NIAID Grantees Report Vidarabine Used To Treat Chronic Hepatitis B Patients

Left, the three morphologic components associated with hepatitis B surface antigen, 1) 42 nm Dane particle, 2) 20 nm particle, and 3) tubular component, 20 nm in diameter (2-% phosphotungstic acid stain, x 132,000).

Vidarabine—the drug used—significantly reduced the markers of infection in two patients treated with the antiviral substance. Vidarabine—used—significantly reduced the markers of infection in two patients treated with the antiviral substance. Vidarabine—used—significantly reduced the markers of infection in two patients treated with the antiviral substance.

Hepatitis B causes inflammation of the liver and leads to chronic infection. The 546-bed hospital and its 1,200 employees will celebrate the occasion with an afternoon program in the Masur Auditorium, along with a reception and exhibits about CC activities.

Stanford scientists—supported by the Antiviral Substances Program of the National Institute of Allergy and Infectious Diseases—have reported the first successful use of a synthetic antiviral drug to treat patients with chronic hepatitis B. Currently, no treatment is available for chronic hepatitis B. Currently, no treatment is available for chronic hepatitis B. Currently, no treatment is available for chronic hepatitis B. Currently, no treatment is available for chronic hepatitis B.

The afternoon program will highlight the Center's 25 years of service and medical research with an opening salutation by Clinical Center Director Dr. Mortimer B. Lipsett. A reception for the honored employees and their guests will be held in the Medical Board Room following the program.

In the lobby, near the main elevators, exhibits will include photos illustrating 25 years of progress and change at the CC.
NIH Phone Directory Still a 'Bestseller,' Takes 'Number One' on Non-Fiction List

Would you like to order a conditioned cat? Locate a hair stylist? Find someone to adjust the room temperature? Or talk to one of two James Carters? Not likely.

To find the needed information and other facts, look in the National Institutes of Health Telephone andudo Directory.

The directory, which is issued twice a year, is possibly the most widely read publication on the NIH campus. It seems most everyone wants a copy or two of the directory when distribution time rolls around. The Telecommunications Branch has ordered 15,000 copies printed, one copy per employee.

More than just telephone numbers, the NIH directory offers a variety of information, such as: the translation of abbreviations, Government agency numbers, pneumatic tube station locations, emergency instructions, shuttle bus schedules, a classified index, personnel alphabetical listings, and a unique section entitled "The Yellow Pages."

The directory is the source of some interesting pieces of trivia. For example, the most common name on the NIH campus (not surprisingly) Smith, which has had 157 entries. The second runner-up with 96 is Brown. Williams and Davis tied for third place with 56 names each.

Names such as Sunshine, Sweet, Wine, and Zissas are sure to catch a few eyes. Another interesting name, "Love" belongs to six people working at NIH. One of them, Mary L. is "Loving" and alas, poor Frederick J. is "Loveless."

If you happen to notice the name "Jane Showacre" you might wonder if she has any connections in real estate. "June Moon" conjures up star gazing on clear summer evenings. "Frank Triplet" causes the imagination to picture him as a triplet with two identical siblings.

Flipping the pages, and spotting such famous names as James Carter, John Carson, and Joe Frazier, makes you sit up and take notice. Could these people be anything like the advanced canoeist with class III rapids at Compton?

The rapids are navigable for the novice but interesting enough for the advanced canoeist with class III rapids at Compton.

The outing starts in the morning on the river. The pace, miles, and times are individually decided. Equipment, maps, and transportation are provided. A riverside lunch—prepared and served by Outfitters staff—will quell mid-day hunger.

The finale is a complete steak dinner—all you can eat—cooked over open fires and complemented by the panoramic scene of the Blue Ridge Mountains. Then back to the tents for a much needed sleep.

Sunday morning, leaving the area, an optional tour of the Luray Caverns is available at cost. Sign up now at the R&W Activities Desk for a weekend of fun at $17.50 per person.

Employee Assistance Progs. Changes Location, Phones

The Employee Assistance Program is now situated in its permanent quarters—Bldg. 31, R2B47. Counselors are in Rooms 4 and 5.

The new telephone numbers are 496-3164 and 8165. (Number 496-2738 is no longer in operation.)

Join R&W Shenandoah Canoe Trip in August

Shenandoah River Outfitters and R&W are providing an opportunity to discover the beauty and serenity of the Shenandoah River—by canoe. The south fork of the Shenandoah, flowing between the Blue Ridge and Massanutten Mountains, is a showcase of nature’s wonders with lush green landscape, abundant wildlife, and intricate rock formations.

The rapids are navigable for the beginner but interesting enough for the experienced canoeist with class III rapids at Compton.

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TRAVELING TIPS

The Executive and Management Development Branch is sponsoring the following Supervisory Courses at NIH in the next 2 months:

- Time Management for Supervisors—July 11 and 12
- Concepts of Classification and F.E.S.—July 18 and 19
- Communication Issues—Aug. 7-9

For more information call Sae- lia Damuth, 496-6371.
Carter, Califano Command Seven Employees For Their Money-Saving Suggestions

For their significant contributions, seven NIH employees recently received personal congratulations from President Carter and HEW Secretary Joseph A. Califano, Jr., in the form of a signed letter of commendation.

These seven suggestors who saved the Government over $79,000 and received cash awards totaling more than $3,000 are:
- Kenneth E. Berrill, utility system repair operator leader, Division of Engineering Services, was honored for suggesting the installation of air dampers in the air handling systems of Buildings 23A, 36, and 37. His proposal resulted in tangible savings of $13,000.
- James L. Day and Floyd L. Forrest, carpenters, DES, shared an award for suggesting the use of unistrut type hangers for V.M. Products removable metal partitions in lieu of VMP design which saved the Government $5,000.
- Mike Nagy, mechanical engineering technician, Division of Research Services, received an award for modifying freezeproofing apparatus by installation of a sodasorb acid trap. Tangible savings amounted to $10,000.
- Royston Parch, supervisory mail clerk, National Library of Medicine, developed a new method for wrapping books for mailing. His suggestion saved the Government $11,000 in the first year.
- Mary P. Strailman, administrative assistant, Division of Financial Management, was honored for her suggestion concerning the contracting out of document reproduction, thereby cutting copying costs. Tangible savings to the Government amounted to $5,000.
- James W. Wright, boiler plant operator leader, DES, received an award for his suggestion to install a heat exchanger to conserve heat from exhaust steam. He saved $22,000.

Under the Presidential Recognition Program each idea or other achievement beyond job requirements which saves the Government $5,000 or more, or represents a major contribution to the Nation’s energy conservation effort, receives cash awards and recognition.

Joffrey Ballet at Wolf Trap Aug. 2—R&W Discount Tickets

The Joffrey Ballet is returning to Wolf Trap for its eighth season, presenting many Joffrey favorites and a new repertoire selected from ballets by Frederick Ashton, Gerald Arpino, and John Cranko.

A limited supply of discounted tickets for a performance Wednesday, Aug. 2, at 8:30 p.m. will be available at the R&W Activities Desk, Bldg. 31, at a cost of $6.80 per person.

Dinner reservations will be made upon request for an additional $6.95 per person. Even if not purchasing a dinner, enjoy Wolf Trap’s spacious grounds for picnicking before the program.

Note: OMS Moves Again!

Effective June 26, the Occupational Medical Services have been relocated from Bldg. 10 to the north side of the B2 level of Bldg. 31, B Wing. The telephone number, 496-4411, remains the same.

Evening hours, from 5 p.m. to 12:30 a.m., will be conducted in the North Wing Clinic of the Clinical Center.

