

the



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Record

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NATIONAL INSTITUTES OF HEALTH

Dr. Maitland Baldwin Dies, Clinical Director, Chief of NINDS Branch

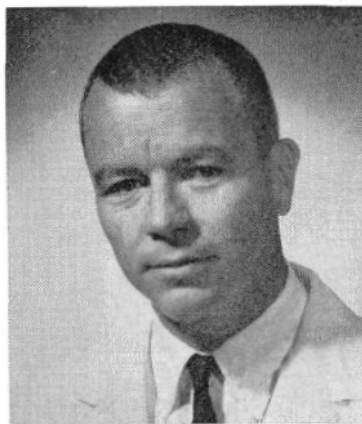
Dr. Maitland Baldwin died of a stroke at the Clinical Center on Monday evening, Feb. 9.

Dr. Baldwin, who was 51 years old, was Clinical Director and chief of the Surgical Neurology Branch, National Institute of Neurological Diseases and Stroke.

He came to NIH in 1953 as NIND's first Director of Neurosurgery, and in that year performed the first craniotomy at the newly opened Clinical Center.

He was among the founders of the NIH neurosurgery research program.

Dr. Baldwin also played an ac-



Dr. Baldwin was one of the founders of the NIH neurosurgery research program, and also took an active part in creating the CC Surgical Wing.

tive part in creating the 4-story circular surgical wing of the CC which contains one of the world's best equipped operating and research units for neurological and heart surgery.

Dr. Baldwin specialized in the study and treatment of epilepsy, cerebral edema, and neurological language problems. He has also made significant surgical contributions for the treatment of epilepsy.

He was a dedicated research investigator and, as a neurosurgeon, adept and considerate with patients. He was also an interesting speaker and in great demand as a lecturer on neurosurgery.

(See DR. BALDWIN, Page 4)



The portrait of Dr. James A. Shannon, unveiled at ceremonies on Thursday, Feb. 5, in Wilson Hall where the painting will hang, is studied by Dr. Shannon, Mrs. Shannon, the artist Bjorn Egeli (rear), and Dr. Robert Q. Marston and Mrs. Marston.—Photos by Ed Hubbard. (See story on Page 8.)

Hepatitis Risk Greater From Commercial Blood Than That Donated by Volunteers

By Julian M. Morris

More than one-half the patients in an NIH study who received blood from commercial blood banks during open-heart surgery developed hepatitis.

The disease did not occur in any patient who received blood from voluntary donors.

The study was designed to prove or disprove suspicions that commercial blood (defined as "that obtained from paid donors whose selection was not under the control of the hospital transfusing the blood") used in transfusion results in a high incidence of posttransfusion hepatitis.

The patients in the study were all adults hospitalized at the NIH Clinical Center for corrective heart

operations.

Before operation, the patients were divided into two groups, one to receive commercial blood (Group C, 82 patients) and a group to receive blood from volunteers (Group V, 28 patients).

Two commercial sources and two volunteer sources of blood were used. The latter were the Clinical Center's own Blood Bank and the Washington Regional Red Cross Blood Center.

Within 6 months after the operation, 42 patients from Group C (51 percent) had developed hepatitis. None in Group V developed the disease.

The hepatitis carrier rate for commercial blood donors was 6.3 percent. Although no cases of hepatitis resulted from voluntary blood in the present study, a probable carrier rate for this source was computed at 0.6 percent which equals that reported in Boston hospitals which did not use commercial blood.

According to the investigators, "This study proves that the chance of hepatitis developing is higher

(See HEPATITIS, Page 5)

Dr. Chalmers Appointed Associate Director for Clinical Care; CC Head

Dr. Thomas C. Chalmers has been appointed NIH Associate Director for Clinical Care and Director of the Clinical Center, effective Feb. 9.

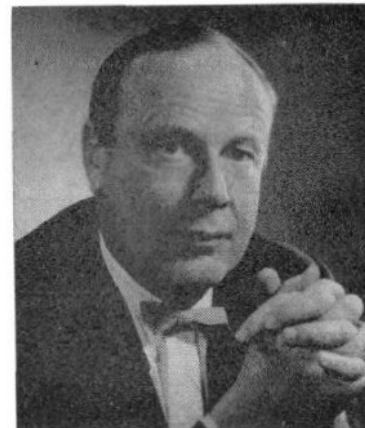
As Assistant Chief Medical Director for Research and Education of the Veterans Administration, Dr. Chalmers coordinated activities in 165 Veterans Administration hospitals and 72 clinics.

Dr. Robert Q. Marston, NIH Director, said selection of Dr. Chalmers culminated a nationwide search following the death of the former Clinical Center Director, Dr. Jack Masur, last March. A committee of scientists, educators, and administrators conducted the search.

Dr. Chalmers was chief of medical services at Lemuel Shattuck Hospital, Boston, from 1955 to 1968. He was on the faculty at Harvard Medical School during much of that period and was professor of Medicine at Tufts University School of Medicine.

He has published more than 100 professional papers, primarily in the field of gastroenterology. He was president of the American Gastroenterological Association in 1969.

He is a member of the American Association for the Study of Liver (See DR. CHALMERS, Page 7)



Dr. Chalmers' appointment to NIH coincided with his appointment as Professor of Medicine at George Washington University School of Medicine.

the NIH Record

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Station K3YGG Helps MEDINET Twice Weekly

The NIH Radio Amateur Club station, K3YGG, is providing network control for MEDINET—the Medical Information Network.

MEDINET, the new name of the Public Health Service Emergency Radio Network, is made up of HEW employees outside Washington, D.C. who are "hams," amateur radio operators.

The network is designed to provide rapid communication among health officials when normal communication lines are inoperative.

