Cancer Incidence Report Notes Some Significant Rate Changes in U.S.

A preliminary report on cancer incidence in 1969 covering eight major metropolitan areas and one entire state indicates some significant changes of rates in the United States since the last study was conducted in 1947.

In the report issued by the National Cancer Institute's Biometry Branch, statisticians caution that the population and geographic areas included in the two studies are somewhat different.

However, certain important trends are evident:

- The overall incidence of cancer in men is increasing, a trend particularly marked among blacks, while in women it is decreasing.
- The incidence of lung cancer has doubled in both men and women of both races.
- The incidence of cancer in blacks is substantially higher than in other races.

(See CANCER REPORT, Page 6)

Dr. David K. Johnson Heads DRS Experimental Surgery Section in Lab Aids Branch

Dr. David K. Johnson has been named chief of the Experimental Surgery and Clinical Medicine Section, Laboratory Aids Branch, Division of Research Services.

This section provides experimental surgery facilities and staff assistance, special operative procedures, and radiographic facilities for NIH investigators.

Dog, cat, and primate long-term holding facilities are available, along with physiological sampling and collection of specimens. The section is also responsible for primate breeding activities.

Prior to his appointment as a PHS Commissioned Officer, Dr. Johnson held the rank of captain in the U.S. Air Force.

He was assigned to the School of Aerospace Medicine, Brooks Air Force Base, Tex., as chief of the Clinical Laboratory Branch and officer in charge of the Specialized Animal Colony.

(See DR. EISEN, Page 7)

HEW Sickle Cell Committee Recommends Allocation of Funds to Expand Program

A program for expanding Federal activities directed against sickle cell disease, in which both community-service aspects and research will receive emphasis, has been recommended by the HEW Sickle Cell Disease Advisory Committee in their second report to Secretary Elliot L. Richardson.

Sickle cell disease, a painful and life-shortening inherited disease found almost exclusively among black people, is a major health problem here and abroad.

The committee, named by Mr. Richardson to advise on Program objectives and priorities which will involve NIH, HSMHA, and other Federal agencies, met here for the second time Oct. 7-8.

Mrs. Aikens Is Chairman

The recommendations of the committee, which is chaired by Ruth L. Aikens, associate director for Health, National Urban League, N.Y.C., are concerned with goals and functional components of the program and allocation of the additional $5 million recently targeted by President Nixon for sickle cell disease.

The committee recommended:

- That $2.5 million be allocated for the establishment of up to five comprehensive research and community service centers.

Each center would be organized around ongoing programs in sickle cell disease; and would bridge the gap between fundamental research, clinical application, and community service.

- That $1 million be allocated for the establishment of from 10 to 20 model Screening and Education Clinics in various regions of the country.

These clinics would be for the purposes of 1) screening, 2) definitive diagnosis of SCD, 3) education of the population at risk and of health personnel, and 4) referral of patients with SCD to (See SICKLE CELL, Page 7)

(See DR. MCCCRUMB, Page 6)

Dr. McCrumb Appointed FIC Special Assistant

Dr. Fred R. McCrumb, Jr., was recently appointed special assistant to the Director of the Fogarty International Center, Dr. Milo D. Leavitt.

Dr. McCrumb's primary assignment will be to develop a program of workshops and conferences concerned with the preventive aspects of major human health problems.

Dr. McCrumb has specialized in infectious diseases and tropical medicine.

Conducted Plague Studies

During service with the armed forces overseas, he carried out field research on plague at the Institut Pasteur de Tananarive, Madagascar.

Also, as Commanding Officer of the U.S. Army Medical Research Unit, Institute for Medical Research, Kuala Lumpur, Federation of Malaya, he conducted studies on diseases of military importance in Southeast Asia.

Between 1962 and 1967, Dr. McCrumb was professor of Inter- (See DR. McCCRUMB, Page 6)

Dr. McCrumb raises horses in Liberty-town, Md. where he makes his home.

