Dr. Whitescarver To Be NIAID Special Liaison

Federal Court Decides Release of Grantee Data Is Not Required by FOIA

A Federal appellate court has ruled that a group of physicians cannot use the Freedom of Information Act (FOIA) to force release of raw data that is in the hands of certain NIH grantees. The U.S. Court of Appeals for the District of Columbia, in a 2-1 split decision in the Forsham v. Califano case, thus affirmed a lower court decision.

Three physicians—specialists in the treatment of diabetes—had sued for themselves and for the Committee on Oversight of the Diabetic, an association of 178 physicians. They sought raw data gathered under the University Group Diabetes Program (UGDP). This is a study funded by 15 NIH grants administered by the National Institute of Arthritis, Metabolism, and Digestive Diseases.

The physicians had asked for forms that scientists at universities had sent to the coordinating center at the University of Maryland. They also wanted computer tapes and programs on the basis of which the data were analyzed. Particular documents that they wanted included observations on more than 1,000 diabetic patients, who were monitored for 5 to 8 years.

The court held that the raw data were not "agency records" and therefore were not subject to the FOIA. The judges in the majority emphasized the autonomy of the grantees and the absence of control by the Government.

They indicated they might have found differently had such control existed or if NIH had used the grants as a subterfuge to avoid the FOIA.

Whitescarver had the opportunity to work in many different areas of administration and program planning. He participated in the Prevention Task Force of the Office of Assistant Secretary of Health, HEW, and assisted in developing NIH inputs for the Secretary's Prevention Initiative. He also participated in drafting guidelines for the National Health Policy.

Dr. Whitescarver is a member of the Tissue Culture Association as well as the American Society for Microbiology.

Proposed Revised Guidelines To Control Recombinant DNA Research Published

NIH has proposed revised guidelines to control NIH-funded research on recombinant DNA, HEW Secretary Joseph A. Califano, Jr., announced on July 28, when the proposed revision appeared in the Federal Register.

"I recognize the extraordinarily difficult challenge that sensitive but effective regulation in this field poses for NIH, for the research community, and for the concerned public," Secretary Califano said.

The Secretary indicated that before the revised guidelines become effective, he will have all public comments reviewed by a high level Department committee, which will also hold public hearings on the issue Sept. 15, in the Washington, D.C. area. The final revised guidelines will be issued promptly following the hearing and the end of the comment period.

Deoxyribonucleic acid, known as DNA, is the material which determines the hereditary characteristics of all living cells. Recombinant DNA molecules contain segments of DNA from unrelated organisms which have been combined in the test tube. Genetic recombination itself, other than what is referred to as recombinant DNA, occurs in nature.

The research techniques used to produce recombinant DNA molecules have a remarkable potential for furthering the understanding of fundamental biochemical processes in cells of lower and higher organisms, and promise to revolutionize molecular biology.

As proposed, the NIH guidelines would exempt five classes of recombinant DNA experiments now known to be safe, provide a way to remove others upon proof of their safety, and place primary responsibility for assuring compliance on institutions where the research is done.

The present ban would continue, however, on recombinant DNA research now considered high risk, and institutions would still be required to seek NIH approval before initiating projects or changing the conditions of certain experiments.

Includes Private Industry

Also, for the first time, provisions will be made for private industry to register its recombinant DNA activities with NIH.

Dr. Donald S. Fredrickson, NIH Director, observed:

"Five years have passed since concerns were first raised about the hypothetical hazards of laboratory experiments with recombinant DNA. Thousands of these experi-

Dr. Milo Leavitt Named NIA Director's Assistant

Recognized professionally for his international stature in the biomedical sciences and for his knowledge of international health research policies, Dr. Leavitt will advise national and international organizations on research, geriatric medicine, and nursing.

Dr. Milo D. Leavitt, Jr., former Director of the Fogarty International Center, has been named assistant to the Director for Medical Program Development and Evaluation, National Institute on Aging.

Dr. Leavitt holds a B.A. degree from the University of Wisconsin in 1938; an M.D. from the University of Pennsylvania in 1940; an M.S. degree from the University of Minnesota in 1948; and an M.P.H. degree from Harvard U. in 1959.

Dr. Leavitt has served as head of the Special International Programs Section of the Office of International Research, NIH, and as Deputy Assistant Secretary for Scientific Affairs.

(See DR. LEAVITT, Page 7)
Over 300 Choose New Or Increased Allotments As Bond Campaign Ends

The 1978 U.S. Savings Bond Campaign at NIH concluded on June 30 with 169 persons taking new bond allotments and 134 previous allotments being increased. The campaign included a raffle and two award presentations for best canvassers. Prizes were donated by R&W.

Raffle Held

Winners of the raffle on July 20 were Tommy Musgrove (OD, DAS), $50 bond; Lee Souder (NIAMDD, OAM), $25 bond; and Audrey Carter (CC, ESC), $25 bond. Prizes for best canvassers were awarded to Jimmie Driscoll, CC Blood Bank, $25 bond; and Rita Levitan, FIC, Kick-off Rally Bulletin autographed by Arte Johnson.

Led Campaign

Dr. Mortimer Lipsitt, Director of the Clinical Center, served as chairman of the campaign. Howard Kettl, CC executive officer, served as vice chairman, and Steve Groban, chief, CC outpatient department, was coordinator.

1978 U.S. Savings Bond Campaign Report of New and Increased Allotments

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Statistics will prove anything—
even the truth.—Sir Berkeley Myna- nihan.
Clinical Center Holds 25th Anniversary Celebration; Employees, Research Cited

A special exhibit describing Twenty-Five Years of Research for People is on view in the main lobby of Bldg. 10, featuring past Directors, historic moments, plans for the Ambulatory Care Research Facility, and research highlights.

Twenty-five years of research for people was the theme for the Clinical Center’s Silver Anniversary celebration, held July 6 in the Masur Auditorium. Dr. Mortimer B. Lipsett, CC Director, hosted an afternoon program that highlighted a quarter of a century of patient care and medical research at the Clinical Center and paid special tribute to the 61 employees who have worked at the CC since its opening.