Dr. ‘Bill’ Dec, Former Summer Employee, Gets Record Straight A Avg.

Dr. George W. Dec, Jr.—formerly a summer employee with the Section on Psychogenetics of the Biological Psychiatry Branch, National Institute of Mental Health, at the Clinical Center—became the first medical student in 41 years to graduate from Johns Hopkins University Medical School with a straight A average.

After a vacation in Europe, “Bill” will leave for Massachusetts General Hospital, where he will begin his residency in internal medicine.

While working at NIMH during the summers of 1975-77, Dr. Dec studied catechol-O-methyltransferase in brain and blood of different mouse strains.

Last summer he worked in both the Section on Psychogenetics and the Section on Biochemistry and studied receptor binding activity in plasma of patients with bipolar manic depressive illness.

He was considered by Dr. Elliot Gershon, chief of the Section on Psychogenetics, to be the most talented medical student he had ever seen at NIMH.

A personal letter of thanks from the President.

Exceptional contributions in the areas of Government reorganization, zero base budgeting, paperwork reduction, and regulation reform are recognized.

To submit an employee suggestion fill out a Suggestion Blank, Form HEW-170, for each idea. These forms may be obtained and returned to your suggestion coordinator, Item #44 in the Yellow Pages of the NIH Telephone and Service Directory.

In mid-August, a recorded message, 496-4608, will give further information about the employee suggestion program.

Success of Personnel’s Telephone Tapes Leads To Series With Theme

Have you dialed 496-4608? Since Jan. 16, an average of 272 employees a week called to hear the telephone tape series developed by the Division of Personnel Management.

The series began as a 3-month experimental program in which employees could obtain personnel or personal-related information on such topics as Preparing for a Desk Audit, the Special Placement Program, and the Privacy Act.

What began as an experiment for NIH has become a model for several other agencies. Due to its success, the tape series will continue with one modification.

Beginning Monday, July 3, topics will be presented around a theme over a period of several consecutive weeks. The first theme, Employment Information and Career Development Opportunities, will include methods for locating a vacancy, tips on preparing an effective DF 171, and information on career development programs.

The Personnel Communications Branch, DFM, 496-4543, welcomes comments and suggestions.

During Its Awareness Week NIEHS Considers Inequities in Hiring, Promotion of Women

Awareness by top management and all other employees of possible inequities in hiring and promoting women was the subject of workshops, lectures, and films during a special week, May 12-19, at the National Institute of Environmental Health Sciences.

Dr. Carol Schiller, coordinator of the Federal Women’s Program at the Institute’s Research Triangle Park, N.C., campus, played a key role in planning Awareness Week.

Bias is Subconscious

“Workshops the first 3 days of the week were for upper-level management people,” Dr. Schiller said. “I think the kind of bias we identified is really subconscious.”

The May 18 program featured speakers from the Institute including Dr. Schiller, who is an intramural scientist as well as FWP coordinator. T. J. Griffith, with Images Consultants, Inc., of Dallas, Tex., assisted with the sessions.

Other Assistants Named

Also assisting in the week’s events were Arnetta Wicker, Lab Technician, NIEHS, and Tamara Corsaete, an NC State junior in zoology from Ohio, who is a stay-in-school (temporary) Institute employee.

The Federal Women’s Program is one facet of the NIEHS’s Equal Employment Opportunity Program.

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MHAW MEETS  
(Continued from Page 1)  
Mahler’s report, “World Health Is Indivisible,” outlined the progress of WHO. Dr. Mahler appealed to political leaders of the world to use health as a neutral ground for promoting a global development dialogue and as a lever for social and economic development.  
He urged the Assembly to make the goal of health for all by the year 2,000 the social target of WHO. 
Dr. Mahler emphasized primary health care including: research to generate new knowledge and to apply existing knowledge, development and use of health technologies, production of the right number and types of health workers, proper nutrition, safe drinking water, a healthy environment, and immunization of all children against common infectious diseases. 

110 Delegates Speak  
Approximately 110 of the chief delegates addressed the plenary on their health activities, and responded to the reports of the Director General and the Executive Board. 
Secretary Califano, the third speaker to the Assembly, elicted clear expectations of a renewed commitment of the U.S. to international health. He reiterated the five principles of President Carter’s recent message on international health policy:  
1) efforts will be focused on the world’s poor;  
2) developing countries will be helped to strengthen their own capabilities;  
3) the U.S. will work in close cooperation with international agencies and in partnership with individual nations;  
4) prevention of ill health and immunization of children will be emphasized; and,  
5) our own national resources will be fully mobilized. Secretary Califano then described briefly five areas in which the U.S., guided by the above principles, will rededicate itself or make additional contributions:  
1) control of infectious diseases, especially support to the Tropical Diseases Research Program, yaws control, and expanded immunization;  
2) safe water and basic sanitation;  
3) nutrition;  
4) prevention of blindness;  
5) primary health care. 
Secretary Califano also met with top WHO officials and other delegates and held a press conference for the Palais des Nations press corps.  

Extensive debate on the agenda items (reports by the Director General) took place in the two working conferences. For most of these, the U.S. delegation made interventions and co-sponsored or endorsed resolutions calling for future plans of action by the WHO and by member states. The Assembly approved a total of 58 resolutions. Among the significant resolutions were those on:  
• Drug policies and management, including a medicinal plants action program in essential drugs  
• Appropriate technology for health  
• Development and coordination of biomedical and health service research  
• Special programs of research, development, and research training in human reproduction  
• WHO’s Human Health and Environment Program  
• Malaria control strategy  
• The role of the health sector in the development of national and international food and nutrition policies and plans 

Special Offers for Joggers  
Joggers! Now by going to the R&W office, Bldg. 31, Room 1A-18, you can subscribe to several jogging periodicals, apply for membership or participation in events of several running clubs, not to mention signing up with the Health’s Angels (NIH Jogging Club).  

Savings Bond Campaign Report Indicates Need For More Participation  
The most recent figures on the 1978 U.S. Savings Bond Campaign at NIH reported thus far, from May 1 through May 31, indicate that the Fogarty International Center is leading with 16.1 percent participation.  
The overall NIH participation is 2.7 percent, with 228 employees buying bonds for the first time and 112 increasing their bond allotment.  

These figures do not show the number of NIH employees who are already buying bonds.  
If you have not signed up, it is not too late to do yourself a favor—the campaign has been extended through the end of June, and as little as $3.75 every 2 weeks soon accumulates into a substantial amount. 

May Campaign Figures 

NIH Singles Meet Tuesdays  
The NIH Singles Club get-togethers are continuing through the summer on the first and third Tuesdays of each month, excepting legal holidays, at 5 p.m. in the Bldg. 20 Rec Room (enter at back of Bldg.).  

Light refreshments, disco music, and free dance instruction are all available. For membership information, call Susan Skuntz, 496-2013. Visitors are welcome.
NIH CLINICAL CENTER Celebrates Its 25th ANNIVERSARY

A Chronology of Important Dates
In the History of the Clinical Center

July 1, 1944
Congress authorizes the building of the Clinical Center to provide high quality patient care and conduct biomedical research.

July 8, 1947
Congress approves funds for construction of the 516-bed hospital, where eventually nine Institutes will conduct clinical research.

November 1948
Construction begins on the 14-story all-brick building—the only one of its kind in the world.

June 22, 1951
President Harry S. Truman, honored guest, helps lay the cornerstone.

July 2, 1953
The Clinical Center is dedicated by HEW Secretary Oveta Culp Hobby.

