

# the NIH Record

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## Scientists Develop Simple Test for German Measles

A simple and rapid test for German measles (rubella) has been developed through cooperative work by Public Health Service and industry scientists. The new test provides identification of antibodies to rubella infection within 24 hours, as compared with about two weeks for methods generally used previously.

It employs the biological principle called "complement fixation," an especially sensitive indicator of recent infections. Thus, timely reconnaissance can be made of rubella epidemics prevalent in recent seasons in the United States. These rubella virus infections, when acquired by women early in pregnancy, are resulting in thousands of defective infants.

### Vaccine Development Aided

Information obtained more readily through the new method should shorten the time to the development of safe and effective rubella vaccines now in the experimental stage, and should also facilitate evaluation of the use of high-titer (high in antibodies against rubella virus) gamma globulin blood fraction as an interim protective measure.

(See MEASLES TEST, Page 4)

## NINDB Sponsors Project in Egypt for Collection of Statistics on Blindness

An agreement to collect data on blindness in certain urban and rural areas in Egypt has been negotiated with the University of Alexandria by the National Institute of Neurological Diseases and Blindness.

A pilot project, begun March 1 in Alexandria and nearby villages, will inaugurate the program, designed to complement and extend the efforts of the Institute's Model Reporting Area for Blindness Statistics (MRA).

The Model Reporting Area, initiated in 1962, is making use of improved State blindness registers to collect comprehensive data on the blind populations of member States

## 'Life Island' Tested in Study Of 'Reverse Isolation' Here



At the foot of the Life Island is a console for control of filtered air entering and leaving the enclosure, two ultraviolet light locks for passing items into and out of the protected area, and a control panel.—Thomas Joy Photo.

The need for greater foresight, quick timing, increased dexterity—these are the bugbears of "reverse isolation" from a nursing viewpoint.

At a recent Nursing Care Conference at the NIH Clinical Center, attended by nurses from throughout the Greater Washington Area, members of the CC Cancer Nursing Service spelled out the particulars of these needs in isolating the patient—rather than "outsiders"—from contamination.

The conference centered on a containment isolator known as the

in the MRA.

Uniformity of data is approached through use of a common definition of blindness and a standard classification of causes of visual loss by site and etiology. Rigid standards attempt to insure updated and complete data in the State registers. Annual tabulations go to make up an overall report.

With the addition of new members expected within a year the project will represent a third of the population of the United States.

Since the incidence of blindness in Egypt is at least one and a half times that in the United States, the

(See EGYPT, Page 5)

"Life Island," which has been in use at the Clinical Center for several months.

Janet Luncford described the Life Island as "consisting of a standard hospital bed surrounded by a plastic barrier to environmental microorganisms. Seamed into the plastic casing are long sleeves with rubber gloves so that someone outside the casement can work within the protected area."

### Console Filters Air

A console at the foot of the bed she described as composed of "a filter for air entering and leaving the enclosure, two ultraviolet light locks for passing items into and out of the protected area, and a control panel with which to operate the unit."

Linda Coburn took the conference rostrum to explain the reason for placing a patient in the Life Island, which she summed up as "the patient's extremely low resistance to infection."

The Life Island was originally

(See LIFE ISLAND, Page 7)

## 15 of NIH Staff, 1 Former Member Cited by DHEW

Fifteen NIH staff members and one former member were among Public Health Service winners of meritorious service awards at the 14th Annual DHEW Honor Awards Ceremony April 9.

The awards were presented by Anthony J. Celebrezze, Secretary of the Department of Health, Education, and Welfare, at a ceremony in the Department auditorium.

### Recipients Named

The Department's highest civilian honor—the Distinguished Service Award—was received by C. Gordon Zubrod, M.D., Director of Intramural Research, and Robert E. Learnmouth, Executive Officer, both of the National Cancer Institute; and George Z. Williams, M.D., Chief of the Clinical Pathology Department of the Clinical Center.

Recipients of the Distinguished Service Medal were Dr. Jack Masur, Director of the Clinical Center, and Dr. Roderick Murray, Director of the Division of Biologics Standards. The DSM is the highest honor awarded by DHEW to a member of the PHS Commissioned Corps.

(See DHEW AWARDS, Page 6)

### Daylight Time Due Sunday; Advance Timepieces 1 Hour

Next Sunday (April 25) at 2 a.m. most of the Nation, including the Washington Metropolitan Area, will go on Daylight Saving Time. All employees are reminded to set their clocks ahead one hour to compensate for the time change.

NIH personnel working the tour of duty extending from 12 midnight to 8 a.m. will work one hour less that day as a result of the change and should be charged one hour's annual leave. With the return of Eastern Standard Time in the fall, employees working this tour will be compensated for one hour's overtime.

# the NIH Record

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## NEWS from PERSONNEL

### PERSONNEL ACTION DEADLINE

The deadline for presentation of requests for personnel actions to the Personnel Management Branch has been moved up from Thursday to Tuesday noon preceding the close of each pay period.

This earlier submission date is incident to the conversion of the NIH payroll to the DHEW centralized payroll system.

Hereafter PMB will be governed by instructions from the DHEW Central Payroll Division and will not be authorized to waive deadlines. Officials should be aware that a missed deadline will result in the delay for one pay period of a requested change.

### SUMMER EMPLOYMENT

All applications for summer employment should be sent to the Operations Unit, Recruitment and Placement Section, Room B1B-23, Building 31. Institutes and Divisions should also forward to the same Unit, by today (April 20) an SF 52, Request for Personnel Action, for each position they plan to fill.

Beginning today, applications will be available for review and every effort will be made to complete selections by May 3.

Clerk-typist and clerk stenographer positions will be filled initially from among the group of former employees who are eligible for reappointment, and then from eligibles on the NIH Civil Service register. Selections will be made in regular order from the register.

Student assistant selections will give priority to (1) candidates who have completed their junior year, seniors who plan to attend graduate school and students in

### Linda Hardy, CC Nurse, Wins 'Career Girl' Title

Linda Hardy, a staff nurse in the NIH Clinical Center's Heart Nursing Service, has been elected "Career Girl" of the year by the Business and Professional Women's Club of her hometown, Mount Union, Pa.



Miss Hardy

This annual award is presented to a young career woman between the ages of 20-24 who exhibits leadership potential and maturity.

Miss Hardy graduated from the University of Pittsburgh School of Nursing in August 1964 and joined the staff of the Clinical Center Nursing Department on October 5, 1964.

### Lab Refresher Courses To Be Given by CDC

Laboratory Refresher Training Courses will be given by the Laboratory Branch of the Communicable Disease Center during the period August 2, 1965 to June 24, 1966.

