal cortical activity and asthma, and cortisol production and catecholamine rates in asthmatic patients.

Sessions to Be Taped

In studies of humans, Dr. Stein will examine asthmatic patients undergoing psychotherapy to learn what psychological and physiological phenomena are associated with spontaneous attacks during treatment.

Psychotherapy sessions will be tape recorded while patients’ respiration, heart rate, and galvanic skin response (GSR) are measured.

It is known that conflicts between hostile feelings and dependency needs may cause asthma. For example, threatened loss of a mother figure may lead to an attack.

The investigators will attempt to induce such conflicts experimentally in the laboratory, using asthmatic and non-asthmatic subjects.

Some patients have reported during psychotherapy that nocturnal asthma attacks were preceded by dreams. Dr. Stein and his group will study dream sleep patterns of asthmatic and healthy persons to determine whether a specific antigen or emotional factors are involved.

Lab Seeks Volunteers for Study of ‘Common Cold’

The Laboratory of Infectious Diseases, National Institute of Allergy and Infectious Diseases, is again in need of volunteers for its continuing study of the “common cold.”

The researchers in this laboratory are attempting to isolate and identify the viruses which cause common colds.

Volunteers will be asked to contribute nasal washings plus two blood specimens. Interested NIH personnel with colds, preferably within the first three days of illness, may call Mrs. Sara Kelly, Ext. 6081, for additional information. Participants will be paid $2 for each blood sample.

Dr. Brown Is Appointed Assistant Director for Operations at NIGMS

Dr. Frederick L. Stone, Director of the National Institute of General Medical Sciences, last week announced the appointment of Dr. J. H. U. Brown as Assistant Director for Operations.

In this position Dr. Brown will be directly responsible for the day-to-day operations of the Institute and will work with the Branch Chiefs in the planning and implementation of scientific and administrative programs at the Institute level.

Dr. Brown first came to NIH in 1960 as Executive Secretary of the Biomembrane and Engineering and the Physiology Training Committees, Division of General Medical Sciences.

Joins DRFR in 1962

In 1962 he joined the Division of Research Facilities and Resources, serving as Chief, Special Research Resources Branch (1962-63); as Acting Chief, General Clinical Research Centers Branch (1963-64); and as Assistant Chief for Operations (1964-65) before accepting the position with NIGMS.

Prior to coming to NIH, Dr. Brown was Professor of Physiology and Acting Chairman of the Physiology Department at Emory University Medical School.

He has also served as Oak Ridge Institute of Nuclear Studies Visiting Scientist, Assistant Professor of Physiology, University of North Carolina, and a Fellow of the Institute and Head of Biological Sciences, Mellon Institute in Pittsburgh. Previously he taught at the University of Pittsburgh, Rutgers University, Southwest Texas State College, and the University of Texas in Austin.

Awards Cited

In 1961 he was the winner of the Sigma Xi Research Award and in 1950 he was awarded a Fulbright Lectureship to the University of Rangoon.

Dr. Brown received his B.S. from Southwest Texas State College, San Marcos, and Ph.D. in biochemistry and physiology from Rutgers University. He is the author of 80 technical and scientific articles and two books.

In addition to being a member of numerous professional societies, he is a Fellow of the American Association for the Advancement of Science and a Senior Member of the American Chemical Society and the Institute of Electrical and Electronic Engineers.
Instrument Symposium
And Equipment Exhibit
To Be Held Oct. 4-7

Plans have been completed for the 15th Annual Instrument Symposium and Research Equipment Exhibit to be held at NIH October 4-7.

More than 45 scientists of national and international repute will discuss recent developments in research methods and instrumentation at the symposium. The concurrent exhibit will display the latest products of 76 of the Nation's leading manufacturers of research equipment.

Dr. Arthur E. Rappoport of the Youngstown Hospital Association, Youngstown, Ohio, will serve as Chairman of the opening session on a comprehensive medical data profile system.

Topics of discussion for subsequent sessions include retrieval of scientific information, medical applications of fiber optics, trace contaminants in closed atmospheres, trends in oceanographic research methods and instrumentation, special infrared sampling techniques, germfree animal research, and single cell research.

