Dr. Sheldon Wolff Given Brazilian Academic Honor For His Contributions

Dr. Sheldon M. Wolff, NIAID's Clinical Director, recently received the degree of doctor, Honoris-Causa, from the Federal University of Rio de Janeiro for "significant contributions to modern medicine."

University's Highest Honor

Dr. Wolff was awarded the degree—the highest honor given by the University and one seldom given to foreign citizens—on Aug. 12 after a unanimous decision by the University Council. In his remarks at the award ceremony, Dr. Carlos Chagas, Dean of the School of Medicine, acknowledged Dr. Wolff's accomplishments as both a clinical investigator and physician in the fields of immunology and infectious diseases.

Praise His Humanitarianism

In addition to citing Dr. Wolff's contributions to understanding the role of bacterial endotoxins in disease and the causes of fever, Dr. Chagas praised Wolff for his humanitarian qualities that "bring to mind the dedication of the family doctor."

He compared Dr. Wolff to his father, Carlos Ribeiro Justiniano Chagas, the discoverer of Trypanosoma cruzi, the organism responsible for a form of trypanosomiasis, also known as Chagas' disease.

NRC Committee Invites Comments on Its Report; Schedules Public Meeting

Public comments on a report dealing with personnel and training needs in the biomedical and behavioral sciences are being sought by the National Research Council committee that authored the report. The comments will be discussed at a public meeting of the committee on Thursday, Nov. 4, at 9 a.m., in the lecture room of the National Academy of Sciences Building, 2101 Constitution Ave., N.W., in Washington, D.C.

Suggestions on the committee's future work will also be discussed. Parking facilities are not available.

Contact Mr. Snyder

Anyone wishing to attend the meeting is requested to contact Robert G. Snyder, Commission on Human Resources, NRC, telephone 388-0566.

The report, entitled Personnel Needs and Training for Biomedical and Behavioral Research, 1976 Report, was issued in June. It is the second in an annual series being prepared by the Research Council's Commission on Human Resources for NIH and HEW. It examined the training programs of NIH and the Alcohol, Drug Abuse, and Mental Health Administration in four areas—basic biomedical sciences, behavioral sciences, clinical sciences, and health services research—and recommended shifting the general emphasis of Federal funding in those areas from predoctoral to postdoctoral candidates for fiscal years 1977 and 1978.

Dr. Wolff has been NIAID's clinical director and chief of the Laboratory of Clinical Investigation since 1968. His first contact with the Federal University was at the request of the Pan American Health Organization.

For the past four summers he has spent the month of August lecturing, consulting, and developing a training program in clinical immunology at the Federal University. He has also been instrumental in providing opportunities for Brazilian researchers to study in the U.S.

New Computerized Loan System Installed; Aids NIH Library Workers and Borrowers

How is the NIH Library like an up-to-date supermarket? Starting later this month, the NIH Library will begin using light-activated pens at the circulation desk to "read" labels on books and users' cards in much the same way the supermarkets use computer systems to read price labels and keep constant watch on inventory.

The pens, a cathode-ray terminal and printer are already installed with a mini-computer that records transactions, and Library personnel have been attending training sessions to learn the new system, similar to one developed at the University of South Carolina.

The information on the book label and borrower's card is fed into an IBM 370 computer that updates master records, checks inventory control, and speedily processes overdue notices, as well as providing statistical information.

An additional benefit of the new system—the computer will be able to "clear" personnel leaving NIH much faster than the current manual procedures.

Already, more than half the Library's 80,000 volumes have had the labels affixed one by one—a project that has been quietly taking place during day and evening hours. Journals are not included initially.

Posters and flyers announcing and explaining the new system are being prepared. The final switch over from the manual card system will take only 1-2 days, although parallel systems will be maintained during the first few weeks the new system is used.

When the new system becomes operational, borrowers should drop off their purple library identification cards at the desk when entering the Library to allow time for the new code label to be affixed to the card before checking out books.