July 6, 1953
The first patient is admitted by Dr. Roy Hertz.

Sept. 5, 1963
Dr. Luther L. Terry, PHS Surgeon General, dedicates the new surgical wing housing cardiac and neurosurgery. The circular structure attracts visitors from all parts of the world.

July 2, 1969
The auditorium is dedicated in honor of the first CC Director, Dr. Jack Masur.

June 1977
Construction begins for the new 13-story Ambulatory Care Research Facility. The main entrance of Bldg. 10 closes, and the NIH Library exit becomes the new front entrance to the hospital.

Nov. 21, 1977
Ground broken for construction on the Radiation Oncology Bldg.

October 1978
A four-story garage is to be finished and 500 additional parking spaces will be provided for outpatients, visitors, and employees.

April 28, 1979
Scheduled completion of Radiation Oncology Bldg.

December 1981
Projected completion date for the ACRF.

CC Growth Recalled, From First Patient To 6,000 Annually

On July 6, 1953, the Clinical Center first patient—a white-haired, 67-year-old Maryland farmer—was taken in a wheelchair to the main lobby and admitted to the 12-East nursing unit.

H. H. Hertz, the first physician, Dr. Roy Hertz of the National Cancer Institute, was then studying hormonal treatment for cancer of the prostate gland. The patient, No. 00-00-01-2, began therapy and for the next year and a half continued on the study protocol.

Five more patients were admitted the first day. All Institutes shared the 12-East ward at first and "there were more doctors than patients when the Clinical Center started out," according to Dr. Hertz. By the end of 1954, however, six Institutes had admitted 1,542 patients.

100,000 Patients Admitted

Since opening, almost 100,000 pa­tients have been admitted to the CC—presently at a rate of more than 5,000 each year.

The Clinical Center was specially designed to bring patient care facilities close to research labora­tories so that new findings of basic and clinical scientists can be more quickly translated into patient treatment. Patients are selected solely because their illnesses meet the requirements of the research being conducted by the Institutes.

In 1944, Congress authorized a hospital at NIH to provide the high-quality care necessary to conduct biomedical research.

Funds were appropriated for the 516-bed Clinical Center in 1947, and construction started in 1948. President Truman laid the cornerstone in 1951. The hospital was dedicated in 1953 by the first HEW Secretary, Oveta Culp Hobby.

During the first year, six Institutes—NCI, NHI, NIAID, NIAMD, NIMH, and NINDS—admitted patients. By December of that year 161 beds were occupied. By 1957, all 516 beds were in use. Last year, nine Institutes had clinical research programs, and over 6,000 patients were admitted.

Surgical Wing Added in 1963

A new surgical wing was added in 1963. The four-story circular structure accommodates heart and neurosurgery facilities and the Blood Bank. An outstanding example of medical architecture and engineering, it has an uncluttered operating area, free of electronic equipment, and clinical laboratories in which new modalities can be introduced to the research. The surgical wing occupies 200,000 square feet and contains 26 operating rooms.

A patient undergoing a whole body scan in the Diagnostic Radiology Department. The EMI scanner takes several scans which are visual "slices" of the patient's body, a process called computerized axial tomography.
Six Directors Have Served the CC

The Clinical Center’s Directors have been: Dr. Jack Masur (1948-1951 and 1956-1959), Dr. John Trautman (1951-1954), Dr. Donald W. Patrick (1954-1956), Dr. Thomas C. Chalmers (1970-1973), Dr. Robert S. Gordon (1974-1975), and Dr. Mortimer B. Lipsett (1976 to present).

Internationally known in the field of hospital administration, planning, and construction, Dr. Jack Masur served as NIH Associate Director for Clinical Care and Director of the Clinical Center during its planning and construction from 1948 to 1951. In 1951-56 Dr. Masur directed the medical care programs of the PHS by administering its hospitals and other facilities, including Freedman’s Hospital in Washington, D.C. He returned to the CC in 1956 and was reappointed CC Director, and served in that capacity until his death in March 1969. Before joining the PHS in 1943, Dr. Masur was executive director of Lebanon Hospital and assistant director of Montifiore Hospital in New York.

He graduated from New York University and Cornell Medical School and served his internship and residency at Bellevue and Montefiore respectively.

Became Director in 1951

Dr. John Trautman was Clinical Director from July 1, 1951, to June 24, 1954. Before coming to the CC, he was Director of the PHS Staten Island Facility’s 885-bed hospital.

After leaving the CC, Dr. Trautman became medical officer in charge of the PHS hospital in Fort Worth, Tex. He retired from the NIH in 1964.

Dr. Donald W. Patrick served as Clinical Center Director from June 23, 1954, through Oct. 30, 1956. He was medical officer in charge of PHS hospitals in Evansville, Ind., Detroit, and Baltimore before coming to NIH.

A native of Denver, Dr. Patrick received his M.D. degree from the University of Colorado in 1930. He interned at New Orleans Hospital and joined the PHS in 1931.

He came to NIH in 1935 and was assigned to the Leprosy Investigations Service at Kaliihi Hospital in Honolulu. After leaving the CC, Dr. Patrick became the medical director of the PHS hospital in San Francisco until his retirement in 1962. He died in 1966.

Dr. Thomas C. Chalmers came to NIH in February 1970 as NIH Associate Director for Clinical Care and CC Director.

Previously, he had been assistant chief to the Medical Director for Research and Education at the Veterans Administration in Washington, D.C. From 1955 to 1958, Dr. Chalmers was chief of the Medical Service at Lemuil Shattuck Hospital in Boston.

He attended Yale, received his M.D. degree at Columbia College of Physicians and Surgeons, and interned at Presbyterian Hospital. He completed his residency program at New York University and Harvard Medical School.

In 1973, Dr. Chalmers became President of Mount Sinai Medical Center and Dean of Mount Sinai School of Medicine, a position he currently holds.

Dr. Robert S. Gordon, Jr., was named Director of the Clinical Center and NIH Associate Director for Clinical Care in 1974. He came to NIH in 1951 as a senior investigator in the Laboratory of Metabolism in the National Heart Institute.

He was also chief of the Clinical Research for the Pakistan-SEATO Cholera Research Lab in Dacca, East Pakistan (now Bangladesh).

He was clinical director of the National Institute of Arthritis and Metabolic Diseases from 1964 until 1974.

Dr. Gordon earned his M.D. degree from Harvard Medical School and center and completed his residency at Presbyterian Hospital, N.Y.

Dr. Gordon left the CC in 1975 to become a visiting professor in the department of social and preventive medicine at the University of Maryland, and the Johns Hopkins School of Hygiene and Public Health in Baltimore. He returned to NIH in 1976 and is currently special assistant to Dr. Frederickson.

Served in NCI, NICHD

Dr. Mortimer B. Lipsett is currently the Director of the Clinical Center and NIH Associate Director for Clinical Care.

Before his appointment in 1976, he was Director of Cancer Center, Inc. in Cleveland, a research training and patient care facility. He was also a professor of medicine at Case Western Reserve.

Dr. Lipsett first came to NIH in 1957 when he joined the NCI Endocrinology Branch, becoming chief of the Branch from 1966 to 1970, and was then appointed associate scientific director of the National Institute of Child Health and Human Development, and chief of the NCI Reproduction Research Branch.

He received his M.D. degree from the University of Southern California in 1951 and interned at Los Angeles County Hospital. His residency was completed at Sawtelle VA Hospital.

