Dr. James B. Sidbury
To Direct, Coordinate
NICHD Research Studies

Dr. Sidbury has published more than 70 research papers. He was awarded the Bicentennial Medalion (Pediatrics) from Columbia University College of Physicians and Surgeons in 1967.

Dr. James B. Sidbury, Jr., has been appointed scientific director of the National Institute of Child Health and Human Development. Dr. Sidbury will also serve as associate director of the Institute and as an advisor to the Director on NICHD research programs and policies.

He is a leading researcher on the biochemical bases of metabolic and endocrine diseases of childhood—in particular, glycogen storage diseases, obesity, and studies of lens proteins.

Dr. Sidbury will direct and coordinate programs conducted by NICHD's eight intramural research branches and laboratories, including activities in the new NICHD Perinatal Care wing of the Clinical Center.

At Duke University Since 1961

Dr. Sidbury is the former director of the Clinical Research Unit of the Duke University Medical Center, where he has been associated since 1961, a professor of pediatrics since 1965, and chief of the Division of Pediatric Metabolism at Duke Hospital.

From 1972 through 1975 he was a member of NICHD's Mental Retardation Research Committee. He

(See DR. SIDBURY, Page 8)

Scientists Evaluate Data on Cyclamate
After Visits to U.S. and European Labs

Scientists participating in the review of data to evaluate the cancer-causing potential of cyclamate have recently completed a series of visits to a number of European and U.S. laboratories that have conducted relevant studies.

The results of these visits is being reported today (Nov. 4) at an open meeting from 9 a.m. to 5 p.m. in the Senate Room 10, Bldg. 51.

This is the third of a series of public meetings of the National Cancer Institute Temporary Committee for the Review of Data on Careinogenicity of Cyclamate.

The committee was established in response to a request from Dr. Alexander M. Schmidt, Commissioner of the Food and Drug Administration, for an NCI-sponsored evaluation of available scientific evidence related to the possible carcinogenic properties of cyclamate.

The FDA removed cyclamate from the GRAS (Generally Recognized as Safe) list in 1969 on the basis of data available at that time which suggested that cyclamate could cause cancer in animals.

This action resulted in cyclamate being regulated as a food additive and thus requiring specific safety tests before being allowed in the marketplace.

The NCI committee will evaluate the earlier studies upon which FDA based its decision and subsequent findings by scientists in the U.S. and abroad.

The committee's final report is expected to be submitted to the NCI Director, Dr. Frank J. Rauscher, Jr., by mid-March 1976.

Chairman of the committee is Dr. Arnold L. Brown, professor and chairman, department of pathology and anatomy, Mayo Medical School. Dr. Brown is a pathologist with extensive background in cancer research and a former member of the National Cancer Advisory Board.

Executive Secretary is Dr. James M. Sontag of NCI.

Four working groups of NCI scientists are assisting the committee—evaluating the experimental design and toxicology, pathology, and statistics of the animal studies under review, as well as the epidemiologic data available from human studies.

The review includes an evaluation of the design and interpretation of each study, as well as the testing methods, tissue examination procedures, and diagnostic criteria used by the pathologists.

The visitors also were to examine pathologic changes that may be related to cyclamate treatment and a statistically representative sampling of normal tissues.

Dr. Rauscher to Receive
Am. Cancer Society Award

Dr. Frank J. Rauscher, Jr., Director of the National Cancer Program and of the National Cancer Institute, will receive the 1975 National Annual Award of the American Cancer Society in New York City on Nov. 7.

This award, the highest bestowed by the ACS, is being given to Dr. Rauscher for his work in virus-cancer research and his achievements in implementing the National Cancer Act of 1971.

Committee of Agency
To Prevent Blindness
Meets Here Next Week

The Fogarty International Center and the National Eye Institute will host the first meeting of the Priorities and Projects Committee of the newly-formed International Agency for the Prevention of Blindness at Stone House on Nov. 12-14.

The IAPB, formed at the request of the World Health Organization, coordinates and fosters international activities aimed at preventing or treating six eye diseases and problems which account for 80 percent of the world's blindness.

Sir John Wilson of Great Britain, founder and director of IAPB, will keynote the 3-day session. Although he is blind, Sir

(See IAPB MEETING, Page 4)

Three Virologists Win
Nobel Prize for Research On Cancer Cell Changes

By Lorraine M. Kershner

The prestigious 1975 Nobel prize for Physiology or Medicine was awarded to three virologists whose research has led to an integrated theory of how viruses may cause cancer.

