'Final Environmental Impact Statement' On Recombinant DNA Guidelines Issued

Under the direction of Dr. Donald S. Fredrickson, NIH Director, NIH has reviewed its guidelines on recombinant DNA research and issued the two-part Final Environmental Impact Statement on NIH Guidelines for Research Involving Recombinant DNA Molecules.

Noting the "uncertainties surrounding the benefits and hypothetical risks of the use of recombinant DNA technologies," the Final EIS reports that NIH believes it important to implement safety guidelines and to assess the potential of the research for good and harm.

In recombinant DNA experiments, "genes"—deoxyribonucleic acid molecules—from living organisms can be transferred to single cells from completely unrelated organisms.

These experiments depend on the ability to join genetic material from different sources and to propagate the resulting elements in single bacterial and animal cells.

In June 1976 NIH issued guidelines that govern the conduct of NIH-supported research involving recombinant DNA molecules, and a Draft Environmental Impact Statement on the Guidelines was published in September 1976.

In addition to modification of the Draft EIS in response to comments received, changes have also been made in the Final EIS based on new knowledge and developments.


This publication, Stock Number 017-040-00413-3, is sold in sets only.

Dr. Kannel Is Honored By Military Surgeons For Outstanding Work

Dr. William B. Kannel, Director of the National Heart, Lung, and Blood Institute's Framingham Heart Study, has been selected to receive the 1977 Paul Dudley White Award from the Association of Military Surgeons of the United States.

This award—given annually for "outstanding accomplishments in the field of cardiovascular disease" (See DR. KANNEL, Page 6) —comes to NIH on Dec. 2; Directories Arrive Too!

On Friday, Dec. 2, at 10 p.m., NIH will make a big switch—to a CENTREX telephone system.

New central switchboard equipment, now ready and installed for the changeover, will go into service immediately.

New Directories Described

New NIH telephone directories, showing the correct 7-digit numbers (the 49-prefix and the same 5-digit number as formerly used, in most instances) will be delivered to offices on Thursday, Dec. 1, the day before the shift.

The Telecommunications Branch requests that, if possible, incoming and outgoing calls be deferred for a few minutes just before and after the 10 p.m. change to CENTREX—a time deliberately chosen for relatively little telephone use and to maximize time to work out the "bugs" before business as usual Monday morning.

Note: Emergency Numbers Change With CENTREX

With the change over to the new CENTREX telephone system, the Division of Administrative Services has attempted to improve its emergency responses by making it easier and quicker for NIH'ers to summon help in time of need.

The new emergency 3-digit numbers are:

NEW EMERGENCY NUMBERS

NIH Special Police—115
Fire/First Aid/Ambulance—116

All other calls:
NIH Special Police—496-5685
NIH Fire Department—496-2372

Since 7-digit numbers are not as easy to remember and take longer to dial, the new 3-digit numbers will be more practical and helpful.

Dr. Arthur Upton Takes Oath of Office As NCI Director at Nov. 10 Ceremony

On Nov. 10 Dr. Arthur C. Upton was sworn in as the eighth National Cancer Institute Director at ceremonies held in the Masur Auditorium. The formal installation was attended by Secretary of HEW Joseph A. Califano, Jr.; HEW Assistant Secretary for Health and USPHS Surgeon General Dr. Julius Richmond; HEW Undersecretary Hale Champion, who administered the oath of office to Dr. Upton, a boyhood friend; NIH Director Dr. Donald S. Fredrickson, and Mrs. Upton.

Secretary Califano commended the selection by a search committee that he had appointed. One of the areas of renewed research emphasis in which Dr. Upton will be particularly valuable will be prevention of cancer, a field in which he has established expertise and experience, the Secretary said.

New NCI Director Dr. Arthur C. Upton (c) and his wife accept the congratulations of (l to r) HEW Undersecretary Hale Champion; HEW Secretary Joseph A. Califano, Jr., and NIH Director Dr. Donald S. Fredrickson before the swearing-in ceremony. Secretary Califano was recovering from surgery for a tennis injury.