Additional information about the courses and application forms may be obtained from the Laboratory Branch, Communicable Disease Center, Public Health Service, Atlanta, Ga. 30333.

graduate school; (2) candidates who have completed their sophomore year; and (3) candidates who have completed their freshman year.

Some girls don't care for a man's company—unless he owns it. —*The Washington Post*.

## R&W Hamsters Musical 'Anything Goes' Opens Apr. 28; Tickets on Sale Today

One of the funniest, most tuneful musicals that the R&W Hamsters have ever presented, "Anything Goes," opens April 28 in the Clinical Center auditorium.

The April 28th show is for CC patients. On April 29, 30, May 1 and 2, performances will be presented for NIH employees, their friends and families. All performances begin at 8:30 p.m. with the exception of the 2:30 p.m. May 2 matinee.

Tickets for "Anything Goes" go on sale today in R&W offices. On Thursday, representatives in all NIH units will begin selling the tickets which are priced at \$1.50.

### Show Scores Hit

A hit show from the moment it opened in 1934, "Anything Goes," was destined to be a smash with a plot from the book by P. G. Wodehouse and Guy Bolton and the wonderful songs of Cole Porter.

Most of the action takes place aboard a great trans-Atlantic steamship on its way to Europe. From the moment the liner leaves the dock, the show gets wilder each minute. In fact, the title tells the tale—"Anything Goes."

Arnold Sperling, veteran Hamster director of such memorable productions as "Li'l Abner," "Pajama Game," and "Flower Drum Song," is now directing the show, which is being produced by Jerry Atchison (NICHHD) and Diane Smith (NINDB). Arnold is Chief of the CC Patient Activities Section.

### Schedule Listed for Today's Labor-Management Elections

Three labor-management elections will be held today to provide non-supervisory Wage Board employees with the opportunity to vote on their choice of representation.

The elections are scheduled as follows:

1. Ground Maintenance and Landscaping employees will vote in Building 22 from 7:30 a.m. to 4:30 p.m.

2. The Nutrition Department election will be held in Building 10, 14th floor solarium, from 8:30 to 11:30 a.m. and 1:30 to 5:30 p.m.

3. All other Wage Board employees have been designated to vote in one of the following locations from 7 a.m. to 7 p.m.: Building 13, shops area; Building 14A, Room A-120; Building 1, sub-basement; and Building 10, 14th floor assembly hall.

Instructions are posted on all official bulletin boards.

In addition to its wonderful songs, the dancing in "Anything Goes" is especially inspiring. This is due to the free-swinging choreography of Louis Garcia. He has made a precision machine out of the show's dancers for such numbers as "Anything Goes," the title song, and "Blow, Gabriel, Blow."

A professional dancer for several years, Louis brings to NIH his veteran knowhow from appearances in "West Side Story," "Milk and Honey," and "The King and I."

The show's principal star, Verece Silverman (BSS), does justice to the role of "Reno Sweeney," a reformed evangelist turned nightclub headliner. In this role, created by Ethel Merman in the original Broadway show, Verece swings her way through a half dozen or more numbers with the verve and vocal vigor of Miss Merman herself.

### 2 Additions to Cast

Verece is ably supported by a number of other stellar performers including two new additions to the cast, Kyran McGrath as "Rev. Dr. Moon," a false cleric who carries a sub-machine gun in a saxophone case and is wanted as Public Enemy No. 13; and Dr. Ayub K. Omaya (NINDB) who plays the role of the stodgy Englishman "Sir Evelyn Oakleigh." In real life Kyran abides within the law as a legislative counsel in the office of Sen. Paul H. Douglas.

With such an outstanding group, Mr. Sperling and Bill Quinlan (NICHHD), ticket coordinator for the show, urge NIH employees to get their tickets early, because, "We guarantee 'Anything Goes' will be a fine, fun-filled and enjoyable show."

## Science Council Studies Work Environment Here

A group of NIH medical and behavioral scientists are participating in a study to determine the values placed by scientists on certain elements in their work environment and the extent to which these values are being satisfied within the Federal establishment.

The study is being conducted by the Committee on Scientific Personnel of the Federal Council for Science and Technology. Chairman of the committee is Dr. Allen V. Astin of the National Bureau of Standards. Its NIH representative is Dr. G. Burroughs Mider, Director of Laboratories and Clinics.

Information revealed by this study will be used by the committee in identifying and analyzing problems so that constructive action can be considered where problems exist.

## Utilities, Road Projects Necessitate Changes in Traffic Patterns Here

With the advent of spring, two construction projects planned by the Division of Research Services—the Master Utilities Extension and the relocation or repaving of certain roadways—will soon affect NIH personnel.

The repaving and curbing of Wilson Drive is scheduled to begin shortly. Although the contractor must maintain one-way traffic at all times, persons who normally use Wilson Drive are advised to consider the use of other routes. The service roads in the housing area will also be resurfaced under the same contract.

### Utilities Expanded

The other project scheduled to begin soon is the expansion of the Master Utilities Extension (MUE) across the triangle at the intersection of South and Center Drives.

The Rockville Pike entrance to South Drive is now being relocated and the entire road widened. Here again, one-way traffic will be maintained.

However, when the MUE work begins across the triangle, there will be considerable disruption to traffic. The sanitary sewer line, which is a part of MUE, requires a trench 27 feet deep. This presents problems in connection with shoring and bridging the trench for traffic.

The widening of South Drive is scheduled to be completed by the end of May. A similar project of

## 8 New Buildings Needed Here, To Be Erected in 3 Years



This architect's drawing, looking southeast, depicts not two but three of the buildings to be erected here in the next three years. The single-story, flat-roofed building is the new Cafeteria Building. Behind that is the National Cancer Institute Laboratory and to the right the laboratory building to be shared by the National Institute of Neurological Diseases and Blindness and the National Institute of Mental Health.

Construction of eight new buildings here on the 306-acre NIH reservation, scheduled for completion within three years, is now underway or due to start by the end of this year.

When completed the new buildings will:

widening and repaving Center Drive from the Clinical Center to Old Georgetown Road has just been completed.

Excavation for the addition to the Biologics Standards Building (29A) will be underway soon. The grass has already been stripped, and service roads in the area have been blocked off. To help alleviate some of the traffic congestion in that vicinity, a turn-around at the rear of the Dental Building (30) will soon be built.

- Provide needed space for new NIH programs.

- Relieve crowded conditions in the Clinical Center by providing laboratory space for many nonclinical research projects.