Dr. Renato Dulbecco, 61, who works at the Imperial Cancer Research Fund Laboratory in London, England; Dr. Howard Martin Temin, 41, of the University of Wisconsin's McArdle Laboratory of Cancer Research; and Dr. David Baltimore, 37, of the Massachusetts Institute of Technology, shared the $143,000 prize. It will be presented in Stockholm on Dec. 10.

All three men have received research funding from NCI or NIAID. Dr. Baltimore currently participates in NCI's Virus Cancer Program and NIAID's Virus Grants Program, and Dr. Temin held an NCI career award for

(See NOBEL PRIZE, Page 7)

Dr. Dulbecco

Dr. Rauscher

Dr. Baltimore

Dr. Sidbury

Dr. Brown
The NIH committee for employment of the handicapped, organized in October 1974 and comprised of selective placement officers, handicapped employees, and vocational rehabilitation counsellors, is chaired by George Hazzard, NIH coordinator for employment of the handicapped.

The committee will serve as a task force to facilitate recruitment, placement, and advancement of handicapped individuals.

In addition, the committee is responsible for gathering information relative to the needs, accommodations, and safety of the handicapped.

For additional information call Mr. Hazzard, Ext. 62403.

Committee’s Concern Is Employment and Needs Of Handicapped Persons

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Film on Hypertension Scheduled Next Week

“Hypertension and You,” an Employee Health Service film presentation, will be of special interest to those employees who found during the recent NHLI-EHS sponsored screening program that they had high blood pressure.

However, all employees are welcome to view the 17-minute movie narrated by Dr. Frank A. Finney, Jr., of the Georgetown University School of Medicine.

The film will be shown at 11:45 a.m. and 12:30 p.m. at the places and on the dates indicated:

Bldg. 30, Room 117, Nov. 10
Bldg. 1, Wilson Hall, Nov. 11
Bldg. 51, Conf. Rm. 5, Nov. 12
Westwood Bldg., Conf. Rm. D, Nov. 13
Bldg. 10, 14th fl. Aud., Nov. 14

‘Procedures After Rape’ Is FEW Topic on Nov. 18

“Police Procedures After a Reported Rape,” will be the subject of the next dinner meeting of the Federally Employed Women, Inc., Suburban Maryland Chapter.

A member of the Montgomery County Police Department’s homicide-sex squad will discuss the legal and physical procedures that county rape victims should expect after reporting the crime.

The meeting will take place on Tuesday, Nov. 18, at the Commissioned Officers’ Club, Bethesda Naval Hospital. Dinner will be served promptly at 6:30 p.m.

Reservations should be made before Nov. 11. Send $5.50 to Ms. Karen McNickel, Room 12-A-53, Parklawn Bldg., 5600 Fishers Lane, Rockville, 20852 or call 443-4097.

Dr. William E. Straile Joins Grants Associates

Dr. William E. Straile, from Temple University, has joined the Grants Associates Program for a year of training in health sciences administration.

The Program, in which scientists are trained for administrative positions in extramural research activities, is administered by the Division of Research Grants.

Dr. Straile was associate professor with the departments of anatomy and dermatology at Temple University Health Sciences Center from 1965 to 1975. He also headed the cell research section at the University’s Skin and Cancer Hospital from 1968 to 1972.

Before joining Temple University, he taught at the Graduate School of the State University of New York at Buffalo from 1962 to 1963, and was a senior cancer research scientist at Springfield Laboratories of Roswell Park Memorial Institute from 1961 to 1962.

A graduate of Westminster College, Dr. Straile received the Sc.M. degree in biology-histochemistry, and a Ph.D. degree in biology-physiology in 1957 from Brown University. He was also a graduate teaching assistant there and an NCI Predoctoral Fellow.

During 1957-58 he was an NCI Postdoctoral Fellow at the University of London, England, and then a research fellow and associate at Brown University, 1958-61.

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Dr. Luz Froehlich Wears Her Mantle of Militancy
Well; Tempers Talk With Kindness, Common Sense

"It can be done, it can be worked out. Many women scientists have combined family obligations and work. For one minute I don’t believe children are short-changed when both parents work." Now Dr. Froehlich was talking about raising a family and combining a career. The word "versus" didn’t enter into the discussion. The Froehlichs have two children—native Washingtonians—an 11-year-old boy, and a girl who is 9 years old.

She may not have been completely serious when she said this, but neither was she fooling. Dr. Froehlich wears her feminism well. The analogy of an iron hand—flexible, of course—encased in a velvet glove comes to mind.

"When you visit Chinatown and Japantown look and be sensitive to what is beyond the exotic—cuisine and quaint gift shops—because you will find ghettos with the same overcrowding and poverty as the black ghettos."