2 Win Nobel Prize in Med.

Drs. D. Carleton Gajdusek, NINCDS, and Baruch S. Blumberg, Institute for Cancer Research, Philadelphia, have won the Nobel Prize for Medicine.

The two scientists share the prize from the Karolinska Institute for "their discoveries concerning new mechanisms for the origin and dissemination of infectious diseases."

Dr. Gajdusek is chief of the Laboratory of Central Nervous System Studies, and Dr. Blumberg, a former researcher at NIADD, is now an NCI and NHLBI grantee.

Barbara Bowyer and Warren Conklin of the Circulation Unit demonstrate how borrowers will present books and cards for the code labels to be "read" by the light-activated pen and mini-computer in the new checkout system.
NIH Program Accepting Applications for Its On-the-Job Training for Management Interns

Applications are now being accepted for the 1976-77 NIH Management Intern class.

This program is designed to develop men and women for administrative positions with the prospect of progression to upper level management appointments.

Individuals selected to participate in the program will receive 12 months of on-the-job training consisting of four rotational assignments in different administrative areas.

Interns are also encouraged to participate in supplementary education in management seminars, university courses, and other special courses. Upon successful completion of the program, graduates are eligible for permanent assignments at the GS-7 and -9 levels. 

must meet the following criteria:

To be considered, NIH employees
- Be in a full-time permanent position.
- Have a score on the Professional and Administrative Career Examination, PACE. It is not necessary to pass this test.
- Meet the qualifications standards for administrative assistant GS-5 or -7 as follows:
1) 3 years of progressively responsible, nonclerical experience, or
2) a bachelor's degree, or
3) a combination of items 1 and 2 (for example, 2 years of college and 1/2 years of nonclerical experience).

To apply for the Management Intern Program, an employee must submit an SF 171, Personal Qualifications Statement to the Career Development Branch, Division of Personnel Management, Bldg. 29, Room 115.

Vouchers should be made payable to Clarence Reeder, treasurer, NCAB; Blair Bldg., Room 5A-06; 3800 Colesville Road; Silver Spring, Md. 20910.

For additional details call Robert Brown, Ext. 62093.

PACE Courses Scheduled

The Training and Education Branch, DPM, has scheduled two PACE Preparation Mini Courses for interested employees. These will be offered on Thursday, Oct. 21, and Thursday, Oct. 28. Both courses will begin at noon.

Contact Linda Cunningham, TEB, Ext. 62146, for location and precourse material.

USE IT OR LOSE IT—Annual Leave Explained

All employees should have an opportunity to schedule annual leave for use throughout the year. Employees should not have a large amount of annual leave at the end of the leave year that must be used or forfeited.

Circumstances Detailed

Circumstances under which forfeited leave can be restored are governed by very restrictive criteria. The restoration of annual leave is not intended to “save” annual leave which is in excess of the maximum amount that can be carried over at the end of the leave year.

Annual leave can be restored only under the following conditions:

1) Administrative error when the error causes the loss of annual leave otherwise accruable after June 30, 1960.
2) Urgent program needs when annual leave was approved in writing before Nov. 21, 1976, and
   - was cancelled because an employee’s supervisor decided that the employee could not be excused from work, and
   - the leave could not be rescheduled before the end of the leave year.
3) Sickness of the employee when annual leave was approved in writing before Nov. 21, 1976, and
   - was cancelled because of illness, and
   - could not be rescheduled before the end of the leave year.

For further information about the restoration of annual leave, contact your Personnel Office.

New 1976-77 General Pay-Raise Schedule for Federal Employees

<table>
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<tr>
<th>Grade</th>
<th>1</th>
<th>2</th>
<th>3</th>
<th>4</th>
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<td>$6,198</td>
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<td>$6,586</td>
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*The rate of basic pay for employees at these rates is limited by section 5308 of title 5 of the United States code to the rate for level V of the Executive Schedule which, under this adjustment, would become $34,600.