Interaction of Drugs, Lab Tests Computerized

Thousands of medical laboratory tests are ordered by physicians every day. Whether done for routine medical exams or to help diagnose overt illness, laboratory tests are an integral part of medical care. A “positive” test finding usually means that something is abnormal, but sometimes, test results can be “false-positive”; that is, they indicate an abnormality when there is none, for instance, when a drug the patient is taking interferes with test results.

CC investigators compiled a computer file of 17,500 drug-laboratory test reactions reported to interfere with test results, listing drug names, both generic and brand, the laboratory-test name, the kind of specimen analyzed, and the causes for the interaction that is, whether the drug altered the lab test result because of its interaction with the specimen used or because of its effect on the test method itself.

Published in the journal, Clinical Chemistry.

Bleeding Disorders, Factor VIII Studies

Hemophilia A and von Willebrand’s disease are two inherited bleeding disorders. When severe, they can result in severe bleeding from even the most minor injuries.

Research at the CC and the National Heart, Lung, and Blood Institute has defined the molecular defects in these two diseases, paving the way for testing new methods of diagnosis and treatment.

Treated With Transfusions

Treatment usually involves transfusion of plasma fractions to replace the factor(s) necessary for clotting. One of these is factor VIII, a coagulation-promoting protein in plasma.

Both hemophilia A and von Willebrand’s diseases are associated with reduced levels of factor VIII, but are quite different in other respects.

Hemophilia A is carried by mothers who are symptom-free but transmit the disease to half of their male children. Von Willebrand’s disease can be transmitted from either parent to children of either sex.

Platelets (blood cells that form clots) function normally in hemophilia; in von Willebrand’s disease they do not.

The researchers found that normal factor VIII can correct both the clotting deficiency in hemophilia A and von Willebrand’s disease as an integral part of medical care.
Recent Advances and Research

have made significant research contributions...and predicted
these recent highlights are described on these

Malaria Resistance
And Duffy Antigens

Proceeding from the observations...of von Willebrand's disease.

They also found that the synthesis of the factor VIII protein in
hemophilia is normal except for the deficiency of clot-promoting activity.
The factor VIII protein in von Willebrand's disease showed a spectrum of abnormalities.

The most severe cases show no factor VIII protein in their plasma.
In a less severely affected group, factor VIII is present in reduced levels and the protein is abnormal.
A third group of patients has factor VIII protein normal in amount, structure, and clot-promoting activity, but is markedly deficient in ability to correct abnormal platelet function of the disease.

Rehabilitation Dept.
Studies Rapid Therapy
For Young Amputees

Osteogenic sarcoma is one of the most common and serious forms of bone cancer in this country. The tumor usually arises in the long bones of the leg, destroying the normal tissue and replacing it with cancer cells, which may spread to other parts of the body.
The disease most often strikes young persons, many only in their teens. Standard treatment is amputation of the affected limb, and sometimes adjutant chemotherapy.

Walking Often Delayed

After surgery, patients are fitted with an artificial limb (prosthesis), but not until the wound has been allowed to heal, which may delay ambulation for several months.
A program of maximal rehabilit-

Investigators Demonstrate Transmissible
Agent Causes Non-A, Non-B Hepatitis

Blood Bank and NIAID investigators working with a team of scientists from FDA's Bureau of Biologics have demonstrated that a transmissible agent is responsible for a type of post-transfusion hepatitis that is neither type A (infectious) or type-B (serum) hepatitis. Carriers of this "non-A, non-B" hepatitis can remain infectious over prolonged periods of time.

Only recently has this form of hepatitis been identified as a disease entity separate from the two well-known forms of viral hepatitis.
The clinical and microscopic similarities of non-A, non-B hepatitis to both forms of viral hepatitis and the evidence of its infectivity point strongly to a viral cause.

Inoculate Chimpanzees

Chimpanzees inoculated with plasma or serum from patients with acute or chronic non-A, non-B hepatitis developed biochemical and biopsy evidence of the disease. The infectivity of chronic phase plasma indicated that there is a chronic asymptomatic carrier state for non-A, non-B hepatitis, just as there is for type B hepatitis.

Develop Hepatitis B Test

Immuno logic tests for surface (Australia) antigen enable scientists to identify blood donors carrying hepatitis B virus. This, together with the exclusion of paid blood donors has led to a dramatic reduction in post-transfusion hepatitis. However, post-transfusion hepatitis, serologically unrelated to either type A or B, continues to appear.

With the discovery of an infectious non-A, non-B agent, it is hoped that further studies will lead to the development of a serologic test, and ultimately to the elimination of post-transfusion hepatitis.

Real-Time Hand-Held Ultrasonic Scanner

CC researchers, in collaboration with the Division of Research Services, have developed an inexpensive real-time ultrasonic scanner for visualizing the internal organs and major arteries and veins of the upper abdomen and pelvis. Unlike conventional static ultrasonic scanners, real-time scanners give a continuous "fluoroscopic" image.

Ultrasonic scanners operate on the same principle as the "sonar" system of bats. Bats send out a high-pitched sound which generates a series of echoes when striking an object.
Similarly, the ultrasonic scanner's pulsed sound signals bounce echoes back from the various tissue boundaries in the body. The scanner receives and converts the echoes to electronic signals which are seen on a TV screen as a black and white cross-sectional image of the body.

The hand-held unit is easily positioned on the skin, below the rib cage, and allows continuous viewing as the scanner is moved freely over the patient's body.

The scanner is proving useful for detecting abdominal disease. The pancreas, liver, and kidneys can be scanned for tumors, major arteries and veins can be examined for abnormalities, and the gall bladder can be checked for the presence of stones. The research group is continuing studies on other applications of the scanner.
13-Story ACRF Expands
Public Areas, Technical
And Outpatient Capacity

Early last year, construction for the Ambulatory Care Research Facility began another period of growth for the CC. The 13-story ACRF will expand and strengthen the laboratory and patient care programs and provide space for the hospital's rapidly expanding outpatient program as developments in health care have shifted research emphasis to chronic diseases and to outpatient studies.

The ability to identify many individuals with early stages of disease has added impetus to this new development.

Much research at NIH has been concerned with understanding the biologic mechanisms underlying diseases, which required prolonged periods of hospitalization under highly controlled conditions. Emphasis is now placed on early detection and testing of diagnostic and therapeutic strategies. As a result, there are more large clinical trials involving many patients.

Under these circumstances, hospitalization is epidemic rather than prolonged. Thus, many patients with chronic diseases such as cancer, heart disease, and neurological disorders may lead nearly normal lives while being studied and receiving treatment.

300,000 Visits Annually

When completed in 1981, the new addition will accommodate an estimated 300,000 outpatient visits each year.

Architect's plans show a tower on a broad base, with 13 floors above ground and 3 floors for underground parking and utilities. The first floor will contain a lobby, an admissions area, new quarters for diagnostic radiology and nuclear medicine, a teaching amphitheater, and cafeteria.

The second floor will house new operating rooms and clinical pathology laboratories. Expansion of medical and surgical intensive care units, modernization of other services, and renovation of nursing units will also take place.

MIS Computers Now Link Nursing Units, Labs; Give Instant Access to Records

Installation of the Clinical Center's computerized Medical Information System is now virtually complete. Used on all nursing units, in all departments, and many offices, linkage between MIS and the laboratory computer is accomplished, and long-term research capability is established—a project that has taken the Office of Clinical and Management Systems 3 years to complete.

Few institutions are more complex than a large research hospital, particularly in the communications functions its staff must perform. Patient data, research protocols, physician orders, nursing care plans, treatment, diets, medications—all need to be handled quickly, efficiently, and accurately.