She talked about the proportionately high number of Oriental professionals—compared to other minorities—at NIH. But she mixed the good with the bad—"... many with the same education, training and experience remain at their grade levels far longer than whites."

The ending to her speech was a clarion call: "We will remain silent no longer. We have hopes and aspirations and we want to have equal opportunity."

Her speech will be remembered; its impact was great. The militancy came across; so did Dr. Froehlich’s professionalism as a scientist and her pride in being at NIH.

She came here in 1954 from the Philippines where she was a physician in practice with her two brothers. Dr. Froehlich trained in a Buffalo hospital as an anatomical pathologist. She had worked in Roswell Park Memorial Institute, and for 2 years was acting head in the department of pathology at Children’s Hospital in Buffalo.

In 1956 she married a Buffalo newspaperman who was offered an editorial position in Washington. "At that time women weren’t liberated so I came with him."

Well over a month ago, Asian-American Cultural Week was celebrated at NIH. There was Oriental singing and dancing, lectures on Oriental culture and people, and Oriental music.

But what really brought down the house was a speech delivered by a scientist at NIH who was born in the Orient—the Philippines. She is Dr. Luz A. Froehlich of the National Institute of Allergy and Infectious Diseases. And if there is such a thing as giving a quietly militant speech—Dr. Froehlich gave it.

She talked on the dignity of all humans, on respecting the traditions of Orientals, on the attitude of Americans toward Asians who have come here to find a haven. By no means was it a tear-jerker—by all means it was inspiring.

Dr. Froehlich pointed out that amidst the soft music, the lilting voices, and entrancing dances, the audience might be prone to forget why they were there. She cautioned them to remember the purpose of the program—"It is," she said later, "an EEO program."

In her speech, Dr. Froehlich pointed out more than a few pertinent facts. She said Orientals may look different, have different cultures and heritages, but "... We are Americans now and always will be. We hope our cultures will blend with and further enrich the already rich cultural mix of this country."

She made it clear that she wasn’t too happy about Orientals being labeled a "model minority."

"... that’s wrong if the reason for doing so is to deny us opportunities and help that are afforded other minority groups."

Amniocentesis Wears Her Mantle of Militancy
Well; Tempers Talk With Kindness, Common Sense

Amniocentesis for prenatal diagnosis is a safe as well as accurate procedure, according to a report by the National Institute of Child Health and Human Development.

The Institute—which supported a major prospective study of the effects of amniocentesis on mothers and offspring—presented its findings at a symposium during the recent annual meeting of the American Academy of Pediatrics in Washington, D.C.

The study showed no significant adverse effects on the women undergoing amniocentesis; and no significant differences in rate of fetal loss, prematurity, newborn status, birth defects, or developmental at one year of age.

Amniocentesis is a procedure in which a small amount of amniotic fluid is removed from the uterus by a needle through the mother’s abdomen during the second trimester of pregnancy. This fluid contains fetal cells which can be examined biochemically and microscopically for abnormalities of development.

Cell examination can reveal inborn genetic defects such as chromosomal disorders (Down’s syndrome) and metabolic diseases, such as Tay-Sachs disease, Lesch-Nyhan syndrome, and glycosgen storage diseases.

While amniocentesis has been in use previously, in 1968 it was first used to diagnose a chromosomal abnormality (Down’s syndrome) prenatally.

By 1970, amniocentesis came into wider use without the benefit of a detailed examination of its safety with regard to the possibility of precipitating a spontaneous abortion, injury to the fetus, or adverse physical or developmental effect on the fetus. Recognizing the need for assessment (See AMNIOCENTESIS, Page 5)
AMNIOCENTESIS
(Continued from Page 3)
ment of its safety before amnio-
centesis came into wide use, NICHD initiated a large, collabora-
tive prospective study in June 1971.
Contracts were awarded to nine participating institutions to obtain data, and the study was completed in June 1975.

Controls Are Younger
During the 2-year intake period of the study, information was ob-
tained on 1,940 women who had amniocentesis performed, and from 992 controls, for whom am-
niocentesis was not indicated or who declined the procedure.

The controls matched the cases closely in race, numbers of preg-
nancies, and socio-economic status, but tended to be somewhat younger in age.

The rate of fetal loss (spontaneous abortions and still births) for the amniocentesis group was 3.5 percent, compared with 2.2 percent for the controls, a statistically in-
significant difference.

Nineteen fetuses with chromoso-
mal anomalies and 15 with metabolic disorders were identified by amniocentesis. In addition, 11 male fetuses were identified as having a 50 percent risk of various sex-linked disorders (for example, hemophilia and Duchenne's muscular dystrophy).

