Bunton Twins Again Celebrate Birthday Here, First Came in '56, Aged 3 Mos.

Two young ladies who have made medical history celebrated another birthday at NIH this year. Virginia and Teresa Bunton, who were 13 years old on Aug. 9, first came to NIH at the age of 3 months—joined together at the head.

The surgery which separated the twins and their subsequent healthy growth and development stands as a medical first. Virginia and Teresa are the only head-joined Siamese twins in the United States, and possibly the world, to survive surgery and cover completely.

Head-joined twins occur once in every two to four million births, it is estimated.

Since they first came to the NIH Clinical Center in October 1956, Virginia and Teresa have returned almost every year for follow-up examinations and study. They have spent many birthdays here, the last one 4 years ago when President Lyndon Johnson visited them.

The twins are almost young ladies now. They are in the seventh grade and study with a teacher who comes to their farm in Tennessee.

Although they are identical twins, they are not alike in everything. Their mother describes Teresa as being a bit of a tomboy, while Virginia is a "lady." In keeping with this image, Teresa has a dog named Lassie, and Virginia's pet is Rusty, a cat.

The twins, who were joined right forehead to right forehead, must wear bonyets or hairpieces to protect the surgical skull defect, but cover completely.

By Bari Attis

The appealing Bunton Twins, Teresa and Virginia, at the tender age of 8 months—4 months after they were separated.

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Honors Young Scientists

The Talbot Award honors individual contributions, made and reported by scientists before the age of thirty, which apply engineering principles and techniques to biological or medical problems.

Dr. Fuchs received the prize for his work in advancing the understanding of human and simian eye movements by showing that eye movements in the primate are similar to those in man.

Results of these studies could provide a better understanding of human eye movement disorders.
Margaret Freeman, an English Dietitian, Observes CC’s Modern Nutrition Studies

Observing how things are done on the “other side” often is useful. This was true for Margaret Freeman, Chief Dietitian of the Royal Victoria Infirmary, Newcastle, England, when she visited the Clinical Center recently.

Miss Freeman spent 2 days here prior to the opening of the 5th International Congress of Dietetics in Washington, D.C., Sept. 8. Some 7,000 dietitians and nutritionists from around the world attended the 6-day meeting.

Chairs Committee

Edith Jones, chief, CC Nutrition Department, was chairman of the International Committee of Dietetic Associations of the Congress.

During her visit, Miss Freeman was the guest of the Nutrition Department. She saw modern techniques and procedures used in support of NIH research programs and patient care.

Also, she visited each of the three metabolic kitchens, the main kitchen, and the Life Island kitchen where sterile food technique is employed. Special dietary procedures were explained—for example, the close tolerance necessary in controlling food intake in patients participating in a variety of studies.

Receives Manual

Miss Freeman had the distinction of being the first visitor to receive a copy of the Nutrition Department’s newest publication, A Dietetic Manual for Metabolic Kitchen Units. The unique 68-page manual, several years in preparation, was designed to serve as a guide for dietitians responsible for establishing a metabolic kitchen unit.

Dr. Frederic C. Bartter, chief, the Clinical Endocrinology Branch, National Heart Institute, extended the invitation to Miss Freeman to visit the Clinical Center. He learned of her interest in NIH while serving recently as visiting professor at Cambridge University in England.

Miss Freeman said she was impressed with the vast differences in the conduct of dietetics in a research hospital compared with a general infirmary. She felt her visit to the CC would prove most valuable because a medical research program is being initiated by the Royal Victoria Infirmary.

NIH Television, Radio Program Schedule

Television

NIH REPORTS

WRC, Channel 4

Sunday—4:35 p.m.

September 21

Preempted

September 28

Preempted

Radio

DISCUSSION: NIH

WGMS, AM—570—FM Stereo

1PM—3PM

Friday evenings—About 9:15 p.m.

September 19

Dr. Herbert Swardlow, chief, Dental Services Branch, NIDR

Subject: Dental Services in NIH Research

September 26

Dr. Harold Baer, chief, Section on Allergen Products, NIBR

Subject: Studies on Poison Ivy Sensitization

Both interviews take place during intermission, recorded Music Room Series.
Flu Vaccine to Be Given Only to NIH Employees In Special Categories

In conformity with recommendations of the PHS Committee on Immunization Practices, the Employee Health Service will offer influenza vaccine this year only to employees who fall into specified categories.

There is no indication that personnel in so-called essential positions should receive the vaccine.