MEDINET meets on the air every Monday at 12 noon and every Wednesday at 4:30 p.m. Eastern Standard Time.

Station K3YGG operates simultaneously at 20 meters on 14280 KHz and 40 meters on 7260 KHz at these times.

Cil Sirotkin's Paintings Displayed in Building 31

A one-woman art show—the paintings of Cil Sirotkin—is on display in the lobby of Bldg. 31. Mrs. Sirotkin is the wife of Dr. Phillip Sirotkin, associate director for Program Coordination, National Institute of Mental Health.

In recent years Mrs. Sirotkin has won first prize for her paintings in NIH art shows sponsored by the Recreation and Welfare Association.

She has exhibited at the Chicago Art Institute, Boston Arts Festival, Crocker Art Gallery, and the Watkins Gallery. Many of her paintings are in private collections.

Mrs. Sirotkin, a candidate for a Master of Fine Arts degree at

Blood Bank Designates Thursday, March 5, as Donor Recognition Day

Thursday, March 5 is the date set at the Clinical Center for Donor Recognition Day—an event sponsored by the NIH Blood Bank to honor men and women who have distinguished themselves as exceptional blood donors.

Certificates will be given to blood donors who have achieved a special status—donation of a gallon or more of blood during the past decade. This ceremony will be held in the Blood Bank, Bldg. 10A.

NIH employees may take guided tours of the Blood Bank to see the staff at work and become acquainted with the research that is conducted there.

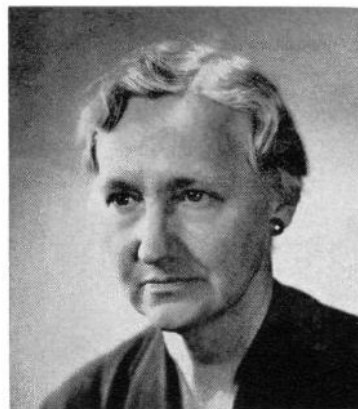
They will also learn about the benefits derived from the Blood Bank for themselves and members of their families.

Further details about the honors ceremony and other activities will be announced shortly.

Dr. Paul J. Schmidt, chief of the Blood Bank, said he is looking forward to Blood Donor Recognition Day again this year, "because it will be an opportunity for me to see again those donors that I may have seen only a few times during the past year."

"The staff and I are also eager to greet prospective donors who may not have visited the Blood Bank previously."

American University, taught at the Chicago Art Institute, and was a senior designer at Marshall Field & Co., the Chicago department store. Later, she joined the firm of C.I. Designs in Boston.



Dr. Margaret Pittman, chief, Laboratory of Bacterial Products, Division of Biologics Standards, is one of six women in Government service who will receive the 1970 Federal Woman's Award on March 4.

NIH Television, Radio Program Schedule

Television

NIH REPORTS

WRC, Channel 4
Sundays—3:55 p.m.

February 22

Dr. Frank T. Falkner, associate director, Planning and Evaluation, NICHD
Subject: Infant Mortality (Part 3)

March 1

Dr. Seymour Kreshover, Director, NIDR
Subject: The Role of NIDR

Radio

DISCUSSION: NIH

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

February 20

Dr. George E. Brooks, Deputy Director, DRG
Subject: NIH Research Support—Decision

February 27

Dr. Peter L. Frommer, chief, Myocardial Infarction Branch, NHLI
Subject: An Approach to Reducing Death and Disability from Heart Attack

Interview takes place during intermission, Library of Congress Chamber Music Series.

CC Beauty Shop Relocates to Spacious Quarters in B-1 Level

The Clinical Center Beauty Shop has moved to more spacious quarters on the B-1 level opposite the branch of the Bank of Bethesda.

New equipment and lighting have been installed, and according to manager Simon Tovera, the shop, open from 8 a.m. to 5 p.m., Monday through Saturday, will provide services for all types of hair.

Suggestions Submitted For Insurance Coverage During 'Open Season'

The Employee Relations and Recognition Branch, Office of Personnel Management, has a list of suggestions for employees eligible for insurance coverage during "open season"—March 11 through March 31—(See *NIH Record*, Feb. 3):

Leaflet Is Informative

- Read the literature. A leaflet, BRI 41-192, will be distributed to employees in the latter part of this month. Personnel offices will answer questions concerning information contained in the leaflet.

- Evaluate present coverage and possible future life insurance needs with these points in mind; family responsibilities, and health conditions which may preclude other life insurance coverage.

- Consider the regular and optional life insurance coverage to be carried at retirement.

- Evaluate the cost of coverage under the regular life insurance and the optional life insurance.

No Age Restrictions

During the "open season" there are no age or health restrictions for personnel taking either form of insurance.

For both types of insurance coverage it is necessary to fill out Standard Form-176 (Election, Declination, or Waiver of Life Insurance Coverage).

The form will be available in personnel offices.

Tax HELP Is on Way; Four Locations Listed, Phone Information Given

Employees may obtain income tax information and assistance in computing returns in the following four locations:

Donald A. Denkhans, Bldg. 31, Room 2A46, Ext. 62437, Monday and Friday, 8:30 a.m. to 5 p.m., Wednesday and Thursday, 8:30 a.m. to 12:30 p.m.

Other Locations Listed

Jeffrey Friedman, Bldg. 10, Coatroom off Main Lobby, Ext. 62426, Monday, 12 noon to 5 p.m., Tuesday through Thursday, 2 to 5 p.m., Friday, 1 to 5 p.m.

Warren E. Gorman, Westwood Building, Room 435, Ext. 67293, Monday and Wednesday, 12 noon to 5 p.m., Tuesday and Friday, 1 to 5 p.m.

