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Dr. Udenfriend Wins Annual Hillebrand Award

Dr. Sidney Udenfriend, Chief of the Laboratory of Clinical Biochemistry, National Heart Institute, has been selected by the Washington Section of the American Chemical Society as this year's winner of the Hillebrand Award for "original contributions to the science of chemistry."



Dr. Udenfriend

The Award, named in honor of Dr. W. F. Hillebrand, Past President of the local chemical society, will be presented to Dr. Udenfriend at the Society's annual award dinner, March 8, at the Knights of Columbus Hall in Arlington, Va.

The eighth NIH scientist to receive the Award since its establishment in 1925, Dr. Udenfriend will be cited for his fundamental contributions to the biochemistry of neuroregulatory substances in health and disease."

Dr. Udenfriend's primary research efforts at NIH have been on the metabolism of amino acids and amines. His studies have established him as an international authority in his field and findings

(See DR. UDENFRIEND, Page 3)

New NIAID Program Seeks to Develop Vaccines Against Respiratory Viruses

Surgeon General Luther L. Terry has announced the establishment of a Vaccine Development Program in the National Institute of Allergy and Infectious Diseases.

The purpose of the new program is to make fullest possible use of existing information on respiratory tract viruses.

NIH Credit Union Moves To New Offices Monday

The NIH Federal Credit Union will move from the Clinical Center to its new and larger offices in Building 31 next Monday, March 5.

Banking facilities with five teller windows will be located in Room 1A08, and the loan department will be located in Room 1A07.

A special feature of the loan department will be individual interview offices insuring complete privacy for loan applicants.

Open Daily

Business hours in the new offices will be from 10:30 a.m. to 4 p.m., Mondays through Fridays, with the exception of paydays when the offices will open at 9:30 a.m.

In addition, the CU will provide pay-by-mail envelopes for members wishing to make savings deposits or loan payments through the interoffice mail system.

An open house to which all NIH employees are invited, will be held in the new offices on Tuesday, March 6. Light refreshments will be served from 9 to 10:30 a.m. and from 2 to 3:30 p.m.

According to Dr. Terry, knowledge of these viruses has been accumulating rapidly, particularly over the past ten years, and that now is the time to concentrate on practical application of what is currently known, even as laboratory research continues to uncover new information.

The program will be directed by Dr. Dorland J. Davis, NIAID Associate Director in Charge of Research.

Advisory Board Meets

A Board for Vaccine Development, which has just held its first meeting, will advise Dr. Davis. Chairman of the Board is Dr. Gordon Meiklejohn, Professor of Medicine and Head of the Department at the University of Colorado Medical Center, and a recent past member of the National Advisory Allergy and Infectious Diseases Council.

Other members of the Board are Dr. Floyd W. Denny, Jr., Professor of Pediatrics, University of North Carolina School of Medicine; Dr. George Gee Jackson, Professor of Medicine at the University of Illinois College of Medicine; and

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G. Halsey Hunt, Chief of DGMS, To Retire April 1

Dr. G. Halsey Hunt, Chief of the Division of General Medical Sciences will retire April 1 after 25 years' service with the PHS Commissioned Corps to become Associate Executive Director of Educational Council for Foreign Medical Graduates, Evanston, Ill.



Dr. Hunt

Upon the retirement of Dr. Dean F. Smiley on January 1, 1963, he will become Executive Director of the ECFMG.

Dr. Hunt came to NIH in 1956 as the first Director of the Center for Aging Research. He has been Chief of DGMS since its establishment in July 1958 to administer NIH grant programs for research and research training in the basic medical and biological sciences. His successor has not yet been named.

Dr. Hunt was commissioned in the U. S. Public Health Service in 1936. From 1936 to 1945, he was on the surgical staffs of the Public Health Service hospitals in Staten Island, Seattle, San Francisco, and Louisville.

From 1945 to 1947, he directed a study of medical group practice in the United States, and in 1947 and 1949, respectively, was named Assistant Chief, then Chief, of the Division of Hospitals. From 1952 to 1956 he was Assistant Surgeon

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Joint Crusade-Health Agencies Campaign Begins Monday

The annual combined campaign of the Federal Service Joint Crusade and the National Health Agencies will be launched here on Monday, March 5.

This is the second of the two official fund drives sponsored each year by the Federal government.

