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NATIONAL INSTITUTES OF HEALTH
PUBLIC HEALTH SERVICE

Dr. G. D. LaVeck Appointed NICHD Acting Science Dir.

Dr. Donald Harting, Director of the National Institute of Child Health and Human Development, has named Dr. Gerald D. LaVeck Acting Scientific Director of the Institute. Dr. LaVeck succeeds Dr. Roy Hertz, former Scientific Director, who left to join the faculty of George Washington University.

Dr. LaVeck

In his new post Dr. LaVeck will serve as the principal scientific adviser to the Institute Director and will be responsible for further developing NICHD's intramural laboratory and clinical research programs.

He will also continue as Director of the NICHD Mental Retardation Program.

Develops Program

Since his arrival at NIH in 1963, Dr. LaVeck has been instrumental in helping to develop the mental retardation activities of both NICHD and NIH.

Earlier this year he was awarded a DHEW Superior Service Award for his work in the "development of a remarkably broad and effective program for the conduct and support of research and training in the field of mental retardation."

(See DR. LAVECK, Page 4)

3 New Members Named To Natl. Dental Council

Three new members have been named to the National Advisory Dental Research Council by Surg. Gen. William H. Stewart of the Public Health Service.

The appointees are Ella H. Weaver, Assistant Professor of Speech and Director of the Speech Clinic at Brooklyn College; Dr. Leland C. Hendershot, Editor, Journal of the American Dental Association, and Dr. Robert H. Bruce, Dean of the Graduate School, University of Wyoming.

NIH Employes Urged to Get Cards for Blood Insurance

Response to an *NIH Record* story (July 26) concerning 1966-67 blood insurance identification cards indicates that a number of NIH employes did not receive them.

Redistribution was made to several offices. If any employe has not yet received his card, he may call the Clinical Center Blood Bank, Ext. 64509.

The wallet-size card explains how NIH employes and their families may receive needed blood transfusions without charge except for the usual hospital processing fees.

An attachment provides space for an employe to volunteer blood donations at the Clinical Center, but this is not a required part of the insurance plan. Total donations of many NIH employes make the insurance possible.

Survivor of Inhumane Nazi Treatment Discusses Aftermath at Seminar Here

By Mildred Lehman

A European neuropsychiatrist, himself a survivor of a Nazi concentration camp, recently discussed before an NIMH seminar at the Clinical Center his studies of the mental and emotional aftermath of inhumane imprisonment.

Since the end of World War II, Dr. Leo Eitinger, now Acting Chief of the Universitetes Psychiatricke Institutt, Oslo, Norway, has conducted systematic studies of survivors now residing in Norway and Israel.

His work, published last year in this country by Humanities Press, New York, involved 590 cases. These were divided into two major groups: Norwegian political prisoners and Jews. Dr. Eitinger spoke mainly of the 227 Norwegians studied.

Dr. Eitinger

One of his most striking conclusions was that the traumatic effects of inhumane captivity are devastating regardless of the early pre-morbid history of the individual.

Most of the Norwegian victims were classified as in very good

(See NAZI SURVIVOR, Page 8)

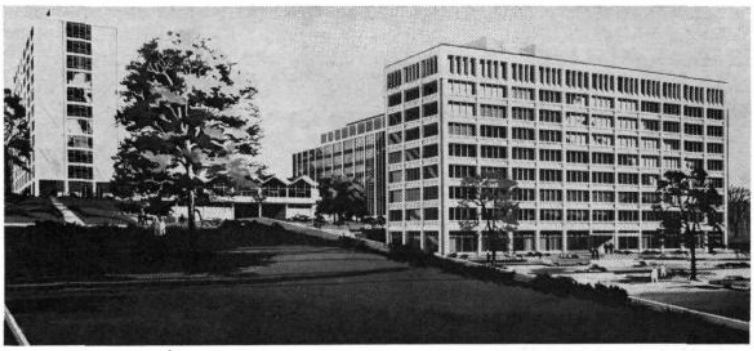
Dr. Ames to Speak at Congress on Heredity

Authorities on the scientific study of heredity from more than 30 countries will meet at the Third International Congress of Human Genetics on the campus of The University of Chicago, Sept. 5-10.

Participants in the quinquennial meeting include two Nobel Prize-winning geneticists: George W. Beadle, President of The University of Chicago, and Herman J. Muller, Professor Emeritus of Zoology, Indiana University.

On Tuesday morning, Sept. 6, Dr. Bruce N. Ames, Chief of the Section on Microbial Genetics, National Institute of Arthritis and Metabolic Diseases, will speak on "The Operon"—the control system which switches on and off the genetic mechanism for the manufacture of specific proteins as they are needed.

Ground Broken for New NCI Facility; Other Construction Projects Planned



Building 31C (left), an extension to the NIH General Office Building, is scheduled for completion in the summer of 1968.

Ground was broken last month for the most recent NIH construction project—a Virus Isolation Facility for the National Cancer Institute. A second new project, the extension to Bldg. 31, is expected to be started late this summer.

According to the Division of Research Services, which coordinates the design and construction of new facilities, the overall building program will increase NIH laboratory space by 40 percent.

Projects now under construction at NIH are:

NCI Virus Isolation Facility—This building, designated Number 41, will house the work of the virus-leukemia program which was authorized by Congress in F.Y. 1965.

Because of the possible hazards of virus research, maximum protection of laboratory workers, animals and experiments must be provided. To accomplish this, conventional laboratory design was avoided.

Changes Planned

Instead, the building is designed to hold prefabricated, hazardous-activity containment modules for various laboratory procedures, allowing its interior to be modified as research progresses and new information is developed.

It also will contain special equipment to handle treatment of contaminated air and waste.

Building 41, scheduled for completion in February 1968, will be located in the southern section of the reservation, west of the National Library of Medicine.

Building 31C—This extension to the General Office Building, to be added to the east end of Wing "B",

(See CONSTRUCTION, Page 5)

the NIH Record

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NIH Record Office.....Bldg. 31, Rm. 4B13. Phone: 49-62125

Editor ..... E. Kenneth Stabler

Staff Correspondents

Georgiana Brimijoin, NCI; Tony Anastasi, DRS; Bowen Hosford, CC; Mary Anne Gates, NIAMD; Marie Norris, NIDR; Ed Long, NIMH; Robert Schreiber, NINDB; Martha Mader, NIAID; Faye Peterson, DBS; Wanda Warddell, NIGMS; Beverly Warran, DRFR; Dick Turlington, DRG; Gary Goldsmith, NHI; Frances Mills, OAM; Dan Rogers, NICHD.

The NIH Record reserves the right to make corrections, changes or deletions in submitted copy in conformity with the policy of the paper and the Department of Health, Education, and Welfare.

NEWS from PERSONNEL

Part 1 of 2 Parts

POLITICAL ACTIVITY

With elections coming soon, a refresher course in the Hatch Act provisions regarding political activity may be useful for all NIH personnel.

