AERIAL VIEW OF NIH

This recent shot of the reservation shows auxiliary buildings under construction in left foreground. One will be used for shops, laundry, and storage; the other will house the boiler plant and incinerator. In the background is the 14-story Clinical Center, 74 percent complete.

NMI STARTS FLU VACCINE STUDY AT NORFOLK

A six-month influenza vaccine study, following up two preliminary studies at NIH, was launched this month at Norfolk, Va., under the direction of Drs. J. H. Bell, D. J. Davis, and R. N. Philip of the Microbiological Institute.

Some 2,500 persons of all ages are cooperating in this study. Fifteen hundred were vaccinated November 7-9, with another clinic scheduled for the 26th and 27th. Vaccinations will be completed by December 1.

The Norfolk project, probable forerunner of similar studies under consideration for other cities over a period of several years, is being conducted in cooperation with municipal, district, and State health departments, local physicians, and the Visiting Nurse Association.

The NMI team conducting the vaccination clinics includes Drs. Bell and Philip, Drs. Paul M. Beigelman and Carl F. Mattern, Nurses Ruth E. Anderson and Erma Powell, Bacteriologist Barbara Ottinger, and Technician John E. Vogel.

Four staff members will conduct the follow-up observations. Those vaccinated will be checked every two weeks to see whether they develop any disease resembling influenza. Blood samples and throat cultures will be taken to assist in diagnosis of infections and to evaluate the vaccines.

Because of its implications to national defense -- prevention of lost time from work in a period of manpower shortages -- the influenza study is particularly significant at this time. Its progress is directly related to the preliminary studies conducted at NIH with the cooperation of several hundred employees.

The first trial study was inaugurated here last February, when 215 (See Norfolk Study, Page 4)

KOREAN VETERANS COULD SPREAD MALARIA IN U. S.

The mosquito, Anopheles quadrimaculatus, major carrier of malaria in the United States, has been reported by NMI scientists to be easily susceptible to infection by Korean vivax or relapsing malaria brought back by war veterans.

Findings to this effect were outlined by Drs. Martin D. Young and Robert W. Burgess in a paper presented before the joint meeting of the National Malaria Society, American Society of Tropical Medicine, and the American Society of Parasitologists, November 17, in Chicago.

The NMI investigators said that the danger of spread of Korean malaria in this country exists because the Korean veteran who has contracted malaria seems less aware of his condition than the World War II veteran. Consequently, when malaria attacks recur, there is less chance of his being treated before the anopheles might transmit the disease. The scientists added, however, that there is less likelihood of this type of malaria becoming established because of the present awareness of the danger by health authorities and officials of the armed forces.

In their experiments, Drs. Young and Burgess used several hundred mosquitoes which were allowed to bite 53 volunteers from Korea whose blood when examined proved to be positive for Plasmodium vivax infection. Of the 53 Korean veterans, 35 were capable of heavily infecting mosquitoes.

Further studies are now being made on Korean malaria to determine such factors as the characteristics of the primary infection and natural and acquired immunity.
Studies of Hepatitis

No. 61 of a Series

Dr. Oliphant makes a reading of thymol turbidity test used in hepatitis studies at Microbiological Institute.

With the greatly increased use in recent years of blood and its various derivatives for treating disease and injury, medicine has renewed its efforts to learn more about the cause and prevention of hepatitis, a virus disease involving the alimentary tract and producing inflammatory changes in the liver cells.

Viral hepatitis, or jaundice, comes in two forms: infectious hepatitis, which is the naturally occurring disease; and serum hepatitis, which is transmitted by injection of human blood or its products.

A widespread disease, particularly where sanitary conditions are poor, such as in the Mediterranean area, infectious hepatitis was a major cause of sickness in both Allied and Axis forces in World War II. Serum hepatitis likewise presented a serious and troublesome problem. U. S. Army records show over 50,000 cases developed in 1942 alone, following administration of yellow fever vaccine prepared with the hepatitis virus.

At NMI, both forms of the disease are being investigated by the Section on Hepatitis Studies in the Biologies Control Laboratory in collaboration with the Laboratory of Infectious Diseases. The IBC staff of ten is headed by Dr. John W. Oliphant.

Efforts to eliminate the virus from liquid plasma have centered around a process for irradiating the plasma with ultraviolet rays as it passes through a cylinder. An improvement of this process, utilizing automatic controls, is now being worked out by Dr. J. T. Tripp and his staff in the Section on Blood and Blood Derivatives.

In cooperation with the Bureau of Prisons, the Hepatitis Section began the clinical phase of its investigations last July at the Lewisburg, Pa., and McNeil Island, Wash., Federal penitentiaries and the Ashland, Ky., Federal correctional institution.

