Radiation Meeting To Feature Talk By Dr. Flemming

DHEW Secretary Arthur S. Flemming is scheduled to deliver the principal address at the banquet session of the three-day annual meeting and exhibition of the Health Physics Society, to be held at the Statler-Hilton Hotel in Boston, June 29 through July 1.

Secretary Flemming will discuss the responsibilities and activities of the Federal Radiation Council, of which he is chairman.

Of Timely Interest

The program announcement indicates that the symposium and the papers to be presented will be of timely interest to those concerned with radiation safety, nuclear medicine, and the legal and social aspects of atomic energy.

A symposium on “Waste Disposal” will cover tank, ground, deep underground, and ocean disposal methods and problems. Another important symposium will deal with “The Effect of the NCRP Recommendations on National Life.” Experts in the legal, medical, labor, and insurance fields will present their views on this subject.

Following a series of relatively minor mishaps, some of which were potentially serious, NIH top management recently stressed the importance of the safety inspections of laboratory and other building areas conducted by the Plant Safety Branch, OAM.

These periodic, unannounced inspections are made on a continuing basis in all NIH buildings, under the policy guidance and with the cooperation of the Sci entific Directors and the NIH Safety Committee. Their purpose is to determine and eliminate hazardous conditions that endanger life and property.

At a recent meeting of the Scientific Directors, Dr. Joseph E. Smadel, Associate Director for Intramural Research (right), revealed top management’s interest in the NNI Plant Safety Program by participating in a recent building inspection tour. Dr. Donald B. Tower, NINDB, Chairman of the NIH Safety Committee, called attention of Dr. Smadel and James B. Black, NIH Safety Officer, to properly grounded centrifuge in one of NCI’s multiple-use laboratories.

INSPECTION UNDER WAY.—Dr. Joseph E. Smadel, NIH Associate Director for Intramural Research (right), reveals top management’s interest in the NIH Plant Safety Program by participating in a recent building inspection tour. Dr. Donald B. Tower, NINDB, Chairman of the NIH Safety Committee, calls attention of Dr. Smadel and James B. Black, NIH Safety Officer, to properly grounded centrifuge in one of NCI’s multiple-use laboratories.

FRIENDS SAY FAREWELL TO FLETCHER

Nearly 200 of the men and women who have come to know and admire Jack Fletcher during his 10 years at NIH gathered in Wilson Hall on Friday, May 27, to say good-bye and wish him continued success.

He resigned from his position as Chief of the Office of Research Information and Staff Assistant to the Director of NIH, effective June 3, to become Director of Public Relations of the Merck Sharp & Dohme Division of Merck & Co., Inc., at West Point, Pa.

On the preceding evening, Jack and Mrs. Fletcher were also guests of honor at a farewell party and (Seeatta, Page 8)

Jack Fletcher, ORI Chief (right), is summoned by Dr. Shannon to the rostrum in Wilson Hall to receive a handshake and gifts presented by his co-workers at one of the farewell parties in his honor.

Management Stresses Value Of NIH Safety Inspections

The Fourth National Cancer Conference, sponsored jointly by the NCI and the American Cancer Society, will be held at the University of Minnesota, Minneapolis, September 13-15. More than 2,000 scientists and physicians from the United States and abroad are expected to attend.

Dr. Michael B. Shimkin, Chief, Biometry Branch, NCI, will deliver the opening address, “Changing Concepts Concerning Cancer.” This topic is also the theme of the conference.

Dr. John R. Heller, Director, NCI, will chair a panel, “Cancer in the World Around Us,” which will cover such topics as air pollution, industrial carcinogens, food additives and contaminants, radiation, and smoking. Dr. Heller will also serve as chairman of a panel discussion on “Cancer Control.”

Other members of the NCI staff who will participate in various events are Dr. Howard B. Anderson, Chief, Laboratory of Biology, who will serve as chairman of a panel on “Cancer Etiology”; Dr. Sarah Stewart, Laboratory of Biology, a member of the “Nutrition and Lymphomas” panel; and Dr. Eugene Van Scott, General Medicine Branch, who will serve as summary session participant for the panel, “Cancer of the Skin.”