Certain basic political activity restrictions are established by this Act, and responsibility for compliance with the restrictions are placed on the individual.

1. Employes of the Executive Branch of the Federal Government and the Government of the District of Columbia, including temporary and part-time employes, are prohibited from active participation in politics. The political activity of employes of any State or local agency whose principal employment is in connection with a Federally financed activity is also restricted.

All Employes Affected

2. Employes on leave, with or without pay, or on furlough or terminal leave, even though an employe's resignation has been accepted, are subject to the restrictions of the Hatch Act.

3. Employes have the right to vote and to express their political opinions but are forbidden to take an active part in partisan political management or in partisan political campaigns.

4. Employes covered by the Hatch Act may attend political rallies and join political clubs but they cannot take an active part in the conduct of the rally or operation of the club. Other things they are prohibited from doing: Involvement in soliciting or collecting political contributions, distributing campaign material and selling dinner tickets or otherwise promoting such activities.

5. An employe may write a letter to the editor of a local newspaper expressing his opinion on a partisan issue, but he must not solicit votes for or against any political party or partisan candidate.

6. He may make a campaign contribution to his party but he cannot be required to do so. The contribution cannot be made in a Federal building or to some other employe who is prohibited by Federal law from accepting contributions. As a Federal employe he cannot solicit contributions.

7. An employe does not violate the Hatch Act by merely wearing a campaign button or displaying a bumper sticker on his car. However, employes must observe any rules of their agencies restricting a partisan political display on the job.

8. A Government employe's wife who is not a Government employe may engage in political activity.

9. A Federal employe may serve as an election officer, provided that in doing so he discharges the duties of the office in an impartial manner as prescribed by State or local law, but he may not become a candidate for such office in a partisan election.

10. A Federal employe may not serve in any capacity at the polls in behalf of a partisan political candidate or political party, or may not assist a candidate or party in any way at or near the polls.

Any further questions may be addressed to your I/D Personnel Office.

American Heart Assn. Accepting Applications For Research Awards

Applications from research investigators for support of studies to be conducted during the fiscal year beginning July 1, 1967, are now being accepted by the American Heart Association.

September 15 is the deadline for submitting applications for Established Investigatorships and Advanced Research Fellowships.

Deadline Noted

Applications for Grants-in-Aid should be submitted by November 1. Grants-in-Aid are made to experienced investigators to help underwrite the costs of specified projects such as equipment, technical assistance and supplies.

Application forms for research awards may be obtained from the Director of Research, American Heart Association, 44 East 23rd Street, New York, N.Y. 10010.

Oral Cancer Pamphlet Cites Merits of Routine Examination as Cancer Check

Routine examination of the mouth by a dentist or physician—even the alertness of an informed individual—may lead to the detection of oral cancer, cause of approximately 4,000 deaths each year in the U.S.

Symptoms, causes, treatment and research on the disease are discussed in a pamphlet, Cancer of the Mouth, issued recently by the Public Health Service.

It is the latest in a series of pamphlets on cancer of different body sites prepared for the public by the National Cancer Institute.

Most common oral cancer symptoms, according to the pamphlet, are a sore that fails to heal, a lump or thickening, a whitish patch, bleeding, sore throat, difficulty or pain in chewing or swallowing food, or the sensation of something in the throat.

Warning Given

The pamphlet warns that many persons delay getting medical attention because problems in this area are so common. However, oral cancer usually progresses rapidly, and a doctor should be seen when a problem persists for 2 weeks.

Pipe smoking and consistent exposure to sunlight are cited as chief factors associated with cancer of the lip, the most frequently occurring form of mouth cancer.

Cancers inside the oral cavity are often associated with the use of cigarettes, cigars, pipe, chewing tobacco and snuff.

Chronic irritations caused by jagged teeth or badly fitting dentures, and the excessive use of alcohol are also believed to have some relationship to mouth cancer.

Single copies of "Cancer of the Mouth" (PHS Publication No. 461) are available without charge from the Public Health Service, Washington, D.C. 20201. The pamphlet may be bought in quantity from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402 at 5c a copy or $2.75 per 100 copies.

List of Latest Arrivals Of Visiting Scientists

7/11—Dr. Klausmartin Voigt, Germany, Laboratory of Chemical Pharmacology. Sponsor: Dr. B. Brodie, NIH, Bldg. 10, Rm. 7N119.

7/15—Dr. Stuart O. Bondurant Jr., U.S.A., Office of the Director. Sponsor: Dr. Robert Grant, NHI, Bldg. 31, Rm. 5A52.

7/15—Dr. Motonori Ohno, Japan, Laboratory of Chemical Biology. Sponsor: Dr. C. B. Anfinsen, NIAMD, Bldg. 10, Rm. 9N309.

Self-Teaching Notebook Prepared by CC Nurse

As the responsibilities of nursing assistants increase, so does the need for an efficient teaching method. To meet this need, a special self-teaching notebook was prepared by Cora L. Goodson, R.N., an instructor in the Education and Training Unit of the Clinical Center Nursing Department.

The manual, entitled Temperature, Pulse, and Respiration Measurement: A Programmed Notebook for Nursing Assistants, is divided into five sections, each of which consists of instructional exercises and a review portion.

Prepared at CC

The notebook, published this month, is the second of its type to be prepared at the Clinical Center. In 1964 Blood Pressure Measurement: A Programmed Notebook for Nurses was written by Jane Wilcox, Sc.D.

These notebooks follow a pattern of teaching known as "programmed instruction" which is rapidly gaining wide acceptance because of its adaptability.

Although such programs vary in the devices used to provide the information, they are alike in that they are self-pacing, are organized in terms of increasing complexity, require active student response and give immediate reinforcement of the correct response.

Copies Available

Single copies of Temperature, Pulse, and Respiration Measurement may be obtained from the Clinical Center Information Office, Building 10, Rm. I-N-248. Sales copies at $1 each are available from the Superintendent of Documents, Government Printing Office, Washington, D.C.

Dr. King Appointed Chief Of OIR's Latin America Office in Rio de Janeiro

Dr. Cecil T. G. King has been named Chief of the NIH Office of International Research's Latin America office in Rio de Janeiro, Brazil.

Dr. King

In his new position Dr. King will coordinate the interests of NIH in South and Central America, and advise on the status of research activities in that area. Also, he will work closely with NIH institutes and divisions in seeking new research and research-training opportunities.

Development of closer communications between biomedical research communities will be another aim of Dr. King when he assumes his new duties.

Since 1960 Dr. King has been with the National Institute of Dental Research. In 1965 he became Chief of that Institute's Pharmacology Section in the Laboratory of Biochemistry.

His most recent research concern has been with the etiology of experimentally induced congenital malformations and prenatal and neonatal pharmacology.

Prior to assuming his new post, Dr. King attended the Third International Congress of Pharmacology, Sao Paulo, Brazil, where he presented a paper on Benzhydrylpiparazines and Congenital Malformations.

Background Cited

Dr. King, a U.S. citizen though born in Argentina, is very knowledgeable about South America, having spent the first 18 years of his life there. He has presented numerous papers at conferences in South America, Europe and in this country.