Although the overall accuracy of the procedure is better than 99 percent, six erroneous diagnoses occurred in the group of 1,940 women. Two infants were born af-
fected with Down's syndrome after a prenatal diagnosis was normal. Sex was incorrectly identified in three cases, and one infant diagnosed prenatally as affected with galactosemia was normal at birth.

No Significant Differences
No significant differences in complications of pregnancy, labor, or delivery were noted between the two groups. Rate of prematu-
riteness likewise did not differ sig-
nificantly.

Newborn physical examinations revealed no evidence of fetal in-
jury attributable to the amnio-
centesis procedure, and no significant difference between the two groups of infants in evidence of con-
genital anomalies not detectable by amniocentesis.

Project Officers Named
At one year, the two groups of infants showed no significant dif-
gerences in their growth, incidence of physical or neurological abnor-
malities, or developmental status.

Drs. Charles U. Lowe and Duane Alexander were project officers for the study, entitled the National Amniocentesis Registry.

Statistical analyses were per-

Papers on Pigment Epithelium Research Presented At NEI Symposium; Proceedings to Be Published
A National Eye Institute sym-
posium, exchanging ideas and disseminating findings on the pig-
ment epithelium, brought together vision researchers who presented papers on the results of their current work.

Ten unpublished works, given for the first time at the NEI meet-
ning, highlighted basic and clinical research on the biochemistry, me-
tabolism, structure, and function of the pigment epithelium.

The Oct. 15-17 symposium, en-
titled The Pigment Epithelium: Its Relationship to the Retina in Health and Disease, was chaired by Dr. Paul O'Brien of NEI's Laboratory of Vision Research.

By providing a forum for dis-
cussing new research leads, NEI hopes to encourage further studies on that subject which was recently identified as a high priority by the National Advisory Eye Council's program planning subcommittee.

The pigment epithelium, a single-
cell layer of the light-sensitive retina, interacts with the retina's photoreceptor rods and cones, thereby playing a vital role in the visual process.

This layer of cells has been im-
plicated in photoreceptor disease, hereditary retinal degeneration, and other retinal disorders which together constitute the leading cause of blindness in this country.

Findings on the relationship of this macular band to the retina in-
cluded evidence of an unsuspected metal ion, barium; specific points where breakdowns could occur in the delivery of the essential light-
absorbing vitamin; efforts to de-
termine if there are missing en-
zymes; suggestions of a control mechanism in the renewal of photoreceptor rods and cones; and successful growth of normally-
functioning adult pigmented epithelium in culture.

Other reports included studies of similar photoreceptor diseases found in animals and schema for classifying the multiple forms of hereditary retinitis pigmentosa.

A progressive loss of night and peripheral vision, retinitis pig-
mentosa is first evident in child-
hood, and adolescence and can re-
sult in serious visual loss.

Because of the similarity in symptoms, a method to classify and differentiate this group of eye diseases would aid clinicians in diagnosing the particular form.

New work which identified the signs of some of these diseases in patients as young as 2 years old was also described. Normally, the symptoms are not noticeable until about age 15.

Symposium proceedings will be published in two future issues of Experimental Eye Research.

Leo Levenbook, NIAMDD, Bg. 6, Rm. 137.
10/14—Dr. Bahadur Singh, In-
da, Environmental Biometry Branch. Sponsor: Dr. David G.
Hoel, NIEHS, Research Triangle
Park, N.C.
10/17—Dr. Iain Cameron Camp-
bell, United Kingdom, Section on Clinical Neuropharmacology. Spon-
or: Dr. Dennis L. Murphy,
NIMH, Bg. 10, Rm. 3522.
10/19—Dr. Guido Rossi, Italy, Laboratory of Arthritis and Reu-
matism. Sponsor: Dr. Henry Metzger, NIAMDD, Bg. 10, Rm. 8N206.
10/20—Dr. Cring-Long Sun,
U.S.A., Laboratory of Clinical Science. Sponsor: Dr. Irwin J.
Kopin, NIMH, Bg. 10, Rm. 2D46.

Help CC Patients! Donate
To Patient Emergency Fund
The NIH Patient Emergency Fund, a voluntary fund used to as-
sist CC patients in non-med-
ical financial emergencies, is nearly depleted.

NIHers who wish to help are urged to send donations to the
Clinical Center Social Work Department, Bldg. 10, Room 1N-254.

Contributions may enable those patients requiring finan-
cial help to remain at NIH for study and treatment.
and Behavior at NIH.”

“They got the women to that meeting, but the men—there was a panel of men who volunteered to come—there should be an equal number. It wouldn’t do too much good if there were only women. It would just be a sounding-board.”