The 140 prisoner volunteers cooperating in the project are bled at regular intervals following administration of plasma, and undergo a battery of clinical laboratory tests. Serum from their blood is sent back to NMI for testing. A staff member from the Section is on duty at each institution to supervise the work.

In conjunction with the prisoner studies, the Section is also carrying out a cooperative study with the Army to investigate the role of nutrition in the treatment of hepatitis. Knowledge to date suggests the need for a high caloric diet with a large amount of protein, although extensive study is necessary to evaluate the effects of various diets.
CREDIT UNION INVITES CHRISTMAS BORROWERS

With the approach of Christmas and the heavy financial demands that go with the Yule season, the NIH Federal Credit Union stands ready to bolster personal and family bank rolls, traditionally limp at this time of the year.

Captain Laurence M. Johnson, Captain of the Guard at NIH and Treasurer of the Credit Union, says borrowers are wanted and ample funds available.

Seventy percent of the retroactive pay checks recently distributed to employees were deposited with the Credit Union, he reports. Eighteen new accounts were opened and 36 loans paid off.

On average pay days, Credit Union receipts run in the neighborhood of $3,000. On the first pay day after the pay raises became effective, receipts almost quadrupled, reaching $11,000.

According to the Treasurer's report, the Credit Union now has 1,143 members, with 600 outstanding loans on the books for a total of $115,000.

The interest rate on loans up to $1,000 is one percent a month on the unpaid balance. As much as $400 may be borrowed by employees without co-signers.

If you wish to repay your loan sooner than arranged for, you may do so and save interest. And you may withdraw your savings on any business day — with the approval of the credit committee — if you are obligated to the Credit Union.

Membership in the Credit Union is open to all NIH employees. To borrow, however, you must be a member and must either have permanent Civil Service status or a commission in PHS. The membership fee is 25 cents, and each member is expected to buy at least one share, which is $5.

The Credit Union is chartered under regulations of the Bureau of Federal Credit Unions of FSA. Its purpose is to enable NIH personnel to save or borrow conveniently.

Located in Room 101A, Bldg. 1, the Credit Union office is open Tuesday through Friday from 1 to 4 p.m.

Savings, when not used for loans, are invested in accordance with Federal regulations, largely in U.S. Bonds.

NIH Spotlight

Keeping the wheels turning on daily schedule at NIH is George Cavey's job. There is nothing metaphorical about his mission, or the complications that go with it. George is in charge of the Transportation Unit in the Buildings Management Branch.

Each day the unit's four trucks rumble through the reservation on their appointed rounds. They transport food for NIH's thousands of laboratory animals, deliver dry ice and pick up laboratory glass-ware for washing, haul food to the Bldg. T-6 cafeteria, deliver library books to the various buildings, dispose of trash, and pick up finished material from the paint, metal, and carpentry shops.

Other trips are made throughout the Washington area, delivering and picking up medical supplies, tools, machinery, laundry, and other items. The first truck brought here when NIH moved to Bethesda is still providing faithful service — a 1935 model ton-and-a-half Ford.

To maintain close contact with drivers and to eliminate extra trips, a two-way radio system was placed in operation here a few months ago. With it, George is able to communicate with his drivers on downtown runs whenever the need for extra pick-ups arises. Radio communication is also used by the Guard Office to maintain contact with a guard patrol car.

The first wave length assigned to NIH by FCC turned out to be a restricted frequency, necessitating a new wave length assignment.

NIH Spotlight

NIH Record

Vol. III, No. 24 - 26 November 1951

NCI STARTS JOINT CANCER COSTS STUDY

The National Cancer Institute this month inaugurated a study of cancer patients' medical expenses, in cooperation with the District of Columbia Medical Society.

The project, first of its kind in the District, was proposed to the Medical Society by Dr. J. R. Heller, Director of NCI, as an effort to supply factual data on cancer costs to the many who request such information. According to the Medical Society, the data would be "especially helpful to Medical Service and other medical prepayment plans which are considering broadening their benefits."

Factors to be studied include the cost to patients of diagnosis and different types of therapy, the proportion of hospital and physician charges covered by medical insurance plans, and the cost of convalescent and terminal care.

Only cases in the District Health Department cancer registry will be used in the study. Physicians will be asked to supply information on charges for services to cancer patients, and hospital cooperation will be solicited. No cancer patient will be directly approached.

In addition to truck service, George is also responsible for providing passenger service for official business. Such calls average 15 to 25 a day. When business piles up on occasion, he borrows vehicles from Institutes in Bldg. T-6.