Guest speaker Dr. Henry Sebrell, Director of NIH from 1950 through 1955, an internationally renowned researcher in nutrition, traced the evolution of the CC since 1953.

Changes Noted

He noted that while changes have occurred, the primary concerns of the CC have remained defined that patient care would be the best in the world, and that at the same time, the patient would be contributing to knowledge in medicine.

He reminded a sympathetic audience that two other problems have remained the same—funding and allocation of space. Dr. Sebrell pointed out that 60 percent of the reports coming from NIH between 1973 and 1975 were clinical, not laboratory, papers. This fact, he said, illustrates the importance of the CC, not only to NIH, but to medical research throughout the world.

Added Facilities

He spoke with pride of the construction of the new ambulatory care research addition, but emphasized that “the facilities are only incidental to the people who work at the Clinical Center” and that “the people are what makes the Clinical Center great.”

Edith Jones, chief of the CC Nutrition Department and a 25-year veteran of the CC, talked about the changes that have occurred since her arrival. She reminisced about the early problems of feeding employees as well as patients. She is particularly proud that 19 members of her staff have been at the CC for 25 years.

Dr. Lipsett showed photographs of some of the people in the CC who have made important medical discoveries. Four of these gained supreme international recognition in the world of biomedical science—the Nobel prize: Dr. Marshall W. Nirenberg, Dr. Julius Axelrod, Dr. Christian B. Anfinsen, and Dr. D. Carleton Gajdusek.

Dr. Lipsett emphasized that the great discoveries made by great men in the CC needed the help and support of all of the CC employees, who thereby also contributed to the steady progress in medical knowledge.

Congratulations Employees

Dr. Griff T. Ross, CC deputy director, with department heads congratulated employees with 25 years of continuous service at the CC and presented them with certificates. It was a proud moment for these honorees and their families and friends in the audience.

Following the ceremony, a reception honoring these special employees was held in the medical board room. In conjunction with the anniversary celebration, an exhibit commemorating the Clinical Center’s 25th Anniversary has been set up in the CC main lobby.

Real Estate Seminar Aug. 15

Are inflation and taxes coming between you and your financial goals? Thomas E. Frank, CFP, with DeRand Investment Corporation of Arlington, Va., will give a seminar entitled Real Estate Investing for the Salaried Individual, sponsored by the R&W Association on Aug. 15, from 11:30 a.m. to 12:30 p.m. in Wilson Hall, Bldg. 1.

Explores Tax Advantages

Mr. Frank will explore specific examples of real estate investment vehicles as a hedge against taxes and inflation.
Eunice Lewis of DFM Sings a Sweet Tune

As Broadway Beckons

Sings a Sweet Tune

tion—and she was asked to join the
weeks ago—from her accountant's
based touring company of "The

can remember," Ms. Lewis moved
joined the Stride program in 1974,
she's been "singing as long as she
Came to NIH in 1971

special programs on numerous occa­
in high school and church choirs
accountant this past February.

Wiz," then playing in Washington.

She owes her chance at a new
career she says, to a friend at NIH—Priscilla Irick—who heard
an audition call on the radio for

NIH—Priscilla Irick—who heard
an audition just 10 days after her first

Ms. Lewis really has a lot to sing

Britney Spears and several other
they have affiliations with NIH,
either receiving research training
at NIH or serving with one of its
public advisory groups.

According to the July 15-Aug. 15,
1971 issue of Modern Medicine,
the scientists listed were selected "in
recognition of their important con­
tributions to biomedical research,
clinical medicine and surgery,
or medical education." Recipients are:

Dr. Avram Goldstein, professor of
pharmacology, Stanford University;
Dr. Robert A. Good, Director,
Memorial Sloan-Kettering Institute
for Cancer Research, and
professor of pediatrics and profes­sor of medi­
cine at Cornell University Medical
College; and Dr. Howard H. Hiatt,
Dean, Harvard School of Public
Health.

Dr. Alan F. Hofmann, professor of
medicine, University of Califor­
nia, San Diego; Dr. J. Willis Hurst,
chairman, department of medicine,
Emory University School of Medi­
cine; and Dr. C. Henry Kempe,
professor of pediatrics, University of
Colorado Medical Center.

Dr. John S. Najarian, chief, de­
partment of surgery, University of
Minnesota; Dr. William H. Olden­
dorf, professor of neurology and
psychiatry, University of Califor­
nia, Los Angeles.

Dr. Bert W. O’Malley, professor and
chairman, department of cell
biology, Baylor College of Medi­
cine; Dr. Donald M. Small, profes­
sor of medicine, Boston University
School of Medicine; and Dr. D. Wilson,
professor of internal medicine,
University of Texas Southwestern Medical School.

Dr. Goldstein, whose research is
being funded by the National Can­
cer Institute at the National Institute
on Drug Abuse, ADAMHA, was
"cited for 'eliciting the role of
brain endorphins in narcotics addic­tion,' and for his advocacy of hu­
moral treatment for the chemically
dependent."

Dr. Good received the award for
"introducing the concept of cellular
engineering, and for his broad vi­
nability of the possibilities of cancer
research."

He is receiving several grants for
his research from NCI, as well as
from NIA, NIAID, NINCDS, and
DHR.

Dr. Hiatt was honored for "his com­
mitment to the relation between
Laboratory of Cellular Metabolism.

Dr. Martha Vaughan, NHB, 10, Rm. 5N314.

Dr. Melinda Gardner, USA, Arthritis and Rheumatism
Branch. Sponsor: Dr. John Decker, NIAID, BBg. 10, Rm. 9N218.

Dr. Hofmann received research
training at NIH in Bethesda after his
graduation from The Johns Hopkins University. Dr. Small is a
long-time grantee at the National Heart, Lung, and Blood Institute.

