

# the NIH Record

U. S. DEPARTMENT OF  
HEALTH, EDUCATION, AND WELFARE

October 3, 1967  
Vol. XIX, No. 20

NATIONAL INSTITUTES OF HEALTH  
PUBLIC HEALTH SERVICE

## Dr. Confrey Represents NIH at Gen. Assembly Of CIOMS in Paris



Dr. Confrey to participate in round-table discussion in Paris October 6-7.

Dr. Eugene A. Confrey, Director of the Division of Research Grants, will represent NIH at the General Assembly of the Council for International Organizations of Medical Sciences in Paris on October 6-7.

Dr. Confrey will participate in a round-table discussion at Unesco House on the subject of "Biomedical Science Facing the Dilemma of Human Experimentation." The international biomedical community will be represented by investigators in basic and clinical disciplines, physicians, and medical administrators.

### Role Cited

The Institutional Relations Section of DRG has formulated policies and procedures for Public Health Service-supported research involving human subjects. Statements of assurance of compliance from universities, hospitals, and other institutions are reviewed in this Section of DRG for all grant and award programs of the PHS.

Among the topics which the Assembly expects to discuss are: the utility of codes of ethics (e.g., the Declaration of Helsinki), the definition of "informed consent," problems of invasion of privacy, and the use of volunteer subjects.

CIOMS is a federation of international nongovernmental organizations dedicated to the advancement of knowledge in the medical

(See DR. CONFREY, Page 7)

## NIH Keyworkers Collect More Facts On How CFC Contributions Are Spent

By Linda Ashworth

Taking a trip through Combined Federal Campaign-supported agencies in the metropolitan area with keyworkers at the National Institutes of Health has the same effects hippies say an LSD "trip" does.

### Analysis of Amino Acids, Carbohydrates Is Topic Of Conference Oct. 11

A conference on the quantitative and qualitative analysis of amino acids and carbohydrates using gas liquid chromatography will be held in Wilson Hall, Building 1, on Wednesday, October 11, at 9:30 a.m.

The conference is sponsored by the NIH Supply Management Branch and will be conducted by Dr. D. L. Stalling, instructor of Agricultural Chemistry at the University of Missouri, and Dr. Walter F. Gannon, Director of Research at the Regis Chemical Company. It is aimed at assisting investigators working in the field of amino acids and carbohydrates.

The conference will center on a

(See CONFERENCE, Page 5)

It expands the mind and heart.

Since the 1968 campaign's initiation early in September, a number of NIH employees have been touring places in the area that receive funds contributed by NIH people.

Recently, workers visited the Arthritis Clinic at George Washington University Hospital, one of seven clinics located in the District of Columbia and supported by the Arthritis and Rheumatism Association of Metropolitan Washington and the Hearing and Speech Clinic at Washington Hospital Center, 110 Irving Street, N.W., which works with the District of Columbia Division of the American Cancer Society, Inc.

Those NIH keyworkers who went to the Arthritis Clinic at GW were Arlene Zonts and Lynn Neff of the National Institute of Arthritis and Metabolic Diseases and Jay Seering of the National Institute of Allergy and Infectious Diseases.

(See NIH KEYWORKERS, Page 6)

## Dr. Mohler Joins DCRT As Associate Director For Program Operations



Dr. Mohler, a member of Phi Beta Kappa, joins DCRT.

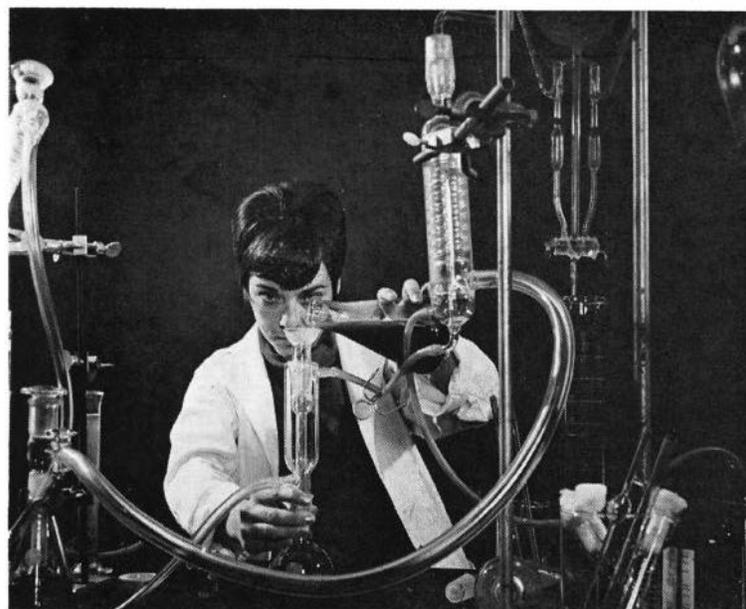
Dr. Arnold W. Pratt, Director of the Division of Computer Research and Technology, has announced the appointment of Dr. William C. Mohler to the new position of associate director for Program Operations, DCRT.

Dr. Mohler, a career commissioned officer in the PHS with the rank of medical director, came to NIH in 1955. From 1955 to 1957 he was a Clinical Associate in the National Cancer Institute, and from 1959 to 1965 was an investigator in the Institute's Laboratory of Clinical Pharmacology.

Dr. Mohler was appointed assistant to the Director of Laboratories and Clinics, NIH, in 1965, remaining there until his recent transfer to DCRT.

According to Dr. Pratt, the in-

(See DR. MOHLER, Page 5)



LOTS TO SEE AT THE EXHIBIT! The newest and most advanced research equipment, valued at nearly one million dollars, is on display here through October 5 during the 17th Annual Research Equipment Exhibit. The model in the picture is Arlene Zonts, NIAMD.—Photo by Roy Perry.

## Visitors Invited to Tour CC Blood Bank Oct. 20

On Blood Donor Day, Friday, October 20, visitors who tour the Clinical Center Blood Bank will see one of medicine's most remarkable instruments—a heart-lung machine—in simulated action.

Dr. Paul J. Schmidt, Blood Bank chief, said visiting hours are 11 a.m. to 4 p.m. Visitors will see a demonstration of blood typing and will be shown how blood compon-

(See DONOR DAY, Page 5)

# the NIH Record

Published bi-weekly at Bethesda, Md., by the Public Information Section, Office of Research Information, for the information of employees of the National Institutes of Health, principal research center of the Public Health Service, U.S. Department of Health, Education, and Welfare, and circulated by request to all news media and interested members of the medical- and science-related fields. The NIH Record content is reprintable without permission and its pictures are available on request.