Women, unlike men, want to be adventurous, more willing to explore new areas; women are almost afraid to explore new horizons.”

In discussing jobs for men and women, she considered men “more adventurous, more willing to explore new areas; women are almost afraid to explore new horizons.”

Dr. Froehlich points out another trait that may be holding women back—“they want to be terrific. Women, unlike men, want to be extremely good at their work. They should not be super women in order to compete with male peers.”

Just Hard Facts

“I don’t want to preach. I just want to present facts. There should be more consciousness of the feelings and capabilities of minorities. The potential of every individual must be exploited to the fullest.”

Hiring is one thing, but if you just leave them there, it doesn’t help the individual.”

Dr. Froehlich’s work as a scientist administrator really gives her a view from the top floor. She talked about the problems women encounter in applying for postdoctoral fellowships and research grants. She is up on her statistics but feels down about the percentages.

About 30 percent of the postdoctoral fellowship applications at NIAID come from women. Eight percent of applications for research grants are from women; not too many apply.

She concurred in the fact that the potential of every individual must be exploited to the fullest.

Minority Cultural Comm. Plans Future Programs

The NIH Minority Cultural Committee is making plans for future programs. The Spanish-Speaking Program will be held Dec. 3-4; the fifth annual Black History Week Program, Feb. 8-12, 1976, and a Native American Program in April 1975.

Black History Week, founded by the internationally noted historian, Dr. Carter G. Woodson, has been observed in America for the last 50 years.

America for All Americans!

This year’s national theme is “America for All Americans.” Emphasizing this tradition, the program at NIH will have the theme, “America for All Americans During the Last 200 Years—What Has Happened and Where Do We Go From Here.”

The Black History Week Committee will meet on Wednesday, Nov. 19, from 2 to 4 p.m. in Wilson Hall. The meeting is open and suggestions are welcome.

Dr. Sherwood Explains Evidence

In summarizing the highlights of the conference, Dr. H. Sherwood Lawrence of New York University Medical Center, who discovered transfer factor about 20 years ago, pointed to the increasing evidence that transfer factor is not only specific but that its clinical effectiveness is also related to the amount given.

He mentioned recent work by Dr. Charles H. Kirkpatrick, NIAID, confirming an earlier observation that a recipient of transfer factor actually makes more of it.

In discussing the mechanism of action of transfer factor, Dr. Lawrence stated that scientists have found evidence that macrophages (scavenger cells) are activated by transfer factor and that the interaction of T and B cells (the two major classes of immune cells) is facilitated.

Effective in Treating Disease

Work on animal models reported at the conference included studies in non-human primates. These investigations demonstrated both the specificity of transfer factor and its effectiveness in treating disease.

Of special interest were reports that it may be possible to use cells grown in large-scale tissue culture as a source of supply transfer factor.

In summarizing the use of transfer factor to treat human disease, Dr. Lawrence pointed out that these studies are global in scope. He also observed that, in cancer, treatment with transfer factor has been most effective against those forms of malignancy with an “infective halo.”

Family contacts or medical attendants of patients with certain forms of cancer have proved to be the best donors of transfer factor with which to treat these malignancies, thus providing some insights, Dr. Lawrence believed, into the pathogenesis of these diseases.

It was generally agreed that, though reports of the clinical effectiveness of transfer factor are encouraging, a real need exists for the organization of large-scale, cooperative, carefully designed, prospective studies.

Such a study has been planned for investigating the usefulness of transfer factor in treating cocci-dioidiomycosis, a common and occasionally severe systemic fungal disease, and the pilot phase of the study was discussed at the Fort Detrick workshop.

Members Listed

Members of the committee organizing the workshop were: Dr. Kirkpatrick; Major Michael S. Ascher, USA; and Dr. A. Arthur Gottlieb, Tulane University School of Medicine, New Orleans. The first Workshop on Transfer Factor was held in Tucson, Ariz., in February 1973.
Dr. Barter Tries Thiocitic Acid as Antidote
To Fascinating Fatal Wild Mushrooms

Dr. Frederic C. Barter is busier than usual during the fall and spring, when amateur mushroom gatherers are most likely to mistake the identity of certain species and become victims of Amanita or Galerina poisoning.

Dr. Barter, clinical director, Division of Intramural Research, National Heart and Lung Institute, holds an Investigational New Drug permit from the Food and Drug Administration for thiocitic acid—the first effective treatment for the liver damage caused by the mushrooms' lethal ingredients, the amatoxins.