Other Panels Planned

Dr. Sidney J. Cutler, Biometry Branch, will be treatment-end-results reporter for a panel on “Cancer Therapy.”

Other panels of scientists will discuss the state of knowledge of cancer of the breast, lung, gastrointestinal tract, gynecological system, and head and neck.

The Office of Information and Publications of NCI has charge of all arrangements for exhibits and the showing of films at the conference. This includes the design and construction of the principal exhibit on the conference theme, and a book and journal exhibit.

The Institute itself will contribute two new exhibits.
SAFETY

(Continued from Page 1)

all personnel in working toward their elimination.

"It is especially essential," he said, "that those responsible for the laboratories remain alert to their need to protect personnel and property against acts of negligence."

At the same time he pointed out that the inspections are essential in all buildings and areas of NIH.

Following up his recommendations, Dr. Smadel accompanied the inspectors on their next tour which included all laboratory areas of the Clinical Center and required portions of three consecutive days for completion.

Alert for Hazards

The inspection tours are conducted by the NIH Safety Officer, James B. Black, or other staff members of the Plant Safety Branch; the appropriate Scientific Director or his representative, and the Chairman of the NIH Safety Committee, Dr. Donald Tower, who is Chief of the Neurochemistry Section, NINDB.

The inspectors take note of existing hazards, which they discuss with personnel, and then submit recommendations for their elimination. Follow-up inspections are conducted to make sure that the recommendations are observed.

The inspectors have an eagle eye—which is constantly getting keener—for such things as methods of storage and handling of flammable and toxic liquids and chemicals, proper location and safeguarding of machines and equipment, general housekeeping practices, and adherence to common-sense safety procedures.

Similar unannounced inspections are conducted by Fire Marshall Kenneth W. Gettings who looks for fire hazards such as faulty electrical connections, blockage of aisles, corridors, and escape hatches, and defective or inadequate fire-fighting equipment.

Drama Is Order of the Day For Quick-Thinking 'AODs'

By Margaret O'Brien

One night last January, the Administrative Officer of the Day at the Clinical Center made this entry in his log book:

"10:50 p.m. . . . Received call from Detective Sergeant King, Montgomery County Police, asking us to notify Montgomery County Police, asking us to notify Montgomery County Police, asking us to notify Montgomery County Police, asking us to notify . . . "

Immediately the Bethesda sub-station if two men appear at the CC requesting treatment for gunshot wounds. It is possible these men may be the fugitives who were wounded in a gun fight tonight after shooting and killing a policeman in downtown Washington."

Duties Are Varied

Not all entries in the log book of the Clinical Center AOD are quite as dramatic as this one, but neither is this sample as offbeat as it may seem to be, as far as his "routine" duties go.

The AOD, an employee of the Office of the Executive Officer, serves as representative of the administrative branch of the hospital outside of regular working hours. He goes on duty at the Clinical Center's reception desk after the daytime staff has gone home for the night or weekend, and what will happen on his 8-hour tour of duty is anybody's guess.

Specifically, it is his job to relieve the Medical Officer of the Day and other physicians of matters which are administrative in nature. What this will entail may include anything from routine dispatching of an ambulance to finding the answer to a telephone inquiry from Railway Express about what to do about a shipment of sick monkeys.

Attending to the administrative admission and discharge of patients, arranging transportation for patients and staff, assisting families with burial arrangements, handling a vast miscellany of telephone calls, preliminary handling of "walk-in" patients, and being immediately available for any and all emergencies are some of the major duties that keep the AOD busy throughout the night or over the weekend.

Points With Pride

Before the AOD Program was instituted in 1956, the Medical OD and Nursing Supervisors somehow had to find time to do all these things in addition to handling the more complex and urgent problems involving patient care.

"I wonder how on earth we ever got along without AODs in the early days of the Center," muses Margaret Badger, Acting Executive Officer.

Miss Badger speaks with pride of these young men—Don Stein, 22; Harold Miles, 25; and John Patterson, 26—who so effectively represent the CC Executive Officer during other than regular working hours.