Graduating from Harvard University cum laude in 1948, he received his M.A. in physiology in 1949 and his Ph.D. in physiology and endocrinology from Harvard in 1952.

Before joining NIH, from 1952 to 1960, Dr. King was employed in the Medical Research Laboratories, U.S. Naval Submarine Base, New London, Conn., as Chief of the Endocrinology Section. His studies during this period were on the effects of different concentrations of carbon dioxide on the pituitary adrenal system and the carbohydrate metabolism of the rat and the guinea pig.

Dr. King is a member of Gamma Alpha, the International Association of Dental Research, the Teratology Society and Sigma Xi. He has published 36 papers.

Blood Typing Program May Cut Number Of Dog Donors Needed for Research

By Toni Anastasi

Trials are being conducted here to study the feasibility of establishing a blood bank program to provide blood for dogs used in large-scale experimental heart procedures at NIH.

These new tests might well eliminate the need for more than 2,000 canines per year. The project is directed by Dr. Raymond D. Zinn, Head of the Farm Animal Unit, Laboratory Aids Branch, Division of Research Services.

Dr. Raymond D. Zinn (right), Head of the Farm Animal Unit at the NIH *Animal Center, draws blood from one* of the dogs in the blood-donor-colony. Ernest Bryant, animal caretaker, assists Dr. Zinn who originated the project.—Photos by Ralph Fernandez.

The canine blood is being used primarily by the National Heart Institute to prime heart-lung machines in experimental surgery and to help develop new and improved techniques for the replacement of diseased heart valves.

The dog blood bank will provide a method to make transfusions easier during animal surgery.

In his office at the NIH Animal Center near Poolesville, Md., where the donor-trial-dogs are housed, Dr. Zinn said:

Benefits Given

"By maintaining a colony of healthy donor dogs, normal blood of known characteristics can be made available to the research laboratories, and manpower for quarantining and conditioning of dogs can be reduced.

"Under the present system, over half the entire number of dogs required for intramural research programs become, at best, a rather inefficient and less-than-satisfactory source of blood.

The present blood donor colony is housed in Bldg. T-8 at the Animal Center. It consists of 82 animals. These are of the hound-type

Susan Pickeral, biologist at the Animal Center, takes a blood count of the canine blood to test the physical condition of a dog.

and are divided into groups for donor trial studies, and for breeders to produce future donors.

A laboratory has been established to carry on necessary hematologic studies and evaluate collection and handling procedures.

Dr. Zinn pointed out that there are some technical problems involved in a canine blood donor program. He said that the blood grouping system of the dog has not

(See BLOOD TYPING, Page 6)

An Inclusive Taxonomic Study Conducted on the Aerobic Pseudomonads

A detailed survey of an important group of eubacteria, heretofore resistant to satisfactory analysis, has resulted in the recent publication of "The Aerobic Pseudomonads: A Taxonomic Study."

The study was supported by a grant from the National Institute of Allergy and Infectious Diseases.

The aerobic pseudomonads make up a large and varied group of bacteria. But it is difficult to give a satisfactory account of their nature and extent. Their subgroups have been so fragmentarily described that the boundaries between these bacteria are generally not clearly established.

267 Strains Analyzed

The taxonomic study resulted from a detailed analysis—with emphasis on biochemical, physiological and nutritional characters—of 267 strains representing many of the principal biotypes.

The work brings to light many hitherto unrecognized characters of taxonomic significance. As a result, it is now possible to recognize a number of species which can be readily and clearly distinguished from one another by many phenotypic differences.

The 112-page study by Drs. R. Y. Stanier, N. J. Palleroni and M. Doudoroff, of the Department of Bacteriology and Immunology, University of California, Berkeley, appears in the Journal of General Microbiology.

Dr. Samuel Greenhouse, Mathematics Statistician, Named to NICHD Post

Dr. Samuel W. Greenhouse has been appointed Chief of the Epidemiology and Biometry Branch, Program Services, National Institute of Child Health and Human Development, Dr. Donald Harting, Institute Director, announced recently.

Dr. Greenhouse

Dr. Greenhouse's branch will be part of NICHD Program Services under the Associate Director for Program Services, John McDougall.

In his new post, Dr. Greenhouse will develop a program of research and consultation in statistical, biomathematical, and epidemiological areas as these relate to the four scientific programs of NICHD — Reproduction, Growth and Development, Aging and Mental Retardation.

At NIMH Since '54

Dr. Greenhouse is a well known mathematical statistician who served the National Institute of Mental Health since 1954. While there he was Chief of the Theoretical Statistics and Mathematics Section and Assistant Chief of the Biometrics Branch. Before joining NIMH he was a mathematical statistician with the National Cancer Institute.

He is presently a National Science Foundation lecturer on statistics, and has been a professorial lecturer on statistics at George Washington University since 1946.

Education Listed

Originally from New York City, Dr. Greenhouse took his undergraduate schooling at the City College of New York, earning his B.S. degree in 1948. He received his M.A. and Ph.D. degrees from George Washington University.

Dr. Greenhouse is a Fellow of the American Statistical Association, a member of Sigma Xi, and has many other professional affiliations.

Dr. Nathan Eddy Speaks At Symposium on Pain

Dr. Nathan B. Eddy, retired Chief of the Section on Analgesics of the National Institute of Arthritis and Metabolic Diseases, was among the speakers at a symposium on pain held recently at the University of California Medical Center in San Francisco.

Dr. Eddy, an internationally acclaimed authority on drug addiction and analgesics, spoke on "The Search for a Potent Non-Addictive Analgetic."

Dr. Berlin Is Honored by Downstate Med. Center

Dr. Nathaniel I. Berlin, Clinical Director of the National Cancer Institute, recently received the Distinguished Alumni Award from the Downstate Medical Center, Brooklyn, N.Y.

The Alumni Medallion was presented by Robert A. Moore, President of Downstate, who called Dr. Berlin a "distinguished alumnus and physician," a "dedicated scientist and researcher," and cited him for his services to humanity and to the advancement of the field of hematology.

Accomplishments Praised

During the award ceremony Dr. Harry Z. Mellins, Chairman of the Faculty Committee on the Alumni Medallion, reviewed Dr. Berlin's continuing interest in and contributions to the physiology of hematopoiesis.

Dr. Mellins pointed out that many of Dr. Berlin's publications—of which there are more than 100—"have become classical references and sources for techniques repeated many times afterwards by other investigators."

Dr. Berlin has been at NCI since 1956. He is also Consultant to the National Naval Medical Center and to the Armed Forces Radiobiology Research Institute.

During a recent tour of NIH facilities, Dr. Carlos de Madeiros (right), Secretary General of the President's Office, Government of Togo, discovered that both he and Dr. Jacques May of the Office of International Research's Nutrition Section had graduated from the University of Paris Medical School. Dr. Togo was in this country on a cultural exchange visit sponsored by the State Department.—Photo by Ralph Fernandez.

