Suggestion System Change Seeks to Speed New Ideas

The DHEW Suggestion System is now being administered independently of the Incentive Awards System under new procedures outlined in the DHEW General Administration Manual (Chapter 8-90; PHS Supplement Chapter 8-90).

According to W. K. Holl, Chief of the Management Policy Branch, OAM, who was recently named Suggestion Coordinator for NIH, the reason for the DHEW change-over is to stimulate employee interest and participation in the Suggestion System, especially among members of the professional staff, and to eliminate delays between the receipt of suggestions and action upon them.

COs Eligible

It is pointed out that for the first time PHS commissioned officers are eligible to participate in the Suggestion System along with all other full-time and part-time employees of NIH. The only exceptions are persons serving in a consultant capacity.

To implement the speed-up in processing suggestions, it is being proposed that authority to approve (See SUGGESTION, Page 7)

Study Underway on Gout-Like Syndrome That Causes Retardation in Male Infants

A field study team of medical investigators from the general clinical research center at the University of Miami recently began tracing victims of a strange, gout-like syndrome that causes severe mental retardation and cerebral palsy in male infants, the Public Health Service announced recently.

Team Visits 2 States

The team, composed of pediatricians, social workers and nurses, traveled for a week through Alabama and Florida to examine members of several families in whom almost half of the male children are suspected of having the disease.

The primary symptoms of the syndrome, which appear at about the age of 4 months, are severe mental retardation coupled with abnormally high levels of uric acid in the blood.

High uric acid levels in adults produce a different disease called gout, a painful arthritic condition caused by the accumulation of urate crystals around the joints.

Abnormalities Caused

In infants, elevated uric acid levels or metabolic abnormalities that cause high levels apparently have toxic effects on the developing brain and bring about mental retardation and cerebral palsy. Usually the condition becomes so severe that victims must be institutionalized.

Mr. Barrett, who will be a sophomore next fall at the Massachusetts Institute of Technology, is studying electrical engineering and working at NIH during the summer months.

Used in Heart Study

The instrument is used to support research being performed by Dr. Allen Simon of the Clinical Center Diagnostic Radiology Department.

"With this new system, cardiologists are able to study the motions of the beating heart and analyze the measurements by playing back the TV tape," said Mr. Schuette.

Prior to development of this new system, radiologists had no

BULLETPIN

We regret to announce the death on Tuesday (August 16) of Dr. Robert P. Grant, Director of the National Heart Institute since March 5th of this year. Dr. Robert W. Berliner will be Acting Director of the Heart Institute.

Dr. Likins Dr. Malone
The NIH Record

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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 of a series of personal biographical notes of individuals engaged in political activity that appeared in the Aug. 9 issue of the NIH Record:

11. The Civil Service Commission has consistently expressed the view that it believes all citizens should be encouraged to register and to vote, and that no impediment should be permitted which would hamper an individual from participating in registration activities and voting.

12. A Federal employee may be excused for a reasonable time to vote or to register to vote. In doubt about what is considered "reasonable time," contact your I/D Personnel Office.

13. A Federal employee may accept an appointment as a registrar if he gets permission from his agency and the work does not interfere with his agency's business.

Exceptions Listed

14. A Federal employee may participate in nonpartisan registration drives to the fullest extent.

15. Partial exemption from Hatch Act restrictions is granted by the Civil Service Commission to residents of certain communities in which large numbers of voters are employed by the Federal Government. The exemptions recognize that in such communities the democratic rights of Federal employees may justify their direct participation in local government.

16. Under the overall restrictions, a Federal employee cannot be a candidate for a local public office or campaign in an election for local office. In an exempt community, he can run as an independent candidate against partisan political candidates (Republicans or Democrats), and he can actively work for an independent candidate in such an election.

17. When a Federal employee who resides in an exempt community campaigns for an independent candidate for local office he can take an active part in the conduct of rallies and the operation of the independent candidate's campaign. He may transport voters to the polls and distribute campaign material in behalf of his candidate. Except for soliciting and receiving political contributions from other Federal employees, he may do anything in behalf of the independent candidate that is not forbidden in the Hatch Act.