(See DRAMA, Page 7)
The True Nature of a Book
An Allegory

By Seymour S. Kety, M.D.
Chief, Laboratory of Clinical Science, National Institute of Mental Health

The following is an excerpt from the National Institutes of Health Lecture delivered by Dr. Kety on May 18:

If our assumption of the mechanistic nature of life and of behavior is correct, and man is nothing more than the most magnificient physiological-chemical engine which has ever been constructed, but an engine nevertheless, is it not obvious, then, that he or at least his behavior ought someday to be explained completely by physics and chemistry? If we believe that, and many of us do, then do not physics and chemistry and their sister biological sciences become the real sciences of behavior, and disciplines or bodies of knowledge and techniques like psychology, sociology and psychoanalysis, are merely empirical, descriptive and derivative, to be tolerated as a sort of first aid manual—what to do until the bioaistic or the biochemist comes?

I should like to answer this question in the form of an allegory; it is entitled "The True Nature of a Book."

Let us imagine a community of high intelligence and quite civilized except that they have never seen a book—they have developed other means for the transmission of knowledge. One day a million books appear in their midst which arouses so much curiosity and consternation that they decide to set up a scientific institute to study them. They set up this institute by scientific disciplines and being more directive than we, they establish a policy that each scientist can examine these objects only with the tools and techniques and concepts which are characteristic of his discipline.

The first laboratory to be organized is the laboratory of anatomy. They study these strange objects for a while and their conclusion reads like this:

"The specimen is a roughly rectangular block of tissue covered ventrally and dorsally with two coarse, fibrous, encapsulated laminae approximately 3 mm. thick. Between these lie several hundred white laminae a fraction of a millimeter thick, all fastened at one end and mobile at the other. On closer inspection of a few of these, they are found to contain a large number of black surface markings arranged in linear groupings in a highly complex manner."

By that time the chemists have appeared on the scene. The analytical chemist to get hold of a specimen burns it and satisfies himself that it obeys the law of the conservation of matter and is therefore in his province, he computes its energy release per gram on complete oxidation. Next comes the analytical chemist, who discovers first its elementary com-

This four-page section, devoted chiefly to summaries of research findings that have been reported by scientists of the National Institutes of Health, is prepared with the cooperation of the Information Offices of the Institutes and Divisions of the National Institutes of Health.
WHAT'S NEW IN AGING?
By Daniel Bailey
Information Officer, Division of General Medical Sciences

NIH first established a laboratory for the study of gerontology at the Baltimore City Hospitals in 1940, with initial support from the Josiah Macy, Jr. Foundation.

In 1941 the full support of the work was assumed by the National Institutes of Health, and in 1948, with the establishment of the National Heart Institute, the laboratory became the Gerontology Branch of NIH. The city of Baltimore continues to provide space for the laboratory in the Baltimore City Hospitals. Some of the staff are also members of the Johns Hopkins University there.

Following the establishment of the Gerontology Branch, the next major development came in 1955 when the Mental Health Institute, set up its Section on Aging under Dr. James E. Birren.

By 1955, the public at large had become very conscious of what is referred to as the problem of aging. There was talk in many circles, including Congress of the National Institute on aging of some sort. Also during 1955, the Advisory Councils began to recognize that aging deserved more direct attention in research, and they all passed resolutions to that effect.

The Councils were particularly interested in increasing the amount of attention given the field of aging in the NIH extramural research and training grant programs. The result, after deliberations in the Office of the Director, NIH, was the Center for Aging Research.

The obvious point about such a center was that an institute for research in aging probably would not be necessary if we had a mechanism which could tell us fully what NIH already was doing, in aging, in the extramural and intramural programs.

The charter of CAR was written to say that this group would be the focal point for research in aging—both in training and coordination. CAR would serve as the principal source of information on the status of research in aging, in the NIH intramural and extramural programs, and also would serve to foster and encourage additional research programs in aging by the nation's scientists.

Areas Defined
In the beginning, however, CAR had to decide the big question: "What is research in aging?"

Many people—even mature scientists in the field of aging—were thinking of it as research among old persons. There is research, of course, among older people, but this is only a fraction of the total.