- Bring together several of the scattered NIH offices and laboratories now in rented quarters in nearby Bethesda and Silver Spring.

Following are brief descriptions of the projects.

**Building 12A.**—Work is well along on this 4-story extension to Building 12. This building, scheduled for completion in June, has been assigned for use of computer science and technology, and groups will move from Stone House into the building at that time.

This assignment, coupled with present computer occupancy of Building 12, will provide for a so-called computer science center in that area of the NIH reservation.

### Space Use Noted

Until full staffing of computer science and technology activities is reached, some space in Building 12A will be occupied, on a temporary basis, by selected groups such as Environmental Services Branch and the Research Facilities Planning Branch, DRS.

**Building 29A.**—This building, started March 15, will provide additional laboratory space to meet the increasing demands and responsibilities of the Division of Biologics Standards. It is due to be completed by the end of 1966.

The increasingly rapid development of biological products and the transition from laboratory findings to end products, particularly in the area of viral research, have put a severe strain on the Division's present facilities for testing and re-

(See NEW BUILDINGS, Page 5)

## Dr. Robert W. Berliner, NHI, Named Winner of Homer Smith Award

Dr. Robert W. Berliner, Director of Intramural Research, of the National Heart Institute, has been named winner of the Homer W. Smith Award in Renal Physiology.

The award, consisting of \$1,000 and a certificate, is given annually by the New York Heart Association for "significant original contributions to research in renal physiology."

It was established last year to honor the memory of Dr. Homer W. Smith, noted renal physiologist who was active in the creation of the New York Heart Association's research program.

Dr. Berliner has performed important research on the excretion and reabsorption of potassium by the kidneys. He has also done significant work in clarifying the operation of renal urine-concentrating mechanisms.

He was designated to receive this year's award upon the recommendation of the association's Advisory Council on Research. The first recipient of the award was Dr. Robert Pitts, NHI grantee at Cornell University Medical College.

### Joins NHI in 1950

Dr. Berliner has been Director of Intramural Research at NHI since 1954. He joined the Institute staff initially in 1950 as Chief of the Laboratory of Kidney and Electrolyte Metabolism.

Before coming to NHI, Dr. Berliner led a research group at Columbia University, where he was Assistant Professor of Medicine. He was also Research Associate at the Department of Hospitals of the City of New York.

Dr. Berliner is a member of the American Society for Clinical Investigation, Association of American Physicians, American Physiological Society, Society for Experimental Biology and Medicine, The Harvey Society, and other professional organizations.

He is currently on the editorial board of the Journal of Clinical Investigation, and is chairman of the publications committee of the American Journal of Physiology.

Dr. Berliner was graduated with a B.S. degree from Yale University and received his M.D. from Columbia University.

Five years ago, in May 1960, NIH acquired 513 acres of farmland near Poolesville, Md., for the NIH Animal Center.



Dr. Berliner

## 'Science' Defends NIH Intramural Efforts

NIH scientists who have taken a special interest in questions concerning the nature and dimension of intramural research at NIH raised by the report, "Biomedical Science and Its Administration," will be heartened by an editorial in the current issue of Science (April 9) which recognizes the excellence of the intramural research at NIH and makes a case for its preservation.

The editorial said, in part:

"Fair-minded scientists will be distressed with the part of the report that deals with intramural activities. In many fields the Bethesda laboratories are world leaders, and they have fostered men who are now distinguished professors. Yet the report comes close to suggesting liquidation of this excellent establishment. 'We recommend, as an early agenda item for the Policy and Planning Council, consideration of the amount of independent, university-like research that NIH should conduct intramurally. If reductions are decided on they should be carefully executed. . . .' This language has already produced apprehension among the intramural staff at NIH. A decrease in the budget at NIH would hasten the departure of many of the best men in all programs.

"There is injustice in this situation. Fifteen years ago the intramural and extramural research programs were of equal magnitude. Since that time, both programs have been expanded, but the extramural activity has grown about five times more. It was the rate of increase in extramural support that drew criticism in Congress. It was this program that provided ammunition for the Fountain committee. It was criticism of the extramural program which led to appointment of the Wooldridge committee. No substantial fault had been found previously in the intramural program. Yet when the report comes out, it is the intramural activity that appears to be most threatened."

## New Policy Statements And Guides to Replace Current Grants Manual

Four new documents—two research and training grant Policy Statements and two Guides to Operating Procedures are now being distributed by the Public Health Service. Together they will serve to replace the current Grants Manual.

The Policy Statements will become effective next July 1 and are designed to provide in concise versions the essential terms and conditions that have been developed for PHS research and training grants. They will also include the cost principles outlined by the Bureau of the Budget in Circular A-21, revised March 3, 1965.

Titles of the new statements are "Grants for Training Projects,



Delores Stull, secretary to Grants Management Specialist James Beattie, packs copies of the two new "A Guide to Operating Procedures" in his brief case in preparation for his attendance at a meeting, while he tucks the new Policy Statements conveniently in his coat pocket.—Photo by Ed Hubbard.

Policy Statement" and "Grants for Research Projects, Policy Statement." The two statements are being distributed widely to scientists and administrative officials in grantee institutions and will be included with grant application forms.

Each statement will have a companion document entitled "A Guide to Operating Procedures" which will describe the detailed procedures involved in implementing grant policies.

### Guides for Officials' Use

The Guides will not be distributed widely outside the PHS but will be offered to administrative officials in grantee institutions as a resource in connection with their responsibilities for interpreting and applying the principles contained in the policy statements.

Apart from the newly introduced Budget Bureau cost principles which apply to both policy statements, major changes in policy appear primarily in the statement for training grants.

## NHI Study Finds Alpha-Methyl Tyrosine Effectively Curbs NE Synthesis In Vivo

National Heart Institute scientists have reported that alpha-methyl tyrosine, an inhibitor of the enzyme L-tyrosine hydroxylase, effectively blocks norepinephrine synthesis *in vivo*.

The synthesis of norepinephrine (NE) from the amino acid tyrosine proceeds in three steps, each requiring the participation of a different enzyme. The first step is the conversion of tyrosine to an intermediate called DOPA, catalyzed by the enzyme L-tyrosine hydroxylase.

Earlier NIH studies had established that the rate at which DOPA is fed into the NE assembly line by this enzyme ultimately determines the rate of NE synthesis in all tissues that manufacture the amine.

### Studies Described

Thus, this rate-limiting step is the most logical point to apply the brake to NE production with enzyme inhibitors.

Previous studies had demonstrated that NE production *in vivo* could not be effectively curbed by inhibitors directed against the other two enzymes, dopa decarboxylase and dopamine-beta-oxidase.