CC Patients See Puppet Show

The American Public Theatre group of the Library of Congress presented "Puppet Folly of 1966" Sunday, July 31, at 7 p.m. in the Clinical Center auditorium.

The program was arranged for Clinical Center patients and their guests.

NHI Shows Its Prize-Winning Exhibit on Heart Disease at Recent AMA Meeting

Hanford Moxley (left) is joined at the NHI exhibit by (from left) Dr. I. E. Buff, member of the Committee on Annual Physical Examinations for Physicians, Mrs. Charles McArthur and Dr. Charles McArthur, chairman of the AMA committee on APEP. At the table in front of them, physicians are having their electrocardiograms interpreted by members of the American College of Cardiology.

The National Heart Institute's prize-winning exhibit on "Habits and Coronary Heart Disease" had its second showing recently at the annual meeting of the American Medical Association in Chicago.

Prepared by the Heart Information Center, the exhibit depicts some of the findings of a long-term epidemiological study underway since 1949 at Framingham, Mass.

Over 5,000 men and women between the ages of 30 and 62 have been examined every two years in an effort to identify some of the factors which may lead to the development of coronary heart disease.

The study thus far has shown that certain factors, such as smoking, obesity and sedentary living, are definitely associated with a higher risk of coronary disease.

Findings Listed

Among the findings that have emerged from the Framingham Project are:

- Risk of CHD among the "least active" males in the study was more than three times that of the "most active" males.
- The risk of angina pectoris rises progressively with increasing relative weight. The risk of individuals more than 20 percent overweight was almost three times that of individuals more than 10 percent underweight.
- The risk of heart attacks among heavy cigarette smokers was about twice that of non-smokers; but when a person gives up cigarettes, his risk of coronary heart disease drops sharply and promptly to the same level as that of persons who never smoked.

It has also been found that consumption of coffee or alcoholic beverages in moderation, habitual lack of "adequate sleep," marital status, and family size all appear to be unrelated to the risk of developing coronary heart disease.

This was the third successive year that NHI has been invited to exhibit in the area where examinations were given to doctors.

This year over 22,000 pamphlets, brochures and reprints were distributed to practicing physicians, and many questions regarding NHI and its research programs were answered by HIC staff.

The Framingham exhibit was previously shown at the annual convention of the American College of Cardiology, where it received special honors as the best scientific exhibit of the meeting.

Rochester, N.Y., One of First to Construct New Mental Health Centers

Approval of a $301,826 Federal construction grant for a new community mental health center in Rochester, N.Y., was announced recently by the National Institute of Mental Health.

The project involves the construction of a free-standing wing of the Rochester General Hospital, to house the outpatient service, a day care center for children, adolescents and adults, and facilities for diagnosis, treatment and research.

In addition, the center will operate an emergency service, inpatient service, and a consultation and education program.

Dr. Stanley F. Yolles, Director of the National Institute of Mental Health which administers the Community Mental Health Centers Act jointly with the Division of Hospital and Medical Facilities, and that the Public Health Service expects approximately 500 community mental health centers will be in operation in the United States by 1970.

Last year, the 89th Congress authorized Federal grants to help pay the cost of staffing the centers in their initial years.

Dr. Janney Retires, Has 30 Years PHS Service

Dr. Harold M. Janney, Chief of the Mental Health Career Development Program, retired June 30 after 30 years with the Public Health Service Commissioned Corps.

Dr. Janney

He had headed the Career Development Program for the Training and Manpower Resources Branch of the National Institute of Mental Health since 1962.

Dr. Janney took up a new career Aug. 1 when he became Chief of Medicine, Retardation Services of the Department of Mental Hygiene for the State of California. He will reside in Sacramento.

He came to NIMH from the Department of Justice where he had been Medical Director, Federal Bureau of Prisons, for 9 years. He held various other positions with the Bureau since becoming a commissioned officer in 1936.

DR. LAVECK

(Continued from Page 1)

In addition to directing the retardation activities of NICHD, Dr. LaVeck is Chairman of the NIH Staff Group on Mental Retardation and a member of the Secretary's Committee on Mental Retardation.

Prior to joining NICHD, Dr. LaVeck was Head of the Crippled Children's Service, Washington State Department of Health, Clinical Director of the Rainier School, a school for the mentally retarded in Buckley, Wash., and a clinical assistant and then Associate Professor of Pediatrics, University of Washington School of Medicine, Seattle.

Studies Cited

He is currently Clinical Associate Professor of Pediatrics at Georgetown University School of Medicine.

Dr. LaVeck's research interests include studies on the epidemiology of infectious diseases and handicapping disabilities of childhood, and clinical investigations in mental retardation focusing on genetics, neurology, endocrinology and pharmacology.

Dr. LaVeck earned his B.S. and M.D. degrees at the University of Washington.

He is a Diplomate of the American Board of Pediatrics, a Fellow of the American Academy of Pediatrics, and a member of the American Medical Association, American Public Health Association, Washington State Medical Association and the Western Society for Pediatric Research.

CONSTRUCTION

(Continued from Page 1)

will provide facilities for 1,100 people now in rented space in the Bethesda area. Completion is expected in the summer of 1968.

Buildings 35, 36 and 37—Construction was begun last fall on this complex of two laboratory buildings and a cafeteria. Completion is scheduled for January 1968. Building 36 will be occupied by NINDB and NIMH, and will provide facilities to support the broad spectrum of research in these fields from the cellular level to clinical investigations.

Building 37 will provide facilities for direct research of the NCI and for the support and administration of cancer research in laboratories throughout the world.

The cafeteria, Bldg. 35, will provide dining facilities for occupants of the two new laboratory buildings and other nearby buildings.

DBS Space Increased

Building 29A—This extension to the DBS building will provide additional laboratory space to meet the increasing responsibilities of that division. Construction is expected to be finished in December of this year.

Clinical Center Library Annex and Cafeteria Extension—Construction of this dual project began in May.

The Library Annex will be added to the south side of the Clinical Center between the "C" and "D" wings. On its completion in September 1967, the NIH Library will have space more suitable to library activities, and the areas it occupies on the 5th and 11th floors of Bldg. 10 will be released for laboratory use.

The present Bldg. 10 cafeteria will be extended to provide needed space for additional seating together with a new kitchen facility. The existing kitchen will be entirely separate and used only for preparing patients' food. The project will be completed in September 1967.

Other Buildings Planned

In addition to these construction projects, several others are still in planning stages. Among these are:

Multilevel Parking Structures—Two of these structures are currently planned—one near Bldg. 31 and the other near the NCI-NIMH/NINDB complex.

They will hold 650 and 825 cars respectively. Construction of both is planned to begin in the fall of 1967 and will be completed late in 1968.

NIMH Child Research Center—The child research program was formerly housed in Building T-4, which was partially razed to make way for the NCI-NIMH/NINDB complex.