In a modification of the classification used by Bock in his book "Trends in Gerontology," CAR developed a classification guide which is used to determine whether a particular bit of research falls into the field of aging or not. This guide includes the structural, physiological, biochemical, psychological and social aspects of aging, certain identifiable disease processes, and special training. Thus, in the NIH sense, research in aging involves just about everything and, biological discipline and all the biomedical sciences. It is the role of CAR not only to encourage more intramural and extramural research in aging, but also to review every research and training grants made by NIH to determine its direct or indirect applicability to aging and to record it and follow it through. CAR became a part of the Division of General Medical Sciences when this Division was established in 1955.

At the same time Dr. G. Halsey Hunt, who had been Director of CAR, became Chief of DGMS.

Responsibilities Outlined
The other responsibilities of DGMS are directing the NIH grant programs for research in the biomedical sciences and professions in environmental public health, and in certain clinical sciences not covered by the Institutes. In addition, the Division also administers the grant programs for training investigators in the basic biomedical sciences and provides fellowships at five levels for general research training.

The greater emphasis in research in aging is not on the clinical sciences and it is not on older people. The greater emphasis is on the basic biological processes of aging and the majority of the research necessarily is not carried out on human subjects. This is not to say that there is not a great deal of research on those disease processes identified with aging, and research also in problems such as rehabilitation of older persons. But most of the scientists being supported in the field by NIH are concerned with the basic processes.

There are three main reasons for this:

1. The first grows out of what might be called a pure biological interest in a remarkable phenomenon of life which is the tendency and fate of all living organisms to weaken under the stress of just existing and finally to die. The scientists want to know how and perhaps why.

2. The second reason for the intense interest in the basic biological processes of aging is part of an effort to disentangle disease processes from what might be called normal aging processes. There are a few scientists who believe that aging is a result of disease, but this is distinctly a minority opinion. The majority feel that aging is a separate process, yet one that can be and is affected by disease. When scientists have learned to distinguish clearly between the two, then they will have taken a great stride in combating disease at the most fundamental and perhaps the most crucial level.

3. The third reason for study emphasis on the basic processes of aging is that they might be able, in some manner, to affect this process, that is, delay it, so as to prolong human life. This is, of course, part of the same age-old search for the fountain of youth. What is the best way to do this? What is the right kind of research to do to help prolong human life? What is the right kind of research to do to help prolong the human life span? What are the real biological processes leading to death? What are the processes of aging? What can we do to prevent them? What can we do to cure them?

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Liver Triglycerides Increased By Consumption of Alcohol

National Heart Institute scientists have found that large single doses of alcohol in rats interfere with pituitary control over the fat transport system. As a result, excessive amounts of triglycerides (neutral fat) are mobilized from adipose tissue as free fatty acids and carried by the plasma to the liver, where they are recombined with glycerol and deposited in this organ.

This derangement of fat transport may be important in the development of the cirrhosis often found in alcoholics, in which the chronic deposition of excessive fat in the liver is thought to lead eventually to necrosis.

**Increases Measured**

Single orally administered doses of 4.8 grams of alcohol per kilogram of body weight (equivalent in humans to about six double martinis) resulted 18 hours later in a threefold increase in liver triglycerides in female rats. Larger doses increased liver triglycerides almost fivefold.

That these effects following a single large dose were due in the main to the mobilization of fatty acids from adipose tissue rather than to an increased synthesis of fatty acids by the liver was shown by the linoleic acid content of the deposited fat. This unsaturated fatty acid cannot be synthesized by the rat, but is of dietary origin.

When assayed by gas chromatography, the liver fat deposited by action of the alcohol was found to have virtually the same linoleic acid content as adipose tissue. Similar results were obtained when the oleic acid content was assayed.

Since the concentrations of both fatty acids in the adipose tissue, little if any of the fat deposited as a result of the alcohol could have come from fatty acids synthesized by the liver.

**Mechanism Not Known**

The finding that alcohol did not produce these effects in rats whose triglycerides had been removed suggested that the effects in alcohol on fat transport were mediated through hormones from the pituitary gland. Investigation of the effects of alcohol on the pituitary-adrenal axis indicated that alcohol increases the pituitary to release ACTH and perhaps other hormones important in fat mobilization. However, the mechanism by which alcohol does so is not known.