Dr. Hurst—an award recipient
for "combining in his own career
the roles of educator, administra­
tor, and practitioner, and for per­
forming each at the highest level
of excellence," served on the NHLBI
Advisory Council.

Cited for "the skill and depth of
his extensive work in immunology
and surgery that has advanced the
art of renal transplantation," Dr. Najarian’s research is funded by
the National Institute of Arthritis,
Metabolism, and Digestive Diseases,
and NCI.

Trained as Clinical Associate

Dr. O’Malley received the Mod­
ern Medicine award for "his funda­
mental observations on the mechani­
sms that govern the actions of
human cells, including landmark
studies on the action of estrogen
and progesterone."

A former NCI clinical associate,
he has served as chairman of NIH’s
Endocrinology Study Section, and
has received funds for his research from the National Institute of
Child Health and Human Develop­
ment.

Dr. Wilson, a clinical associate at
the National Heart Institute from
1958 to 1960, was cited for "in­
creasing scientific understanding of
the biochemistry and physiology of
sexual differentiation through his
studies on testosterone."

He is receiving support from
NIA and NIAID.

Do you know the meaning of the
pyramid and the eye above it on
the back of a dollar bill?

The pyramid symbolizes the
strength of the union of the states
which make up our land. The top
of the pyramid is unfinished, mean­ing
there is still work to be done
make our systems ever better.

The eye stands for the all-seeing
God, Supreme Builder of the Uni­
verse.
Management Intern Info.  
Meetings Scheduled;  
Apply Before Sept. 25

Applications are being accepted now through Sept. 25 for the 1979 NIH Management Intern Program. This program is designed to train participants for administrative positions with the potential for progression to upper level managerial positions.

The MI program consists of four different on-the-job training assignments over the course of a year. In addition, interns enroll in formal course work and attend seminars and meetings to enhance their knowledge about aspects of administration and management.

Applications from minority group members are encouraged.

Eligible candidates must:

Qualifications Listed

Have a career or career-conditional appointment;  
Work full-time or are willing to be reassigned to full-time;  
Qualify under standard requirements for an Administrative Assistant in the GS 341 occupational series.

At the GS 5 level: 3 years of progressively responsible, nonclerical experience; a bachelor's degree; or a combination of experience and education.

At the GS 7 level: requirements for GS 5; and 1 year of specialized administrative experience or graduate education.

Should you need to request a downgrade to enter the program, you may be entitled to salary retention for a 2-year period.

To apply, send a current Standard Form 171, Personal Qualifications Statement, to the Career Development Branch, Room B2C39. A PACE examination score is also needed. Arrangements to take the PACE examination may be made through your personnel office.

All eligible applicants will be rated as qualified or highly qualified. Applicants rated highly qualified will be interviewed.

For more information, attend one of the PACE Preparation Mini Courses from noon to 2 p.m.:

8/8 Bldg. 31, Conf. Rm. 7  
8/15 Bldg. 31, Conf. Rm. 8  
9/5 Bldg. 31, Conf. Rm. 4  
9/12 Bldg. 31, Conf. Rm. 8

For more information, contact Karen Mathsen, Training Assistant Branch, DFM, on 496-2146.

You may also attend one of the following MI Workshops from noon to 2 p.m.:

8/7 Bldg. 31, Conf. Rm. 7  
8/14 Bldg. 31, Conf. Rm. 7  
9/11 Bldg. 31, Conf. Rm. 7

Qualifying experiences will be discussed, and there will be an opportunity for questions and answers. Please contact Harry Marshall, Career Development Branch, DFM, 496-6211, for additional information.

Remember—the application deadline to apply is Sept. 25.

Twentieth Comprehensive Cancer Center 
Designated in Detroit; Program Detailed

HEW Secretary Joseph A. Califano, Jr., announced on July 27 the recognition by the National Cancer Institute of the Cancer Center of Metropolitan Detroit as a Comprehensive Cancer Center.

This is the 20th in a group of multidisciplinary centers recognized as comprehensive under the authority of the National Cancer Act of 1971.

Criteria include an environment of excellence in basic science; an organized detection program; high quality, interdisciplinary capabilities in cancer diagnosis and treatment; a statistical base for the evaluation of results; leadership in developing community programs; and training activities related to both fundamental and applied research.

Dr. Upton Comments

"The achievements over the past 6 years in planning and developing a truly comprehensive cancer center in Michigan have been viewed by the National Cancer Institute with great satisfaction," said Dr. Arthur C. Upton, Director of the National Cancer Program and NCRI.

"We recognize that Dr. Michael J. Brennan, Director of the Cancer Center of Metropolitan Detroit, is uniquely responsible for 25 years of extraordinary progress in cancer research, patient care, training and control activities now so visible in the Detroit area."

The Michigan Cancer Foundation, headed by Dr. Brennan, and Wayne State University School of Medicine established the Cancer Center of Metropolitan Detroit through a formal affiliation in May 1976.

Dr. Brennan was cited for his contributions as Director of the Cancer Center of Metropolitan Detroit.

Dr. Robert D. Cope is Dean of the School of Medicine, Wayne State University. Dr. Valnir K. Vaitkevicius, a cancer research clinician and chairman of the department of oncology (cancer management) at Wayne State University Medical School, is the Center's associate director for Clinical Programs.

Dr. Marvin A. Rich, vice president and scientific director of the Michigan Cancer Foundation, is the associate director for Research of the comprehensive center.

Research at the center emphasizes the basic science aspects of cancer with direct clinical relevance. A long-range breast cancer prognostic study directed by Dr. Brennan is trying to determine biological features of large numbers of human primary breast cancers, and the host factors which may be correlated with breast cancer development and spread.

A broad, integrated research program on the immunological response to cancer cells, under the direction of Dr. Joel Rose at Wayne State University, includes a study of the antigens associated with human prostatic cancer.

Will Be Largest in U.S.

Dr. John R. F. Ingall is associate director for Cancer Control of the comprehensive center. More than a million dollars of NCI funds go to the Michigan Cancer Foundation this year for implementation of the first and largest community-based cancer control program in this country.