He used the occasion to say that a massive public education program aimed at significantly reducing the number of Americans who smoke will be announced in January.

During introductory remarks, Dr. Fredrickson noted that Thomas Jefferson, the third American President, maintained that "No duty the executive had to perform was

(See DR. UPTON, Page 5)
Applicants for Summer Employment With Fed'l Gov't May Apply to Agencies But Must Take CSC Test

The process for applying for summer employment with the Federal Government has changed. Applicants for nonclerical jobs may now apply directly to agencies, although they still are required to be tested by the Civil Service Commission.

Previously, the Commission required applicants to register with the Civil Service Commission. Now, applicants can apply directly to the agency where they wish to be considered for employment.

Information on filing periods and types of nonclerical jobs expected to be available will be listed in the 1978 edition of the Summer Jobs Announcement, No. 414, available Jan. 4, 1978.

Lists of eligibles established under the 1977 Summer Employment Examination rosters will be terminated. These eligibles will not be able to renew their 1977 eligibility for the summer of 1978, but must go through the same process as other applicants.

Summer job announcements will be available through CSC area offices, Federal Job Information Centers, and most college placement offices.

Alcoholism Films Planned

A series of films on alcoholism is being shown in Bldg. 31, Room B2-B57, every Tuesday at noon by the Occupational Medical Service and the Public Health Employee Assistance Program.

This series will run through Dec. 27, and depicts alcoholism as a disease, its symptoms and treatment, and how it affects the individual, friends, family members, and employers.

FAES Social Center Is Open; Bluegrass Band Plays Dec. 9

FAES "open afternoons," held at the Social and Academic Center at 9101 Old Georgetown Rd., are popular events for members and guests. The Center is open on Thursdays and Fridays from 4:30 to 6:30 p.m. for refreshments and conversation.

Special entertainment has been arranged for Friday, Dec. 9. At 5:30 p.m. a Bluegrass band, The Whole Idea, will provide live entertainment.

Elective Med. Students Need Temporary Housing

The Clinical Elective Program for Medical Students will hold its winter elective beginning Jan. 3, 1978.

The 9-week program will host over 50 students representing medical students throughout the United States.

Enrollment Increases

Sufficient housing has usually been available to the students through NIH employees and other private home owners within convenient distance. However, an increased enrollment this quarter, more rooms may be needed.

NIH employees who are interested in renting rooms to medical students from Jan. 3 to March 3 should contact Dr. Philippe Carbon, CC associate director and coordinator of the elective program, Ext. 62167.

Seven EEO counselors recently received certificates for their outstanding contributions to the NIH EEO Advisory Council. Dr. Thomas Malone, NIH Deputy Director, made the presentations. L to r front row are: Leon Parker, Council chairperson, and recipients Linnie Sloan, NIAID; Catherine Quigley, CC; Jean Oliver, NINCDS; and Dr. Malone. In the back row are: Raymond Jackson, Director, Division of Equal Opportunity, and recipients Framous Edwards, NIA; William Mitchell, NIAID; Melvin Lipscomb, NHLBI; and Ronson Brit, DRS.

THE NIH RECORD

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Bldg. 31, Room 2B-03. Phone 49-62125

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ADA, Judy Fouch; CC, Susan Gerhold; DCRT, Mary Hodges; DRG, Sue Meadows; DRR, Jerry Gordon; DRS, Arthur F. Moore; FIC, George Presson; NCI, Dr. Robert M. Hadessell; NEI, Julian Morris; NHLBI, Bill Sanders; NIA, Ann Shalowitz; NIAID, Jeanne Winnick; NIMD, Pat Sheridan; NICHD, Tina McIntosh; NIDR, Sue Burroughs; NIEHS, Hugh J. Lee; NIGMS, Wanda Warddell; NIMH, Betty Zubovic; NINCDS, Carolyn Holstein; NLM, Roger L. Gilkeson.