(See DR. MCCCRUMB, Page 6)
Dr. Robert Q. Marston, NIH Director, spoke at the first convocation of Federal City College and the NIH Upward Mobility College, recently held in the CC Jack Masur Auditorium. Dr. Andress Taylor, associate dean, Office of Experimental Programs at Federal City College, welcomed the audience. James Robinson, member of the Upward Mobility Steering Committee at HEW, described the start of the Upward Mobility College program. Others active in the convocation and the campus college program are (1 to r): Daniel Sorensen, chairman, Upward Mobility Steering Committee at HEW; Mr. Robinson; Eugene Kinlow, director, Office of Upward Mobility, HEW; Robert P. Philcio, assistant director, Training and Employee Development, ODA; Norma Greene, director, Upward Mobility College at NIH; Dr. Taylor; Richard Striker, assistant deputy director of Training and Employee Development, ODA; and Stephen Bell, employee development specialist.

Open Season for Fed’l Employees Health Benefits Program to Start November 15

An “Open Season” for the Federal Employees Health Benefits Program will start next Monday, Nov. 15, and terminate on Dec. 31, instead of the previously announced closing date of Nov. 30.

During this period, eligible employees may enroll, and employees already enrolled may change their plan, option, type of enrollment, or any combination of these.

Three general plans are available: Government-wide Service Benefit Plan (Blue Cross-Blue Shield), Government-wide Indemnity Benefit Plan (Aetna Life Insurance Company), and Group Health Association Plan of Washington, D.C.

Other Plans Available

In addition, the following five plans are available to all Federal employees who are members or who become members of the sponsoring organizations:

American Federation of Government Employees Health Benefit Plan; Alliance Health Benefit Plan; American Postal Workers Union Plan; Government Employees Hospital Association Benefit Plan, and Mail Handlers Benefit Plan.

For eligible employees residing within the prescribed geographical area, enrollment is available in group practice prepayment plan, Columbia Medical Plan of Columbia, Md.

For the contract year which begins this January the benefits for all plans will be the same as in the current 1971 plan brochures. Premiums for many plans will be increased January 1972.

Because of President Nixon’s Economic Stabilization Program an information pamphlet, under preparation at the Civil Service Commission, will be delayed until later this month. A desk to desk distribution will be made as soon as the pamphlet becomes available.

Registration procedures will also be announced, and assistants will answer questions and help employees complete forms. Personnel offices will carry additional forms and brochures.

The “Open Season” also applies to annuitants enrolled in the program. The CSC will mail information directly to them.

Charles E. Leasure, Jr., has been appointed administrative officer for the Chemotherapy Program, National Cancer Institute. He came to NIH in 1965, joining the Personnel Management Branch, and transferred to NCI in 1966.
PFK Helps Many Ways; Do Your Part, Donate To Plan Named Davis

Ten percent of the seriously ill patients who are admitted to the Clinical Center for research studies need some type of financial assistance, during their stay, according to John Rouch, chief of the CC Social Work Department and administrator of the Patient Emergency Fund.

He explained that because of catastrophic medical and hospital expenses many patients have exhausted their life savings.

This year more than 500 patients and their relatives will require emergency financial help. This help will be available as long as NIH employees continue their contributions to the Patient Emergency Fund.

During the holiday season many employees contribute through the Davis Plan; employees agree not to exchange holiday greeting cards with other personnel, instead they contribute card and postage savings to the Fund.

Most of the contributions are used for patients who may find themselves without funds.

Relatives Helped

Often, patients’ relatives may need help meeting living costs in this area. Recently a social worker found a young patient and his parents sleeping in their car in a CC parking lot.

The patient had an appointment at the outpatient clinic the following morning and they could not afford to stay at a motel.

The social worker arranged for a motel and NIH employees, through PEF, helped provide money for the room and meals.

Davis Plan contributions help out with other vital needs.