A draft copy of the tax return should be completed and brought to the tax assistant. For telephone information call between 4 and 5 p.m.

BEMT employees may call Reuben J. McLeroy, Ext. 63679, to arrange for an appointment for tax assistance.

Speech, Hearing Research Evaluated in Pamphlet

An evaluation of research in the speech and hearing field is analyzed in a report published by the National Institute of Neurological Diseases and Stroke.

The findings of the booklet, entitled *Human Communication and Its Disorders—An Overview*, are based on a 3-year study by a subcommittee of the NINDS National Advisory Council, headed by Dr. Raymond Carhart, professor and Director of the Auditory Research Laboratory, Northwestern University.

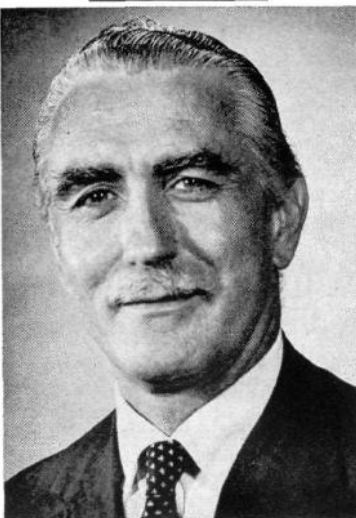
Such disorders afflict one in every 10 Americans, and more than 100 speech and hearing specialists throughout the country were consulted.

As mentioned in the report, about 9 million Americans are handicapped with either bilateral or unilateral hearing impairments. Another 2 million have significant central communicative disorders, and 10 million have speech disorders.

NINDS supports about one-third of the nation's research on human communication and its disorders, with an additional third supported by other components of HEW. Almost a quarter of NINDS training grant funds is spent for research in these fields.

The committee has found that too few investigators are concentrating on the scientific study of hearing and its disorders, and that the number of future scientists now preparing for such work is very small.

Single copies of the pamphlet are available from the NINDS Information Office, Bethesda, Md. 20014.



Dr. Cosimo Ajmone-Marson was recently named president of the International Federation of Societies for Electroencephalography and Clinical Neurophysiology. He is chief, Electroencephalography Branch, NINDS.

Dr. Genrose Copley Discusses Rural Area Private Practice Versus Public Service

Dr. Copley of BEMT has an unusual first name—Genrose—but then Dr. Copley is an unusual person. M.D.'s are generally not pictured as willowy, hazel-eyed, and dimpled—Dr. Copley is all that and more.

When it was announced that she had been named chief, Professional Activities Branch, Division of Physician Manpower, the facts were all there. But the story behind those facts—when Dr. Copley tells it—adds up to an interesting saga about episodes in a lady doctor's life.

Named After Saint

Take her first name and her explanation: "I was named after a minor German saint, but on what basis she merited sainthood, I don't know."

Dr. Copley, who came to NIH from the National Center for Chronic Disease Control where she was chief of the Preventive Program Section, Kidney Disease Control Program, was in private practice from 1955 to 1959.

She practiced in Taylor County, a rural community in Central Kentucky. She was born there and stayed until high-school age, when she moved to Louisville. She received her premed and medical degrees from the University of Louisville.

And then she went right back to Taylor County to practice medicine.

"In a rural community that's a 24-hour, 7-day job. We lived 4½ miles out of town at a crossroad in an agricultural community," Dr. Copley said.

She had both townspeople and farmers as patients from "sunup to sundown."

They started coming as early as 4 or 5 a.m. and continued all through the day.

Today's counterpart of the idealized rural horse and buggy practice that so many (lay) people are nostalgic about is hard on a young doctor, and Dr. Copley explained why.

Busy at Holiday Season

"It is an extremely demanding life. Farmers get sick at the convenience of their crops.

"Rural doctors start getting busy at Christmas time or after the first of the year. Now farmers have both the finances and time to take care of themselves.

"Another reason rural areas have such difficulty recruiting physicians is that rural doctors have very little back-up with referral or diagnostic facilities.

"In Taylor County we had excellent facilities—85 miles away," Dr. Copley stated.

She cited the case of a mother with nine children, the tenth was on its way, whose life might have been saved if a specialist had been close by.



Dr. Copley, newly appointed chief, Professional Activities Branch, DPM, works with medical groups to alleviate the increasing problems of physician manpower shortage and physician mal-distribution.

"A mother with nine children doesn't walk off and leave them, she is not able to travel to a city hospital, it's too far from home."

Dr. Copley entered public health service in 1959. She served as a local health officer for 4 years, except for a time-out period for getting her MPH at the University of North Carolina's School of Public Health.

"Now I was able to view the community as a practitioner and as a local health officer, and my impressions of people were rather different.

Cites Differences

"As a practitioner you see people as they come to you. You cannot solicit, you can only remind people about appointments.

"But as a health officer I found I could advise people to follow through for treatment.

"Our local health support came from multiple sources, city, county, state, industry and civic organizations."

One problem that she had never met up with, and had not been told how to solve in medical school or private practice, involved environmental health.

"I was responsible for the grade A milk program. That takes in interstate commerce. Farmers owning dairies had to conform to interstate regulations or they would have lost their market."

She told about a mill-owner who called and said he had gotten his seed wheat that had been treated with poison, mixed with good wheat.

PHS came up with a solution—ultra violet light. Under that light the contaminated seed wheat fluoresced—the health officer and mill-owner were able to distinguish

and discard the bad wheat.

Her days at NIH are involved in dealing with the physician manpower shortage and working with professional medical groups to alleviate that shortage.

"We try to keep abreast of what's happening in family practice. We also focus on the physicians' assistants programs."