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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

### 1968 SUMMER EMPLOYMENT

Though the summer employment program at NIH has just been completed, the CSC has already officially announced its plans for next summer which include several changes outlined below:

1) A single nationwide announcement will be issued covering all summer jobs in Federal agencies and written tests will be given on four separate dates—one each month from December through March.

### Procedures Simplified

2) Applicants can establish eligibility for grades GS 1-4 and Seasonal Assistant (Post Office) jobs by passing the same written test.

3) Simplified procedures will be used to speed up the rating process and permit agencies to make earlier selections next year than ever before.

4) All applicants who passed the 1967 examinations, including those appointed to jobs in 1967, must re-compete to receive consideration for summer jobs in 1968.

5) Applicants will be permitted to establish eligibility with only one Interagency Board of Examiners. In the Washington, D. C. metropolitan area, one board will service all agencies for this examination.

### CONFLICT OF INTEREST

CSC and Department regulations specify that certain employees are required to file annual statements of employment and financial interest. This applies to all regular employees, under both Civil Service and Commissioned Corps, who oc-

### DRS Employees Receive Awards for Suggestions

Five employees of the Division of Research Services received cash awards, totaling \$100, for their suggestions to increase efficiency of operations or correct potential safety hazards.

Awards were presented to Kenneth B. Hamilton, Mechanical Engineering Section, Plant Engineering Branch; Joseph D. Millineaux, William M. Cissel, and Norval J. Van Houten, all of the Shops Section, PEB; and Lauren V. Berg, Research Facilities Planning Branch.

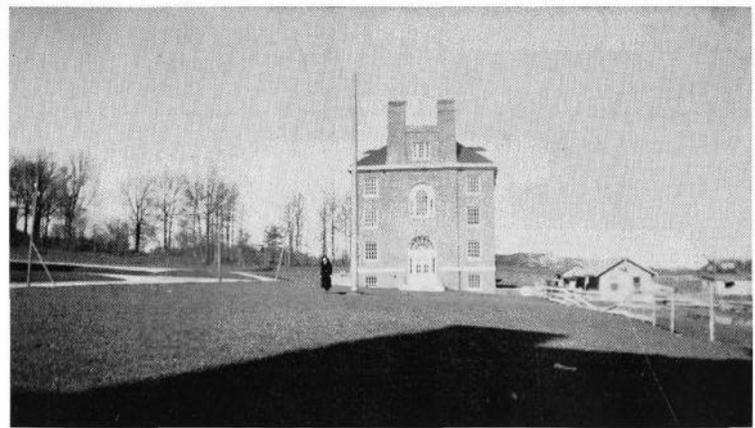
cupy positions in which they are able to affect the awarding of a grant or contract, or in some other way have an economic influence on a non-Federal organization.

Such employees are presently being contacted, and the statements which they file will be reviewed only by selected authorities to determine that there is no real conflict of interest or the appearance of any conflict. Subsequently, the statements will be maintained in a confidential file for this purpose only.

### Policy Revised

The CSC has recently revised its policy regarding this regulation so that this year, in general, only those employees having final authority to act on matters out of which a conflict of interest may arise will be required to complete this statement. Thus, a number of employees who filed such a statement last year will not be required to do so again this year.

It should be pointed out that this regulation is designed not only to protect NIH and the Federal Gov-



HOW NIH HAS GROWN comes through loud and clear in a 1938 photo of Building 2, then known as the Industrial Hygiene Building. Today, Building 2 is occupied by the National Institute of Arthritis and Metabolic Diseases. The photo was supplied by Dorothy Oliver, a former NIH employee.

### Latest Participants in NIH Visiting Scientists Program Listed Here

8/29—Dr. Archibald C. Scott, England, Clinical Pathology Section. Sponsor: Dr. Viola Young, CC, Bldg. 10, Rm. 4D14.

9/5—Dr. John D. Baty, England, Laboratory of Metabolism. Sponsor: Dr. Henry Fales, NHI, Bldg. 10, Rm. 7N306.

9/5—Dr. Masakazu Hatanaka, Japan, Laboratory of Infectious Diseases. Sponsor: Dr. R. J. Huebner, NCI, Bldg. 7, Rm. 100.

9/5—Dr. John M. Edwards, England, Laboratory of Physical Biology. Sponsor: Dr. Ulrich Weiss, NIAMD, Bldg. 2, Rm. B13.

9/6—Dr. Jens Waerhaug, Norway, Laboratory of Histology and Pathology. Sponsor: Dr. Marie U. Nylén, Bldg. 30, Rm. 211.

9/6—Dr. Robert P. Bodnaryk, Canada, Insect Biochemistry Section. Sponsor: Dr. L. Levenbook, NIAMD, Bldg. 2, Rm. B05.

9/7—Dr. Ladislav Moravek, Czechoslovakia, Laboratory of Chemical Biology. Sponsor: Dr. Christian B. Anfinsen, NIAMD, Bldg. 10, Rm. 9N309.

9/8—Dr. Alexander R. Taylor, Scotland, Head Injury Section. Sponsor: Dr. William Caveness, NINDB, Bldg. 31, Rm. 8A02B.

9/8—Dr. Raul Marino, Brazil, Section on Limbic Integration and Behavior. Sponsor: Dr. Paul D. MacLean, NIMH, Bldg. 10, Rm. 3N310.

9/12—Dr. Enrico Cabib, Italy, Enzyme and Cellular Biochemistry Section. Sponsor: Dr. Gilbert Ashwell, NIAMD, Bldg. 10, Rm. 9N105.

9/12—Dr. Yngvar Lochen, Norway, Laboratory of Social-Environmental Studies. Sponsor: Dr. M. L. Kohn, NIMH, Bldg. 10, Rm. 2N212.

ernment against the possibility of a conflict of interest, but also to protect the individual against a claim that such a conflict may exist.

### Montana Governor Visits NIAID's Rocky Mt. Lab

Montana Governor Timothy Babcock visited the NIAID's Rocky Mountain Laboratory in Hamilton last month to learn about current research there on tuberculosis.

Dr. Edgar Ribi, head of the molecular biology section, and his research team are working toward development of a more effective tuberculosis vaccine. Recently they reported successful protection of mice over an extended period with a preparation which may eventually prove useful in humans.

With Gov. Babcock were members of his staff; John Casebolt, executive director of the Montana Tuberculosis Association; and Bill Yaeger of station KBLL-TV.

### NIH Visiting Scientists Offered Help in Locating Housing Here

Visiting Scientists who need assistance in locating housing or help with other problems incident to moving into the area may call Mrs. Ulrich Weiss, OL 6-1509.