How did Dr. Barter get interested in mycology? Many years ago while staying in a cabin during the summer, he picked up a book about mushrooms belonging to his mother-in-law, who had been a botany major at Smith College.

The beautiful illustrations and complex classification system of species and subvariants were fascinating, and soon he was looking for mushrooms in the woods and lawns back home.

Dr. Barter first came to NIH in 1942 and returned in 1951. At that time he combined his avocational interests with his professional career, giving to residents and interns at Baltimore Marine Hospital an annual lecture on mycology, mushroom poisoning symptoms and treatment.

Coincidences Lead to Study

In 1972, Dr. Roger Black, associate director of the Clinical Center, was visited by FDA scientists who had samples of thiocitic acid. Dr. Black, who had heard the Baltimore lectures, mentioned the drug to Dr. Barter. In the meantime Dr. Barter had heard of its use in Italy to treat liver disorders and in Czechoslovakia as an antidote for Amanita poisoning.

Two years ago, Dr. Barter, together with Dr. Charles Becker of the University of California at San Francisco, received the IND permit from the FDA. They have subsequently treated 31 patients who had eaten supposedly lethal mushrooms.

Although several articles have appeared concerning use of thiocitic acid to treat victims of these particular slow-acting mushroom poisons, Dr. Barter notes that others did not receive the drug simply because their physicians had not heard of it.

The patients are more often amateur mycologists who make a mistaken species identification than children or novices who simply try the first thing that comes to hand. The most poisonous mushrooms quickly attack the victim's gastrointestinal tract, causing nausea and vomiting shortly after they are consumed. Some types later affect the central nervous system.

The "Death Caps" or "Destroying Angels," as deadly Amanitas have been called, may cause no symptoms for up to 24 hours after being consumed. Victims then experience severe abdominal cramps, diarrhea, and violent vomiting.

The toxins attack the liver, causing hepatitis and acute yellow atrophy, which may proceed to liver failure. The patient may appear to have a complete remission briefly, then become disoriented and lapse into a hepatic coma, which may terminate in death more than a week after the fatal meal.

Treatment, Effects Explained

In an interview in Science magazine (Aug. 16, 1974, page 600) Dr. Barter described treatment with intravenously administered thiocitic acid in glucose solution.

In March of this year, Walter Litten explained the chemistry, classification, and deadly effects of Amanita mushrooms in a cover story in Scientific American (pages 91-101).

In a letter to the editor of Scientific America published in July (page 8), Dr. Barter made an interim report on cases treated to date, mostly on the west coast where weather conditions are favorable for year-round Amanita growth. A woman in Oregon was successfully treated by the same method after consuming more than 40 Galerina autumnalis mushi-rooms, of which three are usually a fatal dose.

Another article concerning the first 12 cases will soon appear in the Western Journal of Medicine.

Still, says Dr. Barter, probably less than half of the mushroom poisonings in the U.S. are reported. For example, only 24 such reports appeared in 1969.

The Center for Disease Control in Atlanta, Ga., is trying to become the national clearinghouse for such information. And Dr. Barter urges anyone suspecting a case of Amanita or Galerina poisoning to call him at NIH, day or night.

One of the problems with the investigational drug has been providing human controls for the study. Some scientists believe that the intravenous glucose alone is sufficient treatment.

However, many patients have died because they did not receive any treatment while asymptomatic during the first 24 hours or while they were "improving" after the one- to two-day violent effects had passed. Physicians do not wish to take life-threatening chances by withholding the one treatment that has appeared to be effective in all the cases treated so far.

Recently the number of cases treated has increased so rapidly that Dr. Barter temporarily ran out of his available supplies of thiocitic acid, a relatively simple chemical composed of a ring of carbon and sulfur atoms linked to a chain of carbon atoms.

He has now located a new supply, and will have NIH pharmacists make up IV solutions to order from the powdered form.

The first patient treated with the drug in the U.S. was one of seven persons in New Jersey who had eaten mushrooms later identified as Amanita phalloides, a deadly species common in Europe but until 1973 believed not to grow in the U.S. Two members of the group died before they could be given the drug.

The person who suggested the experimental treatment was Dr. Donald Simons, a chemist for Dupont and an amateur mycologist. Immediately, and again a year later, he checked the stand of mushrooms the group had picked. They appeared to be the characteristically greenish Amanita phalloides rather than the pure white—Amanita verna.

'Destroying Angels' Identified

The species was found 3 weeks later in Durand-Eastman Park in Rochester, N.Y., by Rev. James Wolf, a novice mushroom collector who was wiser or luckier and checked with his instructor, Dr. Leo J. Tanghe, a retired Eastman Kodak Co. chemist.