She explained the term "physician assistant."

"It means a person with less knowledge than a physician, but, with additional training, can perform routine procedures which would relieve the doctor for work he alone can do.

Works With Medical Groups

Dr. Copley also works with medical groups to cope with the increasing problem of physician mal-distribution. She is no advocate for the policy of "drafting" physicians to practice in rural areas or ghettos in place of serving in Viet Nam.

"It is interfering with civil liberties. There is confusion in peoples' minds. They don't distinguish between civil needs and national defense needs," she stated.

Dr. Copley further spelled out what she thought might be an inducement for young doctors to forget the "Park Avenues" and instead concentrate on areas where they are most needed.

"If young physicians had some assurance that they could make a go of it—money is not an issue—live a life with some rewards, such as spending an evening with their family.

Public Spoiled

"Our public is very spoiled in terms of what they expect in physicians. They expect things that waste his time and energy and they are very unhappy if they do not get it."

She also cited a letter written by the wife of a doctor who practiced in a ghetto area and was forced to have a "guard sit in the waiting room during office hours."

Dr. Copley hopes that her Branch can develop some sort of a model program that would clearly point out favorable areas to young doctors "as opposed to crowded towns," and with so many desirable features a just beginning physician would "go voluntarily."

Sees No Discrimination

The dream—and some females think it an impossible one—of working without prejudice in a profession that was once considered wholly masculine, is a reality for Dr. Copley.

"I have never dwelt on the business that I have been discriminated against. I think it is difficult to distinguish between discrimination based on sex and discrimination because of personal limitations."

Dr. Copley's statement was the last word on a touchy subject.

Fiscal Year '71 Budget Request Proposes Over \$1.5 Billion Appropriation for NIH

The Administration's fiscal 1971 budget request for NIH proposes more than \$1.5 billion—an increase of \$103.5 million or about 7 percent over the fiscal 1970 budget request.

Expanding programs to increase health manpower and a net increase of \$50 million support for traditional research institutes are features of the new budget request.

There is a decrease of \$10.5 million in general research support grants. These funds are used by grantee institutions to finance improvements in the research environment and specific projects judged by the grantee to be consistent with its long-range research objectives.

Reduction Explained

The reduction was made on the basis that overall medical research efforts would be best served by programming the limited funds available to well-defined research programs rather than on a more generalized basis.

The major areas of increase for research are: special virus-cancers, arteriosclerosis and lung disorders, prevention of dental caries, and family planning and child health.

Through \$148 million in institutional support grants, NIH will assist institutions responsible for training health manpower to increase enrollments.

These grants can be utilized for a variety of needs: library holdings, faculty salaries, and educational aids and equipment, as well as some \$76 million in student traineeships and scholarships.

Of an overall increase of \$19.1 million for institutional support, \$5 million will be used for the second year of the physician augmentation program (designed to add 1,000 new first-year places to medical schools above the expansion now planned by these schools).

The remainder will be used to improve the curricula, increase output of family practitioners, and conduct research into ways of

shortening the training period without impairing quality.

Also, these funds will be used to train new kinds of intermediate health personnel so that highly trained professionals can be used more efficiently.

In this latter area, a \$3.3 million increase in allied health "new methods" grants will support an additional 44 projects for a total of 60 for curriculum experimentation and demonstration, development of more effective teaching methods, and developing new types of health workers to keep pace with advances in methods of prevention, diagnosis, and treatment.

An appropriation of \$118.1 million is also requested for the construction of teaching facilities for students in the fields of medicine, dentistry, and related health professions; and \$8 million to assist in construction of facilities for nurse training.

Increases Noted

The budget provides substantial increases for new initiatives for the Cancer, Heart and Lung, Dental Research, and Child Health and Human Development Institutes; strengthens programs of the recently established Eye and Environmental Health Sciences Institutes, and maintains support for research programs of the other NIH institutes.

In 1971, NIH will support over 9,900 traditional research project grants, or roughly 100 more than estimated for 1970.

Of this total, about 2,800 will be either new awards or renewals of grants whose prior periods of support have expired.

An increase of \$9.9 million will be used for research support programs, primarily for the purpose of enlarging multidisciplinary research and training centers in cardiovascular and pulmonary disease, dentistry, mental retardation, and environmental health.

Funds are also provided for the increased costs of supporting 74 general clinical research centers.

Codes and Definitions Pamphlet Issued by DRG

A Division of Research Grants pamphlet, *Program and Organizational Codes and Definitions Used in Extramural Programs*, has recently been issued. It was prepared by the Data Processing Section, Statistics and Analysis Branch.

This document supersedes a pamphlet issued last January entitled *Document Codes in Use for NIH and Related Extramural Programs*.

DR. BALDWIN

(Continued from Page 1)

Dr. Baldwin received his training in neurosurgery at McGill University under Dr. Wilder Penfield, internationally known neurosurgeon.

When told of Dr. Baldwin's death, Dr. Penfield issued the following statement: "I am greatly shocked at the news of the death of my former pupil, associate, and friend Maitland Baldwin."

Lauds Dr. Baldwin

"He was a man of brilliant mind and great skill, and it will be a great loss to the profession and to the many patients who needed him."

"Few men have been able to combine scientific insight with professional skill and great humanity as Maitland Baldwin did."

He was also an alumnus of Harvard College and Queens University.

From 1952 to 1953 Dr. Baldwin served as assistant professor of Neurological Surgery at the University of Colorado Medical School.

Since 1953, he was an attending neurosurgeon at Georgetown University Hospital, and, until 1969, also served as professor in the Department of Surgery at Georgetown University School of Medicine.

During World War II, he served with the U. S. Naval Amphibious Forces in the Pacific.