**Catechol Amines Involved**

The scientists found that pre-treating rats with certain adrenergic blocking agents prevented the alcohol-induced fat deposition in liver, suggesting that the catechol amines may also be involved in the process. It is not yet clear whether the protection conferred by these pretreatments is due to their blocking the action of amines at nerve endings which innervate fat cells or to their blocking the release of pituitary hormones.

The experiments were conducted by Drs. H. B. Brodie, H. M. Maling, W. M. Butler, Jr., and R. P. Mackel, of the Laboratory of Chemical Pharmacology, and by Dr. M. G. Horning, of the Laboratory of Cellular Physiology and Metabolism. Their findings were reported at the Symposium on Neurological and Hepatic Complications of Alcoholism held in New York.

In different types of experiments, Dr. C. S. Lieber and colleagues of Boston, grantees of the National Institute of Arthritis and Metabolic Diseases, have results which indicate that alcohol stimulates the synthesis of fatty acids in the liver. It remains to be seen which process is predominant in the genesis of chronic fatty liver produced by alcohol in animals.

AGING

(Continued from Page 5)

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Antitumor Agent Action Mechanism Studied at NCI

Studies of the mechanism of action of the antitumor agent, 6-mercaptopyrine (6-MP), are important and essential to an understanding of the drug and to development of more effective derivatives.

Results of one such study, summarizing data on the effects of 6-MP upon nucleic acid metabolism of mouse leukemia L1210 cells in vitro, have been reported by Dr. Jack D. Davidson of National Cancer Institute's Clinical Pharmacology and Experimental Therapeutics Service.

Drug-sensitive and drug-resistant leukemic cells were compared with respect to utilization of radioactive precursors for the formation of nucleic acid purines. Both lines showed similar rates of nucleic acid synthesis, but the details of the metabolism were different.

Metabolism Traced

The sensitive line showed much greater utilization of labeled hypoxanthine (purine precursor) than did the resistant line, and utilization for adenine formation was greater than for guanine formation. Resistant cells utilized labeled glycine (amino acid precursor) to a greater extent than the sensitive ones, and the utilization for guanine formation was greater than for adenine.

6-MP, which is similar to hypoxanthine except for the substitution of a mercapto (SH) group for a hydrazino (NH2) group, inhibited the incorporation of hypoxanthine and glycine into the adenine nucleotides (molecules of nucleic acid) in the sensitive cells, but had no effect on the guanine nucleotides.

Hypothesis Upheld

These findings support the hypothesis that 6-MP is metabolized to its nucleotide, and this produces a metabolic block in the conversion of inosinic acid (hypoxanthine nucleotide) to adenine nucleic acid (adenine nucleotide). The common pathway for these two precursors lies between inosinic acid and adenine acid.

In the resistant cells, 6-MP inhibited profoundly the incorporation of hypoxanthine into both the adenine and guanine nucleotides; utilization of glycine was unaffected.

These results suggest that the 6-MP block in the resistant cells is located on the pathway from free hypoxanthine to inosinic acid. This pathway is of limited capacity.

Rare Disease Affects Oral, Ocular Tissue In Carolina Families

A rare hereditary disease of the oral and ocular tissues was recently described by Dr. Carl J. Witkop, Jr., Chief, Human Genetics Section, Clinical Investigations Branch, National Institute of Dental Research.

Speaking before a joint meeting of the International Academy of Pathology and the American Association of Pathologists and Bacteriologists, Dr. Witkop reported that the genetic syndrome occurred principally among a collection of family groups in North Carolina and that it appeared to be similar to, and perhaps identical with, the white sponge nevus described by Dr. A. B. Cannon in 1935.

The Cannon type normally involves the vaginal and anal mucosa; however, these sites were not affected in the group surveyed by Dr. Witkop with Dr. John B. Graham and Clemen R. Shankle of the Department of Pathology, University of North Carolina School, and other investigators from the Ophthalmology Branch of the National Institute of Neurological Diseases and Blindness.