MIS has taken over all these tasks and many more.

Contract Signed in 1975

Three years ago, on June 27, the MIS contract was signed with Technicon Medical Information Systems, Inc.—the culmination of a planning process of several years' duration. Construction could begin.

Work started immediately to adapt the system to the unique features of each service and nursing unit. In the early morning hours of June 14, 1976, the first nursing unit—5-West—began operations.

By late 1976, all NINCDS, NIMH, NICHD, and NHLBI nursing units were on the system, and the last—2B and 2 East—were completed within the past few weeks.

MIS collects patient information from admission through discharge. The system accepts orders from the physicians, communicates them to the nursing units and service departments, and prints certain portions of the medical record, such as X-ray reports, medications given, and nursing notes.

The system links staff physicians, nurses, and all departments in the CC. Video terminals and printers are located throughout the hospital on each of the nursing units and other areas directly concerned with patient care. These, in turn, are linked to a large general purpose computer in Fairfield, N.J.

The video terminal consists of a television display, a keyboard, and an electronic lightpen to make selections from thousands of displays.

If a physician orders aspirin from a MIS terminal, it is transmitted via high-speed telephone line to the Fairfield computer, the message is accepted, confirmation is received, a label is printed in the pharmacy, and a notice is printed on the nursing unit—all in seconds.

The retrieval capability of MIS is another advantage. A physician or nurse can retrieve current orders, nursing notes, vital signs, diagnostic X-ray reports, nuclear medicine reports, lab results, and blood bank information—and the list is growing.

MIS touches on all important areas of patient care activity, but access to patient information is limited to physicians, nurses, key professionals, and others with a "need to know." MIS has built-in safeguards to protect the confidentiality of patient information, such as the user sign-on code. Unauthorized persons are unable to use the computer.

The laboratory computer connection, a long-awaited phase of MIS implementation, has also been achieved, allowing retrieval of laboratory results from the chemistry and hematology labs.

Throughout a patient's stay, MIS transmits, records, and monitors every detail of treatment.

These medical records serve as a resource for research studies, but privacy of records is still carefully maintained. Patients' records are deleted from MIS about 5 days after discharge, but all information is copied onto computer tapes and sent to the Division of Computer Research and Technology to become part of a retrieval capability available to NIH investigators.

The next phase—the outpatient clinics—will begin in July.

New Five-Bed Intensive Care Unit To Open Soon

A five-bed intensive care unit will open its doors late next winter in the Clinical Center. The CC's newest department, the Critical Care Medicine Department—located on nursing unit 10D—will be under the leadership of Dr. Byron McLees, formerly with the NHLBI Pulmonary Branch.

The unit was established to provide optimal care for critically ill patients who require intensive care. The staff will study critical care processes and technologies to ensure and improve intensive care of patients who are extremely ill or who have just undergone surgery.

The patient's physician will continue to treat and monitor the progress of the patient while hospitalized in intensive care, but a special team of physicians will staff the unit.

Before coming to NIH, Dr. McLees was in charge of an intensive care unit at Duke University Medical Center and was also chief of the Pulmonary Branch at the Duke-Durham VA Hospital.

Patients are scheduled in the Outpatient Clinic for chemotherapy by clinical nurse experts.

Left, technician scans an MIS computer printout. Light pen selections (r) are made at the MIS terminal from any of thousands of video displays.
Endocrinology Research
At NIEHS Is Reported
To June 14-16 Meeting

Scientists at the National Institute of Environmental Health Sciences presented six research papers at the annual meeting of The Endocrine Society in Miami, Fla., June 14-16.

"Research in endocrinology is critical to our mission because many environmental factors act on the endocrine system," Dr. David F. Rall, Director of the Institute, said.

More than 800 scientists doing research in endocrinology—the study of the system of glands that secrete hormones into the bloodstream—attended the meeting.

One of the research projects showed multiple forms of hormone receptors in the liver of the rat. Drs. George W. Lucier and Wendy Perdill Jones of the NIEHS Laboratory of Environmental Toxicology and Dr. S. N. Nayfeh of the University of North Carolina collaborated on the research.

Notes Effects on Liver

"We usually think of the reproductive system as being sensitive to the production of hormones," Dr. Lucier said. "But the liver is also a target organ for estrogens. Many chemicals are hormone-active, so this has importance from an environmental health viewpoint."

Another of the NIEHS research projects concerns itself with a pro-hormone, or precursor of a pituitary hormone, pro-ACTH, which is synthesized by many tumors, notably lung small cell carcinoma.

"Attempts are being made now to obtain enough of this material for compositional and structural analysis," Dr. Richard P. DiAugustine, Laboratory of Pulmonary Function and Toxicology said.

"Measurement of pro-ACTH peptides might be useful for the estimation of the response of lung tumors to treatment," he added.

Sixteen scientists co-authored one or more of the six papers, and authorship represented four Institute branches—the Laboratory of Environmental Mutagenesis, the Laboratory of Environmental Toxicology, the Laboratory of Pulmonary Function and Toxicology, and the Laboratory of Pharmacology.

Dr. Butler Gets APA Award

Dr. Robert N. Butler, Director of the National Institute on Aging, was the second recipient of the APA member. who has made outstanding contributions as author, spokesperson, and advocate.

Collection of Microbial Cultures, Reagents
Receives Support From Units at NIH

All ATCC stocks of human and animal cell cultures and many of the protozoa, algae, viruses, fungi, and bacteria are hermetically sealed in small ampoules and preserved for many years in a stable condition at cryogenic temperatures (-196 C) in large liquid nitrogen refrigerators as shown. Thousands of the bacteria, fungi, and viruses are also preserved in the freeze-dried state at ordinary refrigeration temperatures. The total number of ampoules stored in either the frozen or freeze-dried state is almost one million.

(The First of a Two-Part Series)

The most diverse collection of reference micro-organisms, viruses, and cell cultures in the world is maintained, authenticated, and preserved at the American Type Culture Collection in Rockville.

With the accelerated advances in molecular biology and biomedical research during the past 15 years, this facility has become an invaluable research resource for NIH as well as the entire scientific community.

Utilization of services for the characterization, storage, and distribution of a multitude of standard microbial cultures and reagents has steadily increased since the early 1960's when NIH seed money helped provide the impetus for the expansion of the Viral and Rickettsial Registry, the establishment of the Cell Culture Collection, and the general development of the ATCC.

Has 25,000 Strains

The ATCC now holds over 25,000 strains and distributes approximately 30,000 reference cultures per year. Partial support for the characterization and distribution of these diverse holdings is currently supplied by an NIH contract, administered by the Division of Research Resources.

The Collection of Viruses has over 800 prototypic strains of viruses and strains of special research interest, including members of all known classifications of viruses of vertebrates as well as important representatives of the rickettsiae and chlamydiae.

This collection has been developed largely through support from the National Institute of Allergy and Infectious Diseases.

Support for the Collection of Plant Viruses is provided primarily by the U.S. Department of Agriculture.

NIH Stride Program
Suggests Applicants Update Transcripts

Up to 20 new training positions are expected to be announced in the NIH Stride Program later this summer. These positions combine on-the-job training with academic study to prepare participants for professional positions at NIH.

NIH employees who anticipate applying for one or more of these positions should obtain up-to-date transcripts of completed college-level coursework. Unofficial (student) copies will be acceptable for the application process.

If you do not have college credits, please obtain a copy of your high school transcript or GED certificate. In the event you are unable to obtain a transcript, please submit a completed CSC Form 226, List of College Courses and Certificate of Scholastic Achievement. These are available in the Personnel Staffing Branch, Bldg. 31, Room B3-C15.