The raise is effective for the first complete pay period which begins after Oct. 1. At NIH this is from Oct. 10 through Oct. 23. NIH employees—except those in special categories—will receive the increase in their Nov. 2 paychecks.
Merit Promotion Is
Merit Promotion Is Noon Seminar Topic
The Division of Personnel Management will present seminars on Merit Promotion from 11:30 a.m. to 1:30 p.m. on Nov. 1, 3, and 5 in the 14th Floor Auditorium of the Clinical Center. To register, call from 11:30 a.m. to 1:30 p.m. on Nov. 8 in Conference Room D in the Westwood Bldg. All employees are invited.

Employees will see video tapes on a Qualifications Review Board in the Westwood Bldg. They will also be able to present their cases in front of the Personnel Officer and Supervisor Discussing the Filling of a Position. Various skits will highlight—and hopefully correct—some of the misunderstandings employees may have regarding merit promotion.

Aspects Discussed
At the question and answer desk employees may ask specific questions and discuss any aspect of the merit promotion process as it is used to fill vacancies at NIH.

Employees should obtain permission from their supervisors before attending the seminars unless they choose to do so during their lunch period.

Open Season Nov. 1-30
For Federal Employees
Health Benefits Program
An “Open Season” under the Federal Employees Health Benefits Program will be held Nov. 1-30. During this period, eligible employees may enroll in a plan. Those already enrolled may change their plan, option, type of enrollment, or any combination of these.

Before Nov. 15, a packet entitled Federal Employees Health Benefits Program will be distributed to all employees. Registration procedures will be included with this information.

During the “Open Season,” registration assistants will help employees complete forms and answer questions. The names and locations of these assistants will be posted on official bulletin boards and will also be available in personnel offices.

A panel of experts from the four major health plans will summarize the 1977 contracts and answer employee questions at a general employee assembly to be held on Wednesday, Nov. 17, at 2 p.m. in Bldg. 1, Wilson Hall.

Plans Represented
Panel members will represent Aetna Life and Casualty Company, Blue Cross-Blue Shield, Group Health Association, Inc. of Washington, D.C., and the University Affiliated Health Plans, Inc. of Washington, D.C.

The session, open to all employees, is sponsored by the Division of Personnel Management.

For a Third of His Life—25 Years—
Jake Blondy Has Cleaned Up at NIH
One of NIH’s senior citizens is Clarence Blondy, better known to his countless friends as “Jake,” an indefatigable member of the Grounds Maintenance and Landscaping Section, DES.

Next month, Jake will have been working at keeping the NIH grounds litter-free for 25 years; in January 1977 he will celebrate his 75th birthday. He recalls waiting more than 8 months to be interviewed for his job online, and likes it so well that he has continued on-year-to-year temporary appointments after compulsory retirement at age 70.

Had Many Jobs
Born on a New York farm, Jake has had a varied career including work in a Boston fish market, Buffalo lumber yards, and Maryland state road repairs.

He acquired his nickname while living in a Gaithersburg boarding house, when a carpenter began calling him Jake after a former helper whom he resembled.

While in his early twenties, Jake got used to the hobo bag and stick he still carries, riding trains across the country for 5 years after a tragic experience.

At NIH he is more often seen carrying his litter stick and bag, cheerfully cleaning up after people who are careless with the remains of their lunches and other trash.

“Sometimes, people are lazy,” he says. Often they leave papers on the grounds just a few feet from the litter receptacles provided near picnic tables. Other common items are cans and bottles, including a surprising number of liquor bottles, the hard stuff he gave up years ago.

Grounds Chief Comments
Thomas J. Cook, chief of the Grounds Maintenance and Landscaping Section, points out that “in the last 3 years the growth in litter on the campus has been phenomenal. Two men used to be able to cover the entire reservation on foot twice a week.

“Now, even with added litter containers—which they must also empty—there’s just too much to cover every area each week. A 5-cubic-yard dump truck is filled to overflowing twice weekly.