Termed as Hereditary Intraepithelial Dyskeratosis, the disease was characterized by lesions on the bucal mucosa, floor of the mouth, side of the tongue, as well as the bulbar conjunctiva.

Belief Supported

History, physical findings, histological appearance and histochemical reactions supported the belief that both oral and ocular symptoms were local manifestations of the same disease process. There were some indications that the syndrome was subject to seasonal exacerbations. Careful examination, however, failed to reveal any evidence that it was due to a local geographic factor such as an allergen or occupational hazard.

Other data also tended to eliminate viruses, vitamin deficiencies, and microbial infections as the responsible factors.

Resistance, therefore, correlated with the cell's loss of the capacity to convert free 6-MP to its nucleotide derivative, which appears to be the term responsible for antitumor activity.

The work is reported in a recent issue of Cancer Research.

Three Swedish Scientists Describe Perinatal Studies

By Pat MacPherson

Information Office, NINDS

Perinatal research studies in Sweden were recently described to staff members of National Institute of Neurological Diseases and Blindness' Collaborative Project by three visiting scientists, Drs. Lars Engstrom and Perter Karlberg, Karolinska Hospital, Stockholm, and Dr. Gosta Rooth, of the University Hospital, Lund. The lecture culminated a three-week visit to NIH by the investigators, who also visited several of the collaborating institutions.

In opening remarks, Dr. Engstrom described a pilot study of labor and delivery, including 129 mothers, which was initiated last January in the Obstetric Clinic, Karolinska Hospital. Psychological studies of mothers during and after pregnancy are included in the project.

"Comparisons of our results with those of the NINDS study will be of great interest," he said, "particularly in view of the differences in delivery techniques and anesthesia usage. In Sweden, the forceps delivery rate is only 7 percent, as compared to about 70 percent in the U.S., and some 40 percent of mothers have no anesthesia during delivery."

A related study of respiratory adaptation in newborns is also underway at the Clinic. Results of this work indicate that such adaptation is most crucial during delivery and the first seconds of life.

Long-term studies of drug-induced labor were described which suggest that rates of complications and injuries in these cases are considerably higher than in normal labor. The hormonal aspects of labor and delivery are also being investigated.

For the past five years, the Pediatric Clinic of Karolinska Hospital has been cooperating in an international study of children's development, coordinated by the International Child Center, Paris. Results of physical and psychological examinations of 209 children followed from birth, as well as results of ancillary studies, were outlined by Dr. Karlberg. Data from the Stockholm study will be compared with findings of similar groups in nine major cities at a conference next October.

Oxygen Levels Studied

Dr. Rooth, who is associate professor of internal medicine at the University Hospital, Lund, summarized his studies of oxygen and carbon dioxide metabolism in mothers and newborn babies. His findings show that fetal oxygen tension levels are lower than maternal, and that oxygen levels in amniotic fluid are identical to those in the tissues of the infant.

The investigators unanimously agreed that the opportunity to observe the Collaborative Study in operation will be of great value in conducting their own studies. Before their return to Sweden, Drs. Rooth and Engstrom visited collaborating institutions in Providence, Minneapolis, and Portland, Oregon. The group had previously seen studies in progress at Boston and Philadelphia.
NHI Conducts Course For 160 Physicians

NHI was the scene last month of a week-long course entitled "Current Research in Cardiovascular Disease," given by the staff of the Heart Institute under sponsorship of the American College of Physicians.

A part of the ACP's schedule of seven postgraduate courses for the spring of 1960, the session was attended by 160 physicians from all parts of the United States, as well as three from Canada and two from Puerto Rico.

Nine physicians from the PHS Division of Hospitals attended as guests of the Heart Institute.

Dr. Luther T. Terry, Assistant Director, NHI, directed the course, and 42 NHI staff members participated.

Focused around the research program of the Heart Institute, the course was unique in presenting interns with some of the many facets of cardiovascular disease currently under investigation.

The faculty discussed the research most applicable to clinical medicine, and supplemented this material with background information and reports on related work in other institutions.

