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HEALTH, EDUCATION, AND WELFARE

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NATIONAL INSTITUTES OF HEALTH

Dr. Lamont-Havers Named to Top NIH Extramural Post

Dr. Ronald W. Lamont-Havers has been named Associate Director for Extramural Programs, NIH. His appointment was recently announced by Dr. Robert Q. Marston, NIH Director.

Dr. Lamont-Havers will be responsible for the development of policies and procedures for the award of NIH funds that support a sizeable percentage of all U.S. medical research. The money goes to medical schools and colleges, universities, hospitals and scientific institutions for the support of research studies, research training and the construction and equipping of new and modernized research facilities.

Serves With NIAMD

For the past 4 years, Dr. Lamont-Havers has held a similar post with the National Institute of Arthritis and Metabolic Diseases.

He is an eminent rheumatologist, and before joining NIH was National Medical Director of the Arthritis and Rheumatism Foundation, a voluntary health agency that is now known as the Arthritis Foundation.

He was born in England and pursued his higher education in Canada.

In 1942 he was graduated with

(See LAMONT-HAVERS, Page 6)

National Heart Institute to Commemorate 20th Anniversary at White House Nov. 14

A formidable array of prominent figures associated with NIH, past and present, will help commemorate the 20th anniversary of the National Heart Institute with President Johnson at the White House on Thursday, Nov. 14.



KOLOBOW-BOWMAN HEART-ASSIST DEVICE, developed in the NHI Laboratory of Technical Development, has a rigid outer shell and an elastic inner jacket fitted around the pumping chambers of the heart. Suction, applied to the outer shell, causes the elastic jacket to expand outward from the ventricles, allowing them to fill. When suction is released, the "elastic recoil" of the jacket causes it to squeeze down on the contracting ventricles, aiding them in ejecting blood.

NIGMS Comm. to Spur Research in Automation Of Clinical Laboratories

The National Institute of General Medical Sciences has formed a new 12-member advisory committee to spur progress in research and development leading to complete automation of clinical laboratories.

This committee, headed by Dr. Thomas D. Kinney, Duke University pathologist, is made up of experts in clinical chemistry, pathology, medicine, engineering and related disciplines. They will assist the NIGMS staff in reviewing research and development contract proposals and large grant applications.

Committee advisers, besides Dr. Kinney, include Drs. Norman Anderson, Oak Ridge National Laboratory; James J. Conti, Brooklyn Polytechnic Institute; Merle A.

(See AUTOMATION, Page 6)

Invited guests will include Congressional representatives, members of the DHEW staff, members of the National Advisory Heart Council, former directors of NIH and NHI.

Among those participating in the celebration at the White House will be DHEW Secretary Wilbur J. Cohen and other Department officials, Dr. Robert Q. Marston, Director of NIH, Dr. Theodore Cooper, Director of NHI, and Dr. Robert W. Berliner, Director of NIH Laboratories and Clinics.

Dr. James A. Shannon, former NIH Director, will be among the invited guests, as well as the following former members of the National Advisory Heart Council:

Other Guests Invited

Dr. Michael E. DeBakey, eminent cardiovascular surgeon from Baylor University; Dr. Paul Dudley White, heart consultant; Mrs. Albert J. (Mary) Lasker, noted philanthropist; and Dr. Julius H. Comroe, Jr., Director, Cardiovascular Research Institute.

Some artificial hearts and heart assist devices also will be exhibited at the White House during the celebration. These will include the spiral coil artificial lung, the Starr-Edwards valve, the Kolobow-Bowman heart assist device, and the Kantrowitz-Aveco balloon pump, all developed at the National Heart Institute or by NHI grant-supported institutions.

(Continued on Page 6)

NIAID to Hold Press Briefing On Pneumococcal Vaccine

A press briefing on its pneumococcal vaccine development program will be held by the National Institute of Allergy and Infectious Diseases Thursday, Nov. 14, at 10:30 a.m.

Dr. Edwin M. Lerner II, NIAID, and Dr. Robert Austrian, University of Pennsylvania School of Medicine, will brief the press.

Dr. J. F. Sherman Appointed Deputy Director of NIH

Appointment of Dr. John F. Sherman as Deputy Director of NIH was recently announced by Dr. Robert Q. Marston, Director of NIH.

Dr. Sherman has been Associate Director for Extramural Programs, NIH since 1964.

As Deputy Director of NIH, Dr. Sherman will share over-all responsibility for directing NIH activities.

These activities range from the conduct of biomedical research in Bethesda and field installations to administration of national grant programs for biomedical research, training of specialists in research and health care, and for the im-



Dr. Sherman will share over-all responsibility for directing a wide range of NIH activities.

provement of research facilities.

He will also coordinate the development of medical manpower resources and the classification and dissemination of biomedical information.

NIH, with a budget of 1.5 billion dollars, currently supports about 40 percent of this Nation's medical research through some 15,000 grants.

Dr. Sherman came to NIH in 1953 as a research pharmacologist in the Laboratory of Tropical Diseases, National Institute of Allergy and Infectious Diseases.

He joined the staff of the National Institute of Arthritis and

(See DR. SHERMAN, Page 8)



Dr. Lamont-Havers, an eminent rheumatologist, will be responsible for policies affecting NIH funds which support medical research.

the NIH Record

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NEWS from PERSONNEL

JOB'S FOR DISADVANTAGED

NIH has recently placed a number of persons in hard-to-fill jobs through participation in programs sponsored by the United Planning Organization and the Washington Concentrated Employment Program.

These programs try to help unemployed people find permanent jobs, and the underemployed better paying work.

One such program, the UPO "Job Fairs," has resulted in filling approximately 25 laundry worker and custodial laborer vacancies here.

Training Given

Under this plan, a group of disadvantaged people having little work experience are given 2 to 4 weeks of job orientation and training. Representatives from Federal agencies and the private sector are then invited to the training centers to interview applicants on certain days designated for "Job Fairs."

Another program in which NIH has participated is "Operation Mother Hen." This name, coined by the UPO, refers to a secretary or clerk who supervises and counsels a disadvantaged woman having minimal work experience.

Through this program, NIH filled 15 clerical positions in the Westwood Building. These employees were selected from a group which had received 8 weeks of basic clerical training and had qualified under the GS-1 clerical Civil Service examination.

NIH Television, Radio Program Schedule

Television

NIH REPORTS

Dr. Gerald D. LaVeck, Director, NICHD
WRC, Channel 4—Saturday
Nov. 16—4:25 p.m.

Dr. Gerald D. LaVeck, Director, NICHD
WRC, Channel 4—Saturday,
Nov. 23—4:25 p.m.

Radio

DISCUSSION: NIH

Dr. Lester Goodman, Chief, Biomedical Engineering Instrumentation Branch, DRS

WGMS, AM-570—FM Stereo
103.5—Friday, Nov. 15—about
9:15 p.m.