Dr. Baldwin was a Diplomate of the American Board of Neurological Surgery, a Fellow of the American College of Surgeons, a Fellow of the New York Academy of Sciences, an affiliate of The Royal Society of Medicine, and a member of the Society of Neurological Surgeons.

Other Organizations Listed

He was also a member of a number of professional organizations and committees, including the Harvey Cushing Society, Neurosurgical Society of America, American Academy of Neurology, American Association of Medical Colleges, and the Washington Neurosurgical Society.

He had published many articles on his research studies in medical journals.

Dr. Baldwin is survived by his wife, Shirley, and children Joan, 15, Frances, 8, and Raymond, 6.

Funeral services were held Feb. 12, with interment in Gettysburg National Cemetery.

Memorial contributions may be made to the Friends of Queens alumni office, Queens University, Kingston, Ontario, Canada.

Questions relating to the booklet should be addressed to: Chief, Data Processing Section, SAB, DRG, Room 157, Westwood Building, or call Ext. 67281.

Dr. Pat Camerino Named DRR Assistant Director

Dr. Pat W. Camerino was recently appointed assistant director of the Division of Research Resources, Bureau of Health Professions Education and Manpower Training.

Prior to this appointment, Dr. Camerino was chief of the Analysis and Evaluation Branch, National Institute of Arthritis and Metabolic Diseases.

He will assist in the administration and scientific management of the Division's programs, which involve clinical research centers, special research resources, animal resources, primate centers, and research support.

Dr. Camerino joined NIH in 1965 as a member of the Grants Associate Program.

From 1962 to 1965, he was as-



Dr. Camerino, the author of a text on basic biochemistry for medical students, also published scientific papers on electron transport.

Dr. Camerino received his B.S. degree from Kent State University, and his Ph.D. degree in Biochemistry from Cornell University.

He has published scientific papers on electron transport, and is the author of a text on basic biochemistry for medical students.

Dr. Harold Morris Cited By Univ. of Minnesota

Dr. Harold P. Morris, formerly in the National Cancer Institute's Laboratory of Biochemistry, has received the University of Minnesota's Outstanding Achievement Award.

The award—one of the highest honors the university bestows on distinguished former students—was presented last month to Dr. Morris.

Dr. Morris, who retired from NCI in April 1968, is currently a research professor of biochemistry at the Howard University College of Medicine.

1971 NIH Budget Summary

Component	Amounts in Thousands
OD	\$ 8,206
DBS	8,640
NCI	202,383
NHLI	171,747
NIDR	34,563
NIAMD	132,152
NINDS	96,972
NIAID	99,219
NIGMS	148,376
NICHD	93,303
NEI	25,686
NIEHS	19,843
FIC	2,664
BEMT	446,072
NLM	19,769

Total \$1,509,595

HEPATITIS

(Continued from Page 1)

among patients given blood obtained from our commercial sources than among patients given blood supplied by local volunteer donors.

"We could not identify any factor other than the source of blood which contributed to this difference."

This difference in carrier rates probably reflects differences in donor populations.

The researchers say that one possible explanation for the difference might be geographic.

The commercial banks which supplied the blood were located in two cities away from Bethesda, Md. where NIH is located.

Incidence Rate Identical

However, the reported incidence of infectious and serum hepatitis during the study period was not different in these two cities and in metropolitan Washington, D. C.

Donors to the commercial blood banks did meet donor requirements for blood banks shipping their products interstate. Despite this, a high proportion of hepatitis carriers was included in the donors who gave blood at the commercial banks.

Furthermore, most carrier donors cannot be excluded by presently available screening procedures.

"Although many large efforts have been made to identify blood which has a high risk of transmitting hepatitis," the investigators note, "there is still no proved method for identifying most hepatitis carriers."

Although a possible indicator, the "Australia antigen," is associated with hepatitis, the only sure methods for decreasing posttransfusion hepatitis, say the NIH team, are the use of blood from sources of low-risk and a reduction in the number of transfusions administered.

Use of Donor Blood Increased

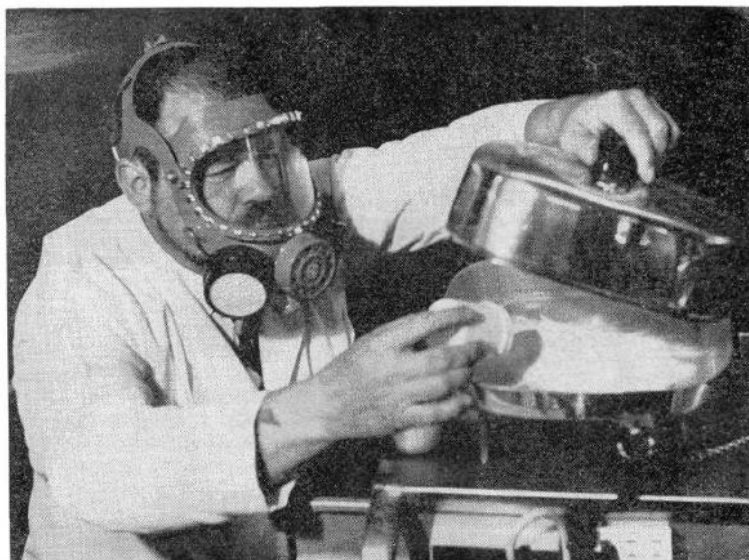
Since October 1968, the use of blood obtained from volunteer donors has been increased for heart surgery at NIH.

In addition, the investigators are comparing the effects of volunteer blood transfusion with commercial blood from the same source city.

Both donors and patients in that study are being tested for Australia antigen and antibody.