Concentrated during the first two weeks of March, the NIH drive aims at 100 percent effective employee participation, with no dollar quota. Campaign keymen, one for every 25 NIH employees, will personally contact each member of their groups during the com-

bined drive to outline its objectives.

Dr. Seymour J. Kreshover, Jr., Acting Director of the National Institute of Dental Research, is NIH Chairman and Dr. Ralph E. Knutti, Director of the National Heart Institute, is Vice Chairman.

Directed nationally by Attorney General Robert F. Kennedy, the National Health Agencies drive benefits the Muscular Dystrophy Associations of America, the National Multiple Sclerosis Society, the National Society for Crippled Children and Adults, the United Cerebral Palsy Associations, the American Cancer Society, and the

American Heart Association.

Also under Mr. Kennedy's direction, the Federal Service Joint Crusade includes the American-Korean Foundation, CARE, and Radio Free Europe.

In urging full employee participation in the campaign, Dr. Kreshover said that, "This campaign is one way for everyone to help in the never-ending battle against crippling disease, world-wide hunger, and the threat to liberty from lack of information. I sincerely hope that everyone at NIH will effectively contribute to the combined fund drive."

Army Band to Present Concert Here March 1

The U. S. Second Army Band will give a concert in the Clinical Center auditorium Thursday evening, March 1, at 7:30 p.m.

NIH employees, their families and friends are invited. The concert is primarily for CC patients and was arranged by Arnold Sperling, Chief of the CC Patient Activities Section.

the NIH Record

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'PERSONNEL' TO PERSON

ANY NIH employee who is receiving pay as a retired Warrant Officer should get in touch with his Personnel Operations Officer (see page 54 of the NIH telephone directory) at once. A Comptroller General decision now makes it clear that retired Warrant Officers, although not subject to the dual *compensation* statute, are subject to the dual *employment* statute. Therefore an immediate review of the employment status of those affected by this decision is required.

GRIEVANCE PANEL SELECTED

The Administrative Assistant Secretary of DHEW has chosen 11 NIH employees to be members of a 45-man panel of Grievance Review Officers. From this panel will come the chairmen of hearing committees sought by employees who have requested formal review of a grievance or of a proposal to take an adverse personnel action.

Hearing committees will consist of three members. The employee and management will each name a Department employee who is available to be a member of the committee. These members will choose a third member who will serve as Chairman.

In the Washington and Baltimore commuting areas, the selection of the Chairman will be made from the panel of Grievance Review Officers in all cases where the request for formal review of a grievance is received or the notice of proposed adverse action is signed on or after February 15, 1962.

NIH members of the panel are Dr. Philippe V. Cardon and George Kingman, NIMH; Dr. Roger M. Cole, NIAID; Dr. David F. Johnson, NIAMD; Agnes B. Middleton and Robert J. Savard, CC; Maurice Odoroff, DGMS; William B. Page,

Don Snow Leaves NIH For Post in Division Of Radiological Health

Donald L. Snow, who came to NIH in 1948 and served in various administrative capacities within the Division of Research Services, was appointed Head of the Radiological Health Data and Reports Office of the PHS Division of Radiological Health, effective February 1. He is stationed at the Division's Rockville office.

A PHS Commissioned Officer, Mr. Snow was appointed Chief of the Research Facilities Planning Branch in 1951, when the Clinical Center and six other buildings were part of the same construction project.

A year later he was also designated Head of the Sanitary Engineering Section, and when these programs were reorganized in 1955 he became Chief of the Sanitary Engineering Branch, now the Environmental Services Branch.

For the past 11 months Mr. Snow has been conducting a study of research laboratory space planning under joint sponsorship of the Clinical Center and DRS.

In 1958 Mr. Snow organized NIH participation in an international symposium on germfree animal technology at the Lobund Institute of Notre Dame University.

This year, as President of the United States Section of the Inter-American Association of Sanitary Engineering, Mr. Snow is active in the arrangements being made for the Association's Eighth Biennial Congress, to be held June 10-15 in Washington.

DRS; Samuel M. Poiley and Dr. Julius White, NCI; and David L. Rogerson, NHI.



Mr. Snow

Study of Psychiatric Outpatient Clinics In Maryland Yields Valuable New Data

The first comprehensive study of the characteristics of psychiatric outpatient clinics of an entire State—Maryland—has been carried out by a team of National Institute of Mental Health scientists and associates.