Mildred Greeto Participants
Dr. G. Burroughs Mider, NIH Director of Laboratories and Clinics, will welcome participants at the opening meeting in the Clinical Center auditorium at 2 p.m., October 4. Other sessions are scheduled for 8 p.m. that day, and at 2 p.m. and 8 p.m. on October 5, 6, and 7.

The research equipment exhibit will be located in Building 22. It will be open daily from 10 a.m. to 5:30 p.m., October 4-7.

Complementing the exhibit, special instrumentation sessions will be held in Building 16 each morning throughout the meeting. Technically qualified representatives will discuss and demonstrate newly developed items and their applicability to research.

All persons with an interest in research instrumentation are invited to attend the symposium and exhibit.

Taylor, Bowen Named to DRFR Adv. Committee

Two new members have been appointed by Surgeon General Luther L. Terry to the National Advisory Research Resources Committee of the Division of Research Facilities and Resources for 4-year terms ending Sept. 30, 1969.

The new members are Dr. Isaac M. Taylor, Dean of the School of Medicine of the University of North Carolina, Chapel Hill, and Ted Bowen, Administrator of the Methodist Hospital, Texas Medical Center, Houston.
Study Shows Lesions of The Kidney Accompany Various Liver Diseases

Disturbances in kidney function may occur in people with liver disease, according to a study supported by the National Institute of Arthritis and Metabolic Diseases.

Investigators suggest that these disturbances follow a characteristic pattern and commonly occur in patients with acute and chronic liver disease even if clinical symptoms are lacking. They call this "hepatic glomerulosclerosis."

Twenty-four kidney biopsies were obtained from patients with various types of liver disease, including viral and alcoholic hepatitis and forms of cirrhosis. Most patients showed little or no clinical evidence of renal involvement, and none had high blood pressure.

Mild Changes Noted

Examination of the biopsies with the light microscope indicated only questionable or mild changes in the glomeruli (the "tufts" of coiled capillaries in the kidney where wastes are filtered out of the blood). With the electron microscope, however, definite glomerular changes were visible which fell into two categories: 1) deposits of various granules, mainly on the basement membrane; and 2) progressive thickening of the base- ment membranes and walls of the capillary blood vessels.

Although their nature and origin are not known, the deposits may represent material produced by altered liver cells. There was also swelling and fusion of cells of the glomeruli.

The severity of lesions varied not only from case to case, but also from glomerulus to glomerulus. Generally, the lesions were mild in acute liver disease (viral and alcoholic hepatitis) than in chronic liver disease (cirrhosis). However, the changes appeared in every case and were similar regardless of the nature of the liver disease.

This study was reported in Laboratory Investigation by H. Sakaguchi, S. Dachs, E. Grishman, F. Paronetto, M. Salomon, and J. Churg of Mt. Sinai Hospital and New York Medical College.

New Members Named To Advisory Councils

Dr. Luther L. Terry, Surgeon General of the Public Health Service, recently announced the appointment of 5 new members to advisory councils of NIH Institutes for 4-year terms beginning October 1.

Dr. John Marquis Converse, Lawrence D. Bell Professor of Plastic Surgery, New York University School of Medicine, and Director of the Institute of Reconstruction Plastic Surgery, New York University Medical Center, has been appointed to the National Advisory Dental Research Council.

Dr. Rubin H. Flocks, Head of the Department of Urology at University Hospitals, University of Iowa, Iowa City, will serve on the National Advisory Cancer Council.

DeBakey on NIGMS Council

Dr. Michael Ellis DeBakey, Professor and Chairman of the Department of Surgery in the College of Medicine at Baylor University, Houston, Tex., will be a member of the National Advisory General Medical Sciences Council.

Dr. Joseph B. Kirsner, Professor of Medicine and Head of the Section on Gastroenterology at the University of Chicago, and Miles O. Fiteman of Minneapolis, Minn., founder and president of the Digestive Disease Foundation, have been appointed to the National Advisory Arthritis and Metabolic Diseases Council.