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Ms. Mandelbaum's education and experience enable her to apply individual or group counseling techniques to a wide range of emotional and behavioral problems that employees may encounter.
50 Fun Runners Win Trophies; B/1/D Relay Planned

THE RECORD

NIH

Four or more of the weekly 1-mile fun runs on Wednesday evenings this fall. Outstanding performance: Colleen Keegin, Judy Augensbaush, and Patricia Thomas with daughters beginning in front of Bldg. 1. Ging Club will continue to sponsor help/D Relay planned.

A meeting to organize the relay will be held Monday, Dec. 19, at 5:15 p.m. in Bldg. 31, Room 2A-52. Names of interested participants may also be sent to Dr. Peter Pent.

THE FIC SCHOLAR WILL PRESENT LECTURE ON CHINA DEC. 12

Dr. Howard Schachman, a Fogarty International Scholar, will give an illustrated lecture entitled A Tourist's Peek at the People's Republic of China, Thursday, Dec. 12, at 8 p.m. in the Masur Medical Center.

Dr. Schachman visited Manchuria 2 years ago and witnessed the May Day celebrations that accompanied the fall of Saigon.

Jean Oliver Wins Top Honors of Speech and Hearing Ass'n

Jean G. Oliver, speech pathologist at NINCDS, received top honors from the American Speech and Hearing Association at its 1977 annual conference in Chicago in early November.

The 22,000 member body conferred upon Ms. Oliver the honor of ASHA Fellow in recognition of professional accomplishment.

SHER Plans Christmas Pinata Party on Dec. 17;

All NIH'ers Are Welcome

Live music, door prizes, and Latino delicacies to munch on—all part of a Christmas Pinata Party to be held Saturday, Dec. 17, from 9 p.m. to 1 a.m. in the social hall of Holy Cross Church at 4000 Strathmore Ave., Garrett Park, Kensington.

SHER (Self-Help for Equal Rights) invites all NIH laboratory, maintenance, and office staff to join the fun. Donation is $5 (tax-deductible). Glasses and ice will be provided. Music is by Hank Evert.

Tickets are available from Dorthy Moore, Ext. 63393; Norma Whetzel, Ext. 62804; and Norine Capurro, Ext. 61421.

If traveling north on Rockville Pike, turn right at the Georgetown Prep traffic light onto Strathmore Ave. The well-lighted social hall is less than a half-mile further on the right. Parking is available in the schoolyard.

Sexual Assault Prevention Program Repeated in Dec.

A 1-hour program on Sexual Assault Prevention will be presented Dec. 5, 7, and 9 at noon in the Masur Auditorium, Clinical Center. The program—co-sponsored by the NIH Women's Advisory Committee and the Occupational Medical Services Branch—will feature a talk by Cpl. R.Luddington of the Crime Prevention Section, Montgomery County Police Department.

The presentation will include slides and a question and answer period.

The purpose of the program is to promote citizen awareness, suggest preventive measures against assault, and lessen citizen vulnerability. When the program was presented at several NIH buildings during November, employee response was so great that the program is being repeated to allow an even greater number of employees, especially women, to attend.

For further information, please contact Sol del Ande Eaton, chairperson of the Women's Advisory Committee's Subcommittee on Health and Physical Environment, Ext. 66141, or Grace Lyon, OMS, Ext. 69278.

Referred Pain Is Seminar Topic of Dr. Janet Travell on Dec. 6

Dr. Janet Travell, emeritus clinical professor of medicine, The George Washington University School of Medicine and the University Hospital, will present a seminar to the staff of the National Institute of Dental Research, Tuesday, Dec. 6, at 2:30 p.m.

Jean Bernard Pommier, a young French pianist, will present a 1-hour program on Sexual Assault Prevention on Thursday, Dec. 8, at 6:15 p.m. in the chapel on the 14th floor of the Clinical Center.

Hanukah Program at CC Dec. 8

A 25-voice choir will offer a program of Hanukah music on Thursday, Dec. 8, at 6:15 p.m. in the chapel on the 14th floor of the Clinical Center.

Everyone is welcome.

CURRENT MUSIC SERIES

The third concert in the 1977-78 Current Music Series sponsored by the Foundation for Advanced Education in the Sciences, features Jean Bernard Pommier, a young French pianist.