Recently, several inhibitors of L-tyrosine hydroxylase have been developed. One of the most potent is alpha-methyl tyrosine (Merck Sharp & Dohme).

NHI animal studies have shown that this compound interferes with NE synthesis by effectively competing with tyrosine for L-tyrosine hydroxylase.

When administered in suitable doses over a period of time (24 hours in these experiments), the compound reduced stores of NE in brain stem, heart, and spleen to undetectable levels.

Dopamine stores in brain were also depleted by the drug. Adrenal gland NE stores were only partially depleted.

Subsequent radioactive tracer studies established that NE deple-

Significant changes include:

- Reimbursement of indirect costs on a salary and wage base not to exceed a maximum percentage of total direct costs (20 percent for research and 8 percent for training).
- Requirements for reporting time or effort for professional, professorial, and non-professional personnel.
- Adoption of the project period support mechanism for training grants.
- Accounting for materials and supplies.
- Requirements concerning trainee stipend levels and allowances for dependents and travel.

Copies of the new Guides and Policy Statements are available on request from George Warner, Grants Management Branch, Division of Research Grants, Bethesda, Md. 20014.

tion resulting from the drug stemmed from continued NE utilization in the presence of reduced synthesis.

Depletion occurred most rapidly in tissues having the highest rate of turnover. Tissue uptake and storage of circulating NE were not directly affected.

The pharmacological effects of alpha-methyl tyrosine were studied in guinea pigs, rats, and cats, which were maintained on the compound for periods up to two weeks.

The animals exhibited reduced motor activity, tranquility, mild sedation, and other effects similar to those elicited by reserpine, but less pronounced.

The drug greatly reduced the pressor response to administered tyramine and norepinephrine, but, surprisingly, had no direct effect on blood pressure in these animals.

Whether alpha-methyl tyrosine and other inhibitors of L-tyrosine hydroxylase will merit consideration as potential therapeutic agents against hypertension remains to be seen.

### Future Use Noted

Meanwhile, however, these agents should be of immense value in future studies to define the role of catechol amines in various facets of metabolism and their contribution, if any, to essential hypertension.

These findings were reported in a recent issue of the *Journal of Pharmacology and Experimental Therapeutics* by Drs. Sidney Spector and Albert Sjoerdsma, of the Experimental Therapeutics Branch, and Dr. Sidney Udenfriend, of the Laboratory of Clinical Biochemistry.



Ruth Silbey receives her certificate upon completion of a 12-month course in the NIH Information Training Program from Clifford F. Johnson, Chief of the Office of Research Information. Her preceptor, Victor Wartofsky (center), is Information Officer of the National Institute of Arthritis and Metabolic Diseases.—Photo by Ed Hubbard.

## MEASLES TEST

(Continued from Page 1)

The new test employs reactive substances (antigens) derived from the rubella virus. The investigators of the PHS National Institutes of Health and Microbiological Associates, Inc., Bethesda, Md., report that preparation of the reagent involves, among other techniques, repeated freezing and thawing of virus-infected cells cultured from kidneys of rabbits or of African green monkeys, and use of the centrifuge to concentrate the antigen.

The report that the long-sought-after testing method finally had been developed was presented at the 49th Annual Meeting of the Federation of American Societies for Experimental Biology, held in Atlantic City April 9-14.

### Findings Published

The findings also appeared in the April 16 issue of *Science*, the journal of the American Association for the Advancement of Science.

Authors are Dr. John L. Sever, National Institute of Neurological Diseases and Blindness; Dr. Robert J. Huebner, National Institute of Allergy and Infectious Diseases; Dr. Gabriel A. Castellano, Microbiological Associates; Dr. Padman S. Sarma, Microbiological Associates, formerly with NINDB; Dr. Gilbert M. Schiff, Cincinnati General Hospital, formerly with NINDB; and Drs. Akinyele Fabiyi and Charles L. Cusumano, both of NINDB.

Dr. Sever is Head of the Section on Infectious Diseases, Perinatal Research Branch, NINDB. This section, co-sponsored by NIAID, where Dr. Huebner is Chief of the Laboratory of Infectious Diseases, is the center for infectious diseases studies that are part of NINDB's Collaborative Perinatal Research Study.

### 50,000 Mothers Studied

In this study more than 50,000 mothers and 40,000 of their offspring at 14 collaborating medical centers participate in a search for the causes of birth defects.

The new test already is being employed in a survey of rubella infection in 6,000 of the Collaborative Study women who were pregnant during the period of the 1964 epidemic.

Frozen samples of blood from these women were taken during this period. These samples are being tested for rises in the titer (quantity) of antibodies to rubella.

The tests will enable investigators to determine the extent of infection in this study population and relate rubella to defects in some of the children. Results of this survey are not yet complete and will be reported at a future time.

## NEW BUILDINGS

(Continued from Page 3)

lated research.

The new addition will provide laboratory testing space, including quarters for monkeys required for new programs on live poliovirus vaccine and measles vaccine.

In addition, a variety of low-temperature storage rooms for preserving the increased volume of complex biological products will be provided.

**Buildings 35, 36, and 37.**—This complex will consist of two laboratory buildings and a cafeteria building. Construction is due to start in late summer of this year and be completed by early 1968.

### NCI to Occupy Lab

One of the laboratory buildings, to be occupied by the National Cancer Institute, will provide facilities for direct research in the cancer field, and for the support and administration of cancer research in laboratories and universities throughout the world.

The other laboratory building, to be occupied by the National Institute of Neurological Diseases and Blindness and the National Institute of Mental Health, will provide facilities to support the broad spectrum of research in these fields from the cellular level to clinical investigations.

The Cafeteria Building will provide dining facilities for personnel of the two new laboratory buildings and for occupants of other buildings on the reservation.

**Building 31C.**—Construction of this extension to the general office building is planned to begin in the fall of 1965 and be completed early in 1967. This building will provide space for many NIH offices that are scattered around the Bethesda area in rented space.