18. To summarize, Federal employees may participate actively in local partisan political campaigns and elections, but only as independent candidates or in behalf of independent candidates, to the extent that they reside.

19. Federal employees cannot be candidates for any national, State, county, or municipal office filled by partisan elections. They may run for local office only in elections that are nonpartisan.

20. The most severe penalty for violation of the restrictions of the Hatch Act is removal from one's position. The maximum penalty is suspension without pay for 20 days.

21. Since ignorance of the law will not excuse a employee from penalties for violation, he should consult with the Office of the Surgeon General, in Washington, for the Laborers Training and Safety Programs.

22. For instance, the trunk of a tree has been treated with a fertilizer that is likely to result in the death of the tree. It is possible to treat the tree before it enters the tree to destroy the cambium.

23. Anyone know the whereabouts of a good rain dance team?
BIOMEDICAL
(Continued from Page 1)
venient practical method of studying internal organ motion on a continuous basis. They could check X-rays and view the heart through a fluorescent image presented on the TV monitor, but they had no direct means for recording and analyzing heart motion on an online basis. This is provided by the new system.

The first step in the heart tracking procedure takes place in the cardiac catheterization lab where the X-ray fluorescent of the heart is scanned by a TV camera.

Cable Transmits Signal
The picture signal is transmitted by cable to the TV control room in the basement of the Clinical Center. There it is simultaneously recorded on video tape and fed into the electronic tracking system.

Outputs of the tracking equipment are transmitted back to the cath lab and into the TV monitor. This affords cardiologists the opportunity to study the TV picture while the patient is being diagnosed and provides a permanent record on TV tape for subsequent analysis.

This removes the necessity for subjecting the patient to repeated sessions under the fluoroscope.

To track a particular portion of the heart, the technician adjusts a lever that controls the vertical and horizontal position of a cursor, which is presented on the TV monitor superimposed with the X-ray image of the heart.

When the cursor is positioned in close proximity to the boundary of a chosen section of the heart, a button on the lever is pushed and the tracking loop "locks" onto the boundary of the heart and "follows" it in a manner similar to radar target tracking.

At the same time, an analog voltage proportional to lateral or vertical boundary displacement is available to the analog recording equipment.

Using a multi-channel system, it is possible to simultaneously record and analyze a number of phenomena associated with heart behavior such as displacements of various sectors of the heart, arterial and venous pressures.

The basic system can be used with any TV signal and is not limited to use in the cardiac catheterization laboratory.

Episcopal Seminarians Complete CC Course In Pastoral Training
Four Episcopal seminarians recently completed the first full-time pastoral training course offered at the Clinical Center. Participants in the 11-week course were Palmer Hartl, of St. Louis, Mo.; Norman Griffith, Victoria, Texas; Elijah White, Leesburg, Va.; and Buddy Dugan, Shreveport, La.

The four are second-year students at Virginia Theological Seminary, Alexandria. Mr. Hartl commented that the course had impressed on him the need for patients to be restored spiritually as well as physically.

The Clinical Center is accredited by the Council for Clinical Training, Inc., as a pastoral training center.

Vidifilm Process Yields Three Different Kinds of Recordings Simultaneously
In a joint effort with the National Naval Medical Center, the Medical Arts and Photography Branch of the Division of Research Services recently made use of a system of motion picture production known as Vidifilm.

This system, used to cover two NIH film projects, produces several types of visual records at once. According to Dr. Malcolm S. Ferguson, Chief of MAPB, a videotape is made that can be played back immediately. Concurrently, a regular motion picture film is produced, as well as a kinescope which may be used as a rough-cut, workprint for a motion picture.

This combination of recording techniques is made possible by mounting a television camera and a motion picture camera side-by-side on the same tripod, Dr. Ferguson explained.

The result of both cameras using the same optics and working together is the simultaneous production of a videotape, a motion picture and a kinescope.

Dr. Cassedy Leaves for Post of Deputy Chief, OIR European Office
Dr. James H. Cassedy, recently named Deputy of the NIH Office of International Research's European Office, will leave on Aug. 29 to assume his new duties in Paris, France.

With the closing of the OIR London Office in early September, the European Office in Paris, headed by Dr. Peter G. Condiffe, will be vested with the functions previously performed in London.