During the winter, the Transportation Unit and other Buildings Management crews must be ready to plow out the roads and parking areas when it snows, and to keep them sanded. A heavy snow on one occasion last winter kept the men on the job all night — from 5 p.m. to 7 a.m.

A native of Harrisonburg, Va., in the Shenandoah Valley, George came to NIH in 1948 with plenty of transportation experience, civilian and military, behind him. He lives in Rockville and his wife is a registered nurse at Suburban Hospital. They have a five-year-old daughter and are planning to buy a home in Gaithersburg.
FOUR PHS SCIENTISTS CONTRIBUTE TO TEXT

Four Public Health Service scientists are among the contributors to the seventh edition of the Rosenau text, "Preventive Medicine and Hygiene," recently published by Appleton-Century-Crofts, Inc., and edited by Dr. Kenneth F. Maxcy, professor of epidemiology at Johns Hopkins University.

Chapter two, Nutrition and Deficiency Diseases, is the work of Dr. W. H. Sebrell, Jr., Director of NIH. It consists of four sections, dealing with general considerations of food elements; malnutrition; normal nutritional requirements; and nutrition in preventive medicine.

Dr. Joseph A. Bell, Chief of the Section on Epidemiology in NMI's Laboratory of Infectious Diseases, contributed the section on whooping cough in the chapter on contagious diseases.

The section on air-borne infection was written by Dr. Alexander D. Langmuir of the Communicable Disease Center, PHS.

Dr. James Watt of NMI's Dysentery Control Studies authored the section on salmonellosis and shigellosis.

The 1,462 page volume, for many years a standard reference work on preventive medicine, was first published in 1913 under the editorship of Dr. M. J. Rosenau, then a member of the Harvard Medical School faculty and before that Director of the Hygienic Laboratory, PHS.

COMMUNITY CHEST

NIH contributions to the Community Chest, as of November 15, totaled $6,342, or 43 percent of the organization's quota, which was set at $14,800.

The committee in charge of the drive here considered the results for the first two weeks satisfactory in view of the fact that the campaign began late and many had yet to make their contributions. The campaign has been extended through November 30. This year's quota is about $3,000 higher than last year's.

On November 15, the Public Health Service as a whole had raised 58 percent of its quota.

ACCIDENT HAZARD

The shattered Tamworth flask pictured above is a good argument for inspecting carefully new or repaired glassware before using. When this one gave way in an NIH lab, the vacuum operation -- fortunately -- was being conducted in a sink, thus reducing the hazard of flying glass.

The Safety Office emphasizes that only heavy-wall Pyrex glass suction flasks should be used for such purposes. Tamworth flasks in sizes over one liter have been known to break on several occasions.

All glassware used under pressure should be inspected for flaws and strains, and defective items sent to the Glass Shop for annealing.

"Safe Practices," a new loose leaf accident prevention manual, was distributed earlier this month to all NIH supervisory personnel. The initial chapters deal with safety policy, compressed gas cylinders, glassware, and fire prevention.

Copies of material on hand may be obtained from the Safety Office, Ext. 793.

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Dr. Brown Named to New Planning Post

Dr. Murray C. Brown, Chief of the Grants and Training Branch in the Heart Institute, has been appointed Chief of Clinical and Professional Education in the Office of the Director, NIH.

His responsibilities in the new position will be of a dual nature. He will advise on and coordinate all academic and other professional education in connection with the nonclinical phases of the NIH program. He will also assist the Director of the Clinical Center in developing and carrying out plans for clinical and professional education in the Clinical Center program, and assume direction of those activities when they are placed in operation.

A commissioned officer of the PHS Corps, Dr. Brown came to the Heart Institute last year from Meharry Medical College, where he was Director of Medical Education and Professor of Medicine.

Norfolk Study Cont'd

employees were vaccinated with a monovalent vaccine made with the English strain of influenza A prime virus, isolated during the London epidemic in January. This study, completed during the past summer, showed a fair number of reactions: about 25 percent of the group reported some systemic effects and about 85 percent reported sore arms. Serologic response, as judged by the hemagglutination inhibition test for antibodies, indicated that from a third to a half of the group had a significant rise in antibodies.

In the second study at NIH, conducted this fall, 178 employees received vaccinations. This time, vaccines from four different epidemic strains were used. An adjuvant was added at the suggestion of Dr. Jonas E. Salk, of the University of Pittsburgh Medical School, who has been studying influenza vaccine for the Armed Forces Epidemiological Board. The adjuvant shows promise of raising and prolonging immunity and reducing reactions. Reactions were decidedly fewer and milder than they were last February. Aside from slight muscle soreness, there were practically no reactions that could be attributed to the adjuvant used.