Employees without a transcript or Form 226 will be ineligible to compete for a position.

Other Requirements Listed

Other eligibility requirements for the Program include:

- Being employed in a career or career-conditional position at NIH for at least 1 year prior to the closing date of the announcement.
- Being in a nonprofessional position (one grade promotion).
- Working full-time or willing to accept a full-time position.
- Having a high school diploma or GED certification and less than a bachelor's degree, and
- Being in a GS-4 through GS-9 or wage grade equivalent position.

Those persons at the GS-8 or -9 grade who are selected will be required to request a downgrading to the GS-7 grade, but their pay rate will be saved for a period not to exceed 1 year.

Please call the Career Development Branch, DPM, 496-6211, for additional information.

NIH AIDS Supports Collection

The Collection of Fungi contains over 11,000 strains of fungi representing more than 4,000 species of type cultures and strains of practical importance.

NSF Aids Program

A program of extensive recharacterization of the strains in both the Bacteriology and Mycology Departments is funded largely by NSF grants.

New resources being developed by the American Type Culture Department will be described in the next issue (July 12, 1978) of the NIH Record.
Alexander Davis Chosen ‘Manager of the Year’ By National Association

While at the Clinical Center, Mr. Davis has received many awards. In 1965 he was awarded a superior performance award from ESCID and in 1972 and 1975, EEO achievement awards. In 1976 he was honored with the Secretary of HEW Certificate of Appreciation Award, and in 1977 given a CC superior service award.

Once again the chief of the Clinical Center’s Fabric Care Department has been honored for his outstanding work and leadership—Alexander Davis was chosen 1978 Manager of the Year by the National Association of Institutional Laundry Managers at their recent annual meeting in Denver, Colo.

Representing his local chapter, Mr. Davis was selected from among 56 other representatives for the award. He was the first to be chosen from this region, the first from NIH, and the first Black to be chosen in the 50-year history of the Association, which represents institutional laundry facilities such as military bases and hospitals throughout the country.

Mr. Davis came to NIH in 1952 as a housekeeping supervisor with the Environmental Sanitation Control Department. After holding several service posts, he assumed his present position in 1972.

Prior to his NIH service, Mr. Davis worked 12 years at the Walter Reed Army Medical Center as the laundry manager. He is responsible for the care of thousands of employees and the community, and success depends upon NIH employee participation.

A certificate of appreciation was presented to Mr. Davis for his dedication and enthusiasm in his position as the general manager this year.

The Board then answered questions from the floor.

Mr. Chakwin expressed his appreciation to the Board members, the Executive Council, the NIH, and the R&W employees for their hard work and dedication this past year.

Prior to the closing of the meeting, a drawing was held and door prizes were distributed to several lucky R&W members.

R&W Sponsors Eastern Shore Weekend Bike Trip in July

Enjoy the countryside of the Eastern Shore (St. Michaels). Moderate cycling—no experience necessary—with the amenity of an overnight in a Country Inn complete with country dinner, breakfast, and “old time hospitality.”

Shop for antiques, hike, swim, or just wander. A small group of 20, with one trip leader, will leave NIH on Saturday morning, July 22, at 7:30 a.m and return Sunday afternoon, July 23.

Total cost for this invigorating weekend is $36. Sign up now at the R&W Activities Desk as limited reservations are available. Happy cycling!

R&W Association Holds Annual Meeting June 8, Notes Changes, Success

On June 8, the Recreation & Welfare Association held its 30th Annual Meeting in the Masur Auditorium.

The first speaker, R&W President Walter Chakwin, presented highlights of R&W accomplishments in the past year, including the establishment of R&W as a formal and legal institution at NIH, the present budget, future money distribution for commission funds allowed by the Randolph-Sheppard Act, and the success and popularity of The NIH Cookbook, now in its third printing, with more than 1750 copies sold.

Doreen Test gave the treasurer’s report. Glady Kelly, second vice president, commended the by-laws committee, and the newly-revised by-laws were approved.

Agnes Richardson presented the slate of candidates for the upcoming election and requested further nominations.

Randy Schools, general manager, described upcoming R&W events and encouraged everyone to offer suggestions to the R&W, as it is a service organization for NIH employees and the community, and success depends upon NIH employee participation.

A certificate of appreciation was presented to Mr. Schools for his dedication and enthusiasm in his position as the general manager this year.

The Board then answered questions from the floor.

Mr. Chakwin expressed his appreciation to the Board members, the Executive Council, the NIH, and the R&W employees for their hard work and dedication this past year.

Prior to the closing of the meeting, a drawing was held and door prizes were distributed to several lucky R&W members.

Medicine for the Layman Lecture Series Offered Again at Clinical Center

This fall the Clinical Center will offer to NIH’ers and their families as well as the general public a second series of health seminars entitled “Medicine for the Layman.”

The series was initiated last year by CC Director Dr. Mortimer B. Lipton as a means to keep the public informed of NIH’s programs.

Beginning Sept. 19, the series this year will cover such topics as arthritis, influenza, eye diseases, allergies, and depression. Many of these subjects were suggested by the audience last year.

The hour-long presentations will be illustrated by slides; publications will be distributed; and the audience will have an opportunity to ask the speakers specific questions about their topics.

The opening lecture on Sept. 19, at 8 a.m., will be on Heart Surgery by Dr. Charles McIntosh of the NHLBI Surgery Branch.

Other topics scheduled later in the series include: Allergies, Oct. 3; Depression, Oct. 17; Blood Transfusions: Benefits and Risks, Oct. 24; and Cancer and the Environment on Oct. 31.

Chamber Music Association Invites New Members To Join

The NIH R&W Chamber Music Association is updating its membership roster for 1978. New members are invited to join by completing an application form which can be obtained at the R&W Activities Desk, Bldg. 31, Room 1A-18. For further information call Nannette Melnick, 427-7331, or Dr. John B. Wolf, 496-7070.

Fish, Relax With R&W Aug. 5, Chesapeake Bay

Never been fishing? Rod ‘n’ Reel Captains have the old salt experience and local knowledge to help. Join R&W Saturday, Aug. 5, for a day of fishing at Chesapeake Beach, with the largest charter fleet on the Chesapeake Bay. Fish abound: striped bass, blue fish, sea trout, spot, perch, and croaker.

After a day on the high seas enjoying the sun, bay breezes, and salt air, relax and indulge yourself with a hearty seafood dinner at the Rod ‘n’ Reel Restaurant—Bayshore dining at its best, with a magnificent view. The menu includes: fresh fish, deviled clams, choice of salad or cole slaw, and choice of potato.

Buses will leave NIH, Bldg. 31C, at 11:30 a.m. and will return at approximately 5:30 p.m. A limited number of persons can be accommodated, so make reservations now at the R&W Activities Desk, Bldg. 31. The cost is $27.

NCI Animal Caretaker Walter H. Lyles Dies

Walter H. Lyles, an employee of the National Cancer Institute for more than 24 years, died June 2 at George Washington University Hospital. He was 62 years old.

Mr. Lyles, a technician in the NCI Immunology Branch, was responsible for the care of thousands of animals used by 40 scientists and 15 technicians, and was instrumental in training others in animal care at NCI and NIH.

In 1972, Mr. Lyles had received a Special Achievement Award from then NCI Director Dr. Carl G. Baker. He recently received a citation “for outstanding performance in the administration of an NCI animal facility” from Immunology Branch chief and NCI associate director Dr. William Terry.

Joined DRS in 1954

Mr. Lyles started as an animal caretaker with the Division of Research Services in 1954 and moved to NCI’s Environmental Cancer Section in 1957. In 1964 he joined the NCI Immunology Branch. He was promoted from animal caretaker to biological aide in 1970 and biological laboratory technician in 1976.

Mr. Lyles is survived by his widow, Catherine; a son, two daughters, and six grandchildren.

Brown U. Honors Dr. Pickett

Dr. Betty H. Pickett, associate director of the Extramural and Collaborative Research Program, National Institute on Aging, has received recognition by the Brown University Graduate School as a “select graduate alumnus.”

Dr. Pickett was chosen for her distinguished contributions to society through scholarship and professional activity.

The citation was presented June 5 at the Graduate Convocation of the University’s 210th annual commencement.

Brevity in writing is the best insurance for its perusal.—Rudolf Virchow
Vidarabine
(Continued from Page 1)
ment is commercially available, and spontaneous recovery is rare.

Preliminary studies conducted by the Stanford group in 1976 sug-
gested that a naturally-produced antiviral substance—interferon—
may be beneficial in treating some cases of chronic hepatitis B infec-
tion.

Some Treated with Interferon

In some patients, interferon appeared to reduce or eliminate all
markers of infection, including the Dane particle, which is thought to
represent the complete hepatitis B virus.

However, in several of the treated patients, viral markers re-
turned to their previous levels when treatment was discontinued, and in
others, there was no response to interferon at all.

One of the most promising synthetic antiviral substances is vidar-
abine, also known as adenine arabinoside or ara-A. In tissue cul-
ture vidarabine inhibits replication of some DNA viruses, and, in clin-
ic, it has been shown to reduce deaths from herpes encephali-
tis significantly. It is also licensed for use in the treatment of some DNA viruses, and, in clin-
ic, it has been shown to reduce deaths from herpes encephali-
tis significantly.

In the reported study, Dr. Rich-
ard B. Pollard and his associates
administered vidarabine by injec-
tion to two patients with chronic active hepatitis B infection. Both
patients had high levels of Dane
particle activity.

Vidarabine Injected Daily

The drug was administered daily
for up to 2 weeks, during which
time blood samples were taken and
the markers of chronic hepatitis B
infection were measured. Each pa-
cient received two courses of treat-
ment separated by several weeks.

Treatment with vidarabine led to
a significant decrease in the levels of Dane particle in both patients
shortly after therapy was begun.

In one patient, the Dane particle
remained undetectable 12 months
after therapy had been discontinued. In this same patient, other
viral markers, including the hepa-
ritis B surface antigen (Australia
tagant) were reduced and core
antigen eliminated.

Responses Differ

In the other patient, levels of Dane particle decreased rapidly
during treatment, but rose when the drug was discontinued. The rea-
son for the difference in response between the two patients is un-
known.

From these findings, the investi-
gators conclude that vidarabine ap-
pears to inhibit the replication of the hepatitis B virus.

They recommend that further studies be conducted to determine
whether these effects will be regu-
lar and permanent and to deter-
mine whether vidarabine affects liver disease.

Vidarabine’s immediate, short-
term reduction of the Dane parti-
cle, as observed in this study, sug-
gests that it may consistently
produce similar effects in other
hepatitis B-infected patients, say
the researchers.

However, since the drug also pro-
duces substantial weight loss and
other gastrointestinal side effects
that lasted 10 to 12 weeks after
stopping the drug, they caution that it use in patients with more
severe chronic or acute infection
should be avoided until further

studies are completed.

Dr. Richard B. Pollard, Joseph
L. Smith, E. Andrew Neal, Peter
B. Greeng, Thomas C. Merigan,
and William S. Robinson from the
Stanford University School of Med-
icine, Stanford, Calif., reported
their research in the April 21, 1978,
issue of the Journal of the Ameri-
can Medical Association.

Hay Fever Sufferers Asked
To Participate in Weekly
Ragged Treatment Study

Do you suffer during August and
September with a sneezing,
runny, stuffy nose, or red,
itchy eyes? You may qualify
for participation in an allergy
injection treatment study spon-
sored by the Bureau of Bio-
logical’s Allergic Products
Branch.

The study will compare the
effectiveness of two commerci-
ally available extracts in the
treatment of ragweed hay fe-
ver.

Qualified volunteers will re-
ceive weekly injections of in-
creasing doses of one of the
selected ragweed extracts.

Injections will be adminis-
tered at the Occupational Med-
ical Service, Bldg. 31, Rm. B2-
B4.

To be considered for inclu-
sion in the study, an allergy
questionnaire available at the
OMS receptionist’s desk in Bldg.
31 should be filled out and
returned to the receptionist.

All persons submitting ques-
tionnaires will subsequently be
 contacted regarding their eli-
 gibility for participation in
this study.

NIH Visiting Scientists
Program Participants

6/1—Dr. William D. Richardson,
United Kingdom, Laboratory of
Molecular Genetics. Sponsor: Dr.
Heiner Westphal, NICHD, Bg. 6,
Rm. 308.

6/1—Dr. Yoshiaki Sone, Japan,
Allergy and Immunology Section.
Sponsor: Dr. John Munoz, NIAID,
Rocky Mountain Laboratory,
Ham-
ilton, Mont.

6/4—Dr. Shimon Moses, Israel,
Neonatal and Pediatric Medicine
Branch. Sponsor: Dr. Norman
Ketchmer, NICHD, Bg. 31, Rm.
29A.

6/5—Dr. Hiroshi Fujiwara, Ja-
pan, Immunology Branch. Sponsor:
Dr. William Tery, NCI, Bg. 10,
Rm. 4B17.

6/5—Dr. Donatella Taramelli,
Italy, Laboratory of Immunodiag-
nosis. Sponsor: Dr. Howard Hol-
den, NCI, Bg. 8, Rm. 114.

6/11—Dr. William Donner Denckla,
United States, Laboratory of Meta-
bolism. Sponsor: Dr. Rich-
ard L. Veech, AA, Flow Labora-
tories, Rockville, Md.

6/14—Dr. Fumihide Inoue, Ja-
pan, Laboratory of Chemical Phys-
ics. Sponsor: Dr. Hideo Kon,
NIAMDD, Bg. 2, Rm. B1-14.

6/15—Dr. Esther Chui, Hong
Kong, Laboratory of Neuropathol-
ogy and Neuroanatomical Sciences.
Sponsor: Dr. Igor Klatsco, NINCCS,
Bldg. 36, Rm. 4D92.

Handicapped Employee Award
Nomination Deadline June 30

The Civil Service Commission has
reminded all Government agen-
cies that nomination for the 1978
Outstanding Handicapped Federal
Employee of the Year Award
should be submitted to the Com-
mission no later than June 30.

Contact Personnel Offices

Employees should contact their B/1/D personnel offices for further infor-
mation on this nomination.

The annual awards program is
scheduled to be held Oct. 5 during
National Employ the Handicapped
Week.

INSTALL APPROVED SMOKE DETECTORS
IN YOUR HOME
THEY COULD SAVE YOUR LIFE

Prevent Fires—Save Lives!!

Cadmium Toxicity Level
Of Increasing Concern
Say Internat’l Conferences

Scientists are becoming con-
cerned with the increasing level of cadmium as an environmental tox-
icant.

More than 100 investigators from
Sweden, Denmark, New Zealand,
Japan, Yugoslavia, England, Bel-
gium, Canada, and the United
States held an international con-
ference here on June 7-9 to con-
sider growing problems related to cadmium and to identify areas
where additional research is
needed.

Wide Use a Hazard

Dr. David P. Ball, Director of
the National Institute of Environ-
mental Health Sciences, expressed
the general concern with future
effects of cadmium on the popula-
tion, “It’s just hard to believe how
widely cadmium is used and how
widely it becomes dispersed in the
environment.”

The conference was initiated by
Dr. Bruce Fowler, NIEHS Labora-
tory of Environmental Toxicology,
with Dr. Lars Friedberg of the
Karolinska Institute playing a
principal role in the conference.

Because virtually everyone has
and is being exposed to at
least trace levels of cadmium, sci-
entists want to assess the possible
levels where cadmium exposure be-
gins to be harmful.

Cadmium used in our daily lives
—in vapor lamps, nickel-cadmium
batteries, incandescent light fila-
tments, dental amalgams, ceramic
coatings, nickel plating, solder,
rectifiers, and as a fungicide for
turf grass—is likely to increase our
exposure.

Joint sponsors were NIEHS; the
Department of Environmental Hy-
giene, Karolinska Institute, Stock-
eholm, Sweden; and the Permanent
Commission and International As-
sociation on Occupational Health

BEIB Instrumentation
Symposium To Be Held
From August 7 to 9

The NIH Instrumentation Sym-
posium—sponsored by the Biomedical
Engineering and Instrumentation
Branch of NIH—will be held in
conjunction with the Washing-
ton National Instrumentation Ex-
hibit on Monday, Aug. 7, through
Wednesday, Aug. 9, from 9:30 a.m.
to noon and from 2 to 4:30 p.m.
each day.

Further information can be ob-
tained from Dr. John T. Peterson,
Bldg. 13, Room 3W-13, NIH, Be-
thesda, Md. 20014, telephone 496-
5771.

More detailed information on the
symposium program will be pub-
lished later in the NIH Record.

Prevent Fires—Save Lives!!
Dr. Whedon Honored By Aerospace Ass'n For Skylab Research

The Aerospace Medical Association at its recent annual meeting in New Orleans presented the 1978 Arnold B. Tuttle Memorial Award to Dr. Donald Whedon, Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, "in recognition of his outstanding research achievements in aviation medicine."

Dr. Whedon served as principal investigator of the Skylab Medical Experiment, a metabolic study of effects of space flights on various chemical elements, particularly those with special relevance to the musculoskeletal system which was performed on the nine astronauts who participated in the three Skylab flights of 28, 60, and 84 days, respectively.

Serves As Consultant

Since the early 1960's, Dr. Whedon has acted as a consultant to NASA and currently is chairman of that agency's Life Sciences Committee.

In 1974 he was awarded the NASA Gold Medal for Exceptional Scientific Achievement for his "outstanding medical and scientific contributions while serving as a Skylab medical experiment principal investigator."

"His analysis of data concerning the effects of space flight on human musculoskeletal metabolism contributed significantly to the success of the Skylab missions."

Dr. Whedon has been a member of the Aerospace Medical Association since 1969 and has participated in its scientific deliberations.

NIAID-Sponsored Symposium Considers Impact of Infections on Medical Care

Today, in what has been called the "post-infectious disease era," the diagnosis and management of infections still pose major problems for the health care delivery system. This theme was the basis for a recent National Institutes of Health's Disease-sponsored symposium on The Impact of Infections on Medical Care in the U.S.: Problems and Priorities for Future Research.

Organized by members of NIAID's Clinical Studies Branch and an ad hoc planning committee, the symposium brought together more than 100 infectious disease experts, representing industry, government, and academia.

During the 2-day meeting—held here on May 30-31—investigators expressed their views on the nature of the infectious disease problem as it relates to the needs of the practicing physician. In addition, they identified areas of research with potential for alleviating the impact of infections on the community and in hospital settings.

As many of the speakers noted, infections take a heavy toll on the health and welfare of the American people. According to estimates, more than 3 million infections require hospitalization each year, and more than 2 million infections are acquired by hospitalized patients.

In total, the treatment of infectious diseases requiring hospital care costs the Nation approximately $36 billion annually.

Since the majority of infections are bacterial, much of the discussion focused on evaluating current methods of controlling these illnesses with particular emphasis on the use of antibiotics and the problem of antibiotic resistance.

In opening remarks, Dr. Robert Edelman, chief of the Clinical Studies Branch, pointed out that approximately 30-40 percent spent for all drugs used in this country is for antimicrobial drugs.

Several participants provided evidence indicating that much of this figure is caused by the overuse and misuse of antibiotics, particularly in the prevention of postoperative infections and in the treatment of viral infections, for which they are ineffective.

One approach to improving antibiotic therapy—currently in effect in several hospitals around the country—is the establishment of guidelines for using antibiotics and auditing systems that evaluate compliance with these standards.

Looking to the future, physicians may eventually use vaccines and immune adjuncts as substitutes for antibiotics in the prevention of infections.

External factors that influence the physician's choice of antimicrobial therapy—such as drug company advertising and the inadequate services provided by many clinical microbiology laboratories—were also considered as possible contributors to the inappropriate use of antibiotics.

As methods of diagnosis, prevention, and treatment were evaluated, many of the 36 speakers expressed concern for the scarcity of reliable information on the epidemiology of infectious diseases.

Acknowledging the importance of future research, they called for increased funding of training programs and research opportunities that would stimulate young investigators to seek careers in infectious disease research.

In addition, during a post-symposium meeting, members of the planning committee defined four general areas for future investigations, including the need for epidemiologic studies on the incidence of infections and high quality clinical trials to improve antibiotic therapy, thus reducing the cost of treating infections.

NIAID is planning to take an active role in areas by supporting studies evaluating new uses of approved drugs in selected infectious diseases, such as cryptococcal meningitis—a rare but devastating fungal illness that does not always respond rapidly to currently used therapy.

According to the experts, the other two areas deserving further consideration include modifying the pressures placed on physicians that lead to the inappropriate use of antibiotics and determining how upgrading clinical microbiology laboratories would affect the health of the community.

The proceedings of this symposium are scheduled to appear as a supplement to the October 1978 issue of Annals of Internal Medicine.

SECRETARY CALIFANO ADDRESSES WHA

(Continued from Page 1)

- The World Health Organization has brought us within sight of a breakthrough unprecedented in history: the total eradication of smallpox from the earth.

Yet these achievements are dwarfed by the unmet challenges that confront us.

- There is a gap of 30 years between life expectancies in the more developed countries and those in the least developed countries.

- Two-thirds of the people in the world's poorer countries have no access to safe drinking water or waste disposal systems.

- Seven hundred million people are malnourished—and thus prey to deficiency disorders and infectious diseases.

- Each year across the world, 15.6 million children under age five die; 15.1 million of these deaths occur in the less-developed countries.

- Rapid population growth retards social and economic progress in many nations, and burdens many families and communities.

Despite the urgency of these problems, the majority of people in many countries have virtually no access to basic health care. Other basic requirements for a healthy life are also unmet: adequate food, for example, and decent housing.

(Secretary Califano outlined programs in five major areas, as described in the accompanying article, which the U.S. plans to support.)

- We will seek, therefore, to increase support for our universities and institutions, and for institutions in developing countries to strengthen their capabilities for research, training, and the effective delivery of health services.

- We will seek to increase support for international activities of our own governmental agencies whose competence should be more readily available to international health activities.

- We are, as you know, a nation seeking to assert our commitment to dynamic, energetic, and innovative participation in the world health arena. Your participation in this organization gives us an opportunity to express that commitment not simply in words, but in deeds.