Anticipate Few “Flu” Cases

Only sporadic cases of influenza caused by A-2 strains are anticipated in the 1969-70 “flu” season, although Type B influenza may appear in areas where it did not occur last winter, according to Dr. John M. Lynch, chief of the Employee Health Service Branch.

The PHS Committee's current policy statement notes, "Until good protection is provided consistently by influenza vaccine, it is not recommended for healthy adults and children."

The Commission further advises, "Acknowledging its limited effectiveness, vaccine should be considered only for persons of any age with certain chronic debilitating conditions:

1) "Rheumatic heart disease, especially mitral stenosis; 2) such cardiovascular disorders as arteriosclerotic heart disease and hypertension, particularly with evidence of cardiac insufficiency;"

Other Categories Listed

Also, 3) "chronic bronchopulmonary diseases, such as asthma, chronic bronchitis, cystic fibrosis, bronchiectasis, pulmonary fibrosis, pulmonary emphysema, and advanced pulmonary tuberculosis; or 4) diabetes mellitus or Addison disease."

"... Oiler persons, who may have incipient or potential chronic disease, particularly cardiovascular and bronchopulmonary, should also be considered candidates for vaccination."

Chimpanzee With Condition Resembling Human Mongolism Found for 1st Time

For the first time, an infant chimpanzee has been discovered with a condition closely resembling human Down's Syndrome, also known as mongolism. The finding has important implications for research on this condition.

Further physical evidence of the similarity of Jana's condition to human mongolism is apparent in these photographs showing the typical posture assumed when she is held under the bridge of the nose, a characteristic of human mongolism in infants.

Medical Library Services In Anchorage, Alaska Surveyed by Cummings

Dr. Martin M. Cummings, Director, National Library of Medicine, recently visited Anchorage, Alaska, in order to find out how NLM may assist physicians living in remote areas requiring improved medical library services.

Dr. Cummings met with community medical leaders, and Ursula P. Strash, librarian of the Alaska Health Sciences Library in the Alaska Native Medical Center.

This library, the only community medical library for the Anchorage area, also provides services to physicians, dentists, and other health personnel throughout Alaska.

It was established under a grant from the Washington/Alaska Regional Medical Library at the University of Washington.

Blood Bank at CC Reports

On Units Donated in August

The Clinical Center Blood Bank reports that 291 units of blood were received from NIH donors in August, and 233 patients received 1,548 units of blood.

Five donors achieved a special status. Edmund E. Kaminski, OD, attained the 2-gallon mark. Joining the Gallon Donor Club were: Donald Eller, NICHD; Gladys I. Heter, BENT; Marilyn A. Lemanetz, CC, and Arthur G. Mckay, OD.

More blood is needed. Make an appointment with the Blood Bank, Ext. 64506.

Richard Bunch, BEMT Executive Officer, Dies; With PHS Since '46

Richard W. Bunch, Executive Officer of the Bureau of Health Professions and Manpower Training, died suddenly of a heart attack Sept. 7.

Mr. Bunch had served as Executive Officer for four different bureaus of the Public Health Service since 1946. Prior to entering the PHS, he served as Executive Assistant to the High Commissioner of the Philippines, Paul V. McNutt (1945-46).

Served With Navy

As Lieutenant, USNR, he served as Director of Personnel in the Office of the Inspector of Naval Materiel, Chicago, Ill., (1943-45). He was also Assistant to the Administrator, National Youth Administration (1941-43).

He would have completed 30 years Federal Government service on Nov. 8.

Mr. Bunch introduced many modern management techniques to the PHS including executive development programs, the program management officer concept, and employee relations programs.

He was well known for his personal involvement in the development of youth through sponsorship of programs in employee development including management intern programs.

Recipient of Awards

Mr. Bunch received several awards including the DHHS Superior Service Award in 1957 for promoting modern management in health programs nation wide, and the Merit Citation of the National Civil Service League in recognition of his outstanding career in the PHS. He also was the recipient of the Military Merit Medal, Commonwealth of the Philippines, for superior service.

He is survived by his wife, Eugenia Anderson.

The family requests that in lieu of flowers, contributions be made to the American Heart Association.
With the return of fall, vacations taper off, and employees return to NIH with fresh outlooks. Memories of places visited during the summer are revived by often-overlooked scenes around the reservation. But, we are quickly brought back to the present as work again gathers momentum and looking for a parking place at 8:25 becomes just a little more difficult.
The Pace of Work Quickens at NIH

Photos by Ralph Bredland
To achieve uniformity of instrument calibration, NBS scientists will relate light wavelengths, slit width variations, stray light and other instrument factors to light absorbance values established for various substances.

Venture Hailed

The Journal of Clinical Chemistry, published by the American Association of Clinical Chemistry, recently hailed the NIGMS-NBS Interagency venture as the laying of a new "cornerstone of reliability" for the nation in clinical laboratory performance.

Recommendations for laboratory quality standards were made recently by the Health Insurance Benefits Advisory Council in its report on Medicare to DHF Secretary Robert H. Hahn.

Funding of the program by NIGMS will make it possible for NBS to expand and accelerate a small pilot project it commenced 2 years ago for the development of laboratory SRMs.

According to NBS officials, the pilot effort was begun by its Analytical Chemistry Division at the urging of the AAC and the College of American Pathologists.

Develops Standards

The Bureau subsequently developed certified standard reference materials for five widely used bioassay materials—cholesterol, creatinine, urea, uric acid, and calcium carbonate. These are now being used as quality control benchmarks by various manufacturers of laboratory supplies and instruments, and by individual laboratories to check the accuracy of analytical procedures and to verify questionable results.

However, because NBS does not have a mandate in the field of measurement for clinical chemistry, it was unable by itself to expand the pilot project sufficiently to meet in a reasonable period of time the requirements for standardized materials deemed urgently necessary.

Responsibilities Noted

NIGMS, on the other hand, has a prime responsibility for the advancement of patient care through support of research in clinical chemistry, and other disciplines pertinent to the improvement of diagnostic instrumentation and, in particular, to the automation of clinical laboratory operations.

The unique capabilities of the NBS and its long experience in the development of measurement standards in general is unequalled anywhere in the world, according to Dr. Robert Melville, administrator of NIGMS'S automated clinical laboratory program.

Linda Barbine, Winner of Trip to Italy, Has a Long List of Folks to Look Up

For Linda Barbine, a tightly-budgeted excursion to Ocean City was to be her only vacation for 1969—this week, however, she's planning a 16-day visit to Italy.

Mrs. Barbine, a secretary in the Infectious Diseases section, won the trip in a contest held for charter members of the National Association of Government Secretaries. On Sept. 25 she will fly, via Alitalia Airlines, with $100 spending money from NAGS.

Unlike most European vacationers, Mrs. Barbine has faced the rigors of pre-flight inoculations. She's had more than enough already, a required precaution for her post in the Laboratory of Microbiology.

And she has a long, long list of folks to look up while she's there. The list was made by her father, Louis S. Cattadino, the thirteenth child in a Pittsburgh family.

A native Washingtonian, Linda was graduated from Montgomery College as a medical secretary. She now works for Dr. Joseph Tully, head of the Section, Laboratory of Microbiology.

"I miss the contact I used to have with patients," she says, but she has offset that by becoming involved in the laboratory's work.

"Dr. Tully has published more than 30 articles, and I've been taking them home and reading every one."

Her duties on the job, as she describes them, include "everything from assisting with manuscripts and tables, to ordering chemicals and equipment for the laboratory."

Mrs. Barbine was one of six girls to graduate from her class which started with 30 members.

"Most of the girls drop out because of the science," she explains, noting that her class has been called back at times to encourage present students.

She finds her work at NIH stimulating and challenging, and appreciates the variety of her responsibilities.

CHIMPANZEE

(Continued from Page 4)

neck with excess skin folds, and webbing between some of her toes contrasts with the features of other chimps in the colony.

Jama weighed less than normal at birth and continues to grow at an abnormally slow rate. Neurological abnormalities have appeared and at 40 weeks, Jama was still unable to sit up or move about in her cage.

Has Extra Chromosome

In the performance of 34 tasks which test postural maturation in chimpanzees, Jama is slower than two other chimps that were tested. And significantly, Jama's blood cells have been found to contain 49 chromosomes in contrast to the normal 48 in chimpanzees. The extra chromosome has also been found in her bone marrow and skin cells.

The Yerkos team believes that the extra chromosome, added in anatomic, neurologic, and behavioral evidence, justifies classifying Jama's condition as "Down's-like." They note that a comparable syndrome in man has not previously been reported in non-human primates.

The researchers hope that Jama may provide an experimental model for studying human mongolism. It may be possible to breed her to produce a strain of mongoloid-like chimps which would be available for further scientific study.

The discovery of the chimpanzee with Down's Syndrome was reported in the Sept. 5, 1969, issue of Science by Harold McClure, Kathy J., a young female chimpanzee, is the first non-human primate known with a condition similar to human mongolism. The fold of skin extending upward from either side of the root of Jama's nose, nearly overlapping the inner corner of each eye, this fold, or epicanthus, is characteristic in human mongolism. The protruding tongue is also typical of mongolism; however, Jama does not always exhibit this characteristic.

H. Belden, and W. A. Fieger, Departments of Veterinary Pathology and Psychology, Yerkes Regional Primate Research Center, and Cecil B. Jacobson, Reproductive Genetics Unit, George Washington University School of Medicine.

These studies were also supported in part by NIMH.

U.S.-Russian Scientists Meet in Moscow on Hemorrhagic Fever

Several American scientists are meeting with Russian experts on hemorrhagic fever this week in Moscow.

The scientific exchange and tour is the second visit to hemorrhagic fever laboratories and USSR endemic areas made by American investigators involved in this field of research. A similar trip was made in 1965, and a follow-up tour was recommended at that time.

Both American and Russian scientists recently determined that there is a close aeroleptic relationship between the virus of Crimean hemorrhagic fever and Congo virus, and the significant role of Ixodes ticks in the virus cycle.

As a result of these discoveries the group expects to discuss questions on pathogenic potential and world distribution of the virus.

Scientists Listed

Scientists on the tour are Drs. Jordi Casals, the Yale Arbovirus Research Unit; Brian D. Henderson, National Communicable Disease Center; Harold Hoostraat, Naval Medical Research Unit No. 3; Karl T. Johnson, MARU/MIAID; and Alexis Shelokov, University of Texas (formerly with DBS and NIAID).

The visit has been planned by the National Institute of Allergy and Infectious Diseases and sponsored under the Exchange Agreement with the Soviet Union.

En route to Moscow the group members participated in the International Symposium on Arbovirus Transmission by Ticks at Smolenice, Czechoslovakia. The group arrived in Moscow last Sunday (Sept. 14) and will return Oct. 1.

DR. MIDER

(Continued from Page 1)

1968

Dr. Mider first came to NIH as a research fellow at the National Cancer Institute in 1939. In 1941, he became an instructor in Pathology and an assistant professor of Pathology at Cornell Medical College, 1941-44. Concurrently he was an assistant pathologist, New York Hospital.

Then followed assignments as associate professor of Pathology, University of Utah School of Medicine, 1944-45; research associate in Surgery and professor of Cancer Research, University of Rochester School of Medicine and Dentistry, 1945-52; before returning to NIH where he became Associate Director in Charge of Research at NCI, 1952-60.

Much of Dr. Mider's professional career has been spent in teaching and in science administration work.
Several Tributes Planned To Honor Dr. Williams Upon His Retirement

Dr. George Z. Williams, chief of the Clinical Center Pathology Department, and one of the country's outstanding leaders in the field of clinical pathology, will retire Sept. 30.

A distinguished scholar and internationally known researcher, Dr. Williams has made major contributions to the advancement of clinical pathology.

Notable among these has been his work at NIH where he organized and directed the development of the CC Clinical Pathology Department to its present position as one of the finest in the world.

Several tributes are being planned to honor him on his retirement. A party will be given for him on Sept. 18 in Chicago during the meetings of the College of American Pathologists and the American Society of Clinical Pathologists.

Dr. Williams, a leader in the field of clinical pathology, came to the Clinical Center in 1953 as the first chief of Clinical Pathology.

Guests will include Dr. Williams' friends in these associations and former Clinical Associates and Residents who trained under him at the Clinical Center.

On Sept. 24, a reception is planned at the Officers Club, National Naval Medical Center, which professional colleagues and NIH associates will attend.

An "Open House" also will be held Sept. 25 in the Clinical Center. Friends and staff members at NIH have been invited to attend.

Dr. Williams received his M.D. degree from the University of Colorado, where he also served a residency in pathology and completed postgraduate training in tumor pathology, physiology, chemistry, and pathology of silicosis. He later became an instructor in pathology in the School of Medicine there.

In 1936, he joined the Medical College of Virginia as an assistant professor of Pathology. He was Director of the Department of Clinical Pathology and Hospital Laboratories before entering active they are able to lead essentially normal lives. Further bone and skin grafting surgery is planned when they are older.

The surgery to separate the twins was performed by Dr. Maitland Baldwin, clinical director and chief of the Surgical Neurology Branch, National Institute of Neurological Diseases and Stroke.

Both he and Dr. Anatole Dekaban, head of the Institute's Section on Child Neurology, have followed Virginia and Teresa's progress for the past 13 years.

Two procedures were required to separate the girls. At the first operation, lasting less than 2 hours, Dr. Baldwin performed the separation of half the shared bone area and studied the brain interconnections.

To save the infants from undue stress before surgery, he had taken only X-rays and an electroencephalogram (EEG) rather than more sophisticated tests to show the positions of blood vessels. For this reason also, Dr. Baldwin limited the first operation to the length of time he thought the girls could comfortably tolerate.

At the second procedure, which again lasted less than 2 hours, Dr. Baldwin completely separated the shared bone and followed the lines of a dividing fissure to separate the two brains.

Although the surgery was complex, only one major blood vessel and some branches of the common anterior cerebral circulation had been shared.

In addition to the usual difficulties of brain surgery, the twins' case posed a number of other problems. A special table was designed which could be divided when the twins were separated so that separate surgical teams for each child could operate simultaneously.

During World War II, Dr. Williams served in the U.S. Navy and held a variety of executive positions. Among these, Acting Fleet Medical Officer for the Seventh Fleet. He retired from the Naval Reserve in 1967 with the rank of Captain.

On being selected in 1953 as the first chief of Clinical Pathology for the Clinical Center, Dr. Williams organized the Clinical Pathology Department, achieving superior standards of test performance.

More than a decade ago, Dr. Williams led his department in a project involving research development for accelerated automation of instruments, together with use of data handling equipment.

Upon retirement, Dr. Williams will become Director of the Research Institute of Laboratory Medicine, Institute of Medical Sciences, San Francisco.

History of Medicine Soc. Meets at NLM Sept. 18

The Washington Society for the History of Medicine will hold its next meeting on Thursday, Sept. 18, at 8 p.m. in the Billings Auditorium of the National Library of Medicine.

Dr. James H. Cassidy, NLM History of Medicine Division, will discuss "American Medical Office and European Science: Charles Wardell Stiles (1867-1941)." Dr. Peter D. Oehl, in the same Division of NLM, will speak on "American Health Care and Private Practice: A Reexamination."

Visitors are welcome.

The researchers hope eventually to learn from tests of this type more about the relationship and differences between the brain hemispheres.

This study employs sophisticated recording equipment to compare the power levels of the girls' brain hemispheres during a simultaneous EEG.

During the testing, the girls completed both verbal and non-verbal tests and a computer compares each side of each girl's brain to its opposite hemisphere and its twin hemisphere in the other girl. The new study is in the early stages and findings are incomplete. As they begin either task, the power level oscillates.

Then as expected, since the girls are right-handed, the power levels...
Ed Rich, DRS, Develops Cheap Portable Intensive Care Unit for Treating Burns

By Sori Stavor
NIH Information Intern

Using a filter employed in space research for measuring atmospheric contamination, an experimental device with potential for treating burns and other sensitive skin conditions has been developed by Edward Rich, Jr., Division of Research Services. Called Burn-Aid by Mr. Rich, the device is designed as an inexpensive portable intensive care unit for use in the hospital and at home.

By concentrating a constant stream of ultrafiltered air directly over a burn, the device would allow the patient to move about without risking infection. It will soon be tested on laboratory animals at NIH.

"The Burn-Aid idea first occurred to me when I used the polyurethane filter at NASA," explained Mr. Rich.

"The filter was used effectively in balloon systems sent 100,000 feet above the earth to test for microbiological contamination. This project supported NASA's program to land an unmanned space vehicle on Mars."

Last year there were approximately 300,000 serious burn victims in this country. When open skin areas cannot be bandaged, such patients must usually be confined in elaborate and costly oxygen tents and laminar airflow units to prevent infection.

May Reduce Isolation

According to Mr. Rich, "The new Burn-Aid could eliminate the time and expense of several weeks isolation in the hospital."

Burn-Aid is a sandwich-like device with a layer of polyurethane filter packed between and sealed to two sheets of vinyl plastic. The plastic sheets are sealed together at the edges; the bottom sheet is coated with an adhesive and covered with paper. An air tube is attached to the top of the unit.

To use the Burn-Aid the physician cuts a hole in its center sufficient to clear the sensitive area. The paper backing is stripped off and the device applied like an adhesive bandage. The burned skin is thus left uncovered.

The tube can conduct air, oxygen, or carbon dioxide to the filter from a portable pump or gas tank. A gentle blanket of filtered air then rises from the wound site, preventing germs from settling on the burned skin.

Before joining NIH last November, Mr. Rich spent 9 years at NASA. He was the manager of its sterilization research unit at Goddard Space Center from 1964 to 1968.

Concern Changes

"When I started work at NIH last November, I was suddenly concerned with protecting people, not hardware, from contamination," Mr. Rich observes.

Preliminary tests indicate that Burn-Aid does work in principle, its filter effectively keeping surfaces free of contamination.

Trials of its ability to promote healing of surgical wounds in animals are planned by Dr. Maitland Baldwin, chief of the Surgical Neurology Branch, National Institute of Neurological Diseases and Stroke. If the device lives up to expectations, clinical trials with human patients will be planned.

2 Grants Awarded for Training Students in Genetic Aspects

The National Institute of General Medical Sciences has awarded grants to two universities to train people for academic careers in genetics.

According to Dr. Frederick L. Stone, NIGMS Director, trainees completing the course which leads to a Ph.D. degree, will become scientist-teachers in medical schools where they will instruct students in genetic aspects of health and disease.

Grants were given to the Duke University School of Medicine and to the University of Virginia at Charlottesville.

Lecture

(Continued from Page 1)

The National Academy of Sciences, and Dr. William D. McElroy, President of the National Science Foundation, have also been invited to the luncheon.

Dr. Braunstein is considered one of the pioneers in enzymology, and is the discoverer of transamination reactions.

A graduate of the Kharkov Medical Institute, he has published about 100 papers on enzymology and metabolism of organic substances, amino acids, and proteins.

He received the Stalin Prize in 1941. Dr. Braunstein's visit to NIH is being cosponsored by FIC and NIAMD.

Recent Visitors Include:

8/21-- Dr. Genzio Kusano, Japan, Laboratory of Chemistry. Sponsor: Dr. Yoshio Sato, NIAMD, Bldg. 4, Rm. 134.
8/22--Dr. Ju-Yuan Lin, Taiwan, Laboratory of Molecular Biology. Sponsor: Dr. Ernst Freese, Bldg. 36, Rm. 3D02.
8/25--Dr. G. Thyagarajan, India, Section of Medical Chemistry. Sponsor: Dr. Everett L. May, NIAMD, Bldg. 4, Rm. 155.
9/2--Dr. Adhid Al-Arif, Iraq, Chemistry Branch. Sponsor: Dr. Michael B. Sporn, NCI, Auburn Bldg., Rm. 20.
9/2-- Dr. Yoshiyuki Kitano, Japan, Cell Growth Regulation Section. Sponsor: Dr. John P. Bader, NCI, Auburn Bldg. Rm. 107.
9/2--Dr. David Davis, U. S. A., National Center for Prevention and Control of Alcoholism. Sponsor: Dr. Jack Mendelson, NIMH, Barlow Bldg., Rm. 12A03B.

Donations of Employees
Reimburse Summer Aids
Robbed of Payday Funds

In less than 2 days, NIH employees generously donated a total of $1,022.81—$158.29 above their goal—to compensate Summer Aids who were robbed on payday, Aug. 19.

The robbery took place when two youths—one armed with a gun, the other with a knife—boarded the Aids' homeward bound bus at 14th Street and Colorado Avenue in Northwest Washington.

The collection was handled through the NIH Recreation and Welfare Association, which was able to give the funds to the Aids on Friday (Aug. 29) before they returned to school.

Emergency Loans Mode

The R&W was unable to replace the stolen money from its funds but emergency loans were made available on a liberal basis.

However, Mary Lord, Summer Youth Program Coordinator, informed R&W that many of the young employees were reluctant to accept loans they might not be able to repay.

The balance of the money not disbursed is being invested in the Credit Union, to be used when needed for the Summer Aid Program.

Benjamin Fulton, R&W President, thanked all who had given to the fund for their generosity.

He said that "employees at NIH felt that this was one way they could express their support for the Summer Aid Program."

A number of employees who had not been contacted directly, phoned or visited the R&W office to offer their assistance.

Arrows in this diagram indicate the flow of air from an outside supply around the outer edges of the Burn-Aid. The air is filtered as it passes through the polyurethane foam (shaded area) and, as it rises, organisms are prevented from entering the wound area.

Mr. Rich applies his Burn-Aid to the back of a mannequin in his laboratory. A small pump (lower right corner) will supply air to the wound.

The NIH Record