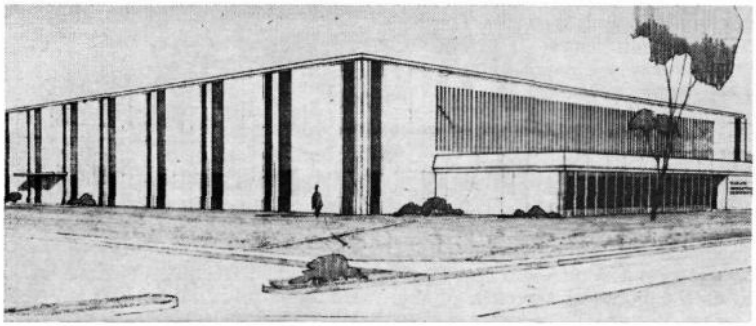
Because of the natural environment required for this research, the building will be non-institutional in appearance and setting.

A private architectural-engineering firm has been engaged by NIH to study the use of land in the southern portion of the reservation, where this building will be located, and to prepare a Master Site Plan for the area. This will allow its most effective development, while preserving the natural beauty of the reservation.

Additional Facilities

Warehouse Building—A project to accommodate the receiving, inspection, storage and distribution of supplies and equipment necessary for the support of NIH research and clinical activities. The site for this building will be determined when the Master Site Plan for the southern area is complete.

NICHD Building—This will be a developmental sciences laboratory building in which an intramural research program will be conducted in the broad areas of growth and development, mental retardation and reproductive and perinatal biology.



Virus Isolation Facility Building (No. 41), now under construction here, is scheduled for completion in 1968.

Cancer Institute Names Dr. Ralph E. Johnson Radiation Branch Chief

Dr. Ralph E. Johnson has been named Chief of the Radiation Branch of the National Cancer Institute.

Dr. Johnson

A native of Chicago, Dr. Johnson received the M.D. degree from Northwestern University in 1958. He served an internship at the University of California Medical Center in San Francisco and a residency at the Penrose Cancer Hospital, Colorado Springs, before joining the NCI in 1962.

He worked for one year in the Institute's Grants and Training Area and one year in the Laboratory of Chemical Pharmacology before becoming Acting Chief of the Radiation Branch in 1964.

Dr. and Mrs. Johnson and their 4 children make their home in nearby Bethesda.

'Split ACD' Method of Blood Separation Saves CC 185 Pints of Blood a Month

By Bowen Hosford

Wanda S. Chappell, Chief Nurse in the Clinical Center's Blood Bank, has modified a procedure for blood separation that dramatically increases the efficiency of blood use. In a trial period that began 4 months ago, it is saving 185 pints of blood a month.

Dr. Paul J. Schmidt, Blood Bank chief, is conducting studies in cooperation with clinical care physicians to increase the saving further.

Mrs. Chappell

Mrs. Chappell's technique has to do with platelets—sticky disc-shaped particles in the blood that are used to control bleeding in leukemia patients.

In the past, platelets were transfused to patients in platelet-rich plasma (PRP). The PRP was separated from whole blood by centrifuging it. The red cells that remained were returned to the donor by plasmapheresis, transfused to others or used for laboratory research.

Problem Defined

Blood investigators have centered attention on separating platelets from the PRP. The remaining plasma could then be remixed with the red cells. The result would be whole blood. It could be used like other banked blood. The subtraction of platelets would not matter, because in stored blood platelets lose their effectiveness.

However, if the sticky platelets were concentrated, they would cling and form clumps.

Acid would keep them from clinging.

Acid citrate dextrose (ACD) is used to keep whole blood from clotting in its container. Extra ACD could be added in the sterile plastic containers during their manufacture, but such extra ACD is undesirable from the patient's viewpoint.

Complications Given

Nor could citric acid be placed in a bag beforehand, because it would eat through the plastic. Citric acid has been added to the platelet-rich plasma, but this involves breaking into the sterile bag that contains it. Because of the chance of bacterial contamination, the remaining plasma could not be remixed with the red cells.

Mrs. Chappell hit on an idea that is as simple and ingenious as the invention of the paper clip. It is based on the fact that the standard amount of ACD in the main plastic bag was set some 20 years ago on a calculated excess.

Her idea was to transfer part of the ACD from the main bag to the satellite bag where it would add extra acidity to the PRP. Enough

(See BLOOD SEPARATION, Page 7)

Seven New Members Join The NIH 'Gallon-Donor' Club

The Clinical Center Blood Bank reports that seven more NIH staff members have joined the "gallon-donor club." They are Lester H. Geiger, DRFR; Ralph Gunkel, NINDB; Zelda L. Janus, NCI; George J. Mannina, NIAMD; Claire Overath, CC; George F. Russell Jr., OD, and John Summerour, CC.

Dr. Pahl Is on Leave to Natl. Research Council

Dr. Herbert B. Pahl, Chief of the General Research Support Branch, Division of Research Facilities and Resources, has been granted a leave of absence effective Aug. 1. He is serving as Staff Director to the Committee on Research in the Life Sciences of the National Academy of Sciences, National Research Council.

Dr. Pahl

The committee, under the aegis of the Academy's Committee on Science and Public Policy, will survey the status of research and manpower in the life sciences to determine future trends and evaluate future needs. This is similar to the surveys made recently by the academy in the areas of astronomy, chemistry, physics, the plant sciences and mathematics.

The Committee on Research in the Life Sciences is under the chairmanship of Dr. Philip Handler, Chairman of the Department and Professor of Biochemistry at Duke University, Durham, N.C.

The work of the committee whose members are chosen from the Nation's leading universities will be accomplished through 21 subcommittees.

BLOOD TYPING

(Continued from Page 3)

been extensively investigated.

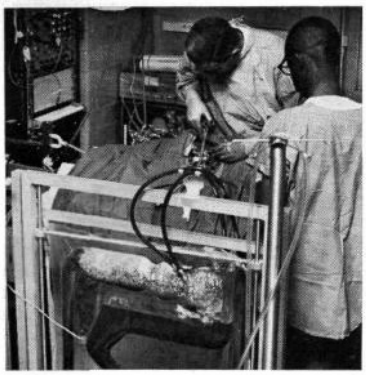
Some seven major and 2 subgroups are presently recognized. Also, the relative fragility of the dog red blood cell is recognized as a problem.

"Whether by selective breeding and appropriate handling methods, we may be able to cope with these problems is yet to be seen," Dr. Zinn said. "However, our experience to date is cause for some optimism," he added.

Other unknowns, such as the maximum permissable storage time, collecting methods and quality control procedures must be evaluated.

Dr. Zinn is being aided in the project by Robert Pennington and Mary Strott of the Laboratory of Blood and Blood Products, Division of Biological Standards, who are helping with blood-grouping and typing techniques.

Prior to this project, it was not possible to blood-type these dogs, since an antiserum for this purpose was not commercially available.



Dr. Robert Reis of the NHI Surgery Branch uses blood from dog donors for the first time in an experimental animal heart operation. The blood can be seen in the heart-lung machine in foreground.