Parking Lots Littered
“Saturdays, when the parking lots are empty, we have to clean up amazing quantities of items such as cans, bottles, flip tops, oil cans, and air filters.”

Such carelessness makes it more difficult to maintain the grounds in the state recently praised by an NIH employee whose letter to the Section read in part:

Landscaping Laud
“Every piece of ground and every odd corner or space is enhanced by their design and plantings... Indian summer brings us all a feeling that we must ‘store’ this present loveliness in our imaginations for the winter ahead. A vote of thanks to all who visualize and then carry out their plans and plantings.”

Still, Jake likes his job, even when the winter weather is bad and he trades his stick and bag for a snow shovel. He walks the campus day in, day out, greeting everyone with “a bag of smiles” and his trademark “thumbs-up” gesture.

Carrying his hobo “bag of smiles” and stick or his litter bag and stick, “Jake” Blondy greets one and all with his friendly thumbs-up gesture.

Dr. Elliott Simon, 31, Due to Return Here, Dies in Auto Accident
Dr. Elliott Simon, 31, a neurophysiologist with the National Institute of Neurological and Communicative Disorders and Stroke, was fatally injured in an auto accident Sept. 30 near Cambridge University, England, where he was a research fellow.

For the past 2 years, Dr. Simon had been conducting research on the retina at Cambridge with 1963 Nobel Prize winner Sir Alan Hodgkin.

A native of Clifton, N.J., Dr. Simon was a 1966 graduate of the University of Rochester, and graduated from Yale University Medical School in 1970.

After graduation he worked for the Laboratory of Neurophysiology, NINCDS, as a PHS commissioned officer.

Dr. Simon expected to return to NIH this October to resume work with Dr. M. G. F. Fuortes, chief of the Laboratory of Neurophysiology, and Dr. Robert MacBurney, of Australia, on photoreception in the eyes of turtles.

He also had recently received notification of an appointment with the department of physiology at Yale University to begin sometime in late 1977.

In addition to his wife, Ruth Ann, Dr. Simon is survived by two children, Keith and Jennifer, and a brother, Charles, of California.

Memorial Begun
Memorial contributions may be made to TECHNION, the Israel Institute of Technology, whose mailing address in the United States is: 271 Madison Avenue, New York, N.Y. 10016.
NIAID Grantees Confirm, Extend Investigations of Multiple Sclerosis Agent

Work by others showing that brain tissue and sera from multiple sclerosis (MS) patients contain what appears to be a small virus has been confirmed and extended by investigators partially supported by the National Institute of Allergy and Infectious Diseases.

Although the role of this Multiple Sclerosis Associated Agent (MSAA) remains to be determined, the scientists, led by NIAID Career Awardee Dr. Werner Henle, say it should be considered a candidate for causing this disease.

Viruses, as well as a host of other factors, have long been suspected as causing MS, a progressive, crippling disease of the central nervous system which may alternately flare up and subside. About 500,000 people in the U.S. suffer from MS and closely related disorders.

The existence of MSAA was first reported in 1972 when injections of mice with material from MS patients caused depressions of white blood cells called PMN—polymorphonuclear leukocytes—considered indicative of the presence of an infective agent. Other investigators, however, had not been able to confirm these results.

In the presently reported studies, PMN depressions were again seen Koldovsky, Rudolph Ackermann, in mice, as well as in rats, hamsters, and guinea pigs injected with material from MS patients.

Leon Schwartz (r), NIH Associate Director for Administration, presented a group award to (l to r) Milton Tipperman of DFM, Joan Porter of DRG, and Robert Slevin of DMP, for developing and executing an NIH training program on the Privacy Act of 1974. Over 500 employees from grant, contract, personnel, clinical, and administrative areas were trained in Privacy Act requirements, operational procedures, and employees’ rights and responsibilities. A 10-minute color slide/sound show on the Act and other materials may be obtained from the Training and Education Branch, Ext. 62146.