The Metropolitan Detroit Cancer Control Program is testing the hypothesis that a coordinated use of community resources will have a greater impact against cancer than a fragmented approach. On January 1, 1969, the largest population-based cancer registry in this country (covering 50 percent of the population of Michigan) has been maintained by the Foundation.

It provides report summaries to NCI's National SEER Program (Surveillance, Epidemiology and End Results Reporting Program) and to the 24 hospitals participating directly in the registry program. Annual reports are furnished to all 85 hospitals where patient records are abstracted for the Registry file.

Current annual NCI support of the Foundation's research and cancer control projects, including its center support grant, totals $4.9 million. Research funding to Wayne State University School of Medicine at present amounts to $1.4 million.

In addition, a construction grant of $350,000 will be funded this summer for the Michigan Cancer Foundation. Since 1972 NCI has provided $750,000 for alterations for both standard laboratories and biohazard containment laboratories.

Scholar, Mathematician 
Robert Waldmann Works 
Second Summer at NCI

Robert spent summer 1976 at the National Science Foundation Summer Program in Mathematics at Hampshire College.

For the second summer, the National Cancer Institute's Laboratory of Molecular Biology has a remarkable summer worker—Robert J. Waldmann, one of the 1,000 students in the U.S. who are National Merit Scholarship winners. He is also a Presidential Scholar Finalist.

Robert plans to enter Harvard University in September as a biochemistry major.

Last year he received an American Cancer Society Scholarship to work at NIH on projects for which he received an award from the Washington Academy of Science and placement on the Westinghouse Talent Search Honors List. This year he is continuing work on projects with Rap- E.coli.

His abilities in mathematics have also won wide recognition: a silver pin in 1977 and a bronze medal this year from the Mathematics Association of America (for one of five of the highest scores in the D.C. area on an examination). In addition, he was on the 15-member math team from Montgomery and Fairfax Counties that placed first in a competition of 30 teams in the Atlantic Region Mathematics League Meet in New Brunswick, N.J., in June.

The team placed second among 26 teams last year when the competition was held in Hartford, Conn.

In the competition, individual members solve problems, the whole team must solve 8 problems, and the team is divided into groups of 5 for a "relay" of 5 problems which must be solved in sequence. The first group correctly to solve the whole sequence wins.

Robert, a 1978 graduate of Georgetown Day High School, also likes chess, gardening, ceramics, and textiles. He shares an interest in photography with his father, Dr. Thomas A. Waldmann, chief of the Metabolism Branch, NCI.

Robert's older brother, Richard, is also a summer employee with Dr. Jacob Maizel of NICHD.
5 Extramural Associates Begin Program To Assist Women, Minorities in Research

Five key administrators from schools which contribute significantly to the pool of minorities and women in science have been selected as the first participants in the Extramural Associates Program from Aug. 1, 1978, to Jan. 31, 1979.

The new associates are: Dr. Bonnie Wood, University of Maine, Orono; Dr. John Hayes, Faine College, Augusta, Ga.; Dr. Jean Lum, University of Hawaii, Manoa; Dr. Marian Wilson, Chicago State University, Chicago, Ill.; and Dr. William Hamm, St. Mary's University, San Antonio, Tex.

Spend 6 Months at NIH

The Extramural Associates Program is a new program to promote the entry and participation of ethnic minorities and women in NIH-supported research.

Under the Intergovernmental Personnel Act mechanism, NIH invites up to eight administrators, involved in science, from those schools which traditionally contribute to the basic preparation of minorities and women for biomedical science to spend 6 months in residence.

Plans Initiated in 1976

Initial plans for the program were developed by health scientist administrators and others attending the Third Affirmative Action Retreat in February 1976.

Plans were developed by Dr. Zora Griffo, OD, chairman, Coordinating Committee for NIH Minority and Women Research and Training. The program is administered by Frank Cady, Division of Research Grants.

The associates will work in rotating assignments with senior staff members of NIH and other Federal agencies. They will attend seminars, committee meetings, workshops, and site visits and will have the opportunity to obtain information about Federal health-related programs and associated granting and contracting activities.

Each associate will be assigned to an advisor, and together they will plan assignments to include the associate's interests. Advisers are: Dr. Vida Beaven, OD; Dr. James F. O'Donnell, DRR; Dr. Betty H. Pickett, NIA; Dr. Robert Rabin, NSF; and Dr. S. Stephen Schiaffino, DBR.

Training Goals Outlined

Upon completion of their training, the scientists are expected to return to their institutions as resource persons on NIH research concerns, support mechanisms, and policies and procedures which govern the awarding of grants and contracts.

The next receipt date for candidates to apply is Jan. 31, 1979. Further information is available from Frank Cady, Division of Research Grants, Westwood Bldg., Room 446, 9 East Westbard Ave., Bethesda, Md. 20016 (496-7395).

DNA GUIDELINES (Continued from Page 1)

...ments have produced much useful knowledge, but no evidence has come to light of a product created by these techniques that has been harmful to man or the environment.

The NIH guidelines, he emphasized, are being revised to keep up with new knowledge in this highly active field and not in preparation for their early abandonment. "We are searching for any risks and will propose additional standards as needed," he said.

Scientists Propose Revisions

The NIH Guidelines were first issued on June 23, 1976, as a result of the concerns expressed within the scientific community regarding possible dangers from recombinant DNA research. The proposed revisions result from scientific experience with such research and extensive discussions at numerous forums and several Congressional hearings since the subject was first addressed in 1975.

The Director of NIH, on the basis of scientific and technical advice and of a public hearing held in December 1977, noted that there was widespread agreement on the need to update the original Guidelines and that NIH has received numerous suggestions for their revision.

The standards of the guidelines would apply to all recombinant DNA experiments, however supported, that are conducted in an institution receiving any support from NIH for recombinant DNA research.