DBS has been instrumental in developing the needed antiserum for blood typing by purposely stimulating the A antibody in A negative dogs. The serum harvested from these dogs is being used for blood typing other dogs.

U.S. Navy Band to Play for Season's Last CC Concert

The fifth and final in this summer's series of band concerts for Clinical Center patients will be presented on Tuesday, Aug. 16, at 7:30 p.m. by the United States Navy Band in the CC auditorium.

NIH employes, their families and friends are invited, but patients will have priority in seating. Arrangements for this concert were made by the CC Patients' Activities Section.

Dennis Cahill Turns in Low Net Score In NIHGA President's Cup Tournament

Relaxing at the 19th hole after playing in the NIH Golf Association's first Annual President's Cup Tournament are, from left: Gunnar Gray, CC; Errett Straley Jr., DRG; George F. Russell Jr., OD, and "Ricky" Di Giacinto, NICHD.

The first annual President's Cup Tournament of the NIH Golf Association at Island View Golf Course, Sterling, Va., was held July 29 with members competing in three flights.

Dennis Cahill, NINDB, won the top prize, the President's Cup, with a net score of 66. He shot a 79 on the par 72 course, with a 13 point handicap.

Low gross was scored by Nathaniel White, CC, with a 2-over-par 74. Other winners in the championship flights were Frank Sordyl, NCI, and Gunnar Gray, CC.

Winners in the first flight were Art Broering, DRFR, and Alfonzo Dale, OD. Second-flight winners were Don Dunsmore, DRS, and Pat Patrick, Credit Union.

Foursome Given

The foursome with the low net score was composed of Dennis Cahill, Bill Quinlan, NICHD; Luther Johnson and Ray Jones, both DRS.

A special NIHGA committee headed by Oscar Young, NINDB, ran the tournament. The President's Cup, now on display in the R&W office, will be presented at the year-end NIHGA banquet by Robert Schultheis, R&W President. All other winners receive gift certificates for golf shop merchandise.

Organized early in February of this year, the NIH Golf Association is sponsored by R&W. The intramural golf league is organized for handicapped match play. Team matches are contested for 9 holes on Tuesday and Thursday evenings at Reston North Golf Course, Reston, Va.

The first season began with an open field day on March 30, and will end Sept. 20 with play-offs. Individual and team trophies for both men and women will be awarded at a banquet at the close of the season. The members support this banquet and their green fees; the R&W provides the trophies, membership cards and prizes for special outings.

The NIHGA has held three outings this year. Membership has increased from 12 teams of approximately 90 players to 134. Although teams are made up of from 9 to 12 members, only four players from a team compete in a match. This enables players to participate when their individual situations permit.

Membership for 1966 was closed Aug. 1 but will be reopened early in 1967. All NIH employes, other employees on the reservation and related PHS employes in nearby field stations will be welcome to join. Membership is $1, and the 1966 greens fee is $1.50 per 9-hole round.

Betty J. Wood Heads D.C. Dental Assistants

Betty J. Wood, an employe of the National Institute of Dental Research since 1962, has been elected President of the Dental Assistants' Association of the District of Columbia.

The prime function of the Dental Assistant's Association is to provide continuing educational opportunities for the dental assistants in the Washington area.

In addition to her other duties as president, Mrs. Wood will direct the Association's philanthropic program which includes various contributions to Junior Village, the D.C. Children's Home in Laurel, Md., and other children's institutions in the area.

Dr. E. Emory Ferebee, NIMH Administrator and Economic Adviser, Dies

Dr. E. Emory Ferebee, Social Science Administrator and a principal adviser of the National Institute of Mental Health, died July 22 following a heart attack at his home, 6900 Ridgewood Avenue, Chevy Chase, Md. He was 62.

Dr. Ferebee

Dr. Ferebee had been with NIMH since 1963. He was responsible for studies of the financing of community mental health centers in his capacity as adviser to the Chief of the Community Mental Health Facilities Branch.

He had served on a committee to study means of broadening insurance coverage for mental illness.

From 1955 to 1963, Dr. Ferebee was Deputy Director of the Office of Vocational Rehabilitation, DHEW. He came to Washington in 1940 as an economist with the Social Security Board.

He later was Deputy Director, Rubber Branch, War Production Board; Director, Division of Area Analysis, War Manpower Commission, and Principal Examiner, Bureau of the Budget.

Dr. Ferebee received the Superior Service Award of the Department of Health, Education, and Welfare in 1962.

Education Mentioned

Born Nov. 14, 1903, in London Bridge, Va., Dr. Ferebee graduated from Oceana High School in Oceana, Va. He received his B.S. and M.S. degrees from the University of Virginia in Charlottesville and his Ph.D. from the University of Chicago.

Memorial services were held July 26 at the Bethesda Unitarian Church. Dr. Ferebee is survived by his wife, Shirley, who is Associate Chief, Research Section, Tuberculosis Program of the Communicable Disease Center, Washington office, and a son and daughter.

Contributions in Dr. Ferebee's memory may be made to the Echo Lake Summer Camp through Dr. Morton Miller, Rm. 14W07, Barlow Building. The camp is a facility for underprivileged children.

24 Contracts Awarded For Kidney Research

Twenty-four contracts totalling approximately $1.8 million have been signed under the Artificial Kidney-Chronic Uremia Research and Development Program, inaugurated by the National Institute of Arthritis and Metabolic Diseases.

New International System of Classifying Rhinoviruses Is Established and Ratified

More than a year of intensive collaborative testing by scientists at 11 laboratories has led to a new international system for classifying rhinoviruses, the most important group of viruses associated with the common cold.

The subcommittee on viruses of the International Microbiology Nomenclature Committee meeting during the 9th International Congress for Microbiology in Moscow July 24-30, ratified a numbering system that establishes 55 rhinovirus prototypes.

The program for testing and identifying distinct types within the family of rhinoviruses was sponsored by the Vaccine Development Branch of the National Institute of Allergy and Infectious Diseases.

Contractors Named

Drs. Vincent Hamparian and Robert Conant of Ohio State University and Children's Hospital, Columbus, Ohio, are the principal contractors in this program which is designed to clarify research on rhinoviruses.

Scientists all over the world were invited in 1965 to submit candidate strains to the typing center at Columbus.

There each of the 69 strains entered in the program was tested against antiserum. Test results for each candidate virus were confirmed independently by at least one other laboratory.

A committee of virus research specialists participating in the program met at NIH in June under the chairmanship of Dr. Albert Z. Kapikian of the NIAID Laboratory of Infectious Diseases.

The committee reviewed and accepted test data, which established 55 distinct types of rhinoviruses, and assigned numbers to the types according to the date each strain was reported in a scientific journal or (in the case of unreported strains) submitted to the program.

British Agree

British virologists who had submitted candidate strains, led by Dr. David A. J. Tyrrell of the Common Cold Research Unit, Salisbury, England, agreed to the proposal before its submission to the laboratory directors of the World Health Organization's respiratory virus and enterovirus reference centers.