Mrs. Weiss and wives of other NIH scientists have organized for the purpose of assisting Visiting Scientists and their families while at the NIH, particularly during the arrival and departure periods.

## PAPER CLIPS

1. When using franked envelopes (those envelopes which have the penalty indicia printed in place of a stamp), use the smallest envelope practicable.

2. Do not use franked envelopes or labels for personal mail. Placing a postage stamp over the penalty indicia does not negate the postage already paid by NIH.

To submit material for this column, call Steffie Susman, Ext. 64606.

## Dr. Carl D. Douglass Named to DRFR Post

Dr. Carl D. Douglass has been named associate director for program development in the Division of Research Facilities and Resources by Dr. Thomas J. Kennedy, Jr., Division Director.

Dr. Douglass comes to the Division from the National Library of Medicine where he was chief of the Division of Facilities and Resources.

As associate director, a new position, Dr. Douglass will assist the director in developing the major scientific programs and policies of the Division.

Dr. Douglass was born in Little Rock, Ark. He received the bache-



Dr. Douglass to assist in developing programs and policies of DRFR.

lor of science degree from Hendrix College, Conway, Ark., and the master of science degree and Ph.D. in chemistry from the University of Oklahoma in Norman, Okla.

From 1951 to 1952 he was a Fellow at the Oak Ridge Institute for Nuclear Studies. He then became a member of the faculty of the University of Arkansas School of Medicine, Little Rock. He served first as instructor, then as assistant professor, and from 1956 to 1959 as associate professor in the department of biochemistry.

### C. S. Career Began in '59

Dr. Douglass began his civil service career in 1959, as chief of the Nutrition Research Branch in the Food and Drug Administration. In 1961 he transferred to the NIH as nutrition program officer in the National Institute of Arthritis and Metabolic Diseases.

He joined the NLM in 1964 to serve as chief of the Division of Research and Training. In 1965 he was also named acting associate director for extramural programs, and from 1966 until his present appointment he was chief of NLM's Division of Facilities and Resources.

## Future Goals of Biomedical Engineering Defined at Recent Internatl. Conference

Eighty of the world's foremost engineers, scientists, physicians, and surgeons, meeting September 8-9 in Washington, recommended greatly expanded research and development activities in biomedical engineering and simultaneously called for the quick and accurate application of new engineering techniques to improve medical care.

These recommendations came at an international conference on the future goals of engineering in biology and medicine convened by the National Institute of General Medical Sciences at the Sheraton Park Hotel.

In the forum's keynote address, Dr. Stuart Sessoms, NIH Deputy Director, stressed NIH's longstanding interest and dedication to engineering as applied to biology and medicine and emphasized the importance NIH attaches to developing the full potential of engineering and applying it to better health and medical care.

### Conference 'Output' Important

Dr. James F. Dickson III, NIGMS program director for engineering in biology and medicine, said the Institute's efforts in research training, fellowships, and contract programs are contributing substantially to overall NIH efforts in engineering in biology while its new projects in clinical laboratory automation similarly complement NIH engineering-in-medicine programs.

Dr. Dickson also indicated the "output" of the conference will constitute an important "input" to the new National Academy of Engineering study recently initiated by NIH to determine how the Nation's engineering capability can best be directed toward the solution of fundamental and applied biomedical engineering problems of concern to many of the individual Institutes and Divisions.

In separate sessions dealing with

engineering in biology and engineering in medicine, conferees called for more intensified efforts to automate clinical laboratories, to develop biomedical instrumentation and engineering systems for improving hospital and health services, and to develop more tolerable artificial internal organs and prosthetic devices.

### Basic Research Needed

While acknowledging that the direct application of engineering techniques to modern medical problems is urgently needed, the participants equally emphasized that engineering advances in biology and medicine must be built on firm foundations of basic research.

The systematic use of engineering theory and skills to expand health and medical services was deemed especially urgent in terms of the world's rapidly increasing population and the growing demand for better health care at prices than can be afforded.

Such applications should proceed along a broad, orderly front ranging from the development of computer oriented diagnostic techniques to the automation of patient intensive care units, computerized hospital information systems, and the development of automated clinical laboratories.

The participants adjudged engineering applications in biology to be generally more advanced than engineering in medicine, especially in areas of instrumentation to study biological phenomena. This was attributed largely to longer and more extensive interdisciplinary collaboration, and be-

### 'Gallon Donor Club' at CC Adds Six New Members

The Clinical Center Blood Bank reports that six NIH staff members have joined the "Gallon Donor Club." They are Robert Moore, DRS; W. Rudolph Lake and Irene Morrison, DRG; Joseph L. Rogers, Jr., DBS; Dr. Sidney Siegel, NICHD; and William Weiss, NINDB.

Dr. James I. Lore, DRG, reached the 6-gallon mark.

cause of the experimentally controllable nature of the laboratory environment.

Nevertheless, a number of key areas were highlighted wherein more and more concerted engineering-biological research and development efforts hold substantial promise for the ultimate resolution of major medical problems.

Among the potentially promising areas noted, for example, are more definitive studies of body energy and regulatory mechanisms to discern new ways to power and control such devices as artificial organs, organ assist mechanisms, prosthetic devices, and servomechanical systems. Also emphasized was the vast spectrum of opportunity for developing new devices and instrumentation to accurately measure and monitor an extensive range of human physiological health indicators.

Dr. Dickson and Dr. Bertil Jacobson, of the Department of Medical Electronics, Karolinska Institute, Stockholm, were co-chairmen of the session on engineering in medicine. Dr. J. H. U. Brown, NIGMS' associate director for scientific programs, and Dr. Pierre Rijlant, University of Brussels, were co-chairmen of the session on engineering in biology. Full proceedings of the conference will be published.



Depicting international aspects of the conference on biomedical engineering goals are (from left): Dr. Bertil Jacobson, Department of Medical Electronics, Karolinska Institute, Stockholm; Dr. Erling Dessau, executive of the Danish Government Computer Center, Copenhagen; Dr. Pierre Rijlant, Faculty of Medicine, University of Brussels; Dr. J. H. U. Brown, NIGMS associate director for Scientific Programs; Dr. James F. Dickson III, director, NIGMS Engineering in Biology and Medicine Program; Dr. Robert M. Kenedi, professor and chairman, Department of Bioengineering, University of Strathclyde, Scotland; and Dr. Michael E. DeBaKey, chairman of the Department of Surgery, Baylor University.—Photo by Ed Hubbard.

# NIH Observes 20th Anniversary of President's Committee on



Edward E. Nicholas, Jr. (left), head, NIH Personnel Staffing Section, and Dr. John M. Lynch, chief, Employee Health Service Branch, CC, examine records of handicapped employees at NIH.