Although Clinical Center patients are normally expected to pay their own transportation costs, PEF is often used to help out in emergencies.

Last year, more than $25,000 was spent to assist patients, Mr. Roach explained. This year’s expenditures will be even greater.

NIH employees can help now by contributing to the PEF through the Davis Plan.

Dr. James O. Davis Receives 1971 Sigma Xi Research Award

Dr. James O. Davis, formerly head of the Experimental Cardiovascular Disease Section, National Heart Institute, received the Sigma Xi Research Award for 1971.

Dr. Davis, who is noted for his research on heart failure and hypertension, is professor and chairman of the Department of Physiology at the School of Medicine, University of Missouri.

Dr. Paul Dudley White, Exercise Advocate, Speaks Nov. 18 About His Visit to China

Dr. Paul Dudley White, noted heart specialist, will discuss his recent visit to the Chinese mainland on Thursday, Nov. 18, at 7:30 p.m. in the Jack Masur Auditorium, Clinical Center.

His talk will coincide with the Council meetings at NIH.

This past September, Dr. White, and other doctors from the United States, were guests of the Chinese Medical Association during their 12-day visit.

Dr. White, a medical pioneer whose career has spanned an historic era in cardiology, has been active for over 60 years in research, teaching, clinical medicine and public service.

His scientific writings include more than 70 papers and nine books, and many of them are considered classics in the cardiovascular field. Recently, his autobiography, My Life and Medicine, was published.

Dr. White has helped plan and direct Federal heart programs from the time that the National Heart and Lung Institute was first conceived.

He was Chief Medical Advisor to the National Heart Institute from its inception in 1948 through 1955.

When asked to serve in 1948 as Executive of the newly formed National Advisory Heart Council, Dr. White accepted quite reluctantly, admitting that he was, “like most New Englanders, suspicious of Government activity in civilian fields.

To my surprise,” he states in his new autobiography, “I was quickly convinced that it was a duty and an opportunity, a really wonderful opportunity, in which I should become involved. . . .

“Thus I became Executive Director of the National Advisory Heart Council for the next four years, and at the end of that period served for another two, and

National Advisory Heart and Lung Institute

Dr. D. E. O'Keefe Dies, Former CC Dept. Chief

Dr. Daniel E. O'Keefe, former chief of the Clinical Center Social Work Department, died in Houston, Tex., Oct. 25.

He had been Dean of the School of Social Work at the University of Houston for the past 4 years. Earlier he held similar posts at Michigan State University and Stanford University School of Medicine.

During his 9 years at NIH (1952-1961), Dr. O'Keefe developed the Center’s Social Work Department to meet the needs of patients in the Nation’s first large medical center designed exclusively for research.

Dr. O'Keefe, a member of the PHS Commissioned Corps, served in the U.S. Army during World War II.

He was buried in the Gettysburg (Pa.) National Cemetery.

Dr. O'Keefe is survived by his wife, Eleanor, and 3 children.

NIH’s Extramural Programs scored a touchdown in its Combined Federal Campaign. Conducting the CFC program with its own posters, the Westwood office has already reached its 100 percent participation goal. A $25 Savings Bond—donated for a drawing held Oct. 29 for all early NIAID contributors—was won by Jo Anne Stenney, an EP program analyst.

R&W Women’s Golf Ass’n Awards Prizes at Banquet

The R&W Women’s Golf Association at NIH recently met for their annual banquet and presentation of prizes—merchandise certificates—to the golfers winning the highest percentage of games in their group.

The winners were Jean Russell, Shirley Events, and Jeanne Walton.

Registration for the Association usually begins in late winter. During the spring, once their handicap is established, each golfer is assigned to a group and must play a minimum of four matches to qualify for a prize.

Matches are played at the Falls Road Golf Course in Potomac, Md.