Drs. Simons and Tanghe compared notes and decided that the mushrooms were indeed Amanita phalloides and published several articles. The species has since been found in Newport, Del., and near Williamsburg, Va.

Among the biochemists who have studied the delayed-reaction toxins found in these mushrooms are German brothers, Drs. Otto and Theodor Wieland. The latter has been a Fogarty Fellow at NIH and plans to return to the campus next year.

Dr. Wieland has shown that phalloidin can be fractionated into six phalloitoxins and that amantin (also found in some Galerina species) consists of at least five amatoxins. Each toxin is composed of amino acid units with a sulfur atom forming a cross-link within a ring.

Dr. Barter says that a major problem in Amanita mushroom poisonings is that as yet there is no reliable means for establishing the amounts or specific kinds of these toxins that are involved.

(See MUSHROOMS, Page 7)
MUSHROOMS

Alpha-amantin toxin is now believed to be the fatal one in humans.

He cautioned that despite the presence of sulfur in this chemical formula, the old folk theory that poisonous mushrooms cannot be identified if cooked one on a silver spoon black, just isn't true.

The only safe method is to be an expert or to check with an expert—and eat only what you are absolutely sure of and familiar with.

In this area one may consult Dr. David Farr, telephone 344-3364, at the U.S. Department of Agriculture in Beltsville, which has one of the world's most extensive collections of dried specimens.

Does his experience with mushroom poisoning cases deter Dr. Bartter from his hobby? Not at all. He continues fielding requests whenever he has a chance.

Recently he attended the North American Mycological Association's fall foray at Dartmouth College in New Hampshire. About 500 participants collected over 1,000 specimens and ate many of them, starting their meal with a tasty home-made mushroom soup.

There were no ill effects, except for one bee sting casually who required hospital treatment.

BLOOD DONOR PROFILES

John Paul Jones Gives 80th Pint of Blood; Has Really Earned 'Be Nice to Me' Tag

Second in a series

This John Paul Jones, like his namesake, is a brave, even heroic man. NIH's Mr. Jones—who served in the Navy during World War IIbelongs to a very select group. On Oct. 15 he gave his 80th pint of blood—his 50th at NIH—joining Howard Drew of the National Library of Medicine as the second member of the Clinical Center Blood Bank's 10-Gallon Donor Club.

The occasion was also Mr. Jones' 13th anniversary as an NIH employee. Currently a mail clerk in the Federal Building, he began giving blood at the Clinical Center just a month after his arrival here.

"He's been one of our regular customers ever since," according to the nurses there.

Began Giving 19 Years Ago

Mr. Jones began giving blood in 1956 at Elyria Memorial Hospital in Ohio. I was 30 years old and taking stock of myself, I wanted to do something to be helpful to humanity," he says.

"This was something I could do, and I've been doing it ever since." While living in Ohio, he was sometimes called upon a day or less in advance to give blood for emergency needs. After moving to this area, he was also a donor for the D.C. Chapter of the American Red Cross before coming to work at NIH.

Indeed, he was wearing the regular donor recognition button and the sticker given all donors that says, 'Be nice to me—I gave blood today.' And he was sporting a red and gold pin given him by a Blood Bank nurse who had received it from a group of visiting Russian scientists.

John Paul Jones

Donors may give a pint of whole blood every 8 weeks.

Each time one donates blood, the nurse asks a series of 28 simple questions and checks the donor's temperature, blood pressure, pulse, and hematoglobin—a free health checkup.

Joggers Will Rally Nov. 7

The NIH Joggers invite fitness buffs to join their monthly Mile-Plus event on Friday, Nov. 7, at noon. The cell exhibit in front of Bldg. 1 is the starting line.

Call Dr. David Young, Ext. 65433, or Jay Miller, Ext. 66941, for further information.
On the last day of the 4-day meeting of the US-USSR Joint Committee for Health Cooperation, NIH researchers and scientists from the Soviet Union further discuss their views on the five major areas of collaborative studies. At the conclusion of this session, Dr. Dmitri Venediktov, Deputy Minister of Health, USSR Ministry of Health, and Dr. Theodore Cooper, HEW Assistant Secretary for Health, sign the report of this fourth conference. The two countries are exchanging research information on heart disease, cancer, environmental health, arthritis, and influenza and acute respiratory diseases. The Joint Committee is also considering collaborative studies in other areas including health services delivery and biomedical communications. The meetings, which started on Oct. 20, were held on the NIH campus except for one session when the Committee members visited Research Triangle Park, N.C., where they met with NHLI’s Central Patient Registry Staff, and also met with NIEHS investigators.—Photos by Steve Ferendo.