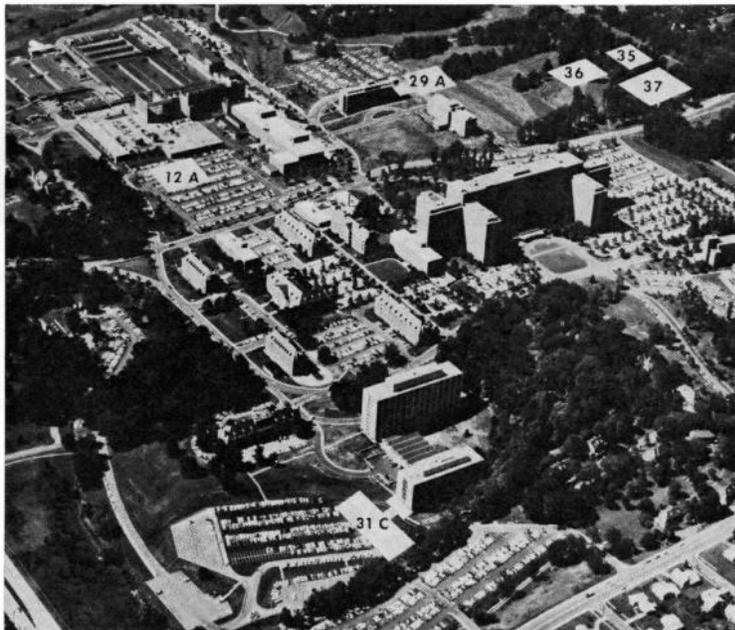
### Library Needs Space

**Library Extension.**—The NIH Library is currently located in an area in the Clinical Center that was originally designed for laboratory space. The extension will provide much more effective library space and free the space, now occupied, for laboratory use.

Work on this extension is due to start in the late summer of this year and be finished by the first of 1967.

**Cafeteria Extension.**—The cafeteria in the Clinical Center prepares food for patients and also serves personnel of the Clinical Center and other buildings.

The Cafeteria Extension, to be constructed at the same time as the Library Extension, will provide the needed space for additional seating and an entirely separate food preparation facility, permitting the preparation of special dietary foods for patients apart from the one serving staff members.



This aerial view of the NIH reservation, looking west, shows the location of six of the eight buildings scheduled for completion within the next three years. Now nearing completion, 12A will be largely used for computer science and technology; 29A is the laboratory addition for the DBS; 35 is the new Cafeteria Building; 36 is the laboratory building to be shared by NINDB and NIMH; 37 is the laboratory building of the NCI; and 31C is the third-wing extension to the General Office Building. The cafeteria and library extensions to the Clinical Center, not shown, will provide additional space for the CC Cafeteria and a new home for the NIH Library.

## EGYPT

(Continued from Page 1)

development of comparable statistics for that country should provide valuable clues to the role of environment and other factors in the etiology of blindness.

Specific information on age, sex and other demographic variables in the blind population will help pinpoint high risk groups that need to be screened for early signs of eye disorder. Surveys will also locate groups that are being under-reported.

The Egyptian pilot study will include a visual screening survey in randomly selected households, followed by publicity drives to persuade people to come in for visual screening tests, and a canvass of ophthalmologists' offices.

House-to-house screening will in-

clude an objective visual acuity test with a portable screener and measurement of visual fields with a portable perimeter.

As far as possible, the examiners will screen all members of the selected households. Visual loss identified by survey will be validated by ophthalmologists' examination at a later date.

### Purpose Stated

One purpose of the Egyptian pilot study is to determine what, if any, modifications may and should be made in MRA procedures to get comparable statistics in a less developed country.

The data collection procedures thus employed in Egypt can be used for other developing countries with the assurance that they will yield statistics comparable to those gathered in the United States.

## Smallpox Revaccination Recommended by EHS

The Employee Health Service, aware of employees' increasingly frequent contacts with international travelers, urges everyone at NIH who has not been vaccinated against smallpox within the last two years to be revaccinated.

Individuals working in buildings not listed below should report to the facility nearest their place of work. Special arrangements also can be made with EHS, Ext. 64411, for large groups to obtain their vaccinations at locations closer to their places of work.

The schedule for smallpox vaccinations, including locations, dates and times, follows:

Building 31, Rm. B2B34, April 26-27, 10 a.m.-4 p.m.; NBOC, Rm. 119, May 3, 10 a.m.-4 p.m.; Westwood Building, Rm. 30, May 4 and May 10, 10 a.m.-4 p.m.; Wisconsin Building, Rm. B1A10/Alcove Area, May 5, 10 a.m.-4 p.m.; Building 13, Rm. 2910, May 6-7, 10 a.m.-4 p.m.; and Building 10, Rm. B2A06, May 11 through May 21, 11 a.m.-4:30 p.m., 8 a.m.-9 a.m.—night staff only.

## Construction Grants by PHS During Fiscal '64 Total \$230.6 Million

Public Health Service grants for construction of research, hospital and related health facilities during Fiscal Year 1964 totaled \$230.6 million, according to a recently released State-by-State tabulation.

Prepared by the Data Processing Section, Statistics Analysis Branch, Division of Research Grants, the tabulation contains a brief description of each project, the amount of the Federal grant, and the grant totals for each State.

Of the total amount, \$176.6 million was granted for the construction of hospital and related medical facilities. The total of Federal grants under the Hill-Burton program since FY 1948, when it first went into operation, is \$2.17 billion. These grants resulted in local expenditure of an additional \$4.67 billion during the same period.

The remaining \$54 million in grants went toward the expansion of laboratory space in universities and other institutions sponsoring biomedical research.

### Program Begun in 1957

A total of \$320 million has been granted for this purpose since the Health Research Facilities program was initiated in FY 1957. These grants have been supplemented by non-Federal funds and have resulted in the construction of over \$1.5 billion worth of buildings containing research laboratories.

The State-by-State breakdown of the grants awarded in Fiscal Year 1964, in booklet form, is Part III of a 5-part series. Part I, listing Public Health Service research grants, Parts II and IV, listing grants for training and health services, respectively, have already been published. Part V, summarizing data from the first four parts will be published later this year.

Copies of the new booklet entitled "Public Health Service Grants and Awards, Fiscal Year 1964 Funds, Part III, Construction of Health Research Facilities and Hospital and Medical Facilities" may be purchased from the Superintendent of Documents, U.S. Government, D.C. 20401 at 25 cents each.

## Safety Section Handles Operator Card Program

Effective April 7 the Government Vehicle Operator ID Card Program was transferred from the Guard Office, Building 10, Rm. 1A06, to the Safety Section of the Plant Safety Branch in Building 31, Rm. 1B34.

Additional information may be obtained by calling Ext. 65323.

## DHEW AWARDS

(Continued from Page 1)

Also honored at the ceremony was Dr. Robert H. Felix, retired Director of the National Institute of Mental Health, who received a Distinguished Service Medal.

Dr. Zubrod received his award "for his continuing contributions to cancer chemotherapy, research program administration, and drug metabolism research."

Dr. Williams was honored "for his outstanding leadership in the progressive development of automation methods in Clinical Pathology," and Mr. Learmouth was cited "in recognition of his outstanding leadership in administration and achievement of management efficiency in a research environment."