Dr. John H. Walsh, National Communicable Disease Center, Atlanta; Drs. Robert H. Purcell and Robert M. Chanock, National Institute of Allergy and Infectious Diseases; Dr. Andrew G. Morrow, National Heart and Lung Institute, and Dr. Paul J. Schmidt, Clinical Center, reported their findings in the January 12 issue of the *Journal of the American Medical Association*.

Electric Frying Pan Is Essential Part of New Decon Cart Developed by Ed Rich



Mr. Rich pours crystalline paraformaldehyde into the frying pan sitting atop the cart. This is the first step in the decontamination process.

A new use for an electric fry pan has been found by Ed Rich of the Division of Research Services.

The pan is the significant item on a portable cart built to decontaminate equipment and laboratories at NIH.

Dental Science Handbook Describes Methods to Treat Oral Problems

The National Institute of Dental Research has announced publication of a new Dental Science Handbook, the result of a joint effort of the American Dental Association and the Institute.

The book, intended primarily for non-dentists, brings together concise information about developmental, biological, and physical aspects of the mouth.

It also describes various ways to prevent oral diseases, treat oral problems, and meet dental care needs.

Increasingly, physicists, engineers, biochemists, pharmacologists, public health workers, educators, socioeconomists, and others are involved with research, educational, or administrative aspects of dental problems and programs.

Because of its style and illustrations the book is understandable to those somewhat unfamiliar with a dental vocabulary.

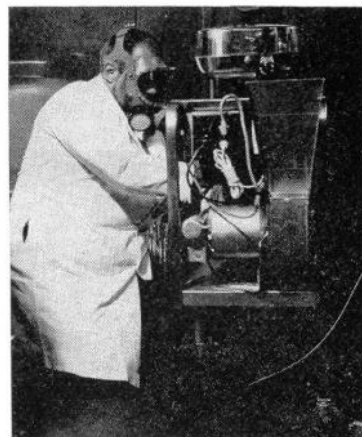
A glossary explains technical terms, and an index locates specific facts. Also useful for reference are the many charts, tables, and drawings.

The handbook may be purchased for \$2.75 from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

The new "mini decon cart" eases the workload of technicians who otherwise had to carry all the equipment separately, according to Mr. Rich, a biological control officer in the Environmental Services Branch, DRS.

Unlike most equipment developed today, the decon cart is not expensive. Except for the frying pan, all the equipment on the cart came from NIH surplus. The total cost of the cart was \$25.

When hazardous microorganisms are accidentally spilled or when certain studies are being terminated and it is desirable to destroy remaining microbiological agents, ESB provides proper equipment and supervises the operation for



Ed Rich oversees the workings of the decontamination cart which was used in sterilizing equipment that was moved into NCI's Virus Isolation Facility.

Series Describes Nursing Aid to Schools, Students

A new series of six pamphlets describing eligibility requirements for Federal aid to nursing schools and nursing students has been issued by the Division of Nursing, BEMT.

Three brochures deal with financial aid for schools of nursing, and for agencies and institutions concerned with nursing education: *Special Project Grants for Improvement in Nurse Training*; *Construction Grants for Schools of Nursing*, and *Institutional Grants for Schools of Nursing*.

Other Pamphlets Noted

Two other pamphlets tell about aid to help qualified students attend nursing school, and aid to help registered nurses pursue graduate nursing education. They are: *Nursing Scholarships and Nursing Student Loans: Information for Schools*, and *Professional Nurse Traineeships*.

A summary booklet, *Nurse Training, Title II*, outlines the five forms of financial aid to nursing education.

Requests for individual pamphlets or the six-pamphlet series should be addressed to the Division of Nursing, National Institutes of Health, 9000 Rockville Pike, Bethesda, Md. 20014.

laboratories requesting its services.

"Because we were called on to decontaminate areas located in various parts of the NIH campus, transporting all the equipment became a major problem.

"Now we can easily load the cart on a truck and drop it off at the appropriate spot," Mr. Rich said.

In practice, the cart works like this: A technician, wearing a respirator, wheels the cart into the room which is to be decontaminated.

Procedure Detailed

He pours a pre-determined amount of crystalline paraformaldehyde into the frying pan, sets the pan at 450 degrees F for 2 hours.

Decontamination is accomplished by saturating a room with the paraformaldehyde vapors for about 2 hours and then ventilating the room for 24 hours.

Caution is exercised to make sure the room is gas tight.

The new decon cart was used extensively in decontaminating large equipment that was moved into the National Cancer Institute's new Virus Isolation Facility from laboratories in another building.

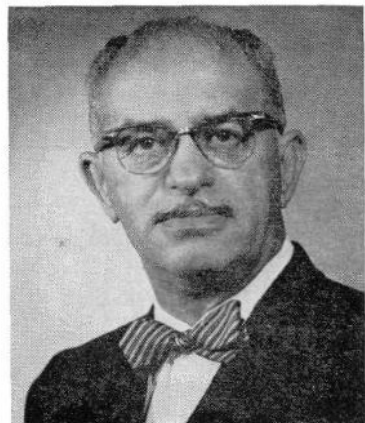
There are an estimated 5 million new cases of cancer in the world every year; assuming an average 3-year survival rate, the total number of cases throughout the world would be 15 million.—WHO Facts.

Dr. Marvin Harris Dies, Executive Secretary of DRG Study Section

Dr. Marvin M. Harris, Division of Research Grants, died suddenly on Feb. 7. He had been executive secretary of the Bacteriology and Mycology Study Section.

Dr. Harris received his Ph.D. degree from Johns Hopkins University in 1930. He remained there for 7 years as a bacteriology instructor.