1st CFC Returns Tally Shows Need to Increase Participation Percentage

The Combined Federal Campaign at NIH is 3 weeks old today and, like most infants, it will need a lot of attention, care, and affection in order to thrive. Early contributions are beginning to trickle in.

As of last week, Oct. 30, the total amount contributed was $23,860, 17 percent of the NIH quota; donated by 813 employees, 8 percent; averaging $41.65 per person.

The first to surpass its quota was the National Institute on Aging, reporting 116 percent, with an average gift of almost $59.

Next week—Nov. 10 through Nov. 14—will be CFC WEEK, with Nov. 12 designated as CFC DAY.

Details will be announced.

Other NIH units making steady progress are: DRG with 72 percent of its quota, averaging $55.75 per gift; and NLM with 65 percent, averaging $54.50 per gift.

NEI is a close fourth with an average of $38.72 donation, 64 percent participation.

The NIH quota for this year is $179,430—actually less than the $203,761 donated last year, but an average of $38.72 donation, 64 percent participation.

Participation last year was 65 percent, down from the previous year's 71 percent. For this reason, the 1975 CFC is emphasizing full participation as much as meeting the quota.

Dr. Donald S. Fredrickson, NIH Director and CFC chairman, addressed an October meeting of campaign workers.

"Your giving of your time is the first NIH contribution to this year's Combined Federal Cam-

Legal and Ethical Problems of Pediatric Drugs, Research on Children Are Discussed at Seminar

The legal and ethical problems of pediatric drug studies, and the participation of minors in experimental studies were discussed at the Biomedical Ethics Seminar on Research in Children.

Speakers at the seminar, which was held on Oct. 1 at NIH, were Dr. Marion Finkel, FDA, and Richard J. Riseberg, NIH. Dr. Finkel is associate director, New Drug Evaluation in FDA's Bureau of Drugs. Mr. Riseberg is the NIH Legal Advisor, HEW's Office of the General Counsel.

Dr. Finkel talked on promoting safe and effective pediatric drug therapy. She explained that the current labeling for many drugs "does little to advance this goal" and suggested fostering drug approval based on adequate drug study, rather than disclaimers on new drugs, and removing as many disclaimers as possible on old drugs.

"And last, but most important, let's remember that the third part of the theme... giving for people is what the Combined Federal Campaign is all about.

"I am confident that with your help we will prove that giving is an American tradition and an NIH tradition.

"It is the coordinators and keypeople to meet the challenge to NIH, Dr. William F. Raub, associate director of NEI, spoke to the workers before introducing Dr. Fredrickson.

"It is the coordinators and keypeople who have taken on the major responsibility for the CFC. NEI is coordinating the CFC this year but "its efforts are only behind the scenes... it is through your efforts that NIH's campaign will succeed," he told the group.

Details will be announced.

November 4, 1975

THE NIH RECORD

DR. SIDBURY

(Continued from Page 1)

became a staff member of the Lenox Baker Cerebral Palsy and Crippled Children's Hospital of North Carolina, Durham, in 1974.

He received the bachelor's degree from Yale University in 1944, and the M.D. degree from the College of Physicians and Surgeons, Columbia University, in 1947.

He has served on the pediatrics faculties of Johns Hopkins University, Emory University, and University Hospitals, Cleveland.

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"Got into the spirit of giving." Discussing this theme at a recent meeting for CFC campaign workers are (l to r): Dr. Fredrickson, Dr. Raub, and Martin Walsh, CFC manager for HEW.

She also suggested definite precautionary statements such as "safety for use in children has not been established."

Among her suggestions for implementing or expanding areas to achieve safety goals was the development of pediatric pharmacology and drug evaluation centers.

Mr. Riseberg talked about research on children "which is intended to be of some direct benefit to the children involved."

He pointed out that the consent of competent adults participating in experiments when they have been fully informed about the research is legally effective. However, he cautioned, minors are not competent.

Minors Can't Make Agreements

"Minors in most contexts are not capable under law of entering into legally binding agreements."

"They are not only legally incompetent, he further stated, but with regard to younger children, they do not understand what is going to take place and cannot make reasoned choices. "To put it another way, they are actually incompetent as well as legally incompetent."

"He also pointed out that, in behalf of the child, a parent must act reasonably and in the child's best interests.

During the past 10 years, HEW has developed "increasingly more formalized procedures for evaluating activities from an ethical standpoint."

"While parental consent is still generally considered to provide a sufficient base for the participating of young minors in therapeutic research, these DHEW procedures are intended to screen out those research proposals which violate basic ethical principles," Mr. Riseberg declared.