The concert will be held on Sunday, Dec. 4, at 4 p.m. in the Masur Auditorium.

Admission is by ticket only.

Per Diem for 17 Cities, Auto Mileage Rate Hiked

Per diem ceilings for 17 major cities have been increased effective Nov. 30.

The 17 cities are: Chicago from $43 to $45; Houston from $35 to $41; San Francisco from $41 to $44; and Detroit from $35 to $42.

Also, Las Vegas from $35 to $48 (the largest increase); Miami, $35 to $43; Newark, N.J., $42 to $45; Dallas, $35 to $39; and Providence, R.I., $42 to $45.

Per diem ceilings for Washington, D.C., and New York City remain at $50, the ceiling set by law.

The mileage rate for automobiles used on official Government business was also recently raised to 17 cents per mile.

Jean Oliver Wins Top Honors Of Speech and Hearing Ass'n

In addition to the mileage rate hike, per diem ceilings for 17 major cities have been increased effective Nov. 30.

The 17 cities are: Chicago from $43 to $45; Houston from $35 to $41; San Francisco from $41 to $44; and Detroit from $35 to $42.

Also, Las Vegas from $35 to $48 (the largest increase); Miami, $35 to $43; Newark, N.J., $42 to $45; Dallas, $35 to $39; and Providence, R.I., $42 to $45.

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Pain Referred to the Head and Neck from Myofascial Trigger Points will be the title of Dr. Travell's seminar.

The seminar, to be held in Conference Room 11, Bldg. 30, will be open to interested NIH participants.

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Dr. Paul Lambert Ends NIAID Career; Pursues Long Dream of Farming

Among Dr. Lambert's contributions during his Government career was the initiation of radiobiological research in laboratory animals. "Down on the farm" is now the theme song of Dr. Paul D. Lambert, who recently retired from the National Institute of Allergy and Infectious Diseases to pursue a long-time dream of farming.

No 'Gentleman Farmer' Not content to be merely a "gentleman farmer," Dr. Lambert — with the aid of his wife — is actually working the land, producing cash crops, such as wheat, corn, and hay, on his approximately 50-acre farm in New Oxford, Pa.

Dr. Lambert began his association with NIAID in 1972 as program officer of the U.S.-Japan Program Leprosy and Tuberculosis Panels in the office then known as the Geographic Medicine Branch. With the recent reorganization of the Institute, Dr. Lambert's position prior to retirement was Mycobacteriology Program Officer, Bacteriology and Virology Branch.

Investigators of Diabetic Retinopathy Change Procedures; Now Treat Both Eyes

Investigators in the Diabetic Retinopathy Study, a nationwide cooperative clinical trial supported by the National Eye Institute, are changing their operational procedures to allow photocoagulation treatment of eyes which were originally randomly assigned to no treatment.

The Study was designed to investigate the effect of photocoagulation on diabetic retinopathy, an eye disease which is a leading cause of blindness in the U.S.

Original Selection Random

The original Study design required randomization of the eye of each patient to receive photocoagulation treatment while the other eye was to remain untreated.

Given the uncertainty with respect to the value of photocoagulation treatment when the Study began in 1972, this design gave each patient in the Study the best chance of maintaining sight in at least one eye.

Photocoagulation, a procedure which involves the use of finely focused beams of light such as from lasers, has been used since the early 1960's to treat diabetic retinopathy.

When preliminary DRS results were announced in 1976, it was recommended that Study physicians consider treatment of those previously untreated Study eyes with severe retinopathy.

These recommendations, communicated to the medical community, were based on evidence that there was great risk of blindness in these eyes and that treatment with photocoagulation reduced that risk.

New evidence shows that photocoagulation inhibits the progression of mild retinopathy into more severe stages.

The new change in protocol permits the Study physician to consider treatment of a previously untreated eye if he feels it is in the patient's best interest, even if the eye does not have severe retinopathy.

Must Weigh Benefits

There is evidence that treatment has beneficial effects in all groups of patients studied, but these must be balanced against the known harmful effects of treatment.