Today (Oct. 3) and for the rest of this week, NIH and other of the Nation's employers join President Johnson in saluting their handicapped employees and in seeking opportunities for more of them.

Here at NIH scores of handicapped men and women, some blind, some deaf, some with a paralyzed arm or leg, are working, like all of us, to fulfill our mission "... to improve the health of the nation."

NIH is proud of its handicapped workers—whether mathematician or administrator—proud of their abilities and their record of faithful, effective work. It would be happy to have more of these handicapped workers.

### Not Really Handicapped

Actually in one sense, they are not handicapped at all, says Dr. John M. Lynch, Chief, Employee Health Service Branch, NIH. The doctor in the wheelchair, the glass blower who is hard of hearing, the administrator with cardiovascular problems, all were trained and employable when they were hired.

They do not suffer physically because of their jobs, nor are their jobs done less efficiently because of their physical problems. After a handicapped person joins the labor force, his handicap—at least in respect to employment—has vanished.

But all of these people, at one time in their lives, did have to overcome a handicap. Most of them did this through education and/or training, and finally by seeking employment.

Dr. Lynch, who received a citation from President Eisenhower in 1957 for his understanding and willingness to help in the campaign to employ the handicapped, feels they are a good employment risk.

They have high motivation, and statistics show that their accident rate is lower than that of employees who are not handicapped.

NIH has employed the mentally retarded, the mentally restored and the physically handicapped in such positions as: public health advisor, chemist, laborer, computer operator, science administrator, messenger, information specialist, carpenter, biologist, and research mathematician.

In 1966 the combined salary of 49 prospective handicapped employees was \$281,133; after they were hired by NIH, their combined salary was \$345,737. This is an indication that these handicapped people were formerly either unemployed or underemployed and that at NIH they were offered jobs requiring more responsibility.

### Hiring Increases

The number of handicapped hired by NIH has increased from 26 hired in 1964 to 49 hired in 1966. These figures, however, show only disabilities such as organic heart disease, diabetes, amputation, deformity, blindness, deafness, tuberculosis and epilepsy. If employees with disorders, such as arthritis, cleft palate, and hypertension were also counted, the total number of handicapped workers at NIH would be even greater.

But statistics alone do not show the increasingly more healthful trends toward employer acceptance of the handicapped which are evi-

dent nationwide. NIH is but an example of these national trends.

The mentally retarded, who cannot compete for jobs on an intellectual basis, at one time could not hope to work for the Federal government. Formerly everyone, regardless of mental capacity, was required to take the same placement examination.

Now, however, there has been a change in the examining process so that the mentally retarded can receive excepted appointments in the Federal government. This change in the Civil Service examining process took place just 3 years ago and already NIH has hired 20 mentally retarded employees, according to Edward E. Nicholas, Jr., head of Personnel Staffing Section.

### Handicapped Good Workers

Mr. Nicholas feels these people are good, stable employees, for they will not become bored or dissatisfied with their work. "We have been very pleased with the work they have been doing," he said, "and will continue to employ them."

The mentally restored, who were at one time mentally disturbed, are only handicapped by employers' biases. They have regained full mental health and are capable of holding any job.

No special concessions are given to them in the examination process, and they are able to compete with all others for jobs. In short, they are employed through normal channels.

No physically handicapped people are hired at NIH unless they have a compensating ability. In this way, the physically handicapped are really in competition with all other prospective employees. "It is ability we hire," said Mr. Nicholas, "not disability."

### Accommodations Made

The physically handicapped, though, do receive certain aids after they are working at NIH. Buildings, for example, are designed to include at least one elevator or ramp to make it easier to manipulate a wheelchair. Every effort is made to arrange location of the work to accommodate the handicapped. Seeing-eye dogs are permitted to accompany their owners into any building on the reservation except the Clinical Center.

One of the employees in Personnel Staffing Section, John D. Ewan, can even interview the deaf when they come seeking jobs. Though he is not deaf himself, he is able to speak fluent sign language. Mr. Ewan has a brother who is deaf and can remember using sign language for as long as he has been able to talk.

If an employee becomes disabled

## Dr. James R. Slagle—

Dr. James R. Slagle, who has been working in the Division of Computer Research and Technology for a month and a half as a research mathematician, gradually lost his eyesight throughout childhood.

Today, at 33, he is totally blind. But he is also an expert in a pioneering aspect of computer work—heuristics.

Dr. Slagle, who is working on forming a new Heuristics Laboratory in DCRT, describes a heuristic program as "a computer program that tries to discover solutions to intellectually difficult problems by educated guessing." One of the major goals of this type of work is a computer that learns from its own experience, that is, improves its ability to solve problems as it continues to operate.

Dr. Slagle has always been interested in the process of learning and problem solving. In 1961 he received his Ph.D. from Massachusetts Institute of Technology where he became interested in artificial intelligence while taking courses and working in MIT's Lincoln Laboratory at the same time.

### Honored by Eisenhower

Despite his blindness, his grade average under a 5-point system was a perfect 5.00. In 1959 President Eisenhower personally presented to him a \$500 Blind Scholastic Achievement Award at the White House.

While at MIT, friends, volunteers, and paid readers helped him to absorb textbook material. Disk and tape recordings of text books from the Recording for the Blind, Inc., a national, non-profit organization, were especially helpful to him.

He has found that with practice he can now run a tape recorder at almost twice the normal speed so that he can actually absorb material faster than the average sighted reader.

Though Dr. Slagle does much outside reading, his handicap requires that he be very selective about his reading material. But this has its positive side. While

while on the job at NIH, it is up to Mr. Nicholas, as coordinator for placement of the handicapped, to locate another job for him or see that he is retired for disability.

One of the greatest problems in this area, said Mr. Nicholas, is locating new jobs for animal caretakers who have developed an allergy to animal dander. This happens quite often, according to Mr.

(See HANDICAPPED, Page 8)

# Employment of Handicapped Totally Blind—Sets Up DCRT Heuristics Lab

By Anne Tisiker  
NIH Information Intern

some of his colleagues may read more broadly, Dr. Slagle carefully selects his reading material to avoid cluttering his mind with useless information.

"Computer programming," said Dr. Slagle, "is an excellent field for the blind." There are more than one hundred blind programmers today, a large number compared to the number of blind in other fields.

"The work is abstract and logical so that the superior blind person, who is accustomed to operating in an abstract environment, can excel in it," said Dr. Slagle.