Data were collected on the age, sex, color, place of residence, and mental disorder of every Maryland resident seen in various clinics serving residents of the State during the year ending June 30, 1959. Findings indicate that less than one-half of one percent of the population are seen in a psychiatric clinic in a year.

Primarily For Children

In rural counties, clinical services are primarily for children, reflecting the use of the clinic by school psychological services and as a casework and court diagnostic facility in lieu of other community resources.

All clinics reported long waiting lists for treatment of children, indicating marked inadequacy of services in all geographic areas. Clinic admission and termination rates were considerably higher for boys than girls.

Children under five and adults 65 and over have the lowest rates of admission to clinics; high rates for school children are followed by a decline in late adolescence, a secondary rise at ages 30 to 40 years, followed by another decline.

The general decline in the clinic population past the age of 40 does not indicate diminishing disease

with age, since it is accompanied by an increase in the rate of admission to inpatient care.

A lower psychiatric rate for adults was observed in less urbanized areas, which parallels earlier findings indicating that highest rates for hospitalization for schizophrenia occur in areas of high population mobility and density.

Other findings show that in late adult life, brain syndromes associated with cerebral arteriosclerosis and senile or presenile brain disease predominate. Transient situational personality disorders (adjustment reactions) are of considerable numerical importance in childhood and decline at 18 years. In psychiatric classifications among children, personality disorders and mental deficiency were major problems; among adults, psychotic disorders led, followed by psychoneuroses.

Field Studies Needed

Results of the survey, the investigators note, sharply point up the need for further intensive field studies along these lines, and demonstrate the usefulness to the psychiatrist, mental health program planner, sociologist, and epidemiologist of such data obtained for an entire geographic area and referable to a population basis for computation of admission and termination rates.

The study was reported by Anita K. Bahn, Caroline Chandler, NIMH; and Leon Eisenberg, Johns Hopkins University, in the *American Journal of Psychiatry*.

DR. HUNT

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General and Associate Chief of the Bureau of Medical Services.

A native of Newton, Mass., Dr. Hunt was graduated from Brown University in 1924, and received the M.D. degree from the Columbia University College of Physicians and Surgeons in 1928. From 1928 to 1932, he was on the staff of the Presbyterian Hospital, New York City, as surgical intern and junior fellow in surgery, and from 1932 to 1936, he was in private practice in Red Bank, N.J.

He is a Fellow of the American College of Surgeons and of the American Public Health Association, a member of the American Medical Association, the American Hospital Association, the American Association for the Advancement of Science, and the Board of Trustees, Medical Service of the District of Columbia, Inc.

His publications include studies on anesthesia, surgery, medical group practice, hospital administration, and aging.

DGMS Awards Grants For Biophysical Studies

Grants amounting to \$581,649, awarded to 23 scientists for studies in the fields of biophysics and biophysical chemistry were announced recently by the Division of General Medical Sciences.

The research to be supported by the new grants will focus on cell structure and function and will involve theoretical chemistry and the technics of the physical sciences.

End result of some of these investigations, which will be carried out in 21 institutions in 16 States, will be a better understanding of basic biological processes, ranging from photosynthesis to the mechanism of enzyme action. One study is aimed toward providing a more complete description of living cell membrane.

Biophysics and biophysical chemistry are fields receiving new emphasis in the DGMS research program. More than \$950,000 has been awarded for studies in these areas during the current fiscal year.

DR. UDENFRIEND

(Continued from Page 1)

from research that he has conducted or directed have influenced much of the basic and clinical research of the Heart Institute.

His studies on the biosynthesis and metabolism of serotonin, norepinephrine, and epinephrine have significantly contributed to NHI research on hypertension, especially in the pharmacological evaluation of hypotensive drugs.

Studies currently underway in Dr. Udenfriend's laboratory are yielding additional information on the operation of the central and autonomic nervous systems. His work on amino acid and amine uptake by the brain is helping to define further the nature of the "blood-brain" barrier.

Theory Suggested

The biosynthesis of acetylcholine, one of the body's most important neurohormones is being investigated in other studies. Some of his recent research has shown that homocarnosine, a compound that appears to be synthesized only by tissues of the central nervous system, is excreted in the urine. This suggests the possibility that homocarnosine may provide an index of the metabolic activity of the CNS.