As Deputy Chief, Dr. Cassedy will assist Dr. Condiffe in coordinating the program and policy interests of NIH, U.S. scientists and U.S. scientific institutions in European and African countries.

Also, the Office provides NIH with information on scientific interests, capabilities and resources available, solves mutual problems and promotes mutual interests.

The OIR representative in London, Dr. Willoughby Latham, is returning to this country to accept a position with the Rockefeller Foundation.

Background Given
Prior to assuming his present position, Dr. Cassedy was Executive Secretary of the History of the Life Sciences Study Section, Research Grants Review Branch, Division of Research Grants.

After receiving a B.A. degree from Middlebury College in 1941, he served in the U.S. Army until 1946. In 1950 he received an M.A. degree from Brown University. In 1951 Dr. Cassedy accepted an appointment with the U.S. Information Agency, and served as Executive Director of Binational Cultural Centers in Haiti and Burma until 1955. At that time he returned to Brown University, receiving his Ph.D. degree in 1960.

After a year of teaching history at Williams College, he rejoined the USIA, and until 1962 served as Executive Director of the Pakistan-American Cultural Center in Karachi.

NIH Positions Listed
Dr. Cassedy came to NIH in 1960 as a Science Administrator, and in 1963 was promoted to the position of Executive Secretary of the History of the Life Sciences Study Section. Since 1965 he has also served as Executive Secretary of the DBR Advisory Committee on Scientific Publications.

Dr. Cassedy has published several articles dealing with his field of study and is author of the book, "Charles V. Chapin and the Public Health Movement."
Dr. Murray A. Diamond, Asst. Surgeon General, Will Retire on Sept. 1


Following release from active duty, he will become Executive Director of Touro Infirmary in New Orleans.

As Assistant Surgeon General in the Commissioned Corps, Dr. Diamond served in a variety of assignments in his distinguished 30-year career.

During the 1962-66 period, he was top health manpower officer of the PHS—the major health agency of the U.S. Government.

For his outstanding work, Dr. Diamond was the first Commissioned Officer to receive two of the Service's honor awards, the Commeniation Medal and the Meritorious Service Medal.

Background Given

A psychiatrist as well as an administrator, Dr. Diamond's other activities included academic and clinical teaching of medical students in psychiatry. He was also Assoc. Prof. of Clinical Psychiatry at the University of Kentucky, lectured on public services broadcasts on Narcotic Addiction, and led seminars at Indiana U.

A highly respected professional, his organization memberships include American Medical Association, American Psychiatric Association, American College of Physicians, American Association for the Advancement of Science, American Public Health Association, American Hospital Association, American College of Clinical Pharmacology, American Board of Directors of the National Health Council.

Dr. Diamond and his wife, the former Irene Roth of Flushing, N.Y., have two sons, Stephen, 25, is presently interning at the USPHS Hospital in San Francisco; and Richard, 20, is a junior at Loyola School of Dentistry, New Orleans, La.

Dr. Robert Stubblefield Named To Natl. Mental Health Council

Appointment of Dr. Robert L. Stubblefield to the National Advisory Mental Health Council was announced recently by Dr. William H. Stewart, Surgeon General of the Public Health Service.

Dr. Stubblefield is Professor and Chairman of the Department of Psychiatry, Southwestern Medical School of the University of Texas. His term begins Oct. 1, 1966, and runs through Sept. 30, 1970.

Dr. Mary Reid, a Leading Authority on Guinea Pigs, Pursues Research at 81

Dr. Mary E. Reid looks too sweet and grandmotherly to be perhaps the world's leading authority on guinea pig nutrition, but she is. And, at 81, she's still productive in the field of nutrition.

Dr. Reid retired officially from the Laboratory of Nutrition and Endocrinology, National Institute of Arthritis and Metabolic Diseases, eleven years ago. But she stayed as a "guest worker," continuing her laboratory research with guinea pigs until just a year ago.

Now she spends six hours a week at NIH, compiling the data she obtained in earlier studies. The latest of her more than 50 publications, an article on "Motilin and Cystine Requirements of Young Guinea Pigs," appears in a recent issue of the Journal of Nutrition.