The agent causing the depressions was found to multiply at high titers in central nervous tissues of non-MS patients neutralized the MSAA, while 11 relatives and nursing personnel to those in remission 31 percent. Spinal fluid from eight MS patients neutralized the MSAA, rather than depressing PMN’s, indicating antibody activity. Of 23 sera from nursing staff and relatives of MS patients, 26 percent were highly positive for this MSAA-neutralizing activity, and only 35 percent were negative.

Of sera from 59 American donors not known to be associated with MS patients, only one was positive. However, 23 percent of sera from MS patients failed to do so. All sera from MS patients contained MSAA. Its presence seemed dependent on the patient’s clinical state, those with active disease showing 75 percent positive results, and those in remission 31 percent.

The authors draw a parallel between multiple sclerosis and infectious mononucleosis. Both occur predominantly in middle and upper class adolescents and young adults in economically advanced countries.

The Epstein-Barr virus, believed responsible for infectious mononucleosis, causes mild early infections in underdeveloped countries.

Conversely, in advanced countries, these infections are often delayed and appear later as clinical infectious mononucleosis.

Since a large number of sera from East Africans neutralized MSAA and sera from Americans did not, the authors suggest that the same pattern could hold for multiple sclerosis.

The ability of sera from MS relatives and nursing personnel to neutralize MSAA implies, they say, that, like EB virus infections, not all MSAA infections result in clinical disease.

These findings were presented in the December 1976 issue of Infections and Immunity, by Drs. Werner Henle, Gertrude Henle, Ursula Koldovska, Paul Koldovska, Rudolph Ackermann, and Gunter Haase from the Joseph Stokes, Jr., Research Institute, the Children’s Hospital of Philadelphia and School of Medicine, U. of Pennsylvania.
Scientists Tell Writers How Aging Process Affects Us All

On Oct. 1, 45 science writers boarded a bus in Bethesda to join 25 colleagues in Baltimore for an NIH Science Writers Seminar. Sponsored by the National Institute on Aging, NIH's newest Institute, the seminar was held at the Gerontology Research Center.

The program was designed to give the writers a general background on the aging process, which affects or will affect us all, and to outline current trends in research on aging.

One of the best features of the program was that Dr. Robert N. Butler, NIA Director and a recent Pulitzer prize winner, rode on the bus with the writers and was available to answer questions about the Institute and its research programs.

At the Gerontology Research Center, Dr. Butler welcomed the science writers, stressing the need for recognition of geriatric medicine as a discipline.

No Training Yet Given

Not one medical school today requires its students to rotate through nursing homes, he noted, despite the fact that there are currently more people in U.S. nursing homes than hospitals.

Doctors who receive no formal training in the needs and problems of the aged are thus often insensitive and unprepared to give their older patients the special care they require, he said.

Dr. Ernest M. Gruenberg of the Johns Hopkins School of Hygiene and Public Health discussed the incidence of illness as people grow older. Not surprisingly, studies have shown that as life expectancy increases, more people suffer from chronic diseases for longer periods of time.

In Dr. Gruenberg's words, "Medical death-defying techniques cure the fatal complications of these conditions without learning anything substantial about curing or preventing these major causes of sickness. The extension of life is too often the perpetuation of disease."

Dr. Reubin Andres, NIA acting clinical director at GRC, described the Baltimore Longitudinal Study of Aging, in which 650 active men are examined every 18 months (annually if over age 70) for 2½ days of testing.

By carefully studying the condition and capacities of each man as he ages and measuring changes in individual organ systems such as the heart, lungs, and nerves, GRC scientists hope to learn how people age.

Glucose Decline Questioned

According to Dr. Jordan Tobin, also of NIA, the basic question relating to diabetes and aging has been whether the decline in glucose metabolism that occurs with age is a normal event in the aging process or a prelude to the onset of disease.

The Longitudinal Study has shown that the body's response to insulin does not change with age, but that decreased glucose tolerance is the result of an insensitivity of insulin secreting cells in the pancreas to a glucose load.

Because the NIA is committed to research in the social and behavioral aspects of aging as well as the biomedical, the topic, Is Mandatory Retirement Necessary, was considered by Dr. Abram J. Jaffe of Columbia University and Jack Ossofsky, executive director of the National Council on the Aging.

The applications of biofeedback to the elderly were discussed by Dr. Bernard T. Engel, Dr. Engel and his associates have used biofeedback (operant conditioning) to treat chronic severe fecal incontinence, with 70 percent success in subjects ranging in age from 6 to 96 years.

Dr. Robert E. Vestal of Vanderbilt University (a former GRC clinical associate) described studies of drug effects in the aged. The old spend more on drugs than any other age group in America, yet their altered responses to drugs have remained largely unexplored.

Dr. Charles H. Barrows of GRC has found that dietary restriction if started at a very young age, results in an increased lifespan in some laboratory animals.

Since diet restriction during the animal's growth period may hamper its growth, immunological capacity, fertility, and other functions, studies must find ways to begin restriction after full growth is reached.

Dr. Eleanor Schlenker of the University of Vermont cited the small amount of research in nutrition effects on humans, but added that studies are beginning to evaluate nutrition programs for the elderly.

Cites Multiple Factors

In the final presentation, entitled Aging, Genetics, and the Environment, Dr. Gunther L. Eichhorn of GRC explained that in addition to genetics, environmental factors such as geographical location and temperature can affect the way an organism ages.

He told the writers about the possible role metal ions in the body may play in the transfer of vital genetic information needed for the maintenance of cell life.

Fed'l Agencies Required To Reimburse CSC Fund

President Ford has signed into law a bill, effective Oct. 1, that requires Federal agencies which re-employ Federal annuitants to reimburse the Civil Service retirement fund for the amounts of annuities deducted from their salaries.

For example, if an agency re-employs for a $25,000-a-year job a retiree whose annuity was $10,000 a year, in the past the agency would only pay $15,000 of the salary because the retiree would get the other $10,000 through his annuity. Thus, the agency saved $10,000 in salary cost.

Under the new law (PL 94-397), the agency will still pay the employee $15,000 but will also have to pay the remaining $10,000 into the Civil Service retirement fund.

The Civil Service Commission will soon be publishing an explanatory brochure.
CPR—CARDIOPULMONARY RESUSCITATION
Classes in Emergency First Aid Procedure Teaching NHLBI Staff How to Save a Life

Dr. S. Hersh Will Speak At NCI Forum Oct. 27

Dr. Stephen P. Hersh, assistant director for Children and Youth, National Institute of Mental Health, will speak on the Psychosocial Aspects of Cancer at NCI’s Fourth Wednesday Forum on Oct. 27.

The meeting, open to all NIH staff, will be held in Conference Room 10, Sixth Floor, C Wing, Bldg. 31 from noon to 1 p.m.

Dr. Hersh will discuss problems of coping with cancer and the stresses it produces in patients as well as their families. His presentation will be geared to medical research center patients, particularly children and youth.

He will also explain some of the current behavioral science research being launched at the Clinical Center in the National Cancer Program.

After his presentation, Dr. Hersh will respond to questions.

NIAMDD to Establish Research and Training Centers for Diabetes

The National Institute of Arthritis, Metabolism, and Digestive Diseases will establish a number of Diabetes Research and Training Centers to increase Federally supported research and training activities concerned with this disorder.

A center is defined as a resource formed within a single university or through a consortium of cooperating institutions including a university-affiliated center, dedicated to conducting research and programs for training in diabetes mellitus and related endocrine and metabolic disorders.

Each center will conduct research in the diagnosis and treatment of diabetes mellitus and related endocrine and metabolic disorders; training programs for physicians and allied health personnel in current methods of diagnosis and treatment; and information programs for physicians and allied health personnel who provide primary care for patients.

The inclusion of training and education efforts with the research program efforts distinguishes the Diabetes Research and Training Centers from the presently supported Diabetes-Endocrinology Research Centers which are specifically oriented to research goals.