OBITUARIES

Amy L. Nifong, Chief of the Audit Unit, Accounting and Auditing Section, Financial Management Branch, died May 11 in the Clinical Center after a long illness.

A native of Piney Point, Md., Mrs. Nifong came to NIH in 1940 as a clerk-stenographer. She had received several "excellent" efficiency ratings and would have received a 25-year service pin at the next awards ceremony. She is survived by three brothers.

* * *

Helen D. Henderson, a statistical clerk in the Epidemiology Section, Field Investigations and Demonstration Branch, NCI, died May 17 in the Clinical Center after a long illness.

Mrs. Henderson had been associated with NIH since 1956. Prior to that time she was with the President's Commission on Veteran's Pensions.

A resident of Kensington, Md., Mrs. Henderson is survived by her husband, Harry.

* * *

Saxton Y. Howard, a physical science technician in the Section on Primate Neurology, Surgical Neurology Branch, NINDS, died May 23 in the Clinical Center. He had been ill health for several years.

Mr. Howard came to NIH in 1956 from the Government Printing Office where he had been a bindery operator. He is survived by his wife, Bessie.

NEW APA PRESIDENT VISITS EXHIBIT

NEW APA PRESIDENT VISITS EXHIBIT

Drama

(Continued from Page 2)

hours.

It is interesting, too, that Edward Zaal, Miss Budge's Administrative Assistant, was the Clinical Center's first AOD, and that he still works closely with the three who have taken over. Some of the problems they encounter call for the wisdom of a present-day Solomon.

One night a patient arrived at the CC from a rural section of Alabama. Unable to read or write, he had been escorted to Bethesda by his 17-year-old son who helped the AOD fill out the papers necessary for admission.

Problem Solved

When that was accomplished the son was free to leave, and that's when the problem arose. The youth had no money for his trip back home. What to do?

The AOD decided he needed advice. He phoned the Senior Administrative Staff Officer, who is on 24-hour call, and was told to take care of the young man out of the Patient Fund supplied by the Recreation and Welfare Association of NIH.

There was not enough cash on hand; however, to pay for meals and transportation to Alabama, so the AOD gave the lad enough to pay for an overnight stay in a local rooming house and told him to return in the morning.

At that time the Social Service Department took over, bought the young man a bus ticket, supplied him with eating money for his trip, and sent him home to Alabama.

Although senior staff members are available to give advice, it is the AOD who must be on the alert for knowing when and where action must be taken.

An example of this type of alertness is the "detective" work he does at admission time. He must be certain that all information given him by the patient is absolutely accurate. If it is not, an avalanche of troubles could descend upon the Clinical Center.

Accuracy Essential

For instance, the information given by the patient regarding his next of kin must be correct. This is important because the next of kin must be notified in the event of the death of the patient.

Often a woman will state that her husband is separated from her. She neglects to mention that she is not legally separated from her husband. In such a case, of course, her husband still is in fact her next of kin.

Trouble Averted

Were the husband not notified of her death, a long string of legal issues could ensue for the Clinical Center. The quick-witted AOD stops this trouble before it starts by first spotting something amiss and then constantly prodding for complete information.

Detective, troubleshooter, interviewer, information clerk, counselor, the AOD moves efficiently from one problem to another.

NIH Director Receives Honorary D.Sc. Degree At Catholic University

Dr. James A. Shannon, Director of NIH, was one of two men who received honorary degrees from the Catholic University of America at its 71st annual commencement exercises on Sunday, June 5.

The Doctor of Science degree, conferred upon Mr. Shannon by Archbishop Patrick A. O'Boyle, Chancellor of the University and presiding officer at the ceremonies, was in recognition of his outstanding accomplishments in the field of medical research.

Dr. Shannon has also received honorary degrees from the College of Holy Cross, the University of Notre Dame, the Oak University, Providence College, and Loyola University.

He was also awarded the Medal of Merit, one of the highest awards for civil service, for his efforts in support of his research activities with the National Research Council during World War II, and his services as a consultant on tropical diseases to the Secretary of War.

John A. McConel, Chairman of the Atomic Energy Commission, received the honorary degree of Doctor of Laws at Sunday’s commencement exercises.