Five librarians joined the National Library of Medicine in September for one year of postgraduate training in the NLM Associate Program. They are (I to r): Dr. Claire Webster, Jacqueline Johnson, Janet Fowles Lewis, Arlene Marie Auerheide, Paula Meise, and Dr. Joseph A. Vignone.
The Schiotz readings are compared with those taken with an applanation tonometer. This continuous measurement of the ease with which fluid leaves the eye is an important procedure in the diagnosis of glaucoma.

The completely renovated and newly equipped Eye Clinic of the National Eye Institute is the foundation for the Institute's expanded clinical vision research program.

The Clinic permits thorough diagnostic evaluation of NEI patients, as well as those referred for consultation by other Institutes ranging from simple tests of visual acuity to sophisticated measurements of retinal function and ocular blood flow.

The Eye Clinic has been entirely redesigned to handle a greater number of pa-

Dr. John L. Marquardt examines a patient with the slit lamp, which enables microscopic examination of the anterior portion of the eye including the cornea, lens, aqueous humor, and anterior chamber.

A perimeter is used to measure the peripheral visual field.

A fundus camera is used to photograph retinal vessels following an intravenous injection of fluorescein dye. This technique, called fluorescein angiography, demonstrated by photographer Gerald S. Hoover, is one of the major recent advances in clinical diagnosis of eye conditions and permits a direct visualization of the tiniest retinal blood vessels.
Using the electroretinograph, Mary J. Hoff views an oscilloscope presentation of the electrical response of a patient's eye to a blinking light.

In electroretinography, a specially designed contact lens with implanted electrodes picks up electrical impulses from the light-stimulated retina.

A special technique to measure pressure in the episcleral veins, developed by NEI Director Carl Kupfer, is shedding light on the normal and diseased mechanisms of intraocular flow, an important facet of glaucoma research.

Dr. Donald Bergsma measures visual acuity while occluding the patient's left eye.

Dr. Marquardt uses the indirect ophthalmoscope to obtain a brilliantly illuminated stereoscopic image of the entire back of the eye, which is useful in the diagnosis of various conditions such as retinal detachment.

Newly Equipped

ms Foundation

Research Program

patients for studies of glaucoma, uveitis, genetic disorders of the eye, cataract, corneal disease, vascular conditions, and eye tumors.

Because of the close relationship between the Eye Clinic staff and those of the other research Institutes, an informal Open House will be held at the Clinic (Bldg. 10, Room 1D-04) tomorrow, Nov. 10, between 2 and 5 p.m.

All NIH clinical research personnel are invited along with other interested NIH employees. Refreshments will be served.
Dr. William Raub Serves On WHO's Committee Of Computer Experts

Dr. Raub recently served on a WHO committee which stressed the importance of medical computing as vital in dealing with world health problems.

When the World Health Organization recently held its 1971 Consultation on Medical Computing in Geneva, Switzerland, Dr. William F. Raub was the only American invited to serve on its Advisers Committee.

Other medical computer experts on the WHO committee were from France, Sweden, West Germany, and England.

Dr. Raub is chief of the Biotechnology Resources Branch, Division of Research Resources.

The committee on which he served recommended the establishment of a Medical Computer Information Center through the resources of WHO.

"Of late, countries all over the world have been requesting up-to-date information and data on medical computer systems," Dr. Raub reported.

175 installations have much to offer their counterparts in other countries, Dr. Raub contends.

"We have the broadest base of experience in biomedical computing of any country," he asserted.

"Our systems for statistical applications, hospital information, research support, signal processing and graphic display are at the forefront of the advanced state-of-the-art."

**DR. McCUMB (Continued from Page 1)**

national Medicine and Director of the University of Maryland's Institute of International Medicine and the Pakistan Medical Research Center in Lahore.

Since 1967, he was professor of International Medicine, University of Maryland School of Medicine, engaged in studies on immunity in smallpox.

Dr. McCumb served as consultant to DBS from 1960 to 1963, and as a member of the Virology and Rickettsiology Study Section, NIAID, from 1963 to 1965.