The Diabetes Research and Training Centers will be funded by the grant mechanism, but under conditions that will require close coordination with NIAMDD.

Applications for Diabetes Research and Training Center grants must be submitted, in the required format, prior to Jan. 15, 1977.

To determine if the proposed program meets the criteria of a Center, potential applicants are asked to submit letters of intent, prior to Nov. 30, 1976.

In addition, NIAMDD will hold an orientation session for the representatives of potential applicant institutions on Oct. 25, 1976.

"Switch on three next time."
"Look, listen, feel."
"Check breathing, pupils, and pulse."
"One thousand one, one thousand two..."

This is the language of CPR—cardiopulmonary resuscitation.

The National Heart, Lung, and Blood Institute staff is taking classes in emergency first aid.

When respiratory and/or cardiac arrests occur, CPR provides emergency basic life support to maintain life until a victim recovers sufficiently to be transported to a hospital or until advanced life support arrives on the scene.

The 9-hour course includes a lecture, film, slide show, and practical working using “Resusci-Annie,” a life-like mannequin, and testing. Those who pass both the written and practical tests are certified to perform CPR for one year by the American Heart Association.

The Montgomery County Heart Association provided audiovisuals and volunteer instructors and arranged for Hospitalman First Class Clancy Weir, National Naval Medical Center, to instruct the class.

Volunteers include Allen Perreira of the State Department and Commander Donna Barbarick of the Academic Division, NNMC.

At the first session, Dr. Robert I. Levy, NHLBI Director, participated in the class.

Stressing the importance of CPR, he told the students, “Many victims of heart attacks die before they can reach the hospital.

“The procedure which you are going to learn increases the odds of keeping someone alive long enough to get to the hospital and increases the probability of survival. At the end of this course, you will be able to save a life.”

Further information, copies of the Guidelines, and application materials may be obtained from the Office of the Associate Director for Extramural Program Activities, NIAMDD, Bethesda, Md. 20014.
William and Mary Gives Medallion to Dr. DeVita

Dr. DeVita graduated from William and Mary College in 1957 with a major in chemistry and continued his education in medicine at the George Washington University. In 1966 he joined NCI as a senior investigator in the solid tumor service.

Dr. Vincent T. DeVita, Jr., Director of the National Cancer Institute's Division of Cancer Treatment since 1974, received an Alumni Medallion from William and Mary College at ceremonies Oct. 8. The Medallion is the Alumni Society's highest honor, reserved for graduates outstanding in their chosen field.

At NCI, Dr. DeVita has done research on the pharmacology of anticancer drugs. He and coworkers designed drug therapies for Hodgkin's disease and other lymphomas.

The four-drug combination called MOPP has changed the survival statistics for advanced Hodgkin's disease from less than 5 percent to 66 percent of patients alive and free of disease at 10 years.

Dr. DeVita received the prestigious Albert and Mary Lasker Medical Research Award in 1972 for this achievement.

Shellie Lengel was recently appointed Clinical Center information officer and chief of the Office of Clinical Reports and Inquiries. A graduate of Duke University, Mrs. Lengel's most recent post was at NICHOD. She began working in the Public Health Service's Division of Occupational Health in 1952. She has also served as information officer for the Chronic Respiratory Disease Program, Division of Chronic Diseases, and later transferred to the Consumer Protection and Environmental Health Service.

Champions of the 1975-76 R&W basketball season, the victorious Invaders pose for a group portrait. Back, I to r: Sandy Freeman, Ronnie Davis, Clyde Colmes, Jr., Leonard Williams, and player-coach Edward Radden. Front: Ray Donner II and Gerald Winston.

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Combined Federal Campaigners Concentrate on Reaching Goal

The Combined Federal Campaign at NIH got a late start, but campaign officials say they are hoping for a fast finish.