His scientific interests included infectious and mycobacterial dis-



Dr. Harris' scientific interests included infectious and mycobacterial diseases, and airborne infections.

eases, and airborne infections.

Dr. Harris served in the Georgia Health Department in Waycross, and, later, was a professor of Microbiology at the Macon Hospital School of Nursing, and a visiting professor at Wesleyan College in the same city.

From 1955 to 1960 Dr. Harris was a medical bacteriologist at the Communicable Disease Center in Savannah. He left there to work in the National Cancer Institute as head of the Cancer Virology Section before joining DRG.

Dr. Harris was a member of the American Society for Microbiology, the American Public Health Association, and the American Association for the Advancement of Science.

Dr. Harris leaves his wife, Ruth, two daughters, and a son.

Hospitality Committee Loans Household Items

The NIH Hospitality Committee, a volunteer organization to assist the families of foreign scientists who have come to work at NIH, has announced that many items to help set up a household are available on loan. The items include dishes, linens and toys.

Information on how to obtain used furniture will also be given.

The committee has asked NIH employees to donate such essentials as cooking utensils, baby furniture, lamps and other household necessities.

Advances in Artificial Kidney Techniques, Materials Reported at NIAMD Meeting

Developments on a new generation of compact artificial kidneys were reported at a recent meeting sponsored by the National Institute of Arthritis and Metabolic Diseases' Artificial Kidney Program.

This third annual meeting of some 150 of the program's contractors, staff, and consultants reviewed contract-funded research and development projects and made future plans.

The so-called "hollow fiber dialyzers," new and easy-to-use presterilized "envelope dialyzers," and a new, clinically successful method of automated peritoneal dialysis which features permanently implanted access devices in the abdominal cavity were discussed at the 3-day meeting.

The conferees also learned of a newly developed, inexpensive method of manufacturing presently expensive dialyzers by means of pressure molding, in much the same manner as phonograph records.

Another highlight concerned the first successful dialyses of kidney disease patients with membranes made of an effective and inexpensive material other than cellophane.

In both plenary sessions and workshops, the participants discussed the four main areas of research in the program: membranes and mass transfer; hardware and instrumentation; blood cannulas and biologically compatible materials, and toxic factors in uremia, dietary management of chronic end-stage renal disease, and clinical studies in uremia.

As in previous years, proceedings on the exchange of pertinent scientific and technical information will be published and distributed to workers in relevant fields.

Dr. Mider Is Appointed NLM Deputy Director

Dr. G. Burroughs Mider has been named Deputy Director, National Library of Medicine. Previously, he had served as Acting Deputy Director.

Prior to that appointment he was Special Assistant to the NLM Director for Medical Program Development and Evaluation.

Before going to his NLM assignment, Dr. Mider was NIH Director of Laboratories and Clinics.

Dr. Mider came to NIH in 1939 as a research Fellow at the National Cancer Institute.

From 1941 to 1952—the year he returned to NIH—Dr. Mider taught at several universities, including Cornell Medical College and the University of Virginia School of Medicine.

ties.

For further information call: Mrs. Elliott Charney, 530-1635, or Mrs. Hans Cahnmann, 530-2921.

Pamphlet Summarizes Findings on Important Neurological Disorders

Research findings on a number of major neurological disorders are summarized in a new pamphlet, *NINDS Research Profiles, 1969*, published by the National Institute of Neurological Diseases and Stroke.

One of the most exciting developments during the past year is the effective use of L-DOPA in the treatment of Parkinson's disease. Success with this drug, an amino acid normally present in the human body, has opened the door to a great new area of study.

Progress Reported

The pamphlet also reports further progress in learning more about several mysterious sclerosis disorders. Such clues may eventually lead to a solution to multiple sclerosis and other related disorders.

Reports on advances in epilepsy, cerebral palsy, muscular dystrophy, and the further development of a comprehensive national stroke program is also included.

The pamphlet is free from the NINDS Information Office.



Ralph A. Simmons (right) receives the first National Library of Medicine Director's Honor Award from Dr. Martin M. Cummings, NLM Director. It was presented to Mr. Simmons, who is MEDLARS II Project Manager, because of his superior handling of a difficult arrangement pertaining to the development of MEDLARS II.

Latest Participants in NIH Visiting Scientists Program Listed Here

1/12—Dr. Benoit de Crombrughe, Belgium, Molecular Biology Section. Sponsor: Dr. Mortimer B. Lipsett, NCI, Bldg. 10, Rm. 12N204.

1/12—Dr. Shudo Yamazaki, Japan, Laboratory of Microbiology. Sponsor: Dr. Abner L. Notkins, NIDR, Bldg. 30, Rm. 303.

1/20—Dr. Antonio Siccardi, Italy, Laboratory of Biochemistry. Sponsor: Dr. Bennett M. Shapiro, NHLI, Bldg. 3, Rm. 100.

New Research Grant Available From NIDR

A new type of research grant for newly-trained dental investigators is available from the National Institute of Dental Research.

The grants, called "Special Dental Research Awards," will be made for up to 3 years in amounts not exceeding \$7,500 per year (for direct costs). The grants will be renewed only in exceptional cases.

To be eligible, scientists must have completed their research training within 4 years from the time their application reaches NIH.

Holders of NIH Fellowships or Research Career Development Awards are eligible if they meet these requirements.

However, if the applicant's project is already supported by NIH or another granting agency, the Special Dental Research Award may not be used to supplement that grant.

Awards' Uses Noted

The awards can be used for an assistant's salary, supplies, small equipment, or other items needed for research, but may not be used for the principal investigator's salary, for publication or travel costs or to support thesis research.