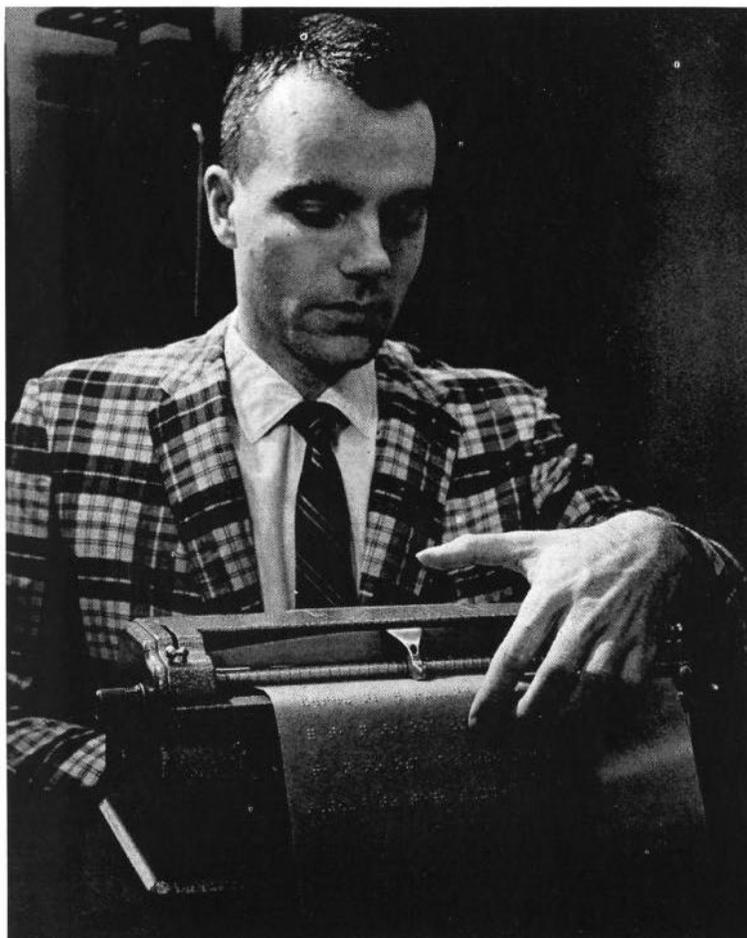
The blind person, rather than having a concrete, visual picture of his environment, perceives an abstract, or idea of his surroundings.

"In addition," said Dr. Slagle, "the blind person has inherent ability in problem solving, for he must solve many day-to-day problems." The blind person, too, who is not distracted by visual stimuli

around him, can concentrate more fully on his work.

Dr. Slagle is not hindered in his work because of his blindness. He requires very few special aids to carry out his demanding work. On his desk he keeps a tape recorder, a phonograph for playing disk recordings of reference material, and a braille writing machine to take brief notes on the recorded material.

Although Dr. Slagle was pleased with his former position as head of the Artificial Intelligence Group at the Lawrence Radiation Laboratory in Livermore, Calif., he decided to see if there was an even better position available before settling his large family in another house. He found NIH to be ideal, as his work here is like the work he was doing in California, except even more pioneering and creative. Dr. Slagle is the father of five children, ages 1 to 7. He plans to teach heuristics at one or two universities in the area.



Dr. James R. Slagle reads notes taken on a braille writing machine. This is one of the very few special aids needed by the blind research mathematician to carry out his demanding work in DCRT's new Heuristics Laboratory.—Photos by Roy Perry.

## DRS Offering Training In Principles of Drafting

The Division of Research Services is offering a training program to NIH investigators and technicians in the principles of drafting.

The training program is especially designed to aid doctors and their assistants in preparing and improving art work to be made into prints or slides by the DRS Photography Section.

Though specific training will depend upon individual needs, areas covered will include supplies, theory, plotting, letter weights and sizes, and labeling of diagrams.

Appointments may be made with Helen M. Smith, chief, Drafting Unit, Ext. 62191.

## DR. MOHLER

(Continued from Page 1)

imate knowledge of the total intramural program objectives of NIH that Dr. Mohler gained in these positions uniquely qualifies him for his new post.

As associate director for Program Operations, DCRT, Dr. Mohler will be responsible for planning, directing, and coordinating a series of newly instituted programs in the Division's Computer Systems Laboratory, Systems Programming Branch, and the Computation and Data Processing Branch.

Dr. Mohler received his bachelor of arts degree in psychology from Yale University, New Haven, Conn., in 1949, and his M.D. from Columbia University, College of Physicians and Surgeons, New York City, in 1953. Dr. Mohler was also a special student in biochemistry at Johns Hopkins University, Baltimore, Md. between 1957 and 1959, and in 1960 was an Associate in physiology at George Washington University, Washington, D.C.

Dr. Mohler is a member of the New York Academy of Science, the American Association for the Advancement of Science, Phi Beta Kappa, Alpha Omega Alpha, and the Biometric Society.

## CONFERENCE

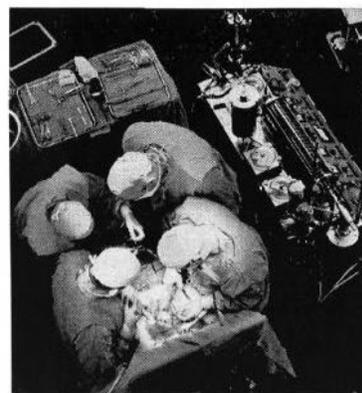
(Continued from Page 1)

discussion of a new method for rapid quantitative and qualitative GLC analysis of all 20 of the natural protein amino acids using N-trifluoroacetyl n-butyl ester derivatives as reported by Dr. C. W. Gehrke and Dr. D. L. Stalling, *Separation Science*, Vol. 2, pp. 101-138 (1967).

A second topic will be a discussion of a new method for vast quantitative and qualitative GLC analysis of carbohydrates using alditol acetate derivatives. This method was first reduced to general practice by a group at the Northern Regional Research Laboratories, USDA.

## DONOR DAY

(Continued from Page 1)



Heart-lung machine, of type to be demonstrated on Blood Donor Day, is shown (right) in use as surgeons conduct open-heart operation at CC.—Photo by Sam Silverman.

ents are separated and prepared. Also on view will be the Blood Bank's data retrieval system, by which a donor with blood matching that of a CC patient can be located in minutes.

On October 19, preceding Blood Donor Day, the CC Employee Health Service will present as its movie of the month the film, "River of Life." The 20-minute color motion picture will be shown at 11:30 a.m. and 1 p.m. in the CC auditorium. This film and another, "Innovations in Transfusion Therapy," will be shown continuously on closed-circuit TV at the CC on Blood Donor day.