Approval by that group was followed by presentation of the data to the virus subcommittee of the International Microbiology Nomenclature Committee for ratification.

Other contractors who submitted candidate viruses and participated in the testing program include research teams at the University of Kansas, University of Chicago, University of Wisconsin, University of Virginia, the California State Department of Public Health, Tulane University, Baylor University and Abbott Laboratories.

In the second phase of the program now underway, Drs. Hamparian and Conant are testing new candidate rhinovirus strains and gathering virus strains and antisera in sufficient quantities for distribution to investigators who then test their own candidates against accepted types.

The NIAID Research Reference Reagents Branch, another part of the Institute's Collaborative Research Program, will soon begin making available to qualified investigators reference quantities of virus and antisera for the accepted rhinovirus types.

A uniform classification system for rhinoviruses, the cause of much acute respiratory illness among adults, became necessary when improved tissue culture procedures made possible the isolation of new virus strains and the volume of rhinovirus research reports in the scientific literature increased.

Too great a project for a single laboratory to undertake, the classification program was established by the NIAID Vaccine Development Branch as an initial step toward possible development of vaccines against the strains of rhinoviruses most frequently isolated.

Research Grants Index Is Now in 5th Edition

The Public Health Service has published a fifth edition of the Research Grants Index, as annual publication containing scientific subject matter summaries of more than 17,000 research projects supported by the PHS during F.Y. 1965.

The 2,432-page Index is printed in two volumes. The first volume classifies research grants and contracts according to scientific subject headings in alphabetical order, covering more than 5,500 aspects of biomedical research.

Volume II Described

Volume II contains three sections. The first lists the projects in numerical order of the grant numbers, showing investigators' names, addresses, project titles and recent publications. The second section lists grants by 75 broad scientific areas, and the third is an alphabetical list of investigators.

The publication is produced by the Research Documentation Section, Division of Research Grants, and is distributed to libraries of all PHS-grantee institutions.

The 2-Volume Research Grants Index (PHS Publication No. 925) is available to the public from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402, at $13.75 for the set.

Revised Examination for Aphasia Helps Appraise Subjects' Disabilities

An NINDB grantee's re-evaluation of a short examination for aphasia will assist neurologists in assessing aphasic disabilities during the over-all neurological examination.

The newly designed examination is based on selection of a range of test items from the Minnesota Test for Differential Diagnosis of Aphasia, and is a revision of a short examination designed by the same investigator in 1957.

The revised short examination will provide a more adequate sample of language behavior for reliable diagnosis over the whole range of aphasic disabilities.

It is based upon the use of scaled tests for each subject, coupled with a Diagnostic Scale and a Severity Scale.

The two scales should enable the examiner to compare diagnostic patterns and severity of functional deficiencies among aphasic subjects and over intervals of time, resulting in a concise and meaningful summary of aphasic impairment observed in any given patient.

BLOOD SEPARATION

(Continued from Page 5)

would still be in the main bag to prevent clotting there.

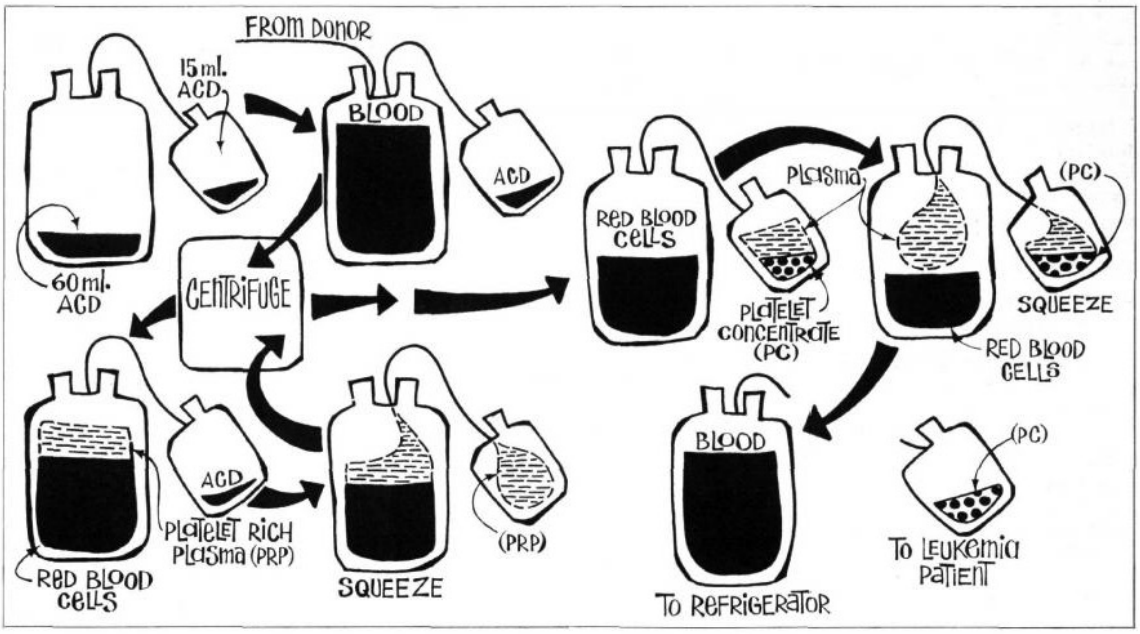
First steps in the new procedure are the same as before. The two bags are spun, and platelet-rich plasma floats on top of the red cells. A nurse squeezes the PRP into the satellite bag.

Then she spins it again: 7 times as long. Now the plasma floats on top of the platelets. They do not clump because they are acid. She squeezes the plasma back into the main container, mixing it with the red cells.

This is now whole blood. It goes to the refrigerator where it can be stored for use as long as 3 weeks. The platelets go at once—for they are short-lived—to a leukemia patient.

This "Split ACD" method yields platelets as a true by-product. That is, it is all gain and no loss.

Mrs. Chappell's development is part of the Blood Bank's program for effective use of all the blood's bullets. Currently the use rate is 116 percent. This means that for every 100 pints of blood collected, 116 transfusions are made.



This is the 'Split ACD' method of blood separation developed by Wanda S. Chappell. To trace the steps, start at upper left and follow the arrows.—Chart by George Gosney, Medical Arts and Photography Branch.

NAZI SURVIVOR

(Continued from Page 1)

mental health before their imprisonment, coming from stable and secure homes and returning to them upon liberation.

Nevertheless, 65 percent continued to show "concentration camp syndrome," a complex of psychiatric disturbances; 93 percent showed anxiety manifestations, and up to 90 percent evidenced intellectual impairment. The younger prisoners suffered less impairment than those arrested at age 25 or over.

Another finding concerned the organic factors of psychic disturbance. These were found more significant than is commonly regarded in American studies of Nazi victims. A number of Norwegian prisoners showed evidence of traumatic encephalopathy resulting from head injuries during imprisonment.

Symptoms Tabulated

There has been less opportunity to study the effects of prison injury or illness among Jewish survivors, since the extreme conditions of their captivity meant death for those who fell ill.