The current change in protocol does not indicate that DRS has provided clear evidence in favor of early treatment but rather that the optimum time to begin therapy cannot be determined by the present Study.

Participants Noted

Fifteen clinical centers, a Coordinating Center, and a Fundus Photographic Reading Center are participating in the 10-year Diabetic Retinopathy Study.

The Study will continue to evaluate the long-term effect of treatment and to compare treatment with xenon arc and argon laser through regular examination of patients and review of accumulated follow-up data.

A new NEI-supported study will soon consider treatment timing.

Combined Fed. Campaign Sets Collection Record; Tally Is 91% of Goal

This year's Combined Federal Campaign collected more money than any previous Campaign at NIH. Employees contributed $226,553 or 5 percent more than last year's $215,772 total.

The final 1977 tally is 91 percent of the assigned NIH goal of $248,000. Contributions were received from 56 percent of employees.

Ten Reach Goal Ten B/1/D's reached their dollar goal this year — FIC, NIGMS, NIH, NLM, DRR, NIAID, NIDR, NEI, and DCRT, according to DRR's Ted Nilsen, the 1977 Campaign coordinator.

Two B/1/D's achieved 100 percent employee participation for the Campaign — DRR and FIC.

Two new perpetual trophy awards were established this year: for the highest percent of dollar goal collected on the first day and the other for the highest percent of employee participation on the first day. The dollar goal trophy was won by FIC, and the employee participation trophy will go to DRR.

Of the dollar goal, 72 percent was collected during the first 3 weeks of the Campaign.

Dr. McCulloch's Work Involves Fusion and Metabolism

Dr. McCulloch's work involves monoamines and local cerebral perfusion and metabolism.
Texas Researchers, Aided by DRR, Find Woodrats Can Resist Rattlesnake Venom

The lightning thrust of a Western diamondback rattler holds no terror for the Texas woodrat. Scientists at Texas A&M University have determined that woodrats are immune to rattlesnake venom. The investigators are now studying the nature of the antivenom factors for possible development of a more effective treatment for snakebite.

Biomedical researchers at Texas A&M University, Kingsville, have discovered that the woodrat—a common rodent in the Southwest—has a natural resistance to rattlesnake venom. The discovery may lead to a more effective treatment for human snakebite.

Snake venom research has been conducted for over 3 years at Texas A&M by a research group headed by Dr. John Perez. This particular research has medical applications in that the anti-venom factors found in the woodrat could possibly be used in snakebite treatment, once isolated and purified," says Dr. Perez.

The research project was prompted purely by accident when one of the scientists, Allan H. Chaney, observed that woodrats survived multiple rattlesnake bites and in some cases the woodrats actually killed the diamondback rattlesnakes.

Formalized Study Described

A formalized study has been made using 55 woodrats trapped in East Central Kleberg County, Texas. The animals were housed in individual cages in a 21\° C (69.8° Fahrenheit) animal room. Pregnant females and injured or immature rats were not used.

Twenty-four woodrats were selected, divided into four groups, and each group injected with doubling dilutions of rattlesnake venom. The venom used in the process is gathered from rattlesnakes which are kept in glass-front cages in the laboratory on the A&M campus. The snakes vary in size, and many are captured in the South Texas area.

Most of the snakes come to A&M from the annual Rattlesnake Roundup held near Freer in Duval County. Many other snakes caught in the roundup are "milked" and their venom released. The captive snakes are usually milked every week and returned to their cages. The results of the experiment indicated that woodrats are resistant to rattlesnake venom as shown by a high LD90 (lethal dosage) concentration of a drug necessary to kill 50 percent of the population involved in an experiment; this resistance was 140 times greater than control mice.

The woodrats used showed very little tissue damage or internal hemorrhage compared to white laboratory rats injected with equivalent amounts of venom per body weight, the researchers report.

"The natural resistance in woodrats to rattlesnake venom is not completely understood. Preliminary results suggest that a naturally occurring protective factor is present in the woodrat which will not react visibly with venom in the precipitin reaction. Further elucidation of the chemical nature of the antivenom factor(s) is necessary for studying the nature of inhibition."