### Operation Described

Using heart-lung machines like the one to be displayed on Blood Donor Day, National Heart Institute surgeons have performed more than 1,500 open-heart operations since 1956. The patient's heart does not pump and he does not breathe for several hours. The machine takes blood from his body, surrounds it with oxygen, and pumps it back through his body. Donors' blood is used to "prime" the machine.

The machine so closely duplicates the body's processes that anesthesiologists anesthetize the blood within the machine, rather than within the body, while the machine is functioning. A specialist will explain this and other features.

Before the 1950's the development of such a machine was viewed as constituting a potential medical miracle. This one to be demonstrated is a "disc oxygenator." The machine was developed through NHI research and was first built in conjunction with the Division of Research Services.

At the Clinical Center it has been used for open-heart operations in patients ranging in age from 8 months to 72 years, according to Dr. A. Glenn Morrow, chief of the NHI Surgery Branch.

## NIH KEYWORKERS

(Continued from Page 1)

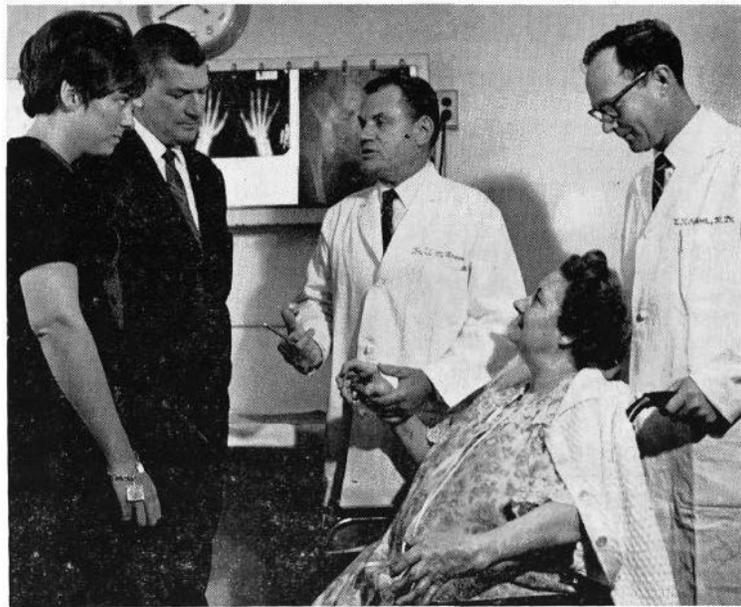
The Arthritis Clinic's Director, Dr. Thomas McP. Brown, noted authority on arthritis, approved of the interest shown by NIH in how funds were being used. His conversation implied that medicine is following a similar trend. "I don't believe the impersonalization of medicine is here to stay at all," he said. "Science is going to take us back to the patient, not empathy."

Dr. Brown is champion of the team approach to arthritis. At his clinic medical students are used to implement his theory that to do something about the disease requires knowledge of humans, environment, sociology—in short, the whole spectrum of factors influencing a patient's existence. Each student doctor, physician and patient becomes a team in an effort to surmount the problems of a clinic and a shifting population.

### Long-Term Approach Favored

"It's remarkable how much you can do with a long-term approach," Dr. Brown said. One of the clinic's regulars is a good example of what that long-term approach can mean. Mona Anderson of Arlington has been coming there for five years. She has been under a doctor's care for arthritis for 12 years now, but has had the disease for 42 years. The doctor-student-patient team has had success in a number of ways in her case, and she now irons, washes dishes, walks without crutches she used to depend upon, cooks, and speaks cheerfully of her ordeal.

"I just hope I can do someone some good sometime," she said. Of her long struggle she says stoutly, indicating she is not waiting to be cured without participating in



Arlene Zonts and Lynn Neff of NIAMD (l to r) are interested in the words of Dr. Thomas McP. Brown, Director of Arthritis Clinic at George Washington University Hospital, as are Mrs. Mona Anderson, an arthritis patient, and Dr. C. H. Oliver.—Photo by Roy Perry.

the battle, "It's me that's got it. Nobody else."

"The role of the public is much greater than they know," Dr. Brown mused. "We'll all have to be responsible for them (the ill)."

The role of NIH in work he is doing is most important. "The basic research of NIH is priceless in this whole field," he said. The clinic has had NIH grants for its own basic research and for an electron microscope. The Department of Health, Education, and Welfare has provided a grant for work in computer study, where all pertinent factors for cases are brought into play.

The Arthritis and Rheumatism

Association of Metropolitan Washington receives \$100,000 each year from the CFC-United Givers Fund. These funds help support diagnos-



Dr. David M. Resnick (left), Director of Hearing and Speech Clinic at Washington Hospital Center, explains the work of the clinic in teaching persons to speak again after laryngeal surgery. NCI personnel are (l to r) Nathaniel Greenberg, Harold Jordan, and Genevieve Bender.—Photo by Ralph Fernandez.

tic and treatment clinics such as Dr. Brown's at Georgetown, Providence, Freedmen's, D. C. General, Washington Hospital Center and Children's Hospital. The funds are available to those unable to afford such care and treatment. Monies also are used for research, to provide information about treatments, and to conduct a year-round education and rehabilitation program.

Mrs. Clara R. Kennedy, Executive Director, said that service statistics for 1967 included help given 10,460 patients at arthritis clinics; distribution of 142,000 educational pamphlets; 5,023 referral services, and 16 educational meet-

ings with an overall attendance of 1,835 persons.

Keyworkers who visited the Hearing and Speech Clinic were Harold Jordan, Genevieve Bender and Nathaniel Greenberg, all of the National Cancer Institute.

They were shown an 18-minute film designed for post-operation use by persons who had had their larynx removed. In "To Speak Again," which has been shown 137 times, an Arlington woman advised persons who had just had the operation from which she had successfully recovered her spirits and voice that, "This is perhaps the biggest problem, being more different than you want to be."

Mrs. Lillian A. Horowitz of McLean, the Director of Service of the D. C. Division of the American Cancer Society, said the group also is providing medications for about 90 cancer patients in the area in addition to fielding more than 500 queries each month and distributing dressings to about 70 patients. Last month more than 4,000 dressings were provided.

"The whole program is very extensive and it is growing," she said.

Besides rehabilitation, the society offers limited financial aid



Arlene Zonts and Lynn Neff of NIAMD observe whirlpool therapy for an arthritis sufferer at G. W. U. Hospital.—Photo by Roy Perry.

### NOTICE

Influenza Immunizations will begin Monday, October 9. The complete schedule will be distributed to all employees this week.