Pioneered at NIH

Dr. Reid joined the staff of the old National Institute of Health 30 years ago after her graduation from the University of California in Washington on a five-acre tract at 25th and E Sts., N.W.

She had previously conducted research on plant nutrition with the U.S. Department of Agriculture and, prior to that, had taught high school biology and college botany.

After earning a Ph.D. in plant nutrition from the University of Wisconsin in 1923, Dr. Reid received a postdoctoral fellowship to work with Dr. L. B. Mendel at Yale University. There she obtained experience with problems in animal nutrition that was to be of great value when she began her work with guinea pigs at NIH.

Develops Diet

One of Dr. Reid's main accomplishments has been the development of a purified diet for guinea pigs. Since their natural diet consists of alfalfa and whole grains, the purified diet is made up of corn starch, cane sugar, purified soy bean protein or casein, corn oil, salts and vitamins. The elimination of appropriate items from this diet produces clear-cut deficiencies.

Using the purified diet, Dr. Reid elucidated the vitamin requirements of the guinea pig and determined the animal's requirements for a number of essential amino acids.

Success Explained

One of Dr. Reid's associates attributes her unparalleled success in developing information about guinea pig nutrition to her ability to "understand the psyche" of this animal. "She gave personal, constant attention to their habits," he said, "and devised special feeding and cage techniques.

As a result, she was the first to succeed in taking animals at three days of age from their mothers to put them on the purified diet, thus permitting the greater opportunity to produce marked deficiency effects.

Also quite successful in the area of plant nutrition, Dr. Reid was perhaps the first to show the importance of light in the synthesis of ascorbic acid in the plant.

She found that the vitamin C content of green leafy vegetables growing in the field is highest after several hours exposure to the sun, suggesting that afternoon or evening is the optimal time for harvesting.

Dr. Reid's current undertaking is a book on ascorbic acid and mineral nutrition which will represent the culmination of her studies over the last 35 years.

New Blood Platelet Study Yields Coagulation Data

Science may be a step closer to understanding the coagulation process thanks to a recent study of blood platelets.

While it is well known that human blood platelets contain rich stores of a lipid substance which can markedly accelerate blood clotting, this substance has never been localized within the platelet and the mechanism by which it is made available to coagulation has not been known.

The present study shows that during an early stage of clot development in human platelet-rich plasma, platelet granules give rise to particles resembling lipid micelles. These are ejected through the platelet membrane into the surrounding plasma prior to platelet aggregation. These findings strongly suggest that such particles are the active lipid substance contributed by platelets to coagulation.

Investigation Described

Multiple samples of human platelet-rich plasma were fixed in osmic acid or gluteraldehyde-osmic acid, and platelet ultrastructure was studied by electron microscopic techniques. Anticoagulant was added to similarly prepared control platelet samples. The investigators also examined lipids extracted from platelets and human brain and processed in a manner known to supply lipid accelerator activity to in vitro coagulation.

Only platelets fixed in gluteraldehyde-osmic acid solution underwent transformation into lamellar particles with the configuration of lipid micelles. These were released through the platelet cell membrane prior to platelet aggregation; subsequently the platelet membrane re-formed rapidly. Such particles were essentially identical in size and configuration to the micelles formed by extracted platelet and brain lipids in vitro.

Study Not Conclusive

The investigators were unable to prove conclusively that platelet micelles are active in coagulation. Nevertheless, the origin of lipid micelles from platelet granules, their release from platelets early in clot development, and their structural similarity to micelles of other lipids active in accelerating coagulation suggest that platelet micelles are the active platelet lipid substances made available in coagulation.

Results of this study by NIAMD grantees Dr. W. Krivit and associates Drs. J. G. White and J. G. Lightfoot, University of Minnesota, supported in part by a NIAD grant, appeared in the publication, Blood.
REORGANIZATION
(Continued from Page 1)

ical, applied and epidemiologic re-
search directly concerned with the
major oral diseases, according to
Dr. Seymour J. Kreshover, Director
of the Dental Institute. Similarly, each
area will encompass training
grants, fellowships and career de-
velopment awards.