Dr. Masur's award was "in recognition of his distinguished contributions to, and his outstanding achievements in, the support of clinical research in the field of hospital planning, construction, operation and administration, never losing sight of the primary objective—the highest quality of patient care."

### Citations Stress Leadership

Dr. Murray's citation was "in recognition of the excellence of his achievements and his superb leadership in scientific research. He has elevated the Division of Biologics Standards to the position of the world-wide authority for government and industry."

Dr. Felix, now Dean of the School of Medicine of St. Louis University, Mo., received his award "in recognition of his distinguished contributions and achievements in mental health."

"Throughout his career," the citation continued, "he has demonstrated a uniquely broad understanding and philosophy of health, society and science, with a zeal to improve the lot of the mentally ill, a courage and enthusiasm that overcame all obstacles, and a quality of leadership that inspired both layman and professional with new concepts and programs for action."

Ten researchers from NIH were the recipients of DHEW Superior Service Awards. They are:

Christian B. Anfinsen, Ph.D., Chief, Laboratory of Chemical Biology, National Institute of Arthri-



Dr. Zubrod Mr. Learmouth Dr. Williams Dr. Masur Dr. Murray Dr. Felix Dr. Frank Dr. Eberhart



Dr. Udenfriend Dr. Rall Dr. Scherp Dr. Shakow Dr. Anfinsen Dr. Shock Dr. Shulman Dr. Feldman

tis and Metabolic Diseases, "for significant contributions to the knowledge of mechanisms of protein biosynthesis and structure-function relationships in proteins, resulting in greater insight into genetically determined diseases in man."

J. Edward Rall, Ph.D., Director of Intramural Research, NIAMD, "for noteworthy competence as administrator of a broad research program on arthritis and metabolic diseases and distinguished personal achievements in the field of thyroid physiology."

N. Raphael Shulman, M.D., Chief, Clinical Hematology Branch, NIAMD, "for impressive and significant contributions to hematology, especially in the field of platelet immunology."

### Contributions Recognized

Karl Frank, Ph.D., Acting Associate Director for Intramural Research, National Institute of Neurological Diseases and Blindness, "in recognition of his significant scientific contributions in the study of basic mechanisms operating in the nervous system at the single cell level."

Henry W. Scherp, Ph.D., Chief, Laboratory of Microbiology, National Institute of Dental Research, "for his exemplary leadership in basic and disease-oriented research involving the role of microorganisms in cause and search for control of dental diseases."

Sidney Udenfriend, Ph.D., Chief, Laboratory of Clinical Biochemistry, National Heart Institute, "for fundamental contributions to the biochemistry of neuroregulatory substances and a uniquely successful collaboration with clinical groups in advancing the definition and treatment of diseases."

Nathan W. Shock, Ph.D., Chief, Gerontology Branch, National Heart Institute, "in recognition of his significant role in arousing scientific interest in the problems of aging and the development of the field of gerontology."

## NIH Artists Reminded of Apr. 23 Entry Deadline

A reminder to the artists in our midst: entries for the 7th Annual NIH Art Show must be submitted next Friday, April 23, between 5 and 6 p.m., in the 14th floor gymnasium of the Clinical Center, for judging that evening. There is a fee of \$1 per entry.

All NIH personnel, members of their immediate families, and Clinical Center patients are eligible to compete in five categories for a total of \$300 in prize money.

Winners will be selected by noted judges Alexander Gianpietro, Head of the Ceramics Department, Catholic University; Jacob Kainen, Director of Graphics, Smithsonian Institution; and Samuel Bookatz, artist and owner of the Bookatz Gallery, Alexandria, Va.

Work not accepted for the exhibit may be picked up April 26, between 4 and 6 p.m., in the West Bay of the Clinical Center lobby. Instructions and entry blanks are now available in the R&W office, Building 31, Rm. 1A18, Ext. 63597.

John C. Eberhart, Ph.D., Associate Director for Intramural Research, National Institute of Mental Health, "in recognition of his role in advancing research of high quality in the mental health disciplines."

Raymond Feldman, M.D., Associate Director for Extramural Programs, NIMH, "in recognition of his dedicated service in developing and administering extensive programs of support in the broad field of mental health."

David Shakow, Ph.D., Chief, Laboratory of Psychology, NIMH, "in recognition of his leadership in conceptualizing, organizing, conducting, and directing the psychology research program of the National Institute of Mental Health."

Under Secretary Ivan A. Nestigen presided at the ceremony, at which music was provided by the orchestra of the U.S. Marine Band.

## Yolles Appoints Grant Chief of New Section

Dr. Stanley F. Yolles, Director of the National Institute of Mental Health, recently announced the establishment of a new Social Psychiatry Section in the Community Research and Services Branch and the appointment of Dr. Quentin A. F. Kae Grant as Section Chief.

The goals of the Social Psychiatry Section will be to study the social, environmental and cultural factors that influence mental health care, and to define the impact of divergent patterns of mental health care on the social, occupational and cultural life of the patient.

### Previous Positions Listed

Dr. Grant was formerly Director of Mental Health for St. Louis County, Mo. While in St. Louis, he was Assistant Professor of Psychiatry at Washington University. Prior to that he served as Assistant Director of the Child Psychiatric Service at Johns Hopkins Hospital (1960-62) and Director of Child Psychiatry at the Jewish Hospital of St. Louis (1958-60).

A native of Aberdeen, Scotland, Dr. Grant was on the staff of Maudsley Hospital in London and was psychiatric resident at the Institute of Psychiatry at London University.

He received his medical training at the University of Aberdeen, where he did his internship and two years of residency at the University's Department of Psychiatry.

Dr. Grant is a Fellow in the American Orthopsychiatric Association and a member of the American Psychiatric Association, and the American Association for the Advancement of Science.

We have added more than 12 million persons to the Nation's population since 1960, the Census Bureau estimates. If rates continue, we will reach 200 million before the end of 1967.

## Clinical Center Blood Bank Reports March Donations

During March, the Clinical Center Blood Bank reports, 168 units of blood were received from NIH donors. In the same period CC patients received 2,003 units of blood.

The Bank also reports a new gallon-donor: Philip J. Arnaiz of the Plant Engineering Branch, Division of Research Services.

## LIFE ISLAND

(Continued from Page 1)

designed with a primary concern for burn and renal patients. Pioneering in the use of the Island, however, the Cancer Nursing Service has helped fulfill a new purpose for the patient-isolator.