Undergraduate researchers Eduardo Cantu, Noelia Cavazos, and Vivian Garcia participate in the project and in the Minority Biomedical Support Program funded by the Division of Research Resources.

The Human Body Is . . .

A fifth-grade pupil in the Seattle schools gave this description in a homework paper:

"The human body is composed of three parts: the Brainium, the Borax, and the Abominable Cavity. The Brainium contains the brain. The Borax contains the lungs, the liver and the living things. The Abominable Cavity contains the bowels, of which there are five: A, E, I, O and U."—AP dispatch.
Mayo Clinicians Develop 3-D X-Ray
—Dynamic Spatial Reconstructor

Dr. Earl Wood explains a video image which is the final product of the Dynamic Spatial Reconstructor, a prototype new X-ray unit developed by Dr. Wood and his colleagues.

In early September, engineers in Wayland, Mass., began constructing a new, revolutionary diagnostic X-ray machine that will allow doctors to view the heart, lungs, and circulation in three-dimensional motion. The machine was developed during a 5-year period by a multi-disciplinary team of researchers at Mayo Clinic, Rochester, Minn., and contracted out to Wayland's Raytheon Corporation for construction.

The new X-ray scanning device, called a "dynamic spatial reconstructor" or DSR, was designed with the help of a sophisticated computer system funded for Mayo clinic by the Biotechnology Resources Program of the Division of Research Resources. The National Heart, Lung, and Blood Institute is providing $3.1 million for construction of the machine.

Dr. Earl Wood, a pioneer in the study of heart and circulatory physiology, led the Mayo Clinic team which developed the DSR. According to Dr. Wood, the diagnostic capabilities of the DSR will include:

—information on the extent of muscle damage after a heart attack
—diagnosis of complex congenital heart defects
—detection of coronary artery disease, including narrowing or clogging of the arteries and the resultant changes in blood supply to the heart muscle
—detection of potentially fatal aneurysms, weaknesses in the blood vessels leading from the heart that usually can be repaired if detected early
—easier and more reliable identification of lung and other tumors which affect anatomy or blood flow within an organ

Shows Body Organ Motion

According to the developers, the DSR will go well beyond the current generation of X-ray scanning devices which produce only static images of internal organs.

Dr. Wood says the DSR should be better for diagnosing heart, lung, and circulatory diseases because it will operate at a higher speed and, hence, show body organs in motion. Also, because it will provide a truly three-dimensional view, mathematical slicing of the organ in any direction for detailed studies of its internal structure will be possible.

The design for the machine calls for 28 X-ray tubes positioned around 180 degrees in a circular structure which will rotate around the patient.

The X-ray tubes can be turned on and off in very rapid sequence so that 28 angles of view can be obtained in 1/100 of a second as often as 60 times per second.

These X-ray views then will be converted into an electronic form and stored on a video disc similar to those used for sports instant replays on television.

Computers Convert Images

Using computers funded by DRR the Mayo Clinic investigators are able to convert the 28 multiplanar conventional X-ray views stored on the video disc to numerical form. The computer reconstructs this information into sets of up to 250 cross-sectional images encompassing the entire extent of, for example, the heart so that complete pictures of its surfaces and internal structures can be obtained as often as 60 times per second as it is beating within the chest.

What happens," Dr. Wood explains, "is that the computer allows us to take 28 standard X-rays and convert them to new types of images which allow us to look at any view of the inside of the body which could be helpful in determining the nature, location, and extent of a given disease problem."

In effect, the body can be thinly sliced mathematically in any direction so that its internal structure can be studied in detail.

The conversion from standard X-rays to multiple slices is carried out when the standard views are put into numerical form by the computer and then reconstructed from these numerical values by the computer into the particular sectional views which the physician wishes to examine.

When the diagnostician wants to look at any single or multiple sections of the body X-rayed by the DSR, the stored digital numbers will be converted into the desired sectional video images.

These computer-generated pictures will be displayed on a television screen in the same views as the physician would use if the tissue in question had actually been removed from the body and sliced open so as to study its internal structure.

The process will be more convenient for individual patients than those employed by current scanners because machines now in use take several minutes to obtain a few cross-sectional views of a part of the body while the DSR will obtain views of many sections in less than a second.

Also, the short scanning time will allow study of greater numbers of individuals and, hence, help to reduce the cost per patient.

The DSR is not expected to be in conventional use until the early 1980's, following additional testing at Mayo Clinic once the machine is built. The construction of the original unit is expected to take approximately 18 months.

Flora A. Miller Dies; Joined NIDR in 1961

Flora A. Miller worked in the National Caries Program of the National Institute of Dental Research until a few days before she died of cancer on Oct. 20.

As chief statistical assistant in the Biometry Section, she handled the management of data from clinical studies. When she first joined NIDR in January 1961, she worked with epidemiologists on field studies of periodontal disease and dental caries and did hand tabulations of the results of clinical examinations.

She became a supervisor and, as computers came into use, Mrs. Miller became proficient in collecting data in a form suitable for computerized analysis.

Her experience in handling clinical trial information made her a valuable member of the Caries Program.

2 Lectures on Cancer End CC Medicine for Layman Series

The last two lectures in the weekly series, Medicine for the Layman—scheduled on Tuesday evenings at 8 in the Masur Auditorium—are concerned with cancer.

On Dec. 6, Dr. E. Brad Thompson will discuss Cancer: What Is It?

On Dec. 13, Dr. Vincent DeVita, Jr., will speak on Cancer Treatment.

NII employees, their families, and friends, and all interested persons have been invited to attend these lectures which are sponsored by the Clinical Center.
Tantalizing clues are becoming more numerous, but a single, big breakthrough to explain Sudden Infant Death Syndrome (SIDS) continues to elude scientists. In fact, there is increasing evidence that the syndrome is not caused by a single mechanism acting at one moment in time as previously believed.

More than 100 grantees and contractors working on the problem of SIDS, also known as crib death, gathered at a recent 3½ day research reporting workshop for National Institute of Child Health and Human Development.

Conferences—including some from as far away as Australia, England, Italy, and Canada—reviewed and discussed SIDS related information, theories, and data that have emerged since a similar workshop was held in June 1975.

Pediatricians, pathologists, obstetricians, anatomists, microbiologists, psychologists, biochemists, and parents of SIDS victims were among those in attendance.

Dr. Eileen Hasselmeyer, chief of the NICHD Pregnancy and Infancy Branch and co-chairperson of the DHEW Interagency Panel on SIDS, says that there is now a consensus among those working on the problem that SIDS babies are not the healthy infants before death that they were once believed to be.

Subtle Defects Now Sought

It is now thought, she says, that these babies have subtle anatomic and physiologic defects of a neurologic, cardio-respiratory, and/or metabolic nature. Instead of one causative factor, Dr. Hasselmeyer explains, a number of developmental, environmental, and pathological factors are probably involved.

Under a complex set of circumstances, these factors interact and rapidly set up a sequence of events that produces a sudden, unexpected, and unexplained infant death.

The conferences agreed that several potentially useful indicators of babies at high risk for SIDS may have been identified, but that additional research is needed to define and refine these indicators.

This theme was reiterated by Senator Edward Brooke, ranking Republican member of the Labor, Health, Education, and Welfare Subcommittee of the Senate Appropriations Committee, in a letter to conference participants.

Dr. Julius Richmond, DHEW Assistant Secretary for Health, addressed the conferences emphasizing that the need to nurture basic investigations must be communicated to legislators and the public.

Among specific topics discussed at the workshop were: sleep apnea and SIDS; "near miss" events as forerunners of SIDS; SIDS prevention; the possible prenatal origins of SIDS; and the psychologic consequences of a SIDS death on surviving family members.

The workshop, sponsored by the NICHD Pregnancy and Infancy Branch, was also a forum to familiarize SIDS researchers with the total DHEW effort related to SIDS, including the SIDS Counseling and Information Centers funded under PL 93-270, the SIDS Act of 1974, and coordinated by the Office of Maternal and Child Health, Bureau of Community Health Services.

NICHD is the lead agency in the Federal SIDS research and prevention program. In fiscal year 1977, NICHD obligated an estimated $9.7 million to support more than 110 research projects related to SIDS.

Recently, the Institute announced a $2.8 million, 5-year major research program grant to the University of Maryland School of Medicine in Baltimore to investigate causes of SIDS, to develop methods to detect babies at high risk for SIDS, and to devise various approaches for prevention.

This, the largest single SIDS research project supported by NICHD, will be headed by Dr. Alfred Stein Schneider, professor of pediatrics at the University.

3 Articles Describing Peer Review Process

Available From DRR

A three-part series of articles describing in detail the processing of peer review research grant applications at NIH has been written by Dr. Catherine Henley, Division of Research Resources.

The series was published in the July, August, and September 1977 issues of Federation Proceedings.

Adapted from a document prepared for the Grants Peer Review Study Team, NIH, the series is broken down into sections: The Assignment and Referral Process; Review by an Initial Review Group; and Review by an Advisory Board/Council.

All three articles have been reprinted with permission of Federation Proceedings and are available in one single copy entitled Peer Review of Research Grant Applications at the National Institutes of Health from the Office of Science and Health Reports, DRR, NIH, Bethesda, Md. 20014.
Huntington's Disease Comm. Suggests Increased Emphasis on Research, Care

On Oct. 17, at a hearing chaired by Senator Birch Bayh, the Commission for the Control of Huntington's Disease and Its Consequences presented its findings and recommendations to the Senate Subcommittee on Labor, Health, Education, and Welfare.

The Commission recommended increased overall funding for NINCDS and NIGMS as well as expanded funding for other relevant research in agencies such as NIA, NIMH, and the VA, concerning basic research in genetics and on the nervous system as well as research, care, and treatment programs for patients with Huntington's disease and related disorders.

Huntington's disease is a hereditary brain disorder in which nerve cells involved in the functions of thinking, memory, and feeling, and in the control of movement are progressively destroyed.

The most celebrated recent sufferer of Huntington's disease was the folk singer, Woody Guthrie, who died in 1967. His widow, Marjorie Guthrie, chairs the Commission.

Symptoms of Huntington's disease generally do not appear until middle age, after most people have married and had children.

Men and women affected develop physical symptoms which lead to severe and uncontrollable body movements (chorea), and mental difficulties culminating in the loss of mental faculties (dementia).

The range of mental and physical symptoms of Huntington's disease make it a prototype for other hereditary, neurological, and psychiatric disorders, including Parkinsonism, senility, schizophrenia, manic-depressive psychosis, multiple sclerosis, the muscular dystrophies, Friedrich's ataxia, and atrophic lateral sclerosis.

Patients with all these disorders would benefit from expanded research in the neurosciences and in genetics.

Improved Services Needed

All need more and better health care services, alternatives to geriatric nursing homes, grown-up wards of chronic mental hospitals, financial relief for the devastating costs of chronic illness, and improved treatment and understanding on the part of the professional and lay public.

The Commission requested specifically:

- A Presidential Task Force to investigate ways to promote and accelerate drug development for patients with uncommon serious and crippling disease, because of the huge costs of research and development and the profit-and-loss dictates of the marketplace.
- Provision for programs of comprehensive health care for the chronically ill in any program of National Health Insurance.
- Pilot programs aimed at keeping patients at home by providing better access and greater availability of domestic and chore assistance, group homes, transportation, day centers, and "respite care" programs.
- Pilot programs in which NINCDS, in collaboration with the Center for Disease Control, would coordinate health care services, develop new programs and train personnel to act as patient ombudsmen in selected areas or states.

In ceremonies held in the afternoon of Oct. 17, Mrs. Guthrie presented copies of the Commission Report to Dr. Peter Bourne, who acknowledged the President's and Mrs. Carter's interest and concern with problems of health care, especially in areas of mental health.

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