**CANCER REPORT (Continued from Page 1)**

in whites, a difference particularly large between black and white men.

New cancers diagnosed totaled 61,409 in this specific population during 1969.

When adjusted to the age distribution in the U.S., the incidence rate is 300 new cancers per 100,000 persons.

Generalized for the entire population, this rate indicates that 610,000 new cancers currently are diagnosed each year.

Male Rate Increases

The general rate among men increased from 280 in 1947 to 304 per 100,000 persons in 1969, while the rate among women decreased from 294 to 256 cancers.

The increase among men is due largely to the increase in cancers of the prostate and lung and a lesser increase in cancer of the colon.

The overall decrease in women is due to a drop in cancer of the uterine cervix, stomach, and rectum.

Lung cancer in women increased from 6 to 12 cancers per 100,000 persons between 1947 and 1969.

Planned for completion during 1973, the Third National Cancer Survey will analyze statistics for a 3-year period, 1969 through 1971, in eight cities, two states, and Puerto Rico.

Copies of the short preliminary report for 1969 will be available for distribution in the near future.

**Kalberer, Cavanaugh Visit Five European Countries**

Cavanaugh has been serving as Radiation Program director for NCI's Extramural Activities this past year while on sabbatical leave from Duke University.

They will examine cancer research, diagnosis, and therapy as it is conducted within the framework of the national health systems in the five Eastern European countries.


Following a luncheon at the Fogarty International Center's Stone House, they were welcomed by Dr. Robert Q. Marston, NIH Director, and Dr. Milo D. Leafitt, FIC Director. Later, they toured the Biomedical Engineering and Instrumentation Branch, DRS, and the Division of Computer Research and Technology.
Clot Stabilizing Enzyme Is Topic of Conference
In New York, Nov. 18-19

Drs. Koloman Lakí and J. W. Hampton will co-chair a New York Academy of Sciences Conference on the Biological Role of the Clot Stabilizing Enzyme (Transglutaminase, Factor XIII) in New York City on Nov. 18-19.

Drs. Lakí is chief of the Laboratory of Biophysical Chemistry, National Institute of Arthritis and Metabolic Diseases; Dr. Hampton is director of the Oklahoma Medical Research Foundation, Oklahoma City.

The conference is supported in part by the Division of Research Grants.

The clot stabilizing enzyme is an important, fairly recent discovery, and is involved in hemostasis, wound healing, and atherosclerosis.

NIH investigators on the program are: Judith A. Farrell and Dr. Jules A. Gladner, NIAMD; Dr. John S. Finlayson, DBS; Sidney T. Taney, Jr., NCI; Drs. Soo II Chung and John E. Folk, NIDR; Dr. Yumiko Nagai, Marjorie P. Peyton, and Dr. John J. Pisano, NHLI.

On the first day of the conference, the NIH color motion picture, "To Seek, To Teach, To Heal," will be shown.

SICKLE CELL

(Continued from Page 1)

appropriate sources of therapy and followup care, and 5) acquisition of detailed data on methodology.

That $1.5 million be allocated for basic and applied biomedical research into the nature and treatment of sickle cell disease.

The committee further recommended:

Information Needed

- That educational and informational materials be prepared, tested, and made available through a centralized clearing house for sickle cell disease information.
- That training of black physicians, scientists, and allied health personnel in all aspects of sickle cell disease be encouraged.
- That the Department of Defense screen all black recruits for sickle cell disease.
- That a survey of Federal programs be conducted for the purpose of identifying those that offer potential for assisting the Sickle Cell Disease Program in achieving its goals.

In his February health message to Congress, President Nixon identified sickle cell anemia as a high-priority target and called for a $5 million increase in Federal expenditures on the disease during the current fiscal year.

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Dr. Louis Miller Heads NIAID Malaria Program

Dr. Louis H. Miller, formerly associate professor of Tropical Medicine at Columbia University's College of Physicians and Surgeons, has been named to head a malaria research program in the Laboratory of Parasitic Diseases, National Institute of Allergy and Infectious Diseases.

- He will conduct research on the red blood cell membrane as it is affected by malaria infections.
- He will plan and direct research in cooperation with the Federal Bureau of Prisons, Atlanta.
- He will coordinate NIAID's malaria research with that done by the Laboratory's field station in Chambéria, Ga. and work done overseas.

Dr. Miller received his B.S. degree from Haverford College in 1965, his M.D. degree from Washington University School of Medicine in 1960, and his M.S. degree from Columbia University in 1964.

From 1965 to 1967, he was with the U.S. Army Medical Corps at the SEATO Research Laboratory in Thailand.

He became assistant professor of Tropical Medicine at the College of Physicians and Surgeons.

Dr. Miller also served as assistant parasitologist for Columbia-Presbyterian Medical Center from 1968 to 1971.

Patent Branch Institutes New Programs To Stimulate Development of Inventions

Through a new program instituted by the Patent Branch, Division of Business and Administrative Law, HEW Office of General Counsel, inventors will receive a framed patent display.

The certificate includes a reproduction of part of the patent document and acknowledgment of the inventor's contribution with the Department seal attached.

"This program gives the Government employee recognition for his invention which he may not otherwise get," explained Norman J. Latker, who heads the Patent Branch.

Another new policy permits exclusive licensing of Department-owned inventions in order to create an incentive for their further development and marketing.

An exclusive license acts as a stimulus to attract risk capital for the development and marketing of inventions owned by the Department which otherwise might never reach the public.

Drugs Require Testing

This is particularly true of drugs which require extensive testing and evaluation before they can be marketed.

Previously, the Department granted only non-exclusive licenses to its patents, which permitted all licensees to make, use, and sell the inventions.

It was found that non-exclusive licenses did not always provide sufficient incentive to induce private capital to develop and market inventions.

The new licensing policy means that the Department is involved in patenting inventions for two reasons—to prevent others from profiting from Department-sponsored research, and to offer an inducement for the development of inventions to the point of practical application.

Approximately 350 reports on inventions resulting from sponsored research are received by the branch each year. Applications are filed on 10 to 15 percent.

The Department will normally file patent applications on only those inventions which will be used in large quantity or which require Department supervision to insure adequate quality control for public protection.

Department Retains Rights

The Department normally retains exclusive rights to all inventions developed under grants, contracts, or by employees.

An exception occurs in situations where the grantee institution has an Institutional Patent Agreement with the Department.

This gives them the first option to acquire patent rights in inventions made at the institution with grant support.

Those institutions which have not entered into such Agreement must petition the Department for retention of patent rights on a case-by-case basis.

A patent serves as both a publication of the invention and a means whereby an inventor or his assignee can exclude others from making, using, or selling his invention for a limited time.

Identifying, evaluating, and protecting Department-owned inventions are the main functions of the Patent Branch, although licensing of inventions is becoming increasingly important.

Foreign rights to an invention may be waived to the inventor by the Department upon request. This gives the inventor the right to file patent applications in foreign countries of his choice at his own expense.

A patent protects the invention only in the country issuing the patent.

The Patent Branch receives inventions which encompass all of the biomedical sciences.

Recent requests for patents include heart assist, non-thrombogenic, and artificial kidney devices, as well as apparatus to improve tissue culture techniques.

Dr. Robert G. Marston, NIH Director, leaves through a handy travelers' road atlas presented to him by Dr. David F. Johnson (c), president of the Credit Union Board of Directors on International Credit Union Day—Oct. 21—as Thomas M. Mannix, CU manager, looks on. NIH employees (right) lined up all day to receive coffee (77 gallons), doughnuts (200 dozen), and cups (1,500). The NIH Credit Union was established in 1940 and presently has over $16 million in assets available to its members.