A small expert committee of
advisers will be appointed for each
area, and special ad hoc consultant
groups will be called on as neces-
sary.

Dr. Driscoll to Direct

The programs will function un-
der the broad direction of Dr. Ed-
ward J. Driscoll, Associate Director
for Extramural Programs of NIDR.

Robert C. Likins, D.D.S., will
serve as Chief of the area of Dental
Caries and Hard Tissues. This pro-
gram will encompass studies of
the formation, calcification, com-
position and fine structural of dental
hard tissues as well as work di-
rected at the causes, treatment and
prevention of tooth decay.

Dental caries was found to be
the number one health problem
among children in Operation Head
Start, and it affects more than 98
percent of the total population.

Assignments Listed

Thomas E. Malone, Ph.D., will
administer the Periodontal Disease
and Soft Tissue Study area. Perio-
dontal disease, the chief cause of
tooth loss after 35, affects an esti-
mated 67 million American adults.

In addition to studies of normal
and diseased periodontal tissues,
this program will include investiga-
tions of oral cancer, saliva and the
salivary glands, oral microorgan-
isms and oral ulcerations such as
canker sores.

K. Kenneth Hisaoka, Ph.D., will
direct the Oro-Facial Growth and
Development Program, which will
be concerned primarily with stud-
i es in cleft lip and palate and
orthodontics.

One out of every 750 children
is born with a cleft lip or palate.
Disciplines such as surgery, psy-
chology, sociology and speech ther-
apy will be included as well as the
basic sciences related to etiology and
treatment.

Robert J. Nelson, D.D.S., is in
charge of Biomaterials and Special
Projects. Investigations in the de-
velopment and use of improved

Graduate Program Holds
Registration Sept. 9-16

Sixty-seven courses are being of-
fered by the Graduate Program at
NIH in the Fall 1966 semester in the
following departments:

Behavioral and Social Sciences,
Biochemistry, Chemistry, Genetics,
Mathematics, Statistics, Physics,
Medicine and Physiology, Micro-
biology and Immunology, Lan-
guages and General Studies. Regis-
tration will be held Sept. 9
through 16, except Sunday, from
10 a.m. to 4 p.m. Classes begin the
week of Sept. 19.

Catalogs are available in offices
of the Graduate Program in Bldg.
31, Rm. 3B65, Ext. 66371. Admis-
sion to the courses is open to the
public, provided the students meet
the prerequisites stated in the cat-
alog.

Additional books in the sciences
are also stocked and may be pur-
chased 9 to 4 daily. The bookstore
will order any book upon request,
if the purchaser will call Ext.
66371.

Manual Standardizes
Cleaning Procedures

The Clinical Center’s Department
of Environmental Sanitation re-
cently published a revised and ex-
panded Cleaning Procedure Man-
ual. The manual, first published in
1965, is a feature in the depart-
ment’s training program. It stan-
dardizes cleaning procedures that
have been demonstrated to be effi-
cient. A separate section gives
equipment specifications and main-
tenance instructions.

Complimentary copies are being
distributed to Federal health offices.

New Clinical Nursing Experts at the CC
Can ‘Have Their Cake and Eat It, Too’

By Bowen Hosford

“Chief” or “Indian” — which is it more satisfying to be? Does one con-
tribute more to NIH by doing work or by planning it and supervising
others who do it?

These questions are lively ones
among medical professionals, includ-
ing, of course, nurses. More than
a year ago, the Nursing Depart-
ment staff of the Clinical Center
considered the problem in a series of
evaluation meetings.

According to Louise C. Ande-
rsen, Nursing Department Chief,
they recognized this paradox: a
nurse who is pro-
moted to super-
visor usually re-
ceives more pay,
but she gives up the satis-
faction of
direct nursing care— which is her
basic reason for being in nursing.

Another consideration was the
shortage of nurses that troubles
hospitals throughout the country.
The CC administration had al-
ready taken many steps.

For example, some duties have
been delegated to nursing assist-
ants and to Red Cross hospital
volunteers.

Still, it was bothersome to see
some of the CC’s specially skilled
nurses diverted to administrative
duties.

Could nursing leaders afford to
lose some of their supervisors by
returning them to direct patient
care? Could they afford to pay
practitioners as much as super-
visors? Would supervisors be hap-
py if they lost their titles?