Dr. Udenfriend has been associated with NIH since 1950 and became Chief of the Laboratory of Clinical Biochemistry in 1956.

Since 1951 he has authored or coauthored more than 140 scientific papers, and has recently completed a book, *Fluorescence Assay in Biology and Medicine*, published this month by the Academic Press. In 1958 he was the winner of the Arthur S. Flemming Award for his outstanding contributions to NHI research programs.

Born in New York

A native of New York City, he received a B.S. degree from the College of the City of New York in 1939, and M.S. and Ph.D. degrees from New York University in 1942 and 1948 respectively.

He is a member of the American Chemical Society, the Society of Biological Chemistry, the Society of Pharmacology and Experimental Therapeutics, and the Society of Experimental Biology and Medicine.

Other NIH winners of the Hillebrand Award are the late Dr. Claude S. Hudson, who received the prize in 1948; the late Dr. Lyndon F. Small, 1949; Dr. Bernard L. Horecker, 1954; Dr. Bernhard Witkop 1958; and Dr. Leon Heppel, 1960, all of NIAMD.

Two NCI scientists have also been winners of the Award: Dr. Dean Burk, in 1952, and the late Dr. Jesse P. Greenstein, in 1957.

Educational TV Use in Nursing Care Demonstrated by Special CC Program



Dr. Jane Wilcox (left), Assistant for Nursing Research, CC Nursing Department, mans the TV control center during a special program on the "Use of Television in Nursing Research and Nursing Education." Monitors and switch box are shown in the foreground, and Ruth Metka, Assistant Chief, NCI Nursing Service, is readying props in the background. —Photo by Jerry Hecht.

A special program on the "Use of Television in Nursing Research and Nursing Education" was presented recently in the Clinical Center's 14th floor auditorium by the CC Nursing Department.

Directed and coordinated by Dr. Jane Wilcox, Special Assistant for Nursing Research, the 2-hour program included live demonstrations of the "do-it-yourself" use of television cameras in teaching and in nursing care observation.

The program was presented for members of the Nursing Research Study Section, DRG, at the request of Helen G. Tibbitts, Executive Secretary of the Study Section, in order to provide background information which would be helpful in evaluating research proposals involving the use of television.

To demonstrate how nurses can use television in teaching, Dr. Wilcox included the reenactment of part of a regular monthly clinical nursing conference. The portion she used had been presented with the use of TV by the Cancer Nursing Service last October to show the hospital and home care of the colostomy and ileal bladder.

Use of television for direct observation of bedside nursing care in a patient's room was also demonstrated. Members of the Study Section were able to see how a researcher, by means of television, can observe actual nursing care. On two monitors they watched Barbara Daltorio, Cancer Nursing Service, as she cared for a patient with a tracheostomy. Robert E. Taylor, Jr., nursing assistant, play-

ed the part of a patient.

Another important part of the program was a presentation by Frank Vanaman, Chief of the Television Engineering Unit, CC Clinical and Professional Education Branch. He discussed the kinds of equipment, personnel, and other facilities needed for various types of programming when television is used as a medium of communication in research.

Dr. Wilcox and her staff are now making plans to produce a TV program on "Medical Asepsis."

Hold Those Phone Calls During Area Snowfalls

During the recent snowstorms that have hit the area, the telephone switchboard at NIH has been deluged with calls from employees requesting information on dismissal times. These calls have so tied up the lines that in some cases employees did not receive notification that they could go home until as much as 30 minutes after they had been officially dismissed.

Howard E. Kettl, NIH Assistant Executive Officer, reminds NIH personnel that all Administrative Officers are alerted to area dismissal policies and they will immediately notify employees when the decision for early dismissal is reached. He adds that much valuable time will be saved and communication snarls will not develop if employees will refrain from calling the switchboard in the event of snow.

Iowa State Gets Grant for Study Of Hepatitis

A new U. S. Public Health Service research grant to the State University of Iowa for research on infectious hepatitis, a virus disease which afflicts an estimated one million people in the United States, has been announced by Surgeon General Luther L. Terry and University President Virgil Hanchen.

The grant will be administered by the National Institute of Allergy and Infectious Diseases. It will amount to \$63,840 for 1962, and approximately half this amount is recommended for each of the following two years. Principal investigator for the studies at the University is Dr. Albert P. McKee, Professor of Bacteriology.

Nearly 1 Million Affected

In announcing the grant, the Surgeon General commented on the laboratory and clinical research problems related to viral hepatitis which struck an estimated 750,000 to one million Americans in 1961. (This estimate is projected from 72,559 cases reported to the Communicable Disease Center in Atlanta, Ga.)

He noted that the isolation of the causative virus has not been adequately confirmed and therefore physicians are still dependent upon clinical symptoms for diagnosis of the disease. Diagnosis is made more difficult by the resemblance of infectious hepatitis symptoms to those of many other liver ailments, Dr. Terry added.

Though relatively few deaths from infectious hepatitis are reported, the Surgeon General stressed the seriousness of the disease: severe illnesses lasting weeks or months, accompanied by fever, nausea, headache, and depression are commonly associated with infectious hepatitis.

Studies Several Strains

Dr. McKee will use the grant, to continue studies of several strains of viruses he isolated from patients in an outbreak of clinically apparent hepatitis.

The research, he said, "will be directed at seeking ways to inactivate the viruses without destroying their antigenic action (action which stimulates the production of antibodies in the infected person); development of a vaccine for immunization against the disease caused by the viruses; studies of the disease in patients and the development of a process to help in the diagnosis of the disease in cases which are not clinically obvious."

VACCINE

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Dr. Walsh McDermott, Cornell University Medical College. Dr. McDermott will act as official representative of the National Advisory Allergy and Infectious Diseases Council.

NIH members of the Board are Dr. Robert J. Huebner, Chief of the Laboratory of Infectious Diseases, and Dr. Robert M. Chanock of the same Laboratory, Vice Chairman.

James E. Moynihan, Special Assistant to Dr. Davis, is the Board's Executive Secretary.

The first Board meeting was attended by three liaison representatives: Dr. C. A. Smith, Chief of the Communicable Disease Center; Dr. Thomas H. Tomlinson, Jr., Assistant Director, Division of Biologics Standards; and Dr. Karl Bambach, Executive Vice President and Secretary of the Pharmaceutical Manufacturers Association.

3 Phases Planned

The long-range program for vaccine development will consist of the following steps: 1) Special facilities and skilled manpower will be assigned to the actual development on an experimental basis of prototype vaccines for human use. 2) Small pilot lots of vaccine will be evaluated for potency and tested for purity and safety. Only after successful preliminary trials will controlled evaluation of the vaccine be extended through broad field studies. These activities will develop information concerning optimal dosage, preferred methods of administration and technical improvement of the vaccine. 3) Larger lots of the vaccine will be tested on young adults with the cooperation of selected military or prison populations, and later on civilian populations.

Disease Is Costly

Human respiratory disease is recognized as the largest single disease problem of man. In the United States it causes more time lost from work and other productive pursuits than any other disease, with an estimated economic loss through this factor alone of over \$3 billion a year.

A massive problem in adults, respiratory illnesses are even more pervasive in children. Each year in the pre-school age group, there are more than 20 million respiratory episodes with fever. An estimated 83 percent of all illnesses between birth and age 18 are caused by acute respiratory disease, according to a 30-year study by scientists at the Harvard School of Public Health.

It is now possible to implicate known viruses in about 60 percent of the serious respiratory illnesses of hospitalized children, and it is

Reserpine Analog Shows Potentialities In Treating Mild Psychiatric Disorders

An experimental drug that may offer several potential advantages over the tranquilizer, reserpine, in the treatment of mild psychiatric disorders is now being tested in animals by National Heart Institute scientists. The drug, a reserpine analog, was made by modifying the reserpine molecule. Reserpine is a "natural product" coming from the root of the *Rauwolfia serpentina* plant.

After testing the new drug in animals, the NHI scientists report

42 Scientists Receive DGMS Career Awards

Forty-two research scientists have received research career awards totaling \$656,482 from the National Institutes of Health, PHS Surgeon General Luther L. Terry announced recently.

The program, administered by the Division of General Medical Sciences, seeks to encourage and support researchers working in the basic medical and biological sciences.

This group of 42 awards covers the first half of Fiscal Year 1962. Included are two types of special support for scientific investigators.

The program called Research Career Development Awards provides aid for young scientific investigators who need further experience to qualify for senior positions. These awards are going to 33 individuals in 24 institutions and universities in 16 States and the District of Columbia.

The program referred to as Research Career Awards has the purpose of providing stable career opportunities for scientists considered to have superior capabilities in the health-related sciences. These awards are going to nine scientists in nine universities in as many States.

Under the Career Development program, support can be provided for five years and may be renewed to provide support for a total of 10 years.

Under the Career Award program, support can be provided in 5-year increments with review at appropriate intervals to ensure that the award continues to promote the objectives of the program.

these viruses which will receive immediate attention in the Vaccine Development Program. Priorities have been set up to make prototype vaccines, both live and killed, with respiratory syncytial virus; parainfluenza viruses 1, 2 and 3; PPLO-Eaton agent; and adenoviruses 1, 2, 3, 4, 5 and 7.

These priorities have been chosen

that its action is readily reversible, and its effects are temporary and noncumulative. The intensity of its effects is dependent on the amount of drug in the brain. When the drug disappears, so do its effects. The desired clinical results are obtained by merely adjusting the dosage.

Reserpine, on the other hand, is harder to handle. Its action is not easily reversible and its effects last for long periods after therapy is discontinued. It is a "hit and run drug," often disappearing completely from the brain before its effects develop. Since effects pile up after each dose, clinicians must carefully regulate dosage to prevent serious side effects.

Side Effects Cited

Some patients with high blood pressure, given a minimum dose of reserpine daily, may become increasingly lethargic, fatigued, and occasionally even mentally depressed. Patients with mental illness, given larger daily doses, may exhibit signs of Parkinsonism which may last weeks and even months after the reserpine therapy is discontinued.

Given intravenously, the new drug—known as SU-9064—is far less potent than reserpine and produces sedative effects much less intense even in doses five times as large. Administered orally, the drugs are about equal in effectiveness. The more potent reserpine loses much of its effect when given orally because much that is absorbed from the stomach and intestines is rapidly metabolized by the liver before it can get to its sites of action in the brain. SU-9064 does not suffer this fate and is equally effective orally or intravenously.

Report Published

SU-9064—chemically a methyl ether of methyl reserpate—was produced by CIBA Pharmaceutical Products in cooperation with the National Heart Institute.

The Heart Institute scientists, Drs. Eduardo Cuenca, Erminio Costa, Ronald G. Kuntzman, and Bernard B. Brodie, reported their studies with SU-9064 in the December issue of *Medicine Experimentalis*.

because RS viruses are believed to cause about 20 percent of these illnesses; parainfluenza viruses 15 percent; PPLO-Eaton agent 10 percent; and adenovirus 10 percent. In addition, the possibility of vaccine development against the enteroviruses and enterovirus-like agents incriminated in respiratory disease of adults will be explored.

Dr. Andervont Winner Of Civil Service League Career Service Award

Dr. Howard B. Andervont, a member of the original research staff of the National Cancer Institute, has been chosen as one of ten recipients of the National Civil Service League's Eighth Annual Career Service Awards.



Dr. Andervont

This newest addition to the honors accorded Dr. Andervont during his 32-year career in the Public Health Service, comes less than a year after he received the Distinguished Service Award from the Department of Health, Education, and Welfare.

Dr. Andervont will receive the Career Service Award certificate March 13 at a dinner in the Sheraton-Park Hotel in Washington. In informing Dr. Andervont of the award, Nicholas Kelley, President of the League, wrote, "Your outstanding record of performance reflects great credit on yourself and the career service. It is an inspiration for every American."

Edits NCI Journal

Dr. Andervont, now Scientific Editor of the *Journal of the National Cancer Institute*, joined the Public Health Service as a biologist in 1930. He was Chief of the Laboratory of Biology, NCI, from 1946 until the end of 1960, when he relinquished his administrative responsibilities. Since then he has continued his research activities in the Laboratory, in addition to his editorial duties.

Throughout his professional career, which began several years before he entered government service, Dr. Andervont has been interested in cancer research. He has made numerous significant contributions to present knowledge of viruses and hormones in relation to cancer and the nature of the cancerous process. His achievements have earned him international recognition as a leader in the scientific community.

A native of Canton, Ohio, Dr. Andervont received a B.S. degree from Mt. Union College, Alliance, Ohio, and a D.Sc. degree from Johns Hopkins University.

Correction

In the picture story on NIH rural research in the last issue of the *Record*, the name of William T. Lane of the Laboratory of Infectious Diseases, NIAID, was incorrectly printed as William Allen. The *Record* regrets the error.