New Pediatric Branch Created in NIAMD

The creation of a Pediatric Metabolism Branch within NIAMD was approved recently by the Surgeon General, PHS.

This branch, headed by Dr. Paul Sunt' Agnese, who joined the NIAMD staff last January, is considered one of the most eminent investigators of the diseases of childhood.

In addition to many other pioneer findings in cystic fibrosis, his discovery that children with this disease manifest their condition through an increased salt content of their perspiration resulted in a "sweat test" which is widely used in diagnosis.

He also participated in the early work on immunization of infants against diptheria, whooping cough, and tetanus.

Dr. William O. Jones, recently of the Arthritis and Rheumatism Branch, NIAMD, will assist Dr. di Sant' Agnese in the clinical investigations related to cystic fibrosis and other childhood diseases.

Dr. di Sant' Agnese can, and smoothing the operation of the Clinical Center all through the night.
Aging Problems Topic Of Dr. Mohler’s Talk

Dr. Stanley R. Mohler, Medical Officer of the Center for Aging Research, DGMS, spoke on the problems of gerontology in the United States at a meeting of the Section on Geriatrics and Gerontology of the Pan American Medical Association recently in Mexico City.

Dr. Mohler discussed the problems of health, income, retirement, and housing which face the aged, and current research on the process of aging.

The Pan American Medical Association promotes closer relations among the members of the medical and dental professions in the 22 nations of the Western Hemisphere, grants post-graduate scholarships, and seeks generally to further scientific knowledge.

Lab Refresher Courses Offered at CD Center

A series of laboratory refresher training courses, varying in length from one to four weeks, will be presented by the Laboratory Branch of the Communicable Disease Center in Atlanta, Ga., during the period of October 10, 1960, through April 7, 1961.

The courses, which are open to members of the Commissioned Officers Corps at NIH, will deal primarily with laboratory methods in the study and diagnosis of various infectious diseases. A few unscheduled courses will be given by special arrangement.

Interested personnel may obtain information and application forms from the Training Officer, Communicable Disease Center Laboratory Branch, USPHS, 50 Seventh St., N.E., Atlanta, Ga.

Singing Capital Chorus To Present Program

The annual NIH program of barbershop harmony by the Singing Capital Chorus will be presented Monday, June 13, at 8 p.m. in the CC 14th floor auditorium.

The chorus is the D.C. Chapter of the Society for the Preservation and Encouragement of Barbershop Quartet Singing in America, Inc. The chapter’s smaller 25-man chorus and several quartets will also appear on the program which is being produced by Robert L. Campbell, Publications and Reports Branch, NIMH. The master of ceremonies will be William G. Baylis, Executive Officer, NIAMD.

Employees of NIH, CC patients, and their families and friends are invited to attend the concert free of charge.

WIELDS A BIG STICK, SPEAKS SOFTLY

FLETCHER
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buffet supper in the Terrace Room of the Officers’ Club at the Naval Medical Center, attended by 80 information staff members from NIH, PHS, and other Governmental agencies, members of their families, and friends.

At both gatherings, Mr. Fletcher was presented with gifts from his friends and colleagues. The presentations were made by Dr. Shannon.

Fletcher Replies

In his reply of appreciation and farewell at the Friday afternoon party, Mr. Fletcher spoke briefly but feelingly of his decade of association with NIH. He said in part:

“I feel I have not had a job or a position at NIH. I have had a place. The place one has in any human endeavor can be measured in only two ways: whether the work to be done is important, and whether the people one works with are good people. By both of these criteria, my place at NIH has been rewarding.”

Guests at the Wilson Hall party, where Mr. and Mrs. Fletcher received from 4 o’clock on, included friends from all levels of NIH, PHS, DHEW, other branches of the PHS “family,” and former associates who have since retired or transferred.

Gifts presented to Mr. Fletcher included a matched set of golf clubs, and golf bag, a framed testimonial scroll signed by Dr. Shannon and members of his staff, and a leather-bound scrapbook containing the signatures of his Information Officer associates and photographs depicting events during various stages of his career at NIH.