Those are the “Indian-Chief”
questions, in different language.

Today, as a result of the discus-
sions, seven CC nurses, formerly
“supervisors,” are completing their
first year as “Clinical Nursing Ex-
erts.” This is a new, unique title.

Each expert nurse is assigned to
a different nursing service. She
may be requested by any head
nurse or staff nurse to work out a
problem.

Most of her time is spent in di-
rect care of patients, particularly
in difficult situations. She plans
her own routine and sets her own
schedule.

If patient-care needs permit, she
can spend the day in the library,
learning more about a disease and
the nursing requirements it poses.
She has access to any CC depart-
ment if she needs assistance.

An important proviso is this: she
must communicate with all other
nurses. She not only commu-
icates what she learns about new
situations; she passes on to
others her basic skills.

And here another paradox has
become evident: when the Nursing
Department leaders lost these su-
pervisors, they did not lose the
supervisory contribution that the
nurses had made.

The difference is that commu-
nication is now lateral rather than
vertical.

Chief or Indian? By some al-
chemy, the Clinical Nursing Ex-
erts, at one and the same time,
are both.

Dr. Neurath Named to Council

Dr. Hans Neurath, Professor and
Chairman of the Department of
Biochemistry at the University of
Washington, has been appointed to
the National Advisory General
Medical Sciences Council, the Pub-
lic Health Service announced re-
cently.

From left: Evelyn Bridges of the Clinical Center’s Neurology Nursing Service,
Department of Nursing, helps Mary Ann Kavanaugh, a new employee, apply
a head dressing.—Photo by Jerry Hecht.
Self-destructive behavior is an essential diagnostic clue since this is a prime symptom of the syndrome of the unusual disease. Dr. Nyhan said. "We know from the reports on two newborns that a diagnosis can be made on a basis of high uric acid levels during the first few hours after birth."

"If we can detect the abnormality early, we hope to eliminate brain damage completely by using drug therapy to control these levels from the first days of life through to the time when the brain can no longer be damaged."

"We are not carrying on studies on patients from all parts of the United States," Dr. Nyhan continued. "We are particularly interested in information on, or referring patients with symptoms of this syndrome."

"Self-destructive behavior is an essential diagnostic clue since this is a prime symptom of the syndrome and is not observed in other childhood diseases," Dr. Nyhan explained. "Parents who observe such behavior in their children should seek medical advice as soon as possible since drug therapy is most effective during the earliest stages of the disease."
Dr. Philip Elected Head of Tick Disease Panel

Dr. Cornelius B. Philip, entomologist of the National Institute of Allergy and Infectious Diseases, has been elected Chairman of the Food and Agriculture Organization's Expert Panel on Tick-Borne Diseases of Livestock. He succeeds Dr. Harry Hoogstraal of the Naval Medical Research Unit (NAMRU-3) in Cairo, United Arab Republic, for a 4-year term as chairman.

Dr. Philip is a member of the scientific staff of the NIAID's Rocky Mountain Laboratory at Hamilton, Mont., where the panel held its third quadrennial meeting Aug. 8-15. The meeting was sponsored by FAO and the International Office of Epizootics, with headquarters in Paris.

Ways DRMP May Bridge Gap Between Science and Service Discussed at Forum

Will the increased emphasis by Public Health Service on meeting the problems of medical service divert essential support from the Nation's biomedical research efforts? This was one of the questions discussed at an Extramural Forum, Aug. 9, in the Westwood Bldg.

Approximately 100 extramural staff members heard Karl Yordy, Assistant Chief, Division of Regional Medical Programs, give reassurances that DRMP is an additive, not a competitive, program.

Problems Anticipated

Mr. Yordy pointed out that the main reason for the passage of Public Law 89-289—the Heart Disease, Cancer, and Stroke Amendments of 1965—is the anticipation that future increases of knowledge and techniques through medical research will make actual use of these advances more of a problem.

"The growth of great centers of research and teaching, reflecting in large measure the impact of NIH extramural programs, underlies the anticipated volume of applications for research grants, particularly in the medical sciences. This program is dependent upon continued vigorous support of research. Its essential purpose is to explore ways of bridging the gap between science and service."