Dr. Frank J. Rauscher, Jr., Associate Scientific Director for Viral Encology, Etiology, NCI

WGMS, AM-570—FM Stereo
103.5—Friday, Nov. 22—about
9:15 p.m.

Both interviews take place during intermission, Library of Congress Chamber Music Series.

Volunteer Tutors Needed In Nearby Communities

NIH volunteers are needed for the Home Study Program now being organized to tutor disadvantaged children in several Montgomery County communities. The grade levels of the children range from nursery through high school.

The program nearest NIH is held in Kengar, located between Kensington and Garrett Park.

Tutoring is usually one evening a week and previous experience is

CC Blood Bank to Hold 'Open House' on Friday, Dec. 6, for All NIH Employees

Several new features have been announced in connection with the Clinical Center Blood Bank Open House, a once-a-year special event to be held Friday, Dec. 6. The program is the most ambitious yet undertaken and, for the first time, door prizes (three \$25 U. S. Savings Bonds) will be awarded by the NIH Recreation and Welfare Association.

Dr. Paul J. Schmidt, chief of the Blood Bank, has authorized extended hours for the event—9:30 a.m. to 4:30 p.m.—to accommodate everyone who wishes to visit the Blood Bank.

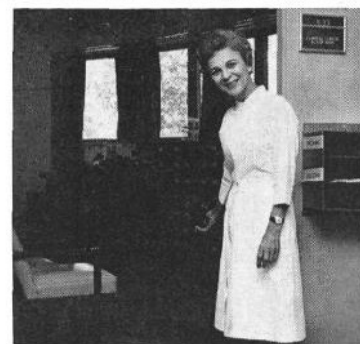
Film to Be Shown

An unusual, new full color movie that is both dramatic and educational will be shown every hour on the hour (except 1 and 2 p.m.) in the CC auditorium.

Throughout the day, demonstrations of life-saving equipment will be given in the Blood Bank. Visitors will be offered free blood typing—information that should be carried at all times.

An award-winning exhibit about the history of blood banking will be on display. This exhibit was shown recently at the American Association of Blood Banks meeting in Washington.

Employees will be able to select material from a variety of literature for themselves and their families. There also will be a ceremony honoring donors who have achieved outstanding records this year. Refreshments will be served.



WELCOME TO THE CC BLOOD BANK. Wanda S. Chappell, supervisory clinical nurse, perfects her role for Dec. 6 when she will greet the large number of visitors expected to attend Blood Bank Open House. The event will highlight a "something-for-everyone" program with a variety of features to interest all NIH employees.

refreshments will be served.

"Blood Bank Open House—Dec. 6—is a date that all employees will surely want to put on their calendars," observed Dr. Jack Masur, Director of the Clinical Center. "It will be an opportunity to become better informed about a function of NIH that is of vital interest to every employee."

Coordinated Federal Wage System for Trade, Labor Workers Effective Nov. 3

On Nov. 3 NIH employees in trade and labor occupations in the Washington Metropolitan Area were changed over to the new Coordinated Federal Wage System. A new wage schedule also became effective on that date.

The new schedule has not yet been received at NIH. However, the schedule will be applied retroactively when it is received.

System to Be Converted

The system in each of more than 150 wage areas in the United States will be converted as surveys are completed. The Civil Service Commission plans to have all areas changed to the new system by Oct. 1, 1970.

When an area is converted to the Coordinated Federal Wage System, the following changes occur:

All workers at the same grade level will be paid the same wage within the area (except for employees on special schedules, such as some printing workers).

Thus, a Housekeeping Aid, WG-1, not necessary.

For further details contact Dr. Wayne London, NIAMD Mathematics Research Branch, Ext. 64325.

2, step 3, working for PHS in Washington, D. C. will be paid the same as a Laborer, WG-2, step 3, working for the Navy Department in Washington, D. C.

Laundry and Food Service Workers, now paid from separate wage schedules, will be paid on the

(SEE WAGE SYSTEM, Page 8)

History Society to Hear 'Civil War Medicine' Talk

"Civil War Medicine" will be discussed at the next meeting of the Washington Society for the History of Medicine on Tuesday, Nov. 19 at 8 p.m. in the Billings auditorium, National Library of Medicine.

The speaker, Lt. Comdr. Lawrence A. Jones, M.C., U.S.N., Bethesda Naval Hospital, will present numerous illustrations in connection with his lecture.

Books dealing with Civil War medicine will also be on display.

Visitors are invited to attend.

Combined Fed. Campaign At NIH Ends; Reaches 88.2 Percent of Quota

As the Combined Federal Campaign at NIH drew to a close, Dr. Seymour J. Kreshover, Director of the National Institute of Dental Research and this year's CFC Chairman, expressed appreciation to both workers and contributors.

As of the last reporting date, Nov. 1, \$183,303 had been raised.

"This year's Combined Federal Campaign at NIH is about to become history and I wish to extend my personal thanks to every one who had a part in this drive, fellow campaign worker and contributor alike, for I think NIH has proved beyond any reasonable doubt that it has a big heart and a friendly hand for those in need," Dr. Kreshover stated.

Lauds Contributors

"While it is extremely unlikely that we will reach 100 percent of quota even when the final figures are tabulated a few weeks hence, I believe a magnificent job has been done. As this is written, we have reached 88.2 percent of the assigned quota of \$207,722.

"Contributions have been made by 9,007 persons for a participation percentage of 85.9 and the average individual gift equals \$20.35.

"There is little I can add to such statistical data except a word of appreciation in behalf of those who will benefit from this generosity."

Much of the success of the campaign was attributed to the emphasis on "Give Day." Precampaign efforts were directed toward one big collection day, Sept. 19, at the campaign's outset.

'Give Day' Successful

Of the \$183,303 recorded as of Nov. 1, an amount equal to 81.8 percent was pledged or contributed by "Give Day." Also on this day 81.1 percent of the 9,007 individual pledges and contributions were made.

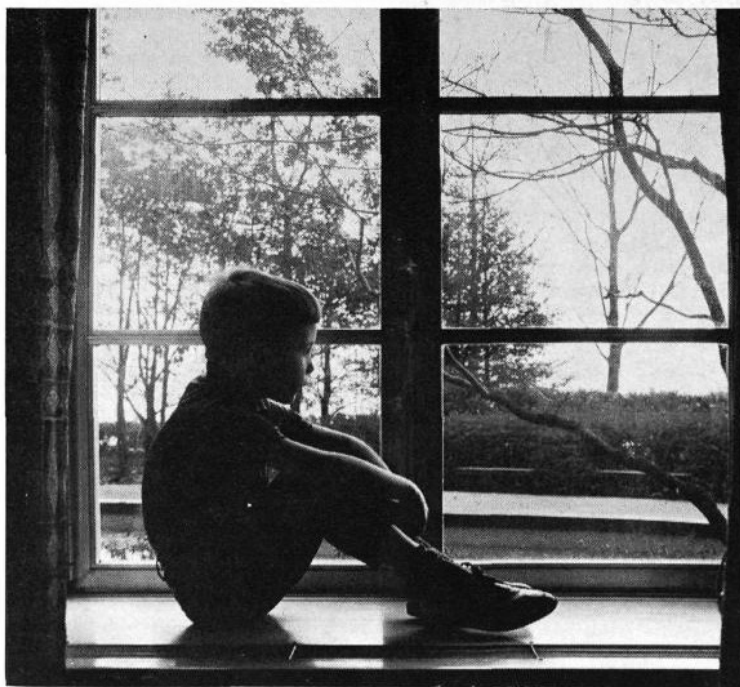
Six of the participating units exceeded 100 percent of quota:

Unit	Percent	Amount Pledged
DEHS	133.7	\$1,111.00
NIGMS	125.8	5,227.00
NIDR	112.8	7,031.25
BHM	103.4	13,960.18
DRG	103.2	12,003.20
DRS	101.3	19,357.81

Five other units exceeded 90 percent of quota:

NLM	97.4	\$7,892.60
OAM	95.9	15,188.29
NIAMD	94.7	14,553.90
OD	93.2	5,184.00
NICHD	92.0	5,925.25

'Davis Plan' Aids Patient Welfare Fund; Donations Replace Xmas Card Exchange



This little Clinical Center patient watches every day for his mother to come for a visit. She can't come very often because the family's budget won't stretch enough for extra transportation. But the NIH Patient Welfare Fund helps her make a trip when Johnny's spirits need a boost.

Most people have a favorite personal charity at Christmas time. These gifts are usually budgeted well in advance of Christmas. However, many NIH employees may be able to help Clinical Center patients who have to spend the holidays in the hospital without disrupting other plans.

For the past 8 years an increasing number of employees have been making contributions to the NIH Patient Welfare Fund through the "Davis Plan."

Under this Plan, employees no longer exchange Christmas cards with each other. Instead, the money normally spent for cards is contributed to an office or section pool and donated to the Patient Welfare Fund. It is from these gifts that extra benefits have been made possible for patients in time of great need.

Fund Provides Assistance

The Patient Welfare Fund, maintained wholly by voluntary support, provides needed assistance to patients and their families who are facing serious financial and emotional crises. Annually, the NIH Recreation and Welfare Association provides the major share of available funds.

Patients and their relatives have also benefited from individual and group contributions as well as aid through the "Davis Plan."

The Fund helps to provide for patient needs that authorized appropriations do not include. It may be paying transportation costs for a mother to visit her seriously ill child or purchasing gifts for young patients at Christmas time as well

as personal necessities, such as shoes.

It was early in the sixties that the "Davis Plan" of aiding the Fund was first translated into action by James B. Davis, chief, Supply Management Branch, Office of Administrative Management.

Idea Passed On

Mr. Davis, realizing how much money he was spending on Christmas cards for about 200 people in the Branch, concluded that the money might be better spent if contributed to the Patient Welfare Fund. He did so and passed the idea along to colleagues.

In 1967, there were 36 NIH units and sections that participated in the Plan contributing more than \$2,500. Also, contributions were received from two suburban Maryland women's clubs who had heard of the Plan and followed its prescription.

This year, the Plan has adopted a new theme. It is "The Davis Plan: Better to Give Than to Receive." Hopefully, this year even more NIH employees will follow the theme when planning to send their Christmas cards.

Details of how the Plan can be started are being prepared and will be distributed soon. Employees wishing further information may call Jim Davis, Ext. 62315.

Dr. Al-Aish Gives Paper On Autosomal Monosomy At Internatl. Congress

Dr. Matti S. Al-Aish, research geneticist in the Children's Diagnostic and Study Branch, National Institute of Child Health and Human Development, presented a paper on autosomal monosomy in man before the 12th International Congress of Genetics in Tokyo, Japan, recently. Over 1,800 geneticists from 55 nations attended the Congress.

Dr. Al-Aish's report, based on work done at the Laboratory of Biomedical Sciences and the Children's Diagnostic and Study Branch, was reported in the *New England Journal of Medicine* in October 1967.

Chromosome Missing

The study was conducted on a 4½-year-old mentally retarded girl. The team's cytogeneticist determined that one of her chromosomes in the 21-22 group was missing in the peripheral blood, skin, and bone marrow.

It was concluded that the lethality of a missing autosome must depend on the particular aspect of development that the chromosome controls.

Other NICHD investigators who participated in the study with Dr. Al-Aish were Drs. J. C. Robinson, Felix de la Cruz, L. A. Goldsmith, and J. Volpe. Dr. G. Mella of the National Naval Medical Center also collaborated with the NICHD group in this research.



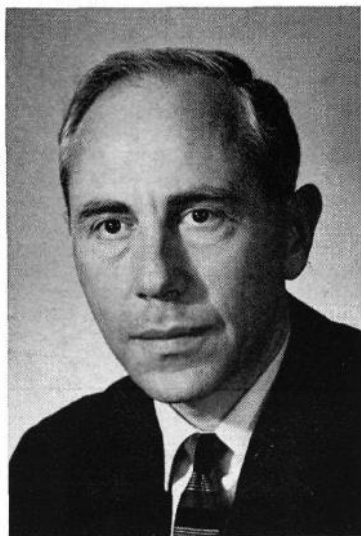
Dr. Al-Aish recently reported on work done at the Laboratory of Biochemical Sciences and the Children's Diagnostic and Study Branch of NICHD.

'What Our Work Is All About'

"We must keep on prodding and pushing until we see the day when every American has the health, the education, and the income that will enable every individual to be free from any discrimination and to choose freely and intelligently the course of his life—a life with purpose and full of rewards.

"That is what our work is all about."—DHEW Secretary Wilbur J. Cohen.

Dr. Rosen, NIAID, Gets An Award for Research In Tropical Medicine



Dr. Rosen, head of NIAID's Pacific Research Section in Honolulu, was cited for his series of original research discoveries.

Dr. Leon Rosen, head of the Pacific Research Section, National Institute of Allergy and Infectious Diseases, Honolulu, Hawaii, received an honorary award recently for outstanding research at the 17th annual meeting in Atlanta, Ga., of the American Society of Tropical Medicine and Hygiene.

Dr. Rosen was presented The Bailey K. Ashford award named after the late Colonel Ashford, who campaigned against hookworm and other tropical diseases early in the 20th century.

Original Discoveries Cited

Dr. E. Harold Hinman, Department of Preventive Medicine, Jefferson Medical College, presented the award. He cited a series of original discoveries by Dr. Rosen including "new and extraordinarily useful diagnostic techniques for adenoviruses, reoviruses, enteroviruses (associated with fever illnesses in children and military recruits) and more recently measles."

Dr. Hinman explained that the hemagglutination and hemagglutination inhibition tests discovered by Dr. Rosen represent the simplest and best techniques for identifying the adenoviruses, reoviruses and numerous enteroviruses.

"During the last 8 years," Dr. Hinman said, "Dr. Rosen has carried out a classic epidemiological study of a highly prevalent newly recognized disease in the Pacific area, eosinophilic meningitis. He and his colleagues established that a parasite is probably responsible. . . ."

Dr. Rosen has been with NIAID since 1950. He was also named as a counselor for the Society.

Studies Suggest Ways to Reduce Rising Frequency of 'Cracked Tooth' Syndrome

The cracked tooth syndrome, though not common, is becoming more frequent among middle-aged and older people.

It is possible for teeth that are neither decayed nor affected by periodontal disease to cause pain and eventually die, according to a recent report by Dr. H. R. Stanley, Jr., on studies conducted at the National Institute of Dental Research.

In his report Dr. Stanley drew upon cases seen at the Dental Institute plus disclosure techniques, pulp studies, and relevant animal research.

Chief Symptom Described

The chief symptom of the syndrome is fleeting sharp pain at the beginning or release of chewing pressure. At first, the pulp responds to chemical irritation from mouth fluids via dentinal tubules. Finally, pulp dies (sometimes years later) from bacterial infection.

Since these fractures are incomplete and often arise under a filling, they are hard to detect. Moreover, pain is not always localized.

A dye such as methylene blue is recommended to aid diagnosis, although sometimes application of a jet of hot air, or of a syrup, or some solution with high osmotic pressure will pinpoint the offending tooth.

Avoid Heat in Drilling

To reduce the occurrence of cracked teeth, it is important while repairing a tooth to avoid heat in drilling because heat increases brittleness in enamel. It is equally important to design the restoration to reduce internal stress.

Dr. Stanley cited improvements in the design of excavations, fillings, inlays and crowns resulting from stress-analysis research supported by the Institute, and reported last year.

Dr. Stanley is now at the University of Florida.

Latest Participants in NIH Visiting Scientists Program Listed Here

10/14—Dr. Valerie A. Cowie, England, Section on Epidemiology and Genetics. Sponsor: Dr. N. C. Myrianthopoulos, NINDB, Wisconsin Bldg., Rm. 720.

10/21—Dr. Ritva K. H. Poukka, Finland, Section on Nutrition Biochemistry. Sponsor: Dr. John G. Bieri, NIAMD, Bldg. 10, Rm. 9D20.

10/21—Dr. Barry J. Sessle, Australia, Section on Physiology. Sponsor: Dr. Ronald Dubner, NIDR, Bldg. 30, Rm. 225.

10/23—Dr. Yehudit Stupp, Israel, Immunochimistry Section. Sponsor: Dr. Ralph A. Reisfeld, NIAID, Bldg. 10, Rm. 11N204.

Nationwide NCI Survey Planned for 1969-71

Scientists in the Biometry Branch of the National Cancer Institute will conduct a study of cancer incidence and prevalence in the United States from 1969 to 1971.

This third national cancer survey will update information from similar projects in 1937 and 1947. These projects have served as models for the development of population studies and cancer registries around the world.

Dr. John C. Baillar III, head of the Demography Section, Biometry Branch of NCI, will direct the project.

Survey Covers 11 Areas

The new survey will cover 11 geographic areas of the country with an estimated total population of more than 25 million. Information will be collected on all cancer cases occurring from 1969 to 1971.

General statistical studies will cover various forms of cancer according to geographic region, age, race, sex, and other variables.

Information estimating the burden of cancer on the national economy will also be gathered. Religion, socio-economic status and occupation will be other data collected in order to analyze cancer incidence rates.

Pretest of Study Made

A pretest of the study is being carried out in Birmingham, Ala. In both the pretest and the national survey, NCI is contracting with local organizations to hire field staff to gather data from physicians, hospital records, and death certificates.

Metropolitan areas to be included in the survey are: Birmingham, Ala.; Atlanta, Ga.; Detroit, Mich.; Dallas and Ft. Worth, Tex.; Minneapolis and St. Paul, Minn.; Philadelphia and Pittsburgh, Pa., and the San Francisco-Bay Area, Calif. The other areas are Iowa, Colorado, and Puerto Rico.

Three Members Appointed to DRFR Advisory Council

Three new members have been appointed to the National Advisory Research Resources Council of the Division of Research Facilities and Resources for a 4-year term. The new Council members are:

Dr. Francis S. Cheever, Dr. Clarence R. Cole, and William J. Quinn.

Dr. Cheever is Vice Chancellor

New Book by Dr. Cole Analyzes Electric, Ionic Problems of Membranes

A new book, *Membranes, Ions, and Impulses*, by Dr. Kenneth S. Cole, senior research biophysicist in the Laboratory of Biophysics, National Institute of Neurological Diseases and Blindness, has just been published.

The volume gives an historical and analytical account of several decades of study of the electric and ionic problems of living cell membranes. It was begun at the University of California at Berkeley while Dr. Cole was a Regent's professor, and was compiled from a seminar series he presented there.

The book reviews the years of



Dr. Kenneth S. Cole's book will provide students of electrophysiology and biophysics with a text which his colleagues say "will stand as a landmark."—Photo courtesy of the Lawrence Radiation Laboratory, University of California at Berkeley.

effort by prominent scientists, including Dr. Cole, to describe the physical characteristics of cells and membranes.

It begins with studies of red blood cells and progresses to research of the giant axon of the squid and lobster.

Membranes, Ions, and Impulses was published, with photographs and drawings, by the University of California Press.

Dr. Cole is a past president of the Biophysical Society.

In 1967, he was awarded the National Medal of Science, the highest award for distinguished achievement given by the United States Government.

for the Health Professions and Dean of the School of Medicine, University of Pittsburgh.

Dr. Cole is Dean of the Ohio State University College of Veterinary Medicine.

Mr. Quinn, president of the Burlington Lines in Chicago, is a member of the American, Illinois and Minnesota Bar Associations.

Perola Nirenberg, Now 'Back to Normal,' To Attend Nobel Ceremonies With Husband

"Lost in the gloom of uninspired research," is a phrase written by William Wordsworth, the 19th century English poet who had a way with words. Pity that the poet was born much too early to have met Mrs. Marshall W. Nirenberg. His thoughts on research might have done a turn-about.

Perola Nirenberg is the Brazilian-born wife of our NIH Nobel Laureate, and is in her own right, a scientist. Mrs. Nirenberg works on the 6th floor of the Clinical Center. She is with the National Heart Institute.

Her lab is typical of all NIH labs, and her research, as far as she is concerned, is the antithesis of "uninspired," nor is there any "gloom" apparent in the outlook she brings to her work.

Works on Biochemical Problem

For the past 6 months she has been working on a biochemical research problem that is a mouthful of sonorous scientific terms, crystal-clear to her and her colleagues.

Mrs. Nirenberg was born in Rio de Janeiro, attended local schools, and graduated from the National School of Chemistry of the University of Brazil, with a degree in chemistry.

Her English is just accented enough to be infinitely more interesting than most people who speak with perfect diction.

The Brazilian government gave Mrs. Nirenberg (she was then Perola Zaltzman) a fellowship to NIH. She came here in 1957. Through mutual friends she met Dr. Nirenberg.

They both worked in the Clinical Center, but on different floors. They met each other in the cafeteria of Bldg. 10; they were married in 1961.

Disclaims Descriptive Adjectives

Mrs. Nirenberg would be quick to disclaim the adjectives that obviously describe her. She is of medium height, slender, and is blessed with beautiful eyes and a lovely smile. She seems far too young to be an established scientist, and looks more like an extremely intelligent college girl than anything else.

She had worked with Dr. Sidney Udenfriend, former chief of NHI's Laboratory of Clinical Biochemistry before moving down to a 6th floor lab after Dr. Udenfriend left NIH.

Mrs. Nirenberg, reticent on some topics, became enthusiastically vocal when speaking of Dr. Udenfriend.

"I am grateful for having had the opportunity to work with him," she said.

Mrs. Nirenberg explained that all her education and schooling was geared to science, and added quietly, "I have never thought of doing anything else."

The talk now veered to the ob-

vious topic—the Nobel Prize—and the obvious questions: How do you feel about it? What will you do? Etc.

Mrs. Nirenberg might have felt that the "etc." went on for too long a period. But her answers continued to be so polite, so patient, and so interesting.

Both Dr. and Mrs. Nirenberg plan to go to Stockholm for the Awards ceremony.

"They take place on December 10th," she said, "and the ceremonies are tails and white tie affairs."

"The ceremonies are in the afternoon, followed by a banquet. I heard there was dancing after the banquet, but that's hearsay. I hope so. The next day there's another banquet for the Laureates and their spouses."

"I haven't bought anything yet. I'm planning on one or two long gowns. At least one will be new."

Color? Style? Fabric?

"I'm open-minded, something nice, something appropriate."

Mrs. Nirenberg was asked if her husband's winning the Nobel Prize made changes in her own life.

"The first week was changed only, it was hectic, exciting, I couldn't concentrate. I'm back to normal now, I'm back to the bench."

Vacations figure in the Nirenbergs' lives perhaps a little less than those of other people.

"Marshall does not like long vacations," she explained, "we go to



Dr. and Mrs. Marshall Nirenberg read the official notification telegram from the Royal Caroline Institute in Sweden. It arrived at 10:44 a.m. Oct. 16.

the beach when we do go away, it's restful.

"I travel with him on all major trips, but not short trips. I go to large meetings here or abroad."

"Later, I plan to take some time off and go home to Brazil for a visit."

The Nirenbergs have no special hobbies "per se" but they both enjoy playing chess.



Congratulations pour in—telegrams and telephone calls come fast and furious. Mrs. Nirenberg and Loretta Barnhouse, Laboratory of Biochemical Genetics secretary, read the messages; Dr. Marshall Nirenberg accepts congratulatory calls, and in the background is a glimpse of happy associates.

Reading?—"Anything I get my hands on." Some people might think that Mrs. Nirenberg was referring to learned scientific treatises. They're wrong.

"No, I don't read them at home," she said.

"I have recently read *The Double Helix*."

She was talking about Dr. James Watson's gossip (but gospel when it comes to scientific discovery) book about his days in Cambridge (England) and the events that led up to his sharing a Nobel prize.

Mrs. Nirenberg was amused, in a kindly way, when the remark was made by someone that everything in the book was understood, except the salient point—the double helix.

That is what is so very nice about Mrs. Nirenberg: She is a most tolerant scientist who understands the scientific failings and foibles of the non-scientist.

No Closed-Door Policy

The closed-door policy that some women scientists believe keep them from forging ahead, was given no credence when it comes to distaff scientists working at NIH.

"I honestly believe women scientists have nothing to fear. Here at NIH we have outstanding women scientists, they never had any trouble."

Mrs. Nirenberg also stated that she and Dr. Nirenberg "are very happy that we are at NIH at this point."

Mrs. Nirenberg's accomplishments (which she soft-pedals), and her obvious delight at the thought of further work here, convinces a listener that she will never lose what Albert Einstein termed "a holy curiosity."

In the past 4 years the number of special clinics for retarded children has doubled to over 200.

3 New Members Named To Neurology Council

Three new members have been appointed to 4-year terms on the National Advisory Neurological Diseases and Blindness Council by Dr. Robert Q. Marston, Director of NIH.

They are: Eloise E. Thornberry, a civic leader of Austin, Tex. and Washington, D.C.; Dr. Joseph H. Ogura, head, Department of Otolaryngology, Washington University School of Medicine, and Dr. Augustus S. Rose, professor of Medicine, University of California School of Medicine, Los Angeles.

4 of 5 Nobelists for 1968 Are Associated With NIH

Four of the five Nobel scientific awards winners for 1968 are associated with the National Institutes of Health.

Of the last two Nobelists named, Dr. Lars Onsager, professor of Theoretical Chemistry at Yale University, who won the prize for chemistry, currently is an NIH grantee.

Other NIH-related Nobel Prize winners for 1968 are Dr. Marshall W. Nirenberg, chief of the NHI's Laboratory of Biochemical Genetics, who shared the award for physiology or medicine with Dr. H. Gobind Khorana, University of Wisconsin, and Dr. Robert W. Holley, Salk Institute, both of whom also are currently receiving NIH support.

The fifth 1968 Nobel Prize winner is Dr. Luis W. Alvarez, of the Lawrence Radiation Laboratory, University of California at Berkeley, who won the prize for physics.

AUTOMATION

(Continued from Page 1)

Evenson, University of Wisconsin Medical School; Morton F. Mason, Southwestern Medical School, University of Texas; and Bert Vallee, Harvard Medical School.

Others on the Automated Clinical Laboratories Committee are Drs. Arnold Ware, University of Southern California; Theodore Williams, Purdue University, and George Williams, NIH Clinical Center. Two members are yet to be appointed.

Dr. Melville on Committee

Dr. Robert Melville, administrator of this NIGMS program, will serve as executive secretary.

According to Dr. Melville, clinical laboratories today, relying largely upon tedious and time-consuming manual methods, are too prone to human error, and pose a severe and fast-growing problem in diagnosis and therapy.

Rising hospital admissions, plus the tendency of physicians to request complete lab workups for nearly all patients admitted, have in recent years greatly escalated demands for laboratory services.

At the same time, the number of tests used by physicians to diagnose disease and measure patient responses to therapy has grown from a dozen or so to more than 300 different analyses.

Lab Accuracy Imperiled

Dr. Melville explained that delays in getting diagnostic data to physicians have become longer, and pressure to squeeze more work from overworked people and facilities has gravely imperiled laboratory accuracy. Studies show that some 125 million erroneous lab tests occur each year in the U.S.

The long-range goal Dr. Melville said, is to achieve a single system encompassing multiple analyses of minute or micro-samples of tissues, blood and other body fluids.

The ultimate concept, a series of computer-controlled modular units would easily adapt to all sizes of hospitals. This would include the small county or community hospital of 50-75 beds, to larger university and metropolitan hospital complexes of 3,000 or more beds.

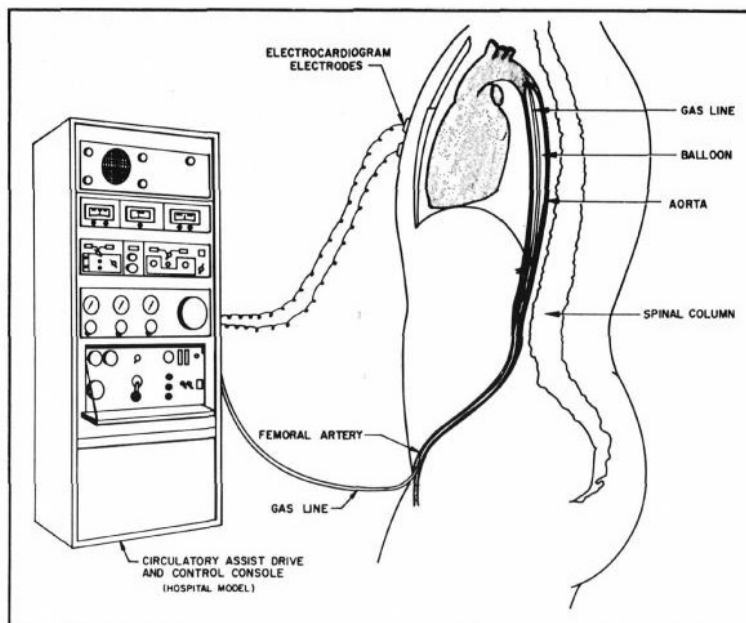
Transcribing Section of Medical Records Moves

The Transcribing Section, Medical Records Department, has moved.

The Section, which transcribes narrative summaries, history of physical examinations, and follow-up notes, is now located in the Clinical Center, Room 1-N-110.

The telephone extension, 63345, remains the same. However, a different tube station, DU-1, is now being used by the Section.

NHI TO COMMEMORATE 20TH ANNIVERSARY



KANTROWITZ-AVCO BALLOON PUMP (illustrated above) is designed to provide pumping assistance to a damaged or failing heart. The balloon surrounds the end of a cardiac catheter, which is introduced into the aorta (the main artery carrying blood from the heart) via the femoral artery of the leg. The balloon, inflated as the heart refills between pumping strokes, helps raise blood pressure in the systemic circulation. Deflated as the heart contracts, it reduces the pressure the heart must work against in expelling blood, thus reducing the cardiac workload.

(Continued from Page 1)

The National Heart Institute was created on June 16, 1948, when President Harry S. Truman signed the National Heart Act into law (Public Law 655).

The new Institute was charged with conducting research into the causes, prevention, diagnosis, and treatment of diseases of the heart and circulation; supporting and coordinating cardiovascular research and related activities by public and private agencies; pro-

viding training in matters relating to heart diseases; developing more effective methods of prevention, diagnosis, and treatment; and assisting States and other agencies in the application of these methods.

By order of the Surgeon General, the Institute was formally established Aug. 1, 1948 as one of the National Institutes of Health with headquarters at Bethesda.

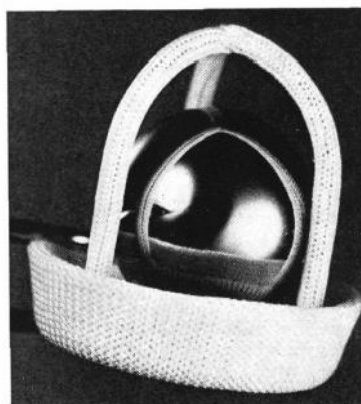
Dr. C. J. Van Slyke was appointed its first Director. During the fall of that first fiscal year (F. Y. 1949), the Institute was organized and staff recruiting begun.

Funds Appropriated in 1950

The Institute received its first appropriation in 1950. It provided \$10,725,000 for the support of current programs and \$5,350,000 of contract authority, primarily for committing a second year of support for training grants and research construction.

The Institute's intramural research budget that year was about \$1.36 million. About \$3.9 million was allocated for research grants and about \$1.7 million for training grants to 45 medical schools and for clinical traineeships to 45 physicians.

The 1969 NHI appropriation totaled \$165,457,000. It included nearly \$31.9 million for Institute research; about \$105.1 million in support of more than 2,000 research projects at universities and hospitals throughout this country and in a few foreign countries; and slightly over \$25 million for training grants and fellowships.



STARR-EDWARD VALVE is the most commonly used artificial replacement for aortic or mitral valves damaged by rheumatic fever. In the past, its biggest drawback had been blood clots forming on valve surfaces, especially on the metal struts of the cage. Covering these struts with a loose weave synthetic fabric has significantly reduced clotting complications following installation of this valve.

LAMONT-HAVERS

(Continued from Page 1)

honors from the University of British Columbia, and in 1946, he received his degree in medicine from the University of Toronto.

After filling medical posts at Vancouver General Hospital, the University of British Columbia, and Queen Mary's Hospital in Montreal, he received special training in rheumatology as a Fellow of the College of Physicians and Surgeons of Columbia University.

Dr. Lamont-Havers also received a Diploma in Internal Medicine from McGill University in 1953. He has written extensively on arthritis for professional journals and textbooks.

He succeeds Dr. John F. Sherman, who has been named Deputy Director, NIH.

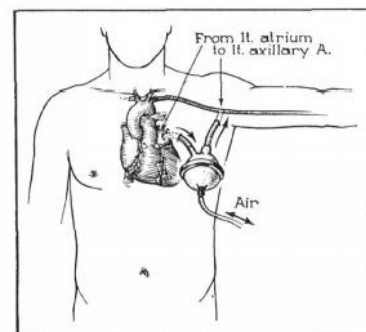
Dr. Hilmar Named Chief NICHD Program Liaison

Dr. Norman A. Hilmar has joined the staff of the Center for Population Research of the National Institute of Child Health and Human Development. He will serve as chief of its Program Liaison Branch.

Dr. Hilmar, a Commissioned Officer in PHS, holds a Ph.D. in sociology from Cornell University. He was formerly the Director of the Office of Standards and Intelligence of the Bureau of Disease Prevention and Environmental Control, PHS.

He was a PHS social psychologist before becoming associate director, Office of Program Planning and Evaluation, OSG.

Dr. Hilmar taught sociology at Cornell and is a lecturer for the University of Maryland.



DEBAKEY LEFT VENTRICULAR BY-PASS DEVICE is an air-driven pump which takes up blood from the left receiving chamber (atrium) of the heart and pumps it into the aorta (via the axillary and subclavian arteries). The pump can assume any part or, if necessary, all the circulatory duties of the left ventricle, which pumps whatever blood remains after the device has taken its share. The pump itself is mounted outside the body and can be removed when the patient's heart no longer requires pumping assistance.

Dr. Joseph A. Bell Dies, Eminent Epidemiologist Had Retired in 1964

Dr. Joseph Asbury Bell, world-renowned epidemiologist, died suddenly Oct. 29 from an apparent heart attack. He was 64.

A PHS commissioned officer for 35 years, Dr. Bell received the Distinguished Service Medal of the PHS in 1962.

His last post, prior to his retirement in 1964, was chief of the epidemiology section, Laboratory of Infectious Diseases, National Institute of Allergy and Infectious Diseases.

Dr. Bell, an expert on immunization against communicable disease, was recognized for his studies on influenza, smallpox, acute respiratory diseases, Q fever, coxsackie viral diseases (such as herpangina and epidemic pleurodynia), diphtheria, histoplasmosis, and pertussis (whooping cough).

When he first joined PHS in 1929 he had completed several tours of duty as a foreign quarantine officer. After he showed an



Dr. Bell was the first to prove effectiveness of combined diphtheria-pertussis vaccine rather than separate immunization.

interest in infectious diseases, he was assigned to NIH, where he worked with Dr. J. P. Leake on a pertussis vaccine.

Dr. Bell was the first to prove that combined diphtheria-pertussis vaccine immunized against both diseases more effectively than separate immunizations against each disease.

During World War II, Dr. Bell and his associates helped prevent the spread of typhus west of the Rhine. As a result of serving with the military, Dr. Bell received the Legion of Merit and the Medal of Freedom.

Dr. Bell returned to NIH in 1945 to complete his research on the pertussis vaccine. He later worked with Dr. Robert J. Huebner and his associates on Q fever in Southern California, where they learned that Q fever could be an airborne disease associated with dairies. He

NHI Reveals Corneal Arcus May Indicate Susceptibility to Hyperlipoproteinemia

National Heart Institute scientists have confirmed that corneal arcus in a patient under 45 years old is a possible sign of familial hyperlipoproteinemia.

Corneal arcus (the uneven, white ring around the outer edge of the cornea in the eye above) has long been suspected of being an indicator of susceptibility to vascular disease.

The very frequency of its appearance, however, often masks its importance as a clue to the process of atherosclerotic coronary disease.

In some populations, it is found in over 70 percent of normal men age 45 years or more (arcus senilis), and recognition of its presence can be of little clinical value in this age group.

It is only in people under 45 (arcus juvenilis)—in whom it occurs less frequently—that the finding of a corneal arcus may be significant.

Several studies have shown the relationship of corneal arcus to atherosclerosis and to myocardial infarction.

In the National Heart Institute, arcus juvenilis has been found to occur with striking frequency in patients with two forms of familial hyperlipoproteinemia (Type II and IV).

Both these disorders are associated with premature coronary

then began studying influenza, particularly immunization with long-lasting vaccines.

In the mid-1950's he directed his attention to study of the causes and prevention of respiratory diseases. Such studies defined the natural history, and epidemiology of numerous viral infections including the adenoviruses, influenza, parainfluenza, respiratory syncytial, polio, echo and coxsackie viruses.

Through his efforts, numerous previously unrecognized viruses were found and associated with disease. He wrote approximately 80 scientific papers to document his research.

Served as Consultant

After retirement from Federal service, Dr. Bell served as consultant to the University of Colorado, George Washington University Department of Preventive Medicine and Community Health, and the Montgomery County (Md.) Health Department.

Dr. Bell received his M.D. degree from the University of Colorado in 1929, and later received both master and doctor of public health degrees from the Johns Hopkins University School of Hygiene and Public Health.

Dr. Bell is survived by his wife, Margaret Nichols Bell, two daughters, nine grandchildren, three sisters and three brothers.

ring around the outer edge of the vessel disease, and in one study 80 percent of patients below age 45 with coronary artery disease had Type II or Type IV.

A corneal arcus is visible to the naked eye. Clinically it is first seen as a peripheral ring or haze in the lower and upper parts of the cornea. Each hazy section grows until eventually the two fuse to form a circle.

The result appears as a ring of haze with a clear portion toward the inside of the ring. This material accumulating in the outer limbus of the cornea is cholesterol ester.

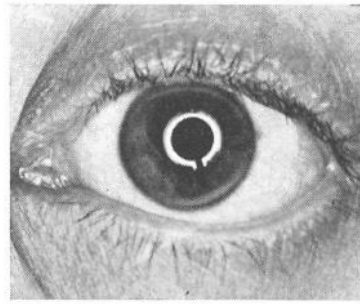
No Associated Symptoms

The formation of corneal arcus is quite innocent. There are no associated symptoms or disturbances of vision.

It can be developed in youth following constant exposure to irritating dusts and chemicals, or after any of a number of viral bacterial corneal diseases.

When a corneal arcus is found in someone under the age of 45 years, serum cholesterol and triglyceride levels should be estimated, the latter in a fasting blood sample.

If both are normal, the person may be reassured that the arcus is not of importance. If one or



Corneal arcus, white ring around the outer edge of cornea, is visible to the naked eye.

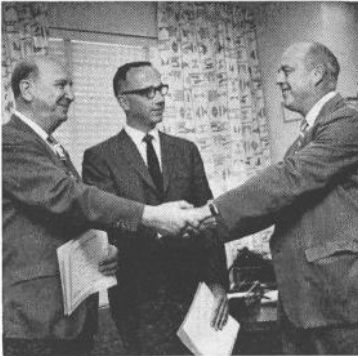
both lipids are elevated, then the type of hyperlipoproteinemia one is dealing with should be defined.

Treatment depends on the type of hyperlipoproteinemia diagnosed.

Reversion of the arcus following treatment has not been reported, but since the lesion does not impair sight or have any other local consequence, this is not of clinical importance.

The aim of the treatment is the correction of hyperlipoproteinemia on the assumption that the progress of vascular disease will be slowed or even reversed.

If hyperlipoproteinemia is discovered in a patient, his family



James B. Davis (r), chief, Supply Management Branch, presents awards for sustained superior performance to Theodore A. Dawson (l) and John M. Gibbons of SMB Research Contracts Section. The awards were presented in recognition of Mr. Dawson's contribution to the exceptional performance record of the Research Contracts Section, and of Mr. Gibbons' preparation of procedural instructions and organization of training programs.

members should also be checked.

Scots and Finns have been found to have a very high incidence of corneal arcus, and these people also have the greatest mortality from ischemic heart disease in Europe.

Serum cholesterol levels of normal men with arcus were found to be significantly higher than those of normal men without apparent lesion. In younger subjects, arcus was found to occur more often in men with myocardial infarction than in healthy subjects.

Corneal arcus has also been found to be more frequent in association with some xanthomatosis (other superficial lipid deposits).

In one study, in men under 45, 11 to 25 coronary patients were found to have corneal arcus, while none of the controls showed arcus.