To compete for the SDRA, complete the regular grant application Form PHS 398, and write "Special Dental Research Award" on the top of the face page. Forms are available from the Extramural Programs, NIDR, Westwood Building, Bethesda, Md. 20014.

Applications should be submitted to meet the regular deadlines for research grants. Those submitted by June 1 will be reviewed by Dec. 1, and those submitted by Oct. 1 and Feb. 1 will be reviewed by the following April and July.

Analysis of HEW Funds To U.S. Medical Schools Reported in Pamphlet

The second report in a series analyzing HEW funds to medical schools was recently published.

According to the report HEW awarded more than \$686 million to the Nation's medical schools in 1968 for support of research, training, construction and other programs aimed at advancing the health of the American people.

All existing medical schools shared in these programs; 13 of the 16 new schools "in development" also received HEW support.

Basic report data were derived from statistics developed for the Committee on Academic Science and Engineering.

Copies of the booklet, *DHEW Obligations to Medical Schools, Fiscal Year 1968*, may be obtained from NIH, Office of Resources Analysis, ODPPE, Ext. 64321.

Blood Bank Reports Donors Gave 295 Units in January

The Clinical Center Blood Bank reports that 295 units of blood were received from NIH donors in January, and CC patients received 1,449 units of blood.

Beatrice Pence, DRG, has joined the Gallon Donor Club.

Call Ext. 64508 to make an appointment to donate blood.

DR. CHALMERS

(Continued from Page 1)

Disease (of which he was president in 1958), and the American Board of Internal Medicine, and American College of Physicians.

Also, the Eastern Gut Club (since its founding); American Clinical and Climatological Association; American Federation for Clinical Research; American Society for Clinical Investigation, and Association of American Physicians.

Serves on Many Committees

Dr. Chalmers has served on many national medical committees. Among these have been the Collaborative Program Review Committee, NCI, and the following NHLI committees: the Special Projects Committee, Special Review Panel of the National Coronary Drug Study, the Policy Board of the Urokinase - Pulmonary Embolism Study, and the Diet-Heart Review Board.

Dr. Chalmers attended Yale College, and received his M.D. degree from Columbia College of Physicians and Surgeons in 1943.

Following internship at Presbyterian Hospital in New York City, he served Fellowships and Residences at institutions of New York University and Harvard Medical School.

Study Shows Some 1st Non-Fatal Heart Attacks Unrecognized by Patient, Doctor

Nearly a fourth of initial non-fatal heart attacks occurring in the National Heart and Lung Institute's Heart Disease Epidemiology Study population of Framingham, Mass., were unrecognized by both the patient and his private physician. These unrecognized infarctions posed the same threat of subsequent infarction and death as recognized attacks.

These findings were reported in the journal *Geriatrics* for January 1970, by Dr. William B. Kannel and Patricia M. McNamara of the Framingham Study, Dr. Thomas R. Dawber of the Boston University School of Medicine, and Dr. Manning Feinleib of the Field Epidemiological Research Section, NHLI.

The Framingham Study, a long-term prospective study of 5127 residents, has provided information about unrecognized myocardial infarctions in this general population sample of a typical American city.

Participants, initially free of coronary heart disease, received cardiovascular examinations and electrocardiograms every 2 years.

Additional information was obtained by monitoring hospital admissions daily, querying each subject's physician, and spouse, and examining death certificates and medical examiners' reports to reveal all the myocardial infarctions in the study population during the first 14 years of study.

An unrecognized or silent infarction was considered to have occurred in a subject whose medical

history showed that neither he nor his physician had considered the possibility of a heart attack, but whose routine biennial ECG proved that an infarction had occurred during the 2 years since his previous ECG.

Of 334 subjects who experienced initial heart attacks during the 14 years of surveillance, 40 percent failed to reach the hospital. The infarction was documented at least by ECG evidence in 188 (151 men and 37 women) of the 334.

Almost one in four—11 women (30 percent) and 33 men (22 percent)—had unrecognized infarctions. About half of these unrecognized heart attacks were entirely "silent" or painless, making no memorable impression on the mind of the subject at the time.

The remainder produced symptoms so mild or otherwise atypical as to be confused with another ailment such as gallbladder disease, peptic ulcer, or hiatus hernia.

Age, Sex Not Factor

The proportion of unrecognized infarctions did not vary with age or sex, nor with the location of the infarct on the heart muscle as indicated by the ECG.

However, unrecognized attacks were distinctly uncommon in subjects who had already experienced angina pectoris, and they produced post-infarction angina only half as often as did the recognized infarctions.

Unrecognized infarction had the same serious prognosis with respect to recurrent infarction and death as recognized infarction; within 5 years one in three of each kind recurred, and half the recurrences were fatal.

The scientists stated that a high index of suspicion is essential in detecting the "surprisingly common" unrecognized heart attack. Frequent periodic use of the ECG is presently the only practical way of detecting the truly silent, or painless, infarction.

They urged its routine use especially in persons with traits such as diabetes, ECG abnormalities, and hypertension which are known to increase the risk of heart attack.

New Book Gives Latest Facts On Nursing Personnel in 1969

A 145-page compilation of figures and projections, *Nursing Personnel (Revised 1969)*, has been issued by the Division of Nursing, BEMT.

The publication is available at \$1.50 per copy from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402.

Dr. Henry Scherp Named Special Assistant for National Caries Program



Dr. Scherp will serve as coordinator of NIDR's effort to make tooth decay preventable by 1980.

Dr. Henry W. Scherp, formerly chief of the Laboratory of Microbiology, National Institute of Dental Research, has been appointed special assistant to the Director, NIDR, for National Caries Program.

Dr. Scherp will serve as leader and coordinator of the Institute's effort to make tooth decay almost completely preventