Four Researchers Discuss Blindness, Sight Disability At NEI Press Seminar

By Inez Connor

Four leading vision research scientists, speaking at the National Eye Institute's first science writers seminar on June 12, outlined recent research developments that hold promise for advances against the leading causes of blindness and visual disability in the United States.

Dr. Jin H. Kinoshita, chief of NEI's Laboratory of Vision Research, reported on successful efforts at the Institute to delay in test animals the onset of sugar cataracts such as those caused by diabetes.

NEI researchers have identified the enzyme which triggers formation of these opacities and have successfully induced and then retarded the formation of sugar cataract in laboratory animals by the use of eye drops incorporating an inhibitor of the enzyme.

In the more common form of cataract associated with aging, Dr. Kinoshita discussed other NEI-supported work which is elucidating the chemical processes that underlie this form of the disease.

Cataracts a Leading Cause

More than three million Americans have cataract; throughout the world it is a leading cause of blindness.

Dr. Alan M. Laties, professor of ophthalmology at the Scheie Eye Institute of the Presbyterian-University of Pennsylvania Medical Center, highlighted new studies which are leading to understanding hereditary diseases of the retina, such as retinitis pigmentosa.

This eye disease, first evident in childhood or adolescence, affects the retinal photoreceptor rods and results in progressive loss of night and peripheral vision.

Studies of the pigment epithelium, a single cell layer adjacent to the neural retina, indicate that its malfunction may be associated with retinitis pigmentosa, as well as other retinal degenerative conditions, such as macular degeneration, the leading cause of uncontrollable reduced vision in elderly people.

Dr. Matthew D. Davis, chairman of the department of ophthalmology at the University of Wisconsin Medical School, discussed diabetic

President Ford May Attend Swearing-in Ceremony Today

As the Record went to press, plans were being made to welcome President Gerald R. Ford to the NIH campus today for a joint swearing-in ceremony for the new Director of NIH and the new HEW Assistant Secretary for Health.

It was expected that the ceremony would be held at 11:30 a.m. in the Masur Auditorium, Clinical Center, and that the President would speak.

Dr. Theodore Cooper, Assistant Secretary, was expected to be sworn in first, and then Dr. Donald S. Fredrickson, Director of NIH.

Secretary Caspar W. Weinberger was expected to preside. John R. Ottina, HEW Assistant Secretary for Administration and Management, was to administer the oaths.

Meeting on Preventive Medicine Hears Cooper Discuss Health Programs

Issues relating to preventive medicine in health care services were discussed at a recent meeting of the National Conference on Preventive Medicine. The conference was sponsored by the Fogarty International Center and the American College of Preventive Medicine.

Recommendations Made

Task forces, formed last summer to assist the conference advisory committee, presented recommendations and documents on methods of applying preventive medicine to health services.

Dr. Theodore Cooper, HEW Assistant Secretary for Health, addressed the participants which included leading scientists from many parts of the country. The Assistant Secretary was introduced by Dr. Milb D. Leavitt, Jr., FIC Director.

In his speech, Dr. Cooper commented on the interest that is shown by HEW Secretary Caspar W. Weinberger in the entire subject of preventive medicine.

Dr. Cooper pointed out that formerly many health problems starting "on the basis of good ideas or at least worthwhile humanitarian objectives" met with "very little challenge."

He termed the present times "a totally different climate," and said "... that the resources are not . . . that the resources are not [See PREVENTIVE MEDICINE, Page 6]

Study Section, Council Review Of Grants Schedule Revised

A new schedule for study section and council review of grant applications has been established to conform to the newly-defined Federal fiscal year, which begins Oct. 1, 1976.

The NIH study sections and advisory councils meet regularly three times per year. Under the new schedule, the study sections will meet 4 to 7 weeks later than at present, and the council schedules will be shifted from 6 to 8 weeks later.

The revised schedule becomes effective Jan. 1, 1976.

Dr. Diane J. Fink, Director, NCI's Division of Cancer Control and Rehabilitation, has received a Gerard B. Lambert award for the efforts of her Division to foster continuing education of physicians and hospital staffs in communities where there are no large medical centers. The Division has encouraged sending teams of cancer specialists from multidisciplinary cancer hospitals to demonstrate effective diagnostic and treatment techniques. It also has prototype treatment demonstration programs.

(See NEI SEMINAR, Page 7)
NIH Singers Need a Pianist

The NIH Singers — an R&W-sponsored activity — need a pianist to accompany their rehearsals and concerts.

The Singers, who give at least two concerts of classical choral music each year, rehearse every other Sunday evening from September to May.

Please contact Dr. Lewis Norton, Ext. 66671, or Richard Shraeger, Ext. 60607.

Phone Call Ends Day of Rest; Huly Bray Reports for Press Duty in Refugee Camp

By Huly Bray

At 8:30 a.m. on Monday, April 28, the commanding general of Camp Pendleton in California received an order from Washington, "Prepare to feed and house up to 18,000 Indo-China war refugees."

A few minutes before noon the next day, the first seven bus loads of evacuees from Vietnam rolled through Pendleton’s northern sentry gate. Operation “New Life” was underway.

The arrival of the refugees at Camp Pendleton had no special significance for me. I was enjoying my second day at home after completing two demanding projects, the NIH Reunion and the NIH Open House.

A call from my boss, Storm Whaley, NIH Associate Director for Communications, informed me that HEW would like me to spend some time at Camp Pendleton, possibly for as long as 2 weeks.

Two days later, on Friday evening, May 1st, I arrived at the Los Angeles airport, picked up a GSA “U-drive it” car, and headed 60 miles south in the dark of the night for the camp.

Over at the Marine Air Station at El Toro, 30 miles north of Camp Pendleton, refugees continued to arrive by plane, transferring to buses that would bring them to Pendleton during the early morning hours.

I arrived at the refugee camp around 2 a.m. (Washington time). Already, working in 3-hour shifts around the clock, were members of the Refugee Task Force involved in processing these first arrivals, most of whom were Americans with their Vietnamese dependents and former Vietnamese employees of American firms.

Involved in the processing were the Department of State, the U.S. Immigration and Naturalization Service, and the Department of Health, Education, and Welfare. More than a hundred HEW people had been brought in mainly from San Diego, Los Angeles, and San Francisco, but also as far east as Atlanta.

They represented most major newspapers, leading news magazines, all television networks, and many radio stations. Press representatives from Australia, Canada, England, France, Germany, Italy, Japan, and Sweden also attended the sessions.

Around the clock, a thousand Marines and base civilian employees continued to work, under flood lights at night powered by mobile generators, erecting tents and clothes lines, laying miles of pipelines for water and electrical and communications wiring, locating hundreds of chemical toilets, establishing dispensaries, mess halls, and bringing in tons of additional food.

To provide a minimum of 2,000 calories per day per refugee, the daily requirement was enormous; for example: 24,000 cartons of non-fat milk, 2½ tons of bread, 4 tons of meat, 5 tons of rice, and 35 cases of soy sauce.

The meals were prepared by 56 Marine and 49 Navy cooks assisted by 485 messmen. Later, a Vietnamese cook was assigned to each mess hall to help with seasoning the food.

The Marines had only one rule, a sanitary restriction, that no food could be taken back to a tent except for those too old or physically unable to get to a mess hall. Chopsticks were provided, but most seem to like the plastic “silverware.”

Ten days after the message was received to prepare for the refu...
Dr. Waldrop's Saga Is a Success Story—
3 Children, 4 Degrees, a Career Here!

The early saga of Mary F. Waldrop's life, as she tells it, has a faint Biblical tinge. She starts out with "in the beginning" and tells about her undergraduate days when she majored in mathematics and related subjects. Then she goes on to recount why she switched from teaching math to acquiring further degrees and to a career in child development at the National Institute of Mental Health.

Dr. Waldrop—she received her Ph.D. from the University of Maryland a year ago—went into the field of child development after having children. Helping in a cooperative nursery school when her children were young started her second career.

Along with working, she has been—more or less—perennial student. She began taking courses at the University of Michigan when her children were very young. The family moved to Nashville and the courses continued.

The last move, to this area, resulted in two masters degrees and that Ph.D. from Maryland.

Dr. Waldrop came to NIH's Child Research Branch in 1959; now that branch is the Laboratory of Developmental Psychology. Dr. Waldrop describes that office as "a merging of people interested in child development under one laboratory.”

Sixteen years ago she came here to set up and direct the NIH nursery school for the lab on the campus. Officially, the research is known as the Bethesda Longitudinal Study; it involves four stages of family development: marriage, the newborn baby, the baby at 3 months of age, and the child at 3—the age when he or she came to the nursery school.

The studies involving the nursery school centered around congenital and environmental contributors to behavior. Dr. Waldrop thought that this research may lead to detecting potential problems very early in the life of a child.

Now the researchers are writing the results of 15 years of work. The young married couples—and later parents—who participated in the study were all volunteers.

Dr. Waldrop described them as "very faithful and cooperative people. They were motivated because of the marvelous good-will that exists for NIH. The research is important, but it does depend on the cooperation of volunteers," she explained.

While Dr. Waldrop was working on the project, she "kept on going and school forever." I had started my graduate work before I came here, but I wasn't intending to go on for a Ph.D. It was a hope, and as the years went by I became more and more interested in a Ph.D."

She said that the realization gave her a sense of accomplishment —"as if I finished something." And she told why she was able to do all this while working full-time.

"I had the cooperation of my colleagues. I had the opportunity for exchanging ideas; that's so important in research, and I had the library here.

"My thesis was the extension of some work I had done here. I applied some of my research with older children in a public school," Dr. Waldrop talked about her work as a scientist on the campus, and said, "My experience has been one of acceptance—of me as a person and what I can offer."
Pursuing an interest in “biological markers,” Dr. John Krolikowski, NCI Staff Associate, performs a colorimetric assay to determine the presence of the marker sialic acid in a tumor tissue culture. Biological markers are used to detect cancer and assess the results of therapy.

Dr. Daniel Savage, NHLI Clinical Associate, examines a heart patient with an echocardiograph machine which sends high frequency sound waves through a transducer placed on the chest. The waves reflected from the heart provide images of the heart anatomy that are helpful in diagnosing disorders such as heart valve disease.

Nearly 150 physicians arrive at NIH today to begin their appointments in the various Institutes as Clinical, Research, and Staff Associates.

The NIH Associate Training Program offers research experience for the professional development of young physicians and scientists who plan careers in biomedical research or in academic medicine.

Applicants are selected for the 2- or 3-year appointments by matching their interests with the needs of the Institutes. Since 1959, 2,538 Associates have participated in the program.

Dr. Barry Ginsberg, NIAMDD Research Associate, prepares an assay of protein fractions that interact with insulin. In diseases such as diabetes, the binding characteristics of these proteins (insulin receptors) are altered.

While on rounds at the CC, Dr. Fred Appelbaum, NCI Clinical Associate, stops to talk with a patient. Dr. Appelbaum is studying oncology with particular interests in cancer immunology.

Today’s the Day! Nearly 150 Physicians Arrive to Take Up Clinical Associates

By

Nearly 150 physicians arrive at NIH today to begin their appointments in the various Institutes as Clinical, Research, and Staff Associates.

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Dr. Steven interaction
changes in
prepares a plant
New Associates Arrive
Full, Research, Staff Posts

Marian Segal

employed through the Public Service Commissioned Corps or service.

iates care for patients at the hospital and do clinical and laboratory research while Research Associates do laboratory research in a biomedical setting. Their research may involve clinical, laboratory aspects or both, and the activities of the senior investigator with whom the Associate works.

ist senior staff members in

patient care and research and also initiate and conduct research of their own, drawing upon resources, equipment, and expertise of permanent staff members.

Often these projects result in significant contributions to medical knowledge and are reported at medical meetings and published in the scientific literature.

Many former NIH Associates are now directors of their own research laboratories and hold academic positions in major medical centers across the country.

Dr. Anne Lucky, an NICHD Clinical Associate studying pediatric endocrinology, measures a young CC patient's growth.

Photos by Ed Hubbard

Dr. Adam Bender, NINCDS Clinical Associate, is studying neuromuscular diseases using electron microscopy and histochemical techniques. He and his associates have visualized the acetylcholine (ACh) receptor on normal and abnormal human muscle. ACh is a substance that mediates the transmission of nerve impulses to muscles. They have shown that patients with myasthenia gravis have a substance in their blood that blocks the ACh receptor.

Siegel, NIAID Research Associate, is studying the chemistry and protein, mitogen, that causes blood cells to aggregate or divide.
PREVENTIVE MEDICINE
(Continued from Page 1)

infinite. They are not open ended. They are finite, and we have a great deal of compelling programs that have caught the imagination of the American people. . . ."

Among the other topics discussed by Dr. Cooper as part of the broad subject of preventive medicine were the 1976 health budget, service programs oriented toward specific populations, and developing “a more meaningful” research program in consumer health education.

The recommendations of the eight task forces included:

- Training of personnel in epidemiology and other fields pertinent to the evaluation of health delivery methods should be expanded.
- Federal support for research in consumer health education methodology, programs, and their evaluation.
- Research to identify new ways of preventing disease should be intensified. Promising methods should be tested under experimental conditions and then evaluated under real life situations before incorporating into general use.
- . . . long-term research should be supported on chronic diseases to provide the basis for evaluating primary and secondary preventive health programs.
- Research should be done to compare different health states to find ways of translating changes in health status into economic terms.

A series of three monographs based on the conference proceedings will be available in early 1976. The national meeting was coordinated by Dr. Fred R. McCrumb, Jr., special assistant to the FIC Director.

LADY with a Lamp? Now Men Hold Aloft the Light, Male Nurses Graduate From Marymount College

By Judy Fleisher

There is a growing phenomenon in the profession of nursing—the male nurse. In a field where there is a critical shortage of registered nurses, NIH’s Stride Nursing Program offers to men and women, in jobs with limited advancement, the opportunity to enter a profession. This past month, the first Stride nursing class of 15 NIH students graduated from Marymount College of Virginia with associate of applied science degrees. Five of these graduates are male—they are the first men to graduate from the women’s college in its 25 years.

Graduates Listed


Commencement was the culmination of 2 years of education and training, consisting of clinical instruction in nursing duties at the Clinical Center and at other metropolitan hospitals, and full-time college study at Marymount.

NIH subsidized both the school ing and salaries of the Stride assistant trainees. The goal of this program, the first of its kind in the Federal Government, is placing graduates in professional nurse positions at the CC after they successfully complete their State Board Examinations this month.

At Marymount College the student nurses concentrated on science subjects, but also received a basic liberal arts curriculum.

The students received their clinical experience in Washington area hospitals in medical, surgical, medical, pediatric, and psychiatric nursing. They also observed procedures in public health, operating and recovery rooms, intensive care, outpatient departures, and other speciality units. During vacations, the students worked full-time at the CC.

Nancy Goodrich, chairman of the nursing department at Marymount College, spoke highly of the ability and determination of the students.

“We are so pleased with how well the arrangement has worked. Our Stride students bring a maturity to the entire class because of their previous experience and exceptional nursing skills.”

Responsibilities Cited

Mrs. Goodrich noted that many of the students are married with co-workers. In the Army Medical Corps. Mr. Smith was a nursing assistant for 2 years prior to his Stride assignment with the Cancer Nursing Service.

He discussed how observant a nurse must be in taking care of young patients and in determining what the patients need to relate to a man. I wish more men would come into Stride.”
Dr. Talbot has previously held posts in DRG and NCI as a Grants Associate in the Division of Research Grants. In 1971 he joined the National Cancer Institute, where he has held posts as medical officer in the Viral Carcinogenesis Branch, vice-chairman of the Tumor Virus Detection Segment, and acting associate chief of the Viral Leukemia and Lymphoma Branch.

After receiving his M.D. degree from Columbia University and his Ph.D. from Massachusetts Institute of Technology, Dr. Talbot continued his studies under an NIH Training Grant at M.I.T. and a NATO postdoctoral fellowship at the University of Rome, Italy.

Dr. C. Donald Larsen Dies; On Original NCI Staff

Dr. C. Donald Larsen, one of the original staff members of the National Cancer Institute, died last month.

Dr. Larsen, who came to NCI in 1939 as a research fellow, was known for his studies on the chemistry of steroids. He was honored by the Council of the American Society of Biological Chemists for this research.

He was also internationally known for his animal research which showed that a cancer-producing agent may be transferred from a mother to an unborn fetus through the placenta and later cause cancer in the offspring.

Dr. Larsen remained with NCI until 1955 when he joined the Division of Research Grants as executive secretary of the Biochemistry Study Section. Dr. Larsen leaves his wife Donna, two daughters, a brother, and two sisters.
REFUGEE CAMP
(Continued from Page 2)

ges, the quonset hut camp was re-
habilitated and the seven tent camp
sites were completed by the Ma-
rines (24 hours ahead of schedule).
A few days later the quonset hut
and the seven tent camps (16
persons to a tent) were up and
occupied by some 17,000 South
Vietnamese.

Refugees arrived with little or
no luggage. A few families were
separated inadvertently at Guam.
But eventually all the families
were brought together at Pendle-
ton.

Frightened by the possibility of
separation, one Vietnamese family
head with 20 in his flock, including
aunts, uncles, etc., refused the Ma-
rines' offer of two 16-man tents. He
insisted they all stay in one tent,
and that they did.

The weather change from the
very hot and very humid climate
of Vietnam to the cool nights, damp
morning fog and warm, dusty af-
afternoons of Pendleton produced
respiratory problems.

However, as a group, our Public
Health Service announced that they
were no less healthy than our re-
turning veterans from Vietnam.

Though thousands of sheets,
blankets, and field jackets were pro-
vided by the Marines and 5000 baby
blankets were made available by
the American Red Cross, the ma-
Jority of the refugees felt cool at
night.

Mothers complained that their
babies were cold. To solve this
problem, house trailers were moved
in as "warming huts" where the
mothers could spend the nights
with their babies.

The first refugee baby born in
the camp, and the first American citi-
zan automatically, was baptized by
a Franciscan priest at the exact
site in camp where another Fran-
ciscan priest performed the first
Christian baptism in California.

Since then a half dozen more
babies have been born, a marriage
has been performed and Buddhist,
Catholic, and Protestant religious
services have been scheduled daily.
The Vietnamese have elected
camp leaders to work with each
Marine Officer assigned for camp
liaison. Volunteers translate infor-
mation and make announcements
over camp public address systems.

A Vietnamese language paper is
produced with more emphasis on
world news as suggested by the
Vietnamese. English classes have
begun. Outdoor movies are
available nightly as well as televi-
sion in each tent "day room." Or-
ganized games are provided by the
YMCA, and the Salvation Army
has brought in clean, used cloth-
ing.

Pendleton is a big place with an
area of 194 square miles, or 125-
000 acres. Bound by San Cle-
mente on the north and Oceanside
on the south, the base has a 17-
mile coastline and extends 12 miles
to the Santa Margarita mountains.
It is the world's largest amphibi-
ous training base.

For the refugees at Pen-
dleton their stay is like a summer
camp. But for their fathers and
mothers it's a place to survive, to
worry and hope about their future.
For the Refugee Task Force it's a
humanitarian job to complete as
best and as quickly as they can.

For the press, "Operation New
Life" is a "story" of how well or
how badly the job is being done,
the source of hundreds of human
interest incidents (good or bad),
and the opportunity to localize a
story as a refugee family arrives
at a later date in its new home.

The thriving complex of Camp
Pendleton is known in California as an ecological oasis

where many species of waterfowl,
a 2500 count deer herd, and even
buffalo roam.

In a base guide book there is this
prophetic statement: "... the Ma-
rines at Camp Pendleton are mak-
ing every effort to ensure that na-
ture's homeless can always find a
sanctuary here."

Mr. Brag received a letter of ap-
preciation from Lewis M. Helm, As-
istant Secretary for Public Affairs,
H.E.W. for his work as a press offi-
cer at Camp Pendleton.

NCI Researchers Discuss
Drugs and Carcinogenesis
At Botanists' Symposium

About 200 plant scientists at-
tended the 16th annual meeting of
the Society for Economic Botany
hosted by the Department of Phar-
cognosy, School of Pharmacy, Uni-
versity of Maryland at Baltimore
on June 15-18.

A 2-day symposium organized by
Dr. Robert E. Perdue, Jr., USDA,
focussed on carcinogenics and on
drugs of plant origin that may be
useful in chemotherapy of cancer.

Six presentations were by Na-
tional Cancer Institute researchers:

- Saul A. Scheperz explained
the History of NCI and the Plant
Screening Program.
- Dr. Stephen K. Carter discussed
Clinical Evaluation of Drugs from
Plants.
- Betty J. Abbott presented Bio-
assay of Plant Extracts for Anti-
cancer Activity.

Also, Dr. Jonathan L. Hartwell,
recently retired, presented Types
of Anticancer Agents Isolated
from Plants, and Dr. John D. Dou-
ros spoke on Lower Plants as a
Source of Anticancer Drugs.

In addition, Dr. Richard H.
Adamson spoke on Preclinical and
Clinical Pharmacology of Anti-
tumor Drugs from Plants.