Indications Questionable

While premature corneal arcus may indicate premature arterial lipid accumulation, in some subjects it means no such thing, being merely a sequel to previous eye disease.

In certain populations—such as in the American Negro—a high incidence of arcus occurs without a special propensity to vascular disease. Negro men and women begin to show arcus at an earlier age than do their white counterparts, and they have more advanced lesions for any given decade.

The cause of this arcus has not yet been established, but defective nutrition has been suggested as a possible cause of arcus in the Negro, and vitamin C deficiency has been specifically suggested as the cause of arcus in the Sudanese.

A high incidence of corneal arcus in persons exposed to atomic bomb radiation has also been reported.

Dr. Shelokov, Authority On Infectious Diseases, Retires From DBS

Dr. Alexis Shelokov, chief of the Laboratory of Virology and Rickettsiology, Division of Biologics Standards, retired on Oct. 31, after 18 years in the Public Health Service.

In 1950 Dr. Shelokov entered the service and worked in NIH's Laboratory of Infectious Diseases with Drs. K. Habel, R. J. Huebner, and J. E. Bell.

From 1957 to 1961, he served as Director of the National Institute of Allergy and Infectious Diseases' Middle America Research Unit, Canal Zone. During that time he was also a consultant on infectious diseases at the Gorgas and Coco Solo Hospitals there.

Prior to joining DBS in 1963, Dr. Shelokov was chief of the NIAID's Laboratory of Tropical Virology and Infectious Diseases for 4 years.

An authority on infectious diseases, Dr. Shelokov will continue



Dr. Shelokov has served as consultant during a number of epidemics in South and Latin America.

his work as professor and chairman of the Department of Microbiology, University of Texas Medical School at San Antonio.

Dr. Shelokov received his early education in China, where he was born. He graduated from Stanford University in 1943, receiving his M.D. from the same university in 1948.

Among his special assignments, Dr. Shelokov served as consultant during the poliomyelitis epidemic in Uruguay in 1955, and was a member of the U.S. study group on epidemic Asian influenza in Argentina and Uruguay in 1957.

He also served on several official missions to the U.S.S.R. within the last 10 years.

He is a Diplomate of the American Board of Microbiology and the American Board of Preventive Medicine.

In 1959, Dr. Shelokov received the Order of Rodolfo Robles of the Republic of Guatemala.



Dr. Marshall W. Nirenberg, NIH's first Nobel Laureate, discusses aspects of his research with the President at a recent White House meeting at which he received Presidential congratulations on his achievement. Mrs. Nirenberg accompanied her husband to the White House.

WAGE SYSTEM

(Continued from Page 2)

same scale as other trade and labor workers.

Laundry Workers, now on a different grading scale, will be changed over to the regular grades.

For instance, a Washman, WA-6, does work of the same level as a Laborer, WB-3. Under the new system, both will be graded WG-3.

Because of the change to the regular pay schedule, the Washman, in most areas, will receive higher wages as a WG-3 than he earns as a WA-6.

Supervisors in trade and labor occupations will be changed over to separate grading systems and pay schedules, similar to systems used by the Army and Air Force.

At the time of conversion, most employees, other than supervisors and laundry workers, will stay at the present grade level. (For example, a Cook WB-8, will be changed over to Cook WG-8.)

Within one year after the change-over, however, all jobs will be evaluated under the new CSC standards for trades and labor jobs. This evaluation will result in some grade changes. For instance, light truck drivers are now graded at WB-6 in Navy and WB-4 in Army and DHEW. Under the new CSC standard, light truck drivers will be graded WG-5.

It has taken over 2 years to develop the new system, now used by more than 60 Federal agencies.

Charles Abrams, City Planner, Joins DRFR's Advisory Council

Charles Abrams, chairman of the Department of City Planning at Columbia University, New York City, was appointed to the National Advisory Council on Health Research Facilities, Division of Research Facilities and Resources.

He is on leave from Columbia; he has accepted the Frank Backus Williams Professorship of City Planning at Harvard University.

Bertie Dawson Retires; With NIH Over 20 Years

Bertie Dawson, personnel management specialist in the Clinical Center Personnel office, recently retired. She has been with the Federal Government for 33 years—20 of those years were spent at NIH.

Miss Dawson began her Government career in 1935. She worked in the Department of Agriculture, the now defunct Foreign Economic Administration, and the Department of Commerce.

During World War II, she served with the Technical Industrial Intelligence Committee as its chief personnel representative.

For her service with the committee, she received the Distinguished Civilian Award, the highest civilian commendation given by the Department of the Army.

Miss Dawson joined NIH in 1948. Her first assignment was to help set up the Appointment and Control Section. She was then reassigned to the Performance Rating and Appointment Section, and she helped to staff the newly erected Clinical Center.

Her retirement plans include continued participation in church work, gardening, and traveling.



Among friends joining in Miss Dawson's farewell party were (l to r) Eleanor Voss, CC Personnel Office, Anne Ettinger, NIAID, Miss Dawson, and Thomas Johnson, CC Personnel Officer.

8th Seminar on Science And Public Policy Held For Extramural Staff

The eighth in a series of semi-annual NIH Seminars on Science and Public Policy was held last month at the Army Management School, Fort Belvoir, Va.

These seminars are sponsored by the Committee on Staff Training-Extramural Programs. They are conducted for senior extramural staff of NIH to improve understanding of influences that shape national policies in the area of biomedical research and training.

Discussions were led by Dr. Robert Q. Marston, Director of NIH, Dr. John F. Sherman, Deputy Director of NIH, and Dr. Leonard D. Fenninger, Director of the Bureau of Health Manpower.

Dr. George T. Harrell, Dean of the new Milton S. Hershey Medical Center of Pennsylvania State University, described the major problems of a new medical school.

Policy Roles Clarified

Other discussions clarified the policy-making roles of the Government's Executive and Legislative Branches and the science writer's contribution to better public understanding of scientific research.

Special emphasis to the manpower problem and NIH's relationships with the medical schools was given at this seminar, organized by Mel H. Bolster, Training and Education Section, Personnel Management Branch.

Attendance at each session of these seminars is limited to not more than 25 to assure ample opportunity for informal exchange of views and experiences. Invited speakers function as discussion leaders rather than lecturers.

Approximately 175 scientist-administrators and other professional administrative personnel have attended the seminars to date.

DR. SHERMAN

(Continued from Page 1)

Metabolic Diseases in 1956 as assistant to the chief of Extramural Programs, became assistant chief the following year, and deputy chief in 1958.

He served as Associate Director of Extramural Programs at the National Institute of Neurological Diseases and Blindness from July 1961 to January 1962, when he rejoined NIAMD as Associate Director for Extramural Programs.

A native of Oneonta, N.Y., he received his B.S. from the Union University College of Pharmacy in Albany, N.Y., in 1949 and his Ph.D. in Pharmacology from Yale University in 1953.

He is the author of numerous scientific articles.