"In the patient with acute leukemia," Miss Coburn said, "the benefit of reverse isolation is especially notable. For whereas intensive chemotherapy greatly enhances his prognosis with respect to leukemia, at the time of treatment it also opens him to the dangerous threat of being very highly susceptible to infection. Reverse isolation obviates that threat."

Use of the Life Island, however, has not been so simple a matter as might appear from the record of its operation in the Clinical Center.

### Special Training Required

According to Anne Crum, preparation for occupancy of the unit is, in itself, a meticulous and time-consuming operation. This involves the training of nurses and the orientation of other hospital departments in its use, as well as special coordination with the Central Sterile Supply Service.

Mrs. Crum described in detail the preparation of the patient, which requires several days and involves "constantly reducing microbial counts on the patient's skin and hair by Phisohex preps and fresh changes of sterile linens."

Nor does preparation stop there. The attainment of essentially negative microbial counts within the Island and transferral of the patient into the unit without contaminating it have to be anticipated also.

"The ability to anticipate needs is the first requirement for those caring for a patient in the Life Island," Patricia Kelley said, "because answering the patient's needs is invariably compounded by the nurse's added responsibility to keep the patient's environment as germ free as possible."

### Nursing Is Complex

The complexity of this kind of nursing care is strikingly apparent to anyone who knows the many resources that must be available for an extremely sick patient: apparatus for the administration of oxygen, urinary drainage, emergency drugs, food, drink, intravenous infusion equipment, and recreation items such as books.

These things and others must be made available to the patient in such a way that his environment remains highly sterile.

"This means," Mrs. Kelley said, "that sterilized items have to be wrapped, and in some cases doubly wrapped, to assure their sterility once they are taken from the ultraviolet light lock on the patient's



Using the sleeves and rubber gloves attached to the isolator, Nurse Janet Lunceford demonstrates the increased dexterity needed for taking patient's temperature.—Photo by Jerry Hecht.



Nurse Linda Coburn (left) serves dinner by sterile technique to "patient" in the isolator. She is accompanied by CC Dietitian Vilma Grassi. The CC Nutrition Department prepares and sterilizes the foods and utensils prior to use.—Photo by Thomas Joy.

side of the console."

It means, too, that a special port-hole-stopper system has to be employed to bring tubing into the patient's environment without causing an air break in his plastic shield.

"Timing is still another consideration," Mrs. Kelley said. "We have found that, under careful precautions, sterile items can be closed in the light lock and after a minimal 30 seconds can be withdrawn on the patient's side without endangering his guarded enclosure."

### Patients Infection-Free

"Bacteriological studies while patients were in the Life Island have, in effect, proved consistently negative for extraneous organisms," Florence Seidler said in summarizing the lengthy conference report.

"Patients undergoing intensive chemotherapy have remained in the Life Island for as long as three weeks, remaining afebrile and completely free of infection."

The Nursing Care Conference, one of eight yearly conferences provided separately by the eight individual nursing services at the CC, was introduced by Mary Louise Burgess, Chief of the Cancer Nursing Service.

## Thymus Role in Immunologic Competence, Resistance to Tumors Studied in Mice

Results of two National Cancer Institute studies suggest that the functional integrity of the thymus is necessary for complete and permanent immunologic competence and that resistance to polyoma virus, which has an immunologic basis, is also dependent on thymic tissue.

Removal of the thymus at birth has been shown to result in immunologic deficiency. Grafting of thymic tissue in thymectomized mice up to about three weeks of age prevents or reverses this condition.

This observation has suggested that early in life the thymic graft contributes lymphocytes which are then seeded in various lymphoid tissues.

Other studies have suggested that lymphoid cells from post-natal donors that have been under the maturing influence of the thymic humoral factor should also restore newborn thymectomized mice, whereas lymphoid cells from newborn mice should lack this ability.

### Mice Thymectomized

In a study to shed light on this question, groups of inbred mice were thymectomized within 12 hours of birth and were injected intravenously one day later with cells from newborn thymus, or adult thymus, lymph nodes, spleen, or bone marrow.

Parameters such as body weight curves, survival rates, peripheral blood counts, and antibody response to various antigens were studied, and results showed that these criteria must be considered together to arrive at a reliable evaluation of the extent of restoration.

By the end of the eighth week, all control thymectomized mice were dead. About half of the mice injected with neonatal thymic cells survived beyond eight weeks, but

they died in succeeding months with symptoms of continued immune impairment.

Almost all the mice injected with adult thymic cells survived eight weeks; they continued to grow at a slower rate than normal controls and over the next six months a number of them died.

Most of the animals inoculated with adult spleen, lymph node, and bone marrow cells survived the critical period and appeared normal, but several of these mice died in the next several months.

Thus, the high death rate—30 percent in 8 to 10 months—suggests that reconstitution may be accomplished by colonization of the lymphoid tissues by "stem" cells that have had the benefit of a thymic humoral factor.

But it appears that "stem" cells deprived of thymic tissues may become depleted and that permanent reconstitution requires the functional integrity of the thymus.

### Thymus Role Observed

In the second study, the role of the thymus in controlling resistance to polyoma virus-induced neoplasms was observed. C57BL mice, normally resistant to polyoma virus, were thymectomized at birth and at 4 to 6 days were injected with polyoma virus.

Most of them developed tumors of the parotid gland and all were dead within three months. However, more than half of a group thymectomized at birth but receiving adult spleen cells from donors of the same strain at 48 hours remained tumor-free and in good condition at eight months.

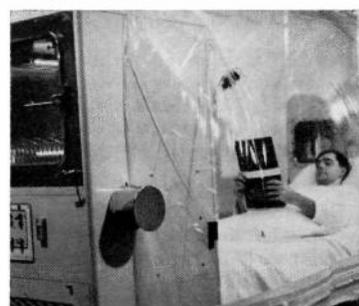
It is suggested that the mice of this group that developed tumors did so because the virus was introduced before adequate restoration of the immunologic faculty; induction of tumors by polyoma virus was almost completely prevented in C57BL mice receiving spleen cells when virus was inoculated at 12 days.

Drs. Nathan Trainin, Lloyd W. Law, and Raphael H. Levey of the Laboratory of Biology, NCI, reported the first study in Proceedings of the Society for Experimental Biology. Dr. Law reported the second study in Science.

## Dr. Lourie Is Appointed

Dr. Reginald S. Lourie, Director of Psychiatry at Children's Hospital and Hillcrest Children's Center in Washington, D.C., has been appointed to the National Advisory Mental Health Council.

Dr. Lourie's appointment will extend through September 30, 1968.



Normal Volunteer Patient Terry deLawter relaxes and reads inside the Life Island, a plastic barrier to environmental microorganisms.—Photo by Thomas Joy.