## CC Nurses to Honor Former Chief Oct. 25



'Ruth Johnson Day' Scheduled

Personnel of the Clinical Center Nursing Department have designated October 25 as "Ruth Johnson Day" to honor their former chief, who is retiring as a Nurse Director of the PHS on November 1.

Miss Johnson planned the unique nursing service at the CC and later became its chief. She received the PHS Meritorious Service Medal on her departure in April 1964. She is now Chief, Institutional Nursing Branch, Division of Nursing, Bureau of Health Manpower, PHS. Her office provides consultation and technical advice to hospitals and nursing homes.

Louise C. Anderson, CC Nursing Department chief, said a full day's program of events, all in Miss Johnson's honor, will be presented. The schedule will be announced later.

## DR. CONFREY

(Continued from Page 1)

sciences. The organization was established in 1949 under the joint auspices of Unesco and the World Health Organization.

Staff of the Division of Research Grants have recently completed an analysis of 1 year's experience with PHS policy on research involving human subjects.

## Civil Defense Warning Siren To Be Tested on October 11

The next Civil Defense warning siren test will be held Wednesday, October 11 at 11 a.m. in the Washington Metropolitan area.

The siren mounted on the roof of the Clinical Center will sound the "Attack Warning Signal," a rising and falling tone, for 90 seconds, according to Lloyd R. Stewart, Emergency Planning Officer, Plant Safety Branch.

## Improved Payroll Service With Automated Control Aim of DHEW System

Departmental employees will be happy to learn that important improvements in payroll service are in the offing. A series of payroll systems changes are now being reviewed for time-phased implementation during the year ahead.

Included are systems improvements designed to provide for greater emphasis on automated control procedures, greatly reducing the need for tedious, time-consuming, and error-prone clerical processing. Also, the system will provide speedier service when corrections are required.

High on the priority list is a project which will completely automate the computation of all state tax withholdings. This system, scheduled for installation in October, will replace the present method of computation which accounts for a large proportion of errors presently committed in the Division of Central Payroll.

### Payment Record Planned

Another project which is receiving increased emphasis is the plan to provide a payment record statement with each pay check. Present discussions indicate that the statement will include current pay period earnings and deductions, year-to-date earnings and deductions, and a leave record. This change is scheduled for implementation in approximately 6 months.

The Division of Central Payroll also is working hard to improve its present operations and increase its effectiveness. The responsiveness on change actions is being steadily improved. This means that with only minor exceptions, authorizations for deductions of all types which are received "on time" will be processed during the period in which received, and be reflected in the pay check for that period.

Additional improvements which are now being discussed include the direct mailing of pay checks to the home or bank of the employee; the revision of the Time and Attendance reporting form to reduce clerical effort and processing time; the implementation of a fully automated leave accounting system; and the microfilming of reports and records to improve system responsiveness and facilitate the handling and storage of records.

These and a great many other system changes presently on the drawing-board will make use of the latest in equipment design, and provide to each employee in the Department of Health, Education, and Welfare the best possible payroll service.

## Dr. Omata Reappointed To Foreign Grants and Awards Section at OIR

The Office of International Research has recently announced the reappointment of Dr. Robert R. Omata as assistant head, Foreign Grants and Awards Section. In this capacity he will be working with the International Review Advisory Committee in processing appointments to the International Postdoctoral Research Fellowship Program.

Dr. Omata recently returned from a 3-year assignment as assistant chief of the NIH Pacific Office in Tokyo. His duties there included reviewing NIH policies and interests and establishing closer working relationships with the scientific communities of the Pacific area. These duties took him to various countries throughout East Asia and the South Pacific, including New Zealand and Australia.

### Background Given

Prior to the Tokyo assignment Dr. Omata served for 1 year as assistant head of the Foreign Grants and Awards Section, OIR, working with the International Postdoctoral Fellowship Program, and held an earlier position in the Career Development Review Branch of the Division of Research Grants.

From 1953 to 1960 he worked in the Laboratories of Oral Bacteriology and Microbiology of the National Institute of Dental Research.

Dr. Omata, a scientist director in the PHS Commissioned Corps, received a B.A. degree from the University of California at Berkeley, and the M.S. and Ph.D. degrees

## Gerard Heibel, NINDB, Wins Cash for Idea

Gerard (Jerry) Heibel, a grants technical assistant in the Grants Management Section, NINDB Extramural Programs, received a \$160 award for a suggestion that will save the Government \$1200 a year.

The award was presented on September 13 by Dr. Donald B. Tower, the Institute's acting associate director for Extramural Programs.

Mr. Heibel suggested that NINDB use a copy of the notice of grant award as a permanent file document for fiscal records. Using the award notification copy in this way replaces a time-consuming ledger system and eliminates the duplication of information. With this new system, all fiscal data will now be included in one form and data retrieval will be easier.

## 3 New Members Join NINDB Advisory Council

A businessman and two leading educators have been appointed to serve 4-year terms on the National Advisory Neurological Diseases and Blindness Council, beginning October 1, 1967.

They are Theodore A. Mangelsdorf, a retired oil company executive from New Kent, Va.; Dr. Charles G. Hurst, Jr., a speech and hearing expert from Washington, D.C.; and Dr. John E. Harris, an ophthalmologist and university professor from Minneapolis, Minn.

from the University of Minnesota. While pursuing his predoctoral studies there, Dr. Omata held an NIH Predoctoral Fellowship from 1947 to 1949.



60 YEARS OF SERVICE—NIAMD Director G. Donald Whedon (left) presents pins and certificates representing 20 years each of Government service to NIAMD employees Carmelia M. Joy, Laboratory of Physical Biology, Marjorie K. Romini, Laboratory of Nutrition and Endocrinology, and Emmanuel Zissis, Laboratory of Chemistry.—Photo by Ralph Fernandez.

## Dr. Ringler Reassigned At Heart Institute

Dr. Robert L. Ringler's appointment to the newly established position of chief, Institutional Research Programs, Extramural Programs, was announced recently by Dr. Donald S. Fredrickson, Director of the National Heart Institute.

Dr. Ringler will serve as the Institute's principal advisor and planner for broadly based institutional type grant-supported projects, with particular emphasis on the new Cardiovascular Research and Training Centers Program. It is anticipated that approximately 12 such centers will be established by the Heart Institute during the next 6 years.

The research programs of these centers will be deeply involved with



Dr. Ringler to advise NHI on institutional type grant-supported projects.

a spectrum of cardiovascular disease problems that require for their solution talents which represent not only the various disciplines of clinical medicine but also other biological, physical, and social sciences. The centers will be an integral part of institutions heavily engaged in postgraduate training of scientists in these disciplines.

Dr. Ringler will also coordinate Heart Institute interest with related activities of the Division of Regional Medical Programs and the Division of Research Facilities and Resources.

Dr. Ringler joined the Heart Institute Extramural Programs staff in 1961, and since 1962 has served as chief, Program Projects Branch. In this capacity, he has been primarily responsible for the successful development and rapid growth of the Program Project grant concept into a major Institute mechanism for supporting research.

Prior to joining the Federal service, Dr. Ringler served from 1957 until 1961 as a senior research associate with the Edsel B. Ford Institute for Medical Research, Henry Ford Hospital, Detroit, and from 1955 until 1957 as an assistant professor of Biochemistry, North Carolina State College.

## Suggestions Before Oct. 17 Give NIH Employees Chance To Win \$50 at Drawing

NIH employees have only 2 more weeks to submit suggestions and become eligible for the \$50 prize drawing, which will take place Tuesday, October 17 at 11:30 a.m. in the Clinical Center auditorium.

Harden and Weaver, Radio Station WMAL funnymen, and a three-piece jazz trio will perform at the drawing. The services of these professional musicians are being furnished by the D.C. Federation of Musicians, Local 161-710 AF of M.

Any idea which saves NIH money or improves service should be submitted to the I/D Suggestion Coordinators before October 17. A cash award will be given for suggestions adopted plus the chance to win \$50. (See *NIH Record*, August 10, 1967.)

Signed acknowledgement slips (lower part of HEW Form 170) should be sent to the NIH Suggestion Coordinator, Building 1, Room 213.

## Dr. Richard L. Chapman Heads G.A. Program

Dr. Richard L. Chapman has been appointed executive secretary of the NIH Grants Associates Program. This program, administered by the Division of Research Grants, prepares selected scientists for administrative positions in extramural research activities.

Dr. Chapman returns to the NIH after serving as a professional staff member with the U.S. House of Representatives in the Research and Technical Program Subcommittee of the House Government Operations Committee.

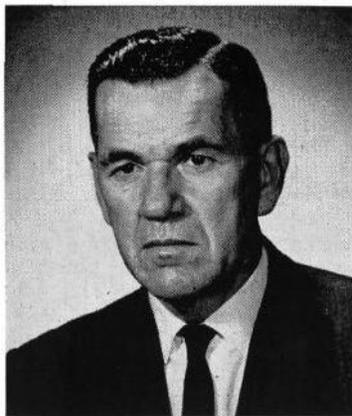
In this position, Dr. Chapman prepared and conducted studies and investigations into the economy and efficiency of research and development programs conducted by agencies of the Federal Government.

### Was PMB Staff Assistant

Prior to his year's service with the Congress, Dr. Chapman was a staff assistant in the Personnel Management Branch, Employee Development Section of the NIH.

Dr. Chapman received the Ph.D. degree in political science from Syracuse University in 1967 with concentrations in public administration, parties and politics, political theory, and public finance. He received the master of public administration degree with distinction in 1958 from the same university. South Dakota State University graduated Dr. Chapman with a B.S. degree in political science with highest honors in 1954.

## Dr. Domanski Appointed To NCI Extramural Post



Dr. Domanski succeeds Dr. Klein.

Dr. J. Palmer Saunders, associate director for Extramural Activities, National Cancer Institute, has announced the appointment of Dr. Thaddeus J. Domanski as program director for Chemical Carcinogenesis in Extramural Activities. Dr. Domanski succeeds Dr. Michael Klein who recently assumed a post in the office of the acting associate director for Program, NCI.

### Formerly at NIGMS

Prior to this appointment Dr. Domanski served as scientist administrator, Research Grants Branch, National Institute of General Medical Sciences, responsible for administration of research project grants in pharmacology and toxicology, and as acting head, Biomedical Science Section.

In his new position Dr. Domanski will direct a program to study the action and physiological disposition of chemical carcinogens. Investigations will be carried on by grantees of the National Cancer Institute in various laboratories throughout the country.

### Education Noted

Dr. Domanski received a bachelor of science degree from New York University in 1932 and master of science and Ph.D. degrees from the same institution in 1935 and 1949, respectively.

From 1935 to 1950, Dr. Domanski held several positions including assistant chief, Laboratory Service, Valley Forge General Hospital, Phoenixville, Pa. He is a retired colonel in the Biomedical Sciences Corps., U.S. Air Force.

Dr. Domanski served as principal laboratory consultant to the Surgeon General, U.S. Air Force, for Clinical and Bioresearch Laboratory Sciences. He was chief of the Toxicology Branch, Armed Forces Institute of Pathology with responsibilities in laboratory management, research, consultation and teaching.

## HANDICAPPED

(Continued from Page 4)

Nicholas, and means that a caretaker must be removed from the animals indefinitely.

Effort is required to increase the employment rates of the handicapped. New job areas for the handicapped are always being sought and discovered. For example, it has been found that deaf people are able to work and concentrate in a high-noise environment where other employees might be distracted. Computer work has been found to be a good area for the handicapped.

### Communication Is Problem

According to Mr. Nicholas, the biggest problem with the employment of the handicapped is communication. In a large organization, communication is not equally effective in every part of that organization. It is often difficult, then, to convince employers that their biases against the handicapped are unfounded. Supervisors must be alert to job requirements and realistic enough to see that jobs can be altered slightly to accommodate the handicapped.

In general, Mr. Nicholas has found supervisors at NIH to be most helpful in placing the handicapped. He feels there is a constant improvement in the understanding that must precede the increased employment of the disabled. "The change in attitude is evident," said Mr. Nicholas. "Twenty-five years ago the handicapped could not expect an interview, not to mention a job."

### Dr. Goodner, Longtime Member Of Cholera Advisory Comm., Dies

Dr. Kenneth Goodner, professor of microbiology at Jefferson Medical College, Philadelphia, and a longtime member of the NIH Cholera Advisory Committee, died August 30 at his home.

Dr. Goodner had been a member of the Cholera Advisory Committee since its inception nearly a decade ago, and had taken special interest in the Pakistan-SEATO Cholera Research Laboratory in Dacca, East Pakistan, which is under the scientific direction of NIH.

### Fire Prevention Week Time To Learn Rules on Safety

In observance of Fire Prevention Week, October 8-14, NIH Fire Chief Charles K. Keys and his staff will hold fire drills in buildings both on and off the reservation.

Also, information pamphlets on fire safety and how to fight fire will be placed in Buildings 31 and 10.

Chief Keys emphasizes, however, that "fire prevention efforts must continue every week throughout the year."