His documentation revealed that two-thirds of the Norwegians suffered strong psychic reactions during their imprisonment. These included shock, depression and other disturbances. A total of 11 psychiatric symptoms was tabulated.

More than half the group reported extreme forms of torture. Many were subjected to "severe captivity," including physical hardships, long hours of labor, isolation and starvation.

Those who could manage to keep their sense of individuality and self-identity or "do any little thing for someone else," according to Eitinger, had the greatest chance to survive their ordeal.

Several differences between the two groups of ex-prisoners were brought out in a question-answer interchange. One obvious difference was that many more Norwegians than Jews survived the camp experience

Norwegians Survive

Of 22,000 Norwegians placed in Nazi custody, 20,000 lived to return to their homeland. The Jews were headed for the gas chambers. Too, the Norwegians were imprisoned because they chose to resist the Germans, while the Jews found themselves candidates for extermination on grounds of religion.

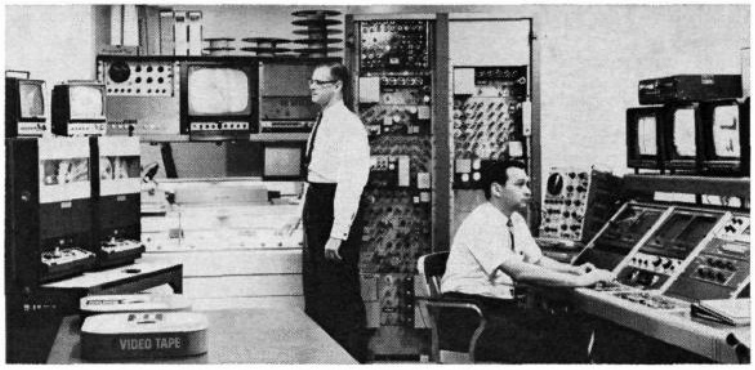
Many who escaped death when freed by the Allied forces were found to suffer overwhelming guilt feelings as the sole survivors of families put to death wholesale.

Among the Norwegians returning home as heroes of the Resistance, guilt was not a factor in their pathology.

Dr. Robert A. Cohen, Director of NIMH Clinical Investigations, pointed out that Eitinger's studies of intense stress and lasting effects present psychiatry with important theoretical implications.

"Here we assume that some personality or genetic defect may be responsible for breakdown," said Dr. Cohen. "Studies of concentration camp experience permit selective tracing of specific symptoms of pathology to devastating physical and emotional experiences."

CC's Closed-Circuit TV Aids Research; Versatile Tool Has Variety of Functions



In WNIH-TV's master control room, Television Engineering Chief Willard C. Whitehouse (center) operates a video tape recorder, and Assistant Chief Horace E. Cascio operates the video switcher to select among pictures transmitted by various cameras.—Photo by Tom Joy.

No Nielsen rating could reflect the interest with which investigators watch presentations on WNIH-TV, the Clinical Center's closed-circuit television station.

Television Engineering Chief Willard C. Whitehouse says that because audiences are restricted, few NIH employes are aware of the 11 TV systems operated or maintained by WNIH-TV engineers.

Some individuals think of closed-circuit TV only as a method of viewing without intruding—for example, looking over the surgeon's shoulder as he operates.

It is true that neurosurgery in the CC's Surgical Wing may be watched by invited physicians in an office some distance away. But remote viewing is only one of several TV advantages that no other medium has. These have made it an important research tool.

Advantages Noted

One such attribute is Image Intensification.

In the past, it was necessary for personnel of the CC's Department of Diagnostic Radiology to work in total darkness when using fluoroscopy to see the soft tissues inside the body.

It was also necessary for the staff to wear red goggles to keep their eyes accommodated to the darkness when a door was opened or when room lights were turned on for any reason.

Today, with TV Image Intensification, the radiation emitted by the X-ray tube can be reduced and the staff can work in dim light. Thus the patient's exposure to radiation is reduced, the radiologist has a brighter and clearer view than before, and the red goggles are set aside.

Uses for which "fluoro" is combined with Image Intensification include showing such soft tissues as the gastrointestinal system and the gall bladder. Another is heart catheterization, a diagnostic procedure in which NHI clinicians inject a dye and view the functioning heart and associated vessels.

New Techniques Used

The split-screen technique is also useful in research TV. During surgery, WNIH-TV's engineers show and record EEG lead placement on one part of the screen and the EEG tracing on the other.

New techniques and procedures are taped, edited and replayed to investigators. Replay—whether of fluoro, surgery or other activity—permits accurate timing. Mr. Whitehouse and his three engineers show action in slow motion or still frames.

Surveillance aids investigating too. For example: DRS investigators wanted to determine any correlation between operating room traffic and shedding of microorganisms. TV tapes recorded the movement of persons, and air sampling devices sought out the little contaminators.

'Line Selection' Described

Another use involved a "line selection" technique. The engineers select one of the horizontal lines that make up the picture on a TV screen and transfer to paper-chart-recorders the changes in shadings in the one line.

Investigators of the Cardiology Branch, NHI, use this chart to study the dynamics of heart action. Another use of the same technique involves an ultraviolet television camera used for cellular research by the CC's Department of Clinical Pathology.

Although most of their work is in the Clinical Center, WNIH-TV's engineers can use recording devices to cooperate in research in progress at other locations. Thus they have the versatility of movement characteristic of many television stations. However, Mr. Whitehouse and his staff do not feel that TV color rendition is as yet accurate enough for the precise requirements of medical research.

Dr. Ogden C. Johnson, Nutrition Expert, Heads OIR Food Science Unit

Dr. Ogden C. Johnson has been named Head of the Food Science Research Unit, Nutrition Section, Office of International Research.

Dr. Johnson

In his new position Dr. Johnson will assist in the determination of the extent of malnutrition in developing countries, organize research in metabolism on problems defined and develop pilot programs for improving the nutritional status of these population groups.

A recognized authority in the field of food technology and science and nutrition, Dr. Johnson will consult with, advise and develop program plans and research for, other government agencies.

He is responsible for supervision of the World Food Composition Project, which has as its initial assignment the development of a food composition table and bibliography of food and nutrition research for Africa. A similar documentation for the Far East and Near East areas is planned.

From 1959 to the present Dr. Johnson was a Consultant to the Interdepartmental Committee on Nutrition for National Defense (now the OIR Nutrition Section). During this period he served on the Nutrition Survey Team in Peru, Burma, Bolivia and Guatemala.

Employed by AMA

From 1960 until he assumed his present duties, Dr. Johnson was Associate Director of the Department of Foods and Nutrition and Associate Secretary of the Council on Foods and Nutrition, both of the American Medical Association in Chicago, Ill.

Dr. Johnson received his B.S., M.S. and Ph.D. degrees from the University of Illinois in Urbana.

Since 1963 he has been an Associate Editor of Nutrition Reviews.

In addition to numerous professional societies, Dr. Johnson is a member of the Sigma Xi and Gamma Sigma Delta.