Miss Burgess assured her audience of nurses that "modifying nursing techniques and procedures to provide care to a patient with acute leukemia in the Life Island is, in some ways, difficult; but, at the same time, it pays high recognition to the nurse's contribution to patient care and support of medical therapy."

## Dr. Grant Named Chief Of OIR's Paris Office, Succeeds Dr. Hutterer

The NIH Office of International Research has announced the appointment of Dr. Robert P. Grant as Chief of its European Office with headquarters in Paris, France, effective April 11.

Dr. Grant, Assistant Chief of the European Office since July 1962, succeeds Dr. Charles P. Hutterer who recently accepted the position of Science Officer (Bio-Medical Attache), U.S. Mission to the European Office of the United Nations and Other International Organizations, Geneva, Switzerland.

In his new position, Dr. Hutterer will assist in the conduct of biomedical affairs of joint concern to the U.S., the World Health Organization, and other international groups.

As Chief of the OIR Paris office, Dr. Grant will be responsible for



Dr. Grant



Dr. Hutterer

conducting its three primary functions. These are:

1. Advance the program and policy interests of the NIH, and the scientific knowledge, training, and research objectives of individual U.S. scientists or U.S. scientific institutions.

2. Provide NIH with information on scientific interests, capabilities, and resources available in other countries to solve mutual problems and promote mutual interests.

3. Carry out NIH responsibilities with respect to active, pending, or planned research projects, and in relation to research objectives generated through the NIH intramural or extramural programs.

### Comes Here in 1950

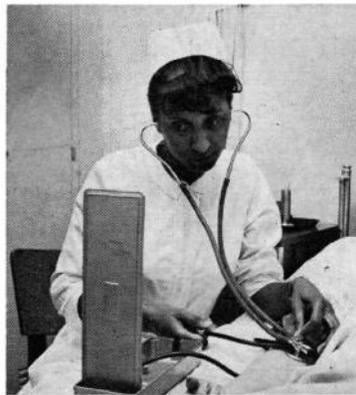
Prior to joining OIR in 1962, Dr. Grant served as Visiting Professor (1961-62) with the Commonwealth Fund of New York City. He came to NIH originally in 1950 as Chief of the Cardiodynamics Section of the National Heart Institute, later serving as Assistant Chief of NHI's Grants and Training Branch.

He received his A.B. degree from Cornell University in 1937, his M.D. in 1940 from the Cornell University Medical College, and served his internship and residency at Peter Bent Brigham Hospital in Boston.

Dr. Grant, a Diplomat of the



Clinical Center Nursing Assistant John Doherty discusses patient-care needs with Nurse Susan Rhodabarger.—Photos by Jerry Hecht.



Practical Nurse Helen Bradley checks blood pressure of patient in demonstrating one of the many duties which CC Nursing Assistants are taught.

## Nursing Assistant Jobs Are Available Now at CC

Nursing Assistants are in demand at the Clinical Center.

This job opportunity offers great personal satisfaction to men and women who have a high school education or equivalent experience and whose general background vouches capable character.

Nursing Assistants may specialize in Medicine and Surgery, Operating Room, or Psychiatry.

Under supervision and direction of professional nurses, Nursing Assistants perform a variety of personal care and nursing care procedures.

### Duties Mentioned

They bathe patients and perform other hygienic and comfort measures; take and record temperature, pulse, and respiration; and observe

and report changes in patient's behavior and signs of changes in condition.

They also assist the professional nurse and the physician with procedures and examinations. Those assigned to operating room work assist nurses and surgeons in operating room activities.

### Salaries Listed

With considerable opportunity for salary increases, basic starting salaries are \$3,680 or \$4,005 per annum—depending on previous experience and/or education.

Applicants for these openings will find further details in Announcement No. B-30-1-(65), obtainable from the Board of U.S. Civil Service Examiners, National Institutes of Health, Bethesda, Md. 20014.

## Sgt. Henry Taliaferro, NIH Guard Force, Dies

Sgt. Henry L. Taliaferro, a 12-year veteran of the NIH Guard Force, died recently after suffering a sudden heart attack.

Sgt. Taliaferro came to NIH in 1953 from the National Naval Medical Center where he also served on the guard force.

### Praised by Craumer

Capt. J. L. Craumer, Chief of the NIH Guard Force, commended Sgt. Taliaferro as an "outstanding and dedicated" officer whose "exceptional leadership and high standards of performance commanded the respect and loyalty of his fellow workers."

A veteran of the U.S. Air Force, Sgt. Taliaferro is survived by his wife, June; a son, Guy; and a daughter, Gail, all of the home address, 42 Buchanan St., N.E., Washington, D.C.

Burial was in Arlington National Cemetery following services at the Mount Gilead Baptist Church in Washington, in which Sgt. Taliaferro held a Deaconship.

## Dr. Neurauter Appointed DRFR Special Assistant

Dr. Lloyd J. Neurauter has been appointed Special Assistant to the Chief of the Animal Resources Branch for the National Primate Research Center Program, Division of Research Facilities and Resources.

Dr. Neurauter will be administratively responsible for the National Primate Research Center Program which consists of seven large-scale centers where scientists from all biomedical disciplines conduct studies on primates.



Dr. Neurauter

Public Health Service grants not only provide full construction costs, averaging \$2 million a center, but also provide continuing operational costs, including salaries of the core scientific, technical, and other staff, maintenance, some research projects, and purchase of animals.

### Centers Are Models

While differing in design and layout, depending on its scientific mission, each center is a model for the care, housing, and humane use of laboratory animals. Facilities of all the centers are available to scientists throughout each region as well as to visiting scientists from other parts of the country.

Dr. Neurauter was born in Greeley, Colo., and received his D.V.M. degree in 1944 from Colorado State University and his M.P.H. from the University of Michigan in 1952.

## Former NHI Scientists Named for '65 Awards

Two scientists formerly of the National Heart Institute's Experimental Therapeutics Branch have been named recipients of Burroughs Wellcome Fund Clinical Pharmacology grants for 1965.

The awards went to Dr. J. Richard Crout, at NHI from 1957 to 1960, now at Southwestern Medical School of the University of Texas; and to Dr. John A. Oates, on the NHI staff from 1958 to 1963, and now at The School of Medicine of Vanderbilt University.

### Schools Receive Grants

The grants honoring Drs. Crout and Oates will be given in their names to support a section of clinical pharmacology at their medical schools.

This makes a total of three of the \$100,000 Clinical Pharmacology awards that have been presented in honor of investigators who worked and trained in the NHI Branch.