Must Register with NIH

All such experiments must be registered with NIH, even though not all are paid for by NIH. For research conducted in a research institution, the NIH would lose any NIH recombinant DNA research funds if a non-NIH funded project is not in compliance with the guideline standards.

Prior NIH clearance is mandatory for new NIH grants and contracts involving recombinant DNA techniques and for all projects in P4 facilities. In the proposed revised guidelines, prior NIH clearance is no longer required for changes in ongoing experiments at the P1-P3 levels. These changes must be approved by the institutional biosafety committee (IBC), and NIH will then review the IBC actions.

EIS Conclusions Noted

NIH issued a Draft Environmental Impact Statement on the original Guidelines in September 1976, and the final EIS was issued in October 1977. It concluded that activities conducted under the Guidelines would have no predictable impact on the environment.

In the process of revising the NIH Guidelines, NIH has made an environmental impact assessment which indicates that there would be no impact on the environment as a result of the revisions. The assessment and a “Decision” statement explaining the proposed revisions are published in the July 28 Federal Register as companions.

Comments and inquiries concerning the proposed revision of the Guidelines are invited during the next 60 days. All correspondence should be addressed to the Director, NIH, Bldg. 1, Room 124, 9000 Rockville Pike, Bethesda, Md. 20014.

Whenever a man's friends begin to compliment him about looking young, he may be sure that they think he is growing old.—Washington Irving
Unconventional Viruses—NINCDS Workshop Held

More than 100 world experts on neurovirology, neuroimmunology, neuroepidemiology, neuropathology, and clinical neurology met at NIH July 20-31 for a series of informal workshops on the subacute spongiform encephalopathies of the central nervous system and the unconventional virus agents that cause them.

Consider Challenging Questions

The workshops were convened by the National Institute of Neurological and Communicative Disorders and Stroke to discuss challenging questions about slow virus infections of the nervous system.

Participants included many early investigators of kuru, Creutzfeldt-Jakob disease, and scrapie, whose laboratories and field work contributed to the discovery that some subacute, degenerative, fatal brain diseases are caused by transmissible viruslike agents new to microbiology.

The workshops were planned by Dr. D. Carleton Gajdusek and Dr. Clarence J. Gibbs, Jr., of the NINCDS Laboratories of Central Nervous System Studies and Slow, Latent and Temperate Virus Infections.

Open New Labs, Facilities

The event marked the opening of the Institute’s new laboratories and animal-holding facilities at the Frederick Cancer Research Center at Ft. Detrick, designed for the study of kuru and related transmissible dementias of man and spongiform encephalopathies of animals.

A workshop report will appear in the next issue of the NIH Record.

Multiple viewpoints marked the NCI seminar on psychosocial aspects of cancer rehabilitation. Participants included (1 to r) Dr. Fink; Dr. Scheel, seated next to her translator Brigetti Richman; Dr. Howell; Dr. Gregory T. O’Conor, NCI associate director for International Affairs; Dr. Robbins; and (back to camera) Dr. Lack.

With death no longer an inevitable consequence of many cancers, researchers have begun to examine the psychological needs of the surviving patient and his or her family.

On June 29 a group of leaders in psychosocial aspects of cancer met at House to discuss ways to improve the quality of life for these patients.

Dr. Scheel, a radiologist, is a founder of the West German Cancer Society and wife of the President of the Federal Republic of West Germany.

The group met under the auspices of the National Cancer Institute’s Division of Cancer Control and Rehabilitation and Office of International Affairs. Dr. Diane J. Fink, director of DCOR, led the discussion.

Participants Exchange Views

Participants exchanged views regarding the ability of large cancer centers to meet the emotional and psychological needs of patients.

"I think we agree," said Dr. Scheel, "that we need to educate people that cancer is a disease that you can learn to live with. This is a concept that we must start to teach, not when a person gets the disease, but in the first grade."

Dr. Melvin Krant, director of Cancer Programs for the University of Massachusetts, helped in the communities where he suggested that present day society provides no assistance in coping with chronic disease, either as an individual or as a member of the community.

He said a psychologist in an institutional setting is unable to help an individual incorporate the reality of a long-term illness like cancer into his concept of "how to pour the coffee and go to work each day knowing he has cancer."

Dr. Claus Bahnm, director of the department of behavioral sciences at Eastern Pennsylvania Psychiatric Institute in Philadelphia, stated, "The fear is that we will take cancer patients and put them on the couch for a 50-minute session. We won’t be rattling down the corridors treating patients. We will be consulting, listening, and educating."

Dr. Bahnm emphasized the need to recognize the problems and reactions of the institutional staff and the family as well as those of the patients. He also noted that different psychological problems face the recovered patient who hopes to resume a role in society and the cancer patient who is coping with impending death.

Dr. Jimmie Holland, head of the department of psychiatry at Memorial Sloan-Kettering Cancer Center, expressed confidence in the capability of large institutions to provide meaningful help to cancer patients.

Reviews Center Programs

She reviewed the psychosocial support and training programs of the center.

Patients now participating in clinical trials of new treatments may provide insights into quality of life changes resulting from such treatments, she suggested.

LARGE cancer centers may be the only places in which allied health professionals may develop the skills to provide emotional support, suggested Dr. Guy Robbins, director of Cancer Control at Sloan-Kettering, because of the numbers and variety of patients. Professionals could then contribute these skills to their communities.

Dr. Sylvia Lack, director of Hospice, Inc., in New Haven, Conn., defined hospices as an alternative to cancer centers for those patients for whom aggressive medical treatment is no longer appropriate. "The hospice concept has to be flexible," Dr. Lack said, "in order to work out what’s appropriate for a given region or culture."

However, a key concept is the needs of the patient and family before those of the institution. This includes providing services at home rather than through outpatient clinics and 24-hour access to health professionals who know the patient, the patient’s family, and the patient’s medical and emotional needs.

Dr. Lack also emphasized the importance of appropriate pain control. "We are providing more than tea and sympathy," she noted.

Community Support Is Problem

Community, or lack of it, is a problem for the families of children with cancer, according to Dr. Doris Howell, chairman of the department of community medicine at the University of California, San Diego.

Thirty or 40 years ago the death of a child was easier to bear, she said. "Nearly every family lost a child; people were part of extended families with many emotional supports; and death usually came rapidly."

Today, she said, the stress accompanying a diagnosis of cancer may be drawn out for a year or more while a child is treated.

Measure Impact of Cancer

Dr. Howell said what may appear to be problem behavior in children with cancer actually may be appropriate means of coping with impending death. She praised the work of researchers who are measuring the impact of cancer on hospitalized children, though Dr. Krant cautioned that what is learned in a hospital setting may not be applicable to home life.

Dr. William Markel, vice president for Service and Rehabilitation of the American Cancer Society, described three kinds of ACS-sponsored programs. One type focuses on a particular cancer, such as Reach to Recovery for breast cancer patients. Others are self-help emotional support programs and programs aimed at professional education.

DR. LEAVITT

(Continued from Page 1)
Dr. Arthur Hand Is New NIDR Laboratory Chief

Dr. Hand's research on the structure and function of salivary and related exocrine glands has received honors, including the International Association of Dental Research Basic Research in Oral Science Award and the PHS Commendation Medal.

Dr. Arthur R. Hand has been appointed chief of the Laboratory of Biological Structure, National Institute of Dental Research.

Following his graduation in 1968 from the University of California, Los Angeles, where he received his D.D.S. degree from the School of Dentistry, Dr. Hand joined the staff of the NIDR as a senior dental surgeon of the PHS and a research investigator.

In 1976-77, Dr. Hand was a visiting professor, department of anatomy, McGill University. Since 1977 he served as acting chief of the Laboratory that he now heads.

Two Pathology Societies To Hold Joint Fall Meeting in St. Louis

The College of American Pathologists and the American Society of Clinical Pathologists, the country's two largest pathology societies, will hold their joint fall meeting from Sept. 14-22 in St. Louis.

More than 9,000 persons, including a large number of NIH staff members, are expected to attend.

Discuss Bone Marrow Banks

During the ASCP scientific assembly, Sept. 20-21, the feasibility of establishing bone marrow banks and a new immunological technique for diagnosing myocardial infarcts are among the recent advances in clinical pathology to be discussed.

The ASCP Basic Science Research Symposium will explore Immunologic Advances for Classification, Diagnosis, and Treatment of Malignant Lymphomas. Eight experts will trace the evolution of techniques that are transforming the management of cancers of the lymph system.

Other topics to be covered during the joint meeting will be What's New in Chemistry and Controversies in Pathology.

In addition to award presentations, honorary lectures, and exhibits, the meeting will present more than 100 workshops during the week as part of its Continuing Education program.

Volume Lists FY 1977

Grants for Construction, Training, Med. Libraries

The publication entitled National Institutes of Health Grants for Construction, Training, Medical Libraries, Fiscal Year 1977 has recently been issued. Presented in the volume are 3,261 training grants, traineeships and fellowships, cancer research facilities construction, and medical library grants awarded by NIH components from fiscal year 1977 funds.

This volume also contains listings of grants by recipient area, program director, and the organization having professional responsibility for the work.

Listings of NIH grants, contracts, and awards are prepared annually by the Division of Research Grants, based on records contained in the NIH central record system (IMPAC).

Separate listings of research grants and contracts for FY 1977 were released earlier.


WHAT'S IN A NAME?

CHAIRMAN? CHAIRLADY? CHAIRPERSON? The National Association of Parliamentarians has ruled that the proper term is "Chairman," regardless of sex. . . .

If it is necessary to acknowledge the sex of the Chairman, they say, the term "Mr. Chairman" or "Madame Chairman" should be used.

The title "Chairman" . . . is an old and respected one dating from the time when the presiding officer was the only person at a meeting favored with a chair. All other participants were relegated to benches.

---As seen in Executive Newsletter.
New U.S.-Italian Cooperative Agreement Discussed With Researchers at NIEHS

Dr. Rall guided Professor Pocchiari on a tour around the new, permanent NIEHS facility now under construction in Research Triangle Park, N.C. The administrative and laboratory portion of the facility will contain 334,000 square feet when completed in 1980. Capable of housing approximately 800 employees, it will be one of the most innovative and up-to-date laboratories of its kind in the world.

Dr. David P. Rall, Director of the National Institute of Environmental Health Sciences, was host recently to Professor Francesco Pocchiari, Director of the Institute of Health in Italy's Ministry of Health. For 2 days Dr. Rall and Professor Pocchiari met with NIEHS scientific staff to discuss a new cooperative agreement between the U.S. and Italy in the area of health and medicine.

The agreement, designated a Memorandum of Understanding, was signed by HEW Secretary Joseph A. Califano, Jr., and Italy's then Minister of Health Luciano Dal Falco in Rome, in November 1977, and listed seven areas of cooperation.

Area Is First on List

First on the list was "Health Aspects of Environmental Pollution." Dr. Rall was named chairman for the U.S. in this area, and Professor Pocchiari chairman for Italy.

Topics of mutual interest are: the evaluation of chemicals as possible human toxicants, understanding the mechanism of environmental chemicals with possible human toxicity, and surveillance and epidemiological assessment of the effects of environmental chemicals in human and nonhuman populations.

NIEHS is Principal Agency

NIEHS is the principal U.S. agency for biomedical research on the effects of chemical, physical, and biological environmental agents on human health and well being.

The administrative and scientific staff at NIEHS discussed with Professor Pocchiari the new international agreement and areas of environmental concern for both countries, the methodologies to approach these mutual problems, and the methodologies to approach these mutual problems, and the general considerations for the environment agents on human health and well being.

R&W Sponsors Touch Football Team; Practice Starts Soon

The team’s first practice sessions are scheduled for 10 a.m., on Saturday, Aug. 26 and Sept. 2, at 16th and Kennedy Streets, N.W., Washington, D.C. (near the tennis courts). Practice will continue at this location until the season starts. All new and old players are welcome to try out for the team. R&W hopes to make this another championship team!

For further information, contact coach Norman Jones at 266-6217.

He that falls in love with himself will have no rivals.—Benjamin Franklin
A Cross-Language Conference on Orthography, Reading, and Dyslexia will be held in Wilson Hall, Bldg. 1, Sept. 17-20.

The conference—part of a continuing effort by the National Institute of Child Health and Human Development to understand the reading process and the failure of some children to learn to read—will bring together 24 experts from this country and several foreign countries to examine these areas as they relate to the reading of various languages.

The conferences will address the following major questions: Given the special nature of the written symbol system used to represent a given language:

- What is the nature of the beginning reader’s task? What must the child learn in order to be a successful reader?
- What is the rationale for the instructional (including remedial and therapeutic) procedures for teaching reading in that language?
- What research should be conducted to help us better understand the reading process and the relationships between orthography and reading?

Conferences will address specific issues ranging from strategies utilized in reading specific symbol systems to problems in the design of new writing systems. They will also be examining and comparing the orthographies of such languages as Japanese, Dutch, Hebrew, Russian, Serbo-Croatian, and English.

The eighth in the NICHD’s Communicating by Language series, the conference is sponsored by NICHD; the National Institute of Mental Health; the National Institute of Neurological and Communicative Disorders and Stroke; the National Institute of Education, HEW; the Office of Maternal and Child Health, IHSA; and the Fogarty International Center.

The conference will be co-chaired by Dr. James Kavanagh, NICHD, and Dr. Richard Veneky, University of Delaware.

Dr. Rolf Ulvestad Joins Commun. Disorders Prog.

Mary Jane Meyers recently rejoined the NICHD as personnel officer for NIAID after serving as assistant personnel officer for NICHD. Prior to that position, she previously worked as a personnel management specialist in NICHD for nearly 3 years. Before joining NIAID in 1971 she worked in personnel with the Washington office of the Peace Corps. A member of the International Personnel Management Association, Mrs. Meyers earned her B.S. degree in business administration from the West Virginia Wesleyan College.

NIAID-Funded Study Finds Chlamydia A Frequent Cause of Infant Pneumonia

The organism Chlamydia trachomatis caused 30 percent of all pneumonias in infants hospitalized during a 5-month study at the Children’s Orthopedic Hospital and Medical Center in Seattle. This high prevalence suggests that C. trachomatis may be responsible for many pneumonias previously considered to be caused by viruses.

C. trachomatis is an intracellular parasite, probably related to bacteria, that causes an eye infection called trachoma; it is also responsible for 30 to 50 percent of nongonococcal urethritis (NGU) in men.

Transmitted by sexual contact, the organism also infects the conjunctiva of the cervix in women, which is often asymptomatic. The infection in women may not be suspected until they deliver babies with chlamydial-caused eye infection.

These eye infections are usually benign and self-limited. However, a recent study indicates that these eye infections may precede pneumonia. The incidence of chlamydial-caused pneumonia is much greater than previously recognized.

Investigators, supported by grants from the National Institute of Allergy and Infectious Diseases, examined 30 infants with pneumonia admitted consecutively to the hospital.

Nine of these infants showed evidence of C. trachomatis infection either by culture of the organisms present in conjunctival and nasopharyngeal secretions or by high or rising levels of anti-chlamydial antibody measured in tear, serum, and nasopharyngeal samples.

Results of measuring antibody levels in tears suggested a high incidence of apparent and inapparent conjunctivitis before pneumonia developed. Of 28 infants without pneumonia who served as matched controls, only one was positive for C. trachomatis, and the number of eosinophils—a type of white blood cell—and anti-Chlamydia antibody measured in tear, serum, and nasopharyngeal samples.

The number of eosinophils—a type of white blood cell—and antibody levels were also significantly elevated in infants with C. trachomatis pneumonia who were between 3 and 11 weeks old, and had coughs and congestion for 1 week or longer. The physicians heard abnormal sounds when they listened to the infants’ chests, and areas of overinflation were indicated on the chest X-rays.

The number of eosinophils—a type of white blood cell—and antibody levels were also significantly higher in these patients. Identification of these features is important since many laboratories are not equipped to culture C. trachomatis or to measure anti-chlamydial antibody titers.

Awareness of the prevalence of this infection should aid physicians in making decisions about treatment. Often, infants with pneumonia are大桥 f0 bacterial infection with penicillin or ampicillin, drugs ineffective against chlamydial infections.

Infants who do not respond to treatment are assumed to have a viral infection against which there is currently no effective treatment. However, infants with chlamydial pneumonia will respond to treatment with erythromycin or sulfonamides.

The investigators acknowledged that the period of the study (Sept. 1 through Feb. 15) precisely bisection the respiratory disease season. If the study had been longer, more patients with pneumonia due to respiratory syncytial virus—the most important cause of serious lower respiratory tract illness in infants under 5—probably would have been seen. The authors feel larger case-control studies and longer follow-up periods are warranted.

This study was reported by Drs. R. Robert Bason, Marilyn G. English, Cynthia K. Lee, and E. Russell Alexander, all from the School of Public Health and Community Medicine, University of Washington, Seattle, in the New England Journal of Medicine (March 30, 1978).

Dr. B. Graham Becomes 130th Grants Associate

Dr. Betty J. Graham, a native of Beaumont, Tex., has joined the NIH Grants Program for a year of training in health science administration. Dr. Graham is the 130th scientist to enter the program since it was started in 1961 to meet the needs of NIH for health scientist administrators.

Dr. Graham is a graduate of Texas Southern University, Houston, where she received her B.S. degree in 1962. She then joined the Peace Corps where she served as a science teacher in Nigeria from 1962 to 1964.

She earned her Ph.D. degree from Baylor College, Houston, Tex., in 1971. For the next 3 years, she did postdoctoral work at Albert Einstein College, Bronx, N.Y., and then accepted a Staff Fellowship with the National Cancer Institute in the Virus Tumor Biochemistry Section, LDT.

The author and co-author of nine publications, her research interests include herpes virus DNAs.
NIAID Grantees Report Stinging Insects’ Venoms Provide Superior Immunotherapy

Researchers at Johns Hopkins University School of Medicine at the Good Samaritan Hospital in Baltimore recently announced that results of the first controlled trial of the treatment of life-threatening allergic reactions to stinging insects clearly establish the superiority of venoms for this purpose.

The Baltimore study, supported by the National Institute of Allergy and Infectious Diseases, also shows that extracts made from whole bodies of insects (WBE) — the only preparations presently available to physicians for the treatment of insect allergy — may provide little or no more protection than a placebo.

Reactions Can Cause Death

Allergic reactions to the stings of insects such as honeybees, yellow jackets, wasps, and hornets can be serious, at times leading to a sudden drop in blood pressure, shock, and possibly death within minutes.

Although 50-100 Americans are reported to die annually from such reactions, many more deaths probably occur but are attributed to other causes such as heart attacks. Those who have had a life-threatening reaction often fear another one.

As a preventive measure, those with insect allergies have routinely received injections of whole body extracts to build up their tolerance to the antigens.

Body Extracts Now Used

This use of WBE has been questioned by some allergists who have insisted that the venom — the cause of the allergic reaction — should be used for immunotherapy rather than the insect’s whole body. They have been unable to identify sufficient quantities of this necessary immunizing material in WBE preparations.

For these reasons and because many examples of treatment failures with WBE had come to their attention, the Johns Hopkins scientists proposed to resolve the issue by comparing the efficacy of venoms versus WBE versus placebo in treating 59 patients with insect sting allergies.

The patients were matched by history of systemic reactions following an insect sting as well as by several laboratory tests indicating a sensitivity to the insect venoms.

One group of patients received injections of the venom from the insect to which they were allergic — either honeybee, yellow jacket, yellow hornet, or white-face hornet. The venoms were supplied by Dr. Allen W. Benton of Pennsylvania State University and Charles Mraz of the Champlain Valley Apiaries.

Three Groups Studied

Another group of patients received injections of a solution containing whole body extracts from several of the stinging insects, while a third group received injections of a placebo — a solution of histamine which simulated the sensation in the injected skin site. Only the physicians knew which treatment a patient received.

After 6 to 10 weeks of immunotherapy — or injections — patients were intentionally allowed to be stung in an intensive care setting by the insect to which they were most allergic.

Sting Challenge Used

After sting challenge, only one of 18 patients treated with venoms experienced a systemic reaction (which was mild), whereas 7 of 11 patients treated with WBE and 7 of 12 treated with placebo had systemic reactions; two patients experienced shock. Consequently, the investigators discontinued the sting challenge of the patients in the WBE and placebo groups. However, the 14 “treatment failures” on WBE and placebo and the one on venom were treated subsequently with venom for 6 weeks and reached full dosage.

When restung, only one of these patients had a systemic reaction — hives.

The patients in the WBE and venom as part of the desensitization process. Dr. Sobotka uses an automated histamine assay system to diagnose sensitivity to insects and other allergens.

placebo groups who had not previously been subjected to sting challenge were also treated with venoms and subsequently challenged without any serious reactions.

Of the 59 patients put on venom therapy, 58 completed the course of treatment. Forty-eight of these patients were challenged and experienced only minor reactions at the site of the sting.

In one instance, therapy was incomplete, and this patient cannot be regarded as a treatment success. Nine patients with negative challenge after WBE or placebo were not rechallenged.

The scientists believe this study provides evidence that insect venoms are safe and effective in preventing life-threatening allergic reactions to insect stings and should be used to treat the hundreds of thousands of patients currently at risk.

Venoms Hard To Obtain

NIAID-supported efforts are now underway to utilize recently developed methods for the collection of venoms heretofore very difficult to obtain in supplies sufficient to meet treatment needs.


Upper left: A hornet, seen head-on. Below, l: When the honeybee tries to remove its barbed stinger from human skin, both stinger and venom sac are torn off and left in the victim as the injured bee flies away and dies. Above: One way that venom can be obtained is by removing the venom sac from the insect. Photos courtesy of Dr. John Pisano, NHLBI.
Public Health Service Celebrates Its 180th Anniversary

HEW Secretary Joseph A. Califano, Jr., (r) spoke on Future Directions of PHS. He concluded by praising the many PHS Commissioned Officers who as researchers and technicians might earn greater financial reward in the private sector but continue to be dedicated to the work of PHS. Listening, l to r, are: Deputy Surgeon General John C. Greene; Assistant Secretary for Health and Surgeon General Julius B. Richmond and Dr. Donald S. Fredrickson, Assistant Surgeon General and NIH Director. Dr. Richmond also gave an illustrated lecture on Highlights of the 180 Years, beginning July 16, 1798, with the approval of an Act "for the relief of sick and disabled seamen." By 1861, 27 hospitals were being operated—at a cost of $41,030.32. Also present at the ceremony were all of the living former Surgeons General.

Hundreds of persons, many PHS Commissioned Officers in dress uniforms, attended the PHS 180th anniversary celebration in Masur Auditorium on July 26. Music provided by the U.S. Coast Guard Training Center Band, Cape May, N.J. included the first public performance of The USPHS March, specially commissioned for the occasion. Chief musician George King III received a commendation medal at the ceremony for composing the stirring march.

Deputy Surgeon General Greene, in today's dress uniform stands next to a display outside the NIH Library of uniforms, instruments, and documents illustrating the 180 years of PHS history.

Mary Galley (l), head of the Special Events Section in the Clinical Center Office of Clinical Reports and Inquiries since 1963, received a surprise, special award for outstanding service in arranging for many conferences, tours, and visits of dignitaries at NIH. Dr. Fredrickson (c) escorted her to the podium for the presentation by Deputy Surgeon General Greene (r) and Dr. Richmond.