Planning to concentrate their efforts for a brief period than last year, CFC workers opened this year's campaign on Oct. 5. They are confident they will exceed the quota of $234,194 by the end of the drive on Oct. 29.

At press time, first week reporting figures showed that campaign contributions totaled $33,405.65, 14 percent of NIH's goal. Several institutes did not have reports for the final week.

To spur interest and increase participation in the drive, a "Lucky 13" rally was held Oct. 13. Dr. Donald S. Fredrickson, NIH Director and CFC chairman, told the rally audience, "This year we are emphasizing full participation by all employees, consistent with our campaign theme, 'MORE PEOPLE GIVING, and people giving more.'"

He noted that NIH participation has gone down over the past 3 years, hitting an all time low of only 60 percent last year.

Others on the rally program were Edwin Sexton of the White House staff and Mike Bass, ex-Redskin football star. After his talk, Mr. Bass selected lucky numbers for the door prizes donated by the NIH Recreation & Welfare Association.

"We are trying to emphasize the differences in this year's campaign," said Jean Oliver, an NINCDS employee who is CFC coordinator for NIH.

She explained, "Prince George's County is back in the United Way organization; the Black United Fund has many vital and worthwhile causes to be considered this year, and we have established personal contact with all of our keypeople."

One of many agencies benefitting from the CFC is the Capitol East Children's Center in southeast D.C. The Center is a non-profit, parent-controlled child care agency concerned with providing quality full-time care primarily for children of working parents in the Capitol East community.

Several NIH keypeople visited the children. Clockwise from top right are: John Jones (c), NINCDS administrative officer, and Vernoy Hite, HEW management intern now working at NINCDS, admire Harry the Rabbit, a Center resident. Mr. Hite joins the children as they prepare for lunch. Cindy Eagle, Division of Financial Management, watches the children show off their housekeeping knowledge. Mr. Jones listens with the children at storytime. Because the CFC enables the United Way to help this Center and numerous other organizations continue their excellent work, Dr. Donald B. Tower, NINCDS Director and CFC vice-chairman, signs the first pledge card for the 1976 drive as CFC coordinator Ms. Oliver looks on.

Conference on Predictive Tools, Safety Evaluation Scheduled for Nov. 17-19 in Little Rock, Arkansas


Topics Extended

An extension of previous NIEHS conferences on mathematical and biological risk evaluation, the conference's five sessions; and their chairmen will be:

- Use of Epidemiological Considerations as Predictive Tools; Dr. John Higginson, Director, International Agency for Research on Cancer, Lyon, France.
- Mutagenesis; Dr. W. Gary Flann, assistant director, Division of Cancer Cause and Prevention, National Cancer Institute.
- Toxicification and Detoxification of Chemicals and Their Relevance in Assessment of Safety; Dr. Perry J. Gehring, Director, Toxicology Research Laboratory, Dow Chemical.
- Animal Toxicity and Carcinogenesis; Dr. Harold C. Grice, Director, Bureau of Chemical Safety, Health Protection Branch, Food and Drug Directorate, Canada.
- Mathematical Modeling and Safety Risk Evaluation; Dr. David Gaylor, chief of Biometry, NCTR.

NIH'ers to Speak

Several NIH'ers will speak: Drs. John Bend, Frederick J. deSaures, David Hoel, and Raymond Shapiro from National Institute of Environmental Health Sciences; Drs. Joseph F. Fraumeni, Jr., Herman F. Kraybill, and Robert W. Miller from the National Cancer Institute and Dr. Jerry R. Mitchell from the National Heart, Lung, and Blood Institute.

Conference chairmen are Dr. Morris F. Cramer, NCTR Director, and Dr. Myron A. Mehlman, NIH Interagency Liaison Officer.

A preconference registration room will be open at the Americana Inn in Little Rock from 5 to 12 p.m. on Tuesday, Nov. 16. Conference attendees are requested to register in advance and to make their own travel and accommodation arrangements.

Contact Dr. Mehlman

For further information, contact Dr. Mehlman, Ext. 69281.