"It may, in fact, lead to a greater recognition of the benefits of research by community hospitals, for example, and to an increase in the applications for research grants."

The forum gave extramural staff an opportunity to ask questions about the relatively new DRMP grant activities, composition of the regions which have received grants, and anticipated goals for the participating medical centers, clinical research centers, hospitals and other groups comprising the regional medical programs.

Blood Bank Report Updated

The Clinical Center Blood Bank reports that 181 units of blood were received from NIH donors in July. During the same period CC patients received 1,680 units of blood.

One NIH staff member, Victor M. Held, Division of Research Grants, joined the "gal­lon-donor club."

NIH Scientists Are Participating in the 11th Pacific Science Congress in Tokyo

A number of NIH scientists are participating in the 11th Pacific Science Congress in Tokyo, Japan. The series of symposia which opened yesterday will continue through Sept. 10.

Dr. Cornelius B. Philip, entomologist at the National Institute of Allergy and Infectious Diseases' Rocky Mountain Laboratory, Hamilton, Mont., will be chairman of a symposium on tsutsugamushi disease (scrub typhus) to be held Sept. 4-7 at the University of Nippon Medical School. He is also to present a paper on rickettsial disease.

Dr. J. Allen Scott, Assistant Chief of the Parasitology and Medical Entomology Branch, NIAID extramural programs, is presenting a cash awards up to and including $500 for adopted suggestions that benefit their organizations be delegated to Institute Directors, Division Chiefs and the Executive Officer of NIH.

For awards up to and including $100, further delegations within Institutes and Divisions may be made to Branch Chiefs or their equivalents.

Authority to approve cash awards of $501 to $1,000 for adopted suggestions benefiting NIH will be delegated to the NIH Director.

Suggestion Coordinator

While O. L. Grabiner will administer the overall NIH Employee Suggestion Program, new procedures call also for 1/D Suggestion Coordinators and for Subordinate Suggestion Coordinators who will be responsible for administration of the system within their respective organizational components.

Since the Employee Suggestion System is oriented toward management improvement and cost reduction, care is being taken to appoint Suggestion Coordinators who are organizationally in a position to give maximum support to line management in the consideration, adoption and installation of worthwhile suggestions.

All employees are urged to submit suggestions, and are reminded of the cumulative value of relatively simple ideas which result in only moderate savings.

Success Forecast

It is felt that the Suggestion System will be a success because of many modest cash awards throughout the year, plus a few large cash awards.

To give further impetus to the Employee Suggestion System, all awards, regardless of size, will be publicized in the NIH Record.

Suggestions should be submitted on HEW Form 170 to the Suggestion Coordinator for an employee's area or through his supervisor.

Participants in the Extramural Forum at the Westwood Building Aug. 9 hear Assistant Chief Karl Yordy of DRMP discuss "Regional Medical Programs: Implications for Science Support." At Mr. Yordy's right is Dr. Gilbert Woodside, Assistant Scientific Director for Extramural Programs, NICHD, who chaired the forum. The extramural forums are sponsored by the Committee on Staff Training, Extramural Programs, NIH.—Photo by Tom Joy.
NIAMD Will Staff the First Research Unit in A PHS Indian Hospital

First research unit to be incorporated into a Public Health Service Indian hospital of the Department of Health, Education, and Welfare, will be a 25-bed unit designed and staffed by the National Institute of Arthritis and Metabolic Diseases in the proposed new Phoenix Medical Center in Arizona, according to an announcement made recently by Dr. E. S. Raboe, Chief of the PHS Division of Indian Health.

The 200-bed center, says Dr. Raboe, will be a referral facility providing diagnostic services and specialized treatment for 10 peripheral hospitals and 7 health centers in Arizona and Nevada, and 28 satellite clinics in Arizona, Nevada, California, and Utah that serve Indian tribes of those States.

Decision to place a research unit in the Phoenix hospital results from recent studies showing that Pima Indians of the nearby Gila River Reservation have the highest rate of diabetes of any population on record.

History of Med. Society Plans Meeting at NLM

Thursday, Sept. 22, at 8 p.m. in the Billings auditorium of the National Library of Medicine, the Washington Society for the History of Medicine will hold its first meeting of the current year.

The two talks on the program are: "Some British Origins of American Medical Ethics" by Dr. Chester Burns, Fellow, Institute of the History of Medicine, Johns Hopkins School of Medicine, and "First American Medical Societies" by Dr. John B. Blacks, Chief, Medical History Branch, NLM.

An affiliate of the American Association for the History of Medicine, the Society was formed in 1961 and holds meetings bi-monthly except during June, July and August. Annual dues for membership are $2.

Dr. Osborne Is in Charge Of Alien Medical Exam

Appointment of Dr. Arthur S. Osborne as Chief of the Foreign Operations Branch of the Division of Foreign Quarantine, U.S. Public Health Service, was announced recently by Dr. Louis Jacobs, Chief of the Division.

Dr. Osborne has been a medical officer in charge of the London Office of the Service's Division of Foreign Quarantine.

In his new position, Dr. Osborne will be responsible for the alien medical examination program of the Division at 35 medical examination facilities in Europe, Asia, Canada, Mexico, South America and the Caribbean area.

All Over 40 Offered Exam by D.C. Health Dept.

The D.C. Department of Public Health offers free health examinations to anyone age 40 or over, without restrictions as to income or place of residence. The tests made are for common diseases which frequently occur after age 40.

The examination takes only 30 minutes and includes the following tests:

An EKG (electrocardiogram) for heart disease, a glaucoma test (for eye disease), a chest X-ray for tuberculosis or other chest diseases, eyesight and hearing tests, blood tests for diabetes, anemia and other diseases, and height and weight check.

You will be notified by letter if all the tests are normal. If a test indicates that you should see your doctor, a letter to this effect will be sent to you. Your doctor or clinic will receive a report of your tests.

An appointment to schedule an examination may be made by calling DI 7-1834, Ext. 27. The examinations are made at the Southwest Health Center, Delaware Ave. and I St., S.W., and/or The Mobile Health Unit, Seventh St. and Massachusetts Ave., N.W.

NIH employees and staff members who have not had these tests recently are encouraged to avail themselves of the opportunity to obtain this free service. Administrative leave not to exceed two hours may be granted for this purpose.

Appalachia Health Ctr. Gets 1st Federal Grant

The first Federal grant to help the cost of personnel who staff community mental health centers was announced recently by John W. Gardner, Secretary of DH&W. The $191,055 grant was awarded to the Appalachian Community Health Center, Inc., Elkins, W.Va.

With the assistance of the Federal staffing aid, authorized by Congress last year in an amendment to the Community Mental Health Centers Act, the new mental health center will bring a range of psychiatric services to an 8-county depressed area of 130,000 residents.

These include inpatient and outpatient care, emergency services, partial hospitalization, and consultation and education for community agencies and professionals.

Dr. Collins

Dr. Vincent P. Collins Is Principal Consultant on Radiology for NIGMS

Dr. Vincent P. Collins, Chairman of the Department of Radiology at Baylor University, Houston, Tex., was recently named principal consultant in radiology for the National Institute of General Medical Sciences.

Dr. Frederick L. Stone, Director of NIGMS, said that Dr. Collins will spend one year with the Institute to provide advice and assistance in developing its radiology research and training programs.

Dr. Collins will help define, insofar as feasible, national goals for a general radiology program and will serve as liaison in this field between NIGMS, the Office of the NIH Director and other institutions here.

For the past 14 years, Dr. Collins has been an associate of Dr. Michael E. DeBakey, internationally known surgeon at Baylor. At present, Dr. Collins holds concurrent appointments as Radiologist-in-Chief at Ben Taub Hospital and Senior Attending Radiologist at Methodist Hospital in Houston.

He also is Chief Consultant in Radiology at the Veterans Hospital and a radiological consultant at St. Luke's and Texas Children's Hospitals in Houston.

Dr. Collins holds degrees in both medicine and law. He received his M.D. from the University of Toronto in 1937 and his LL.B. from the University of Houston in 1944.

He has published 55 papers on medical research in various medical and surgical journals and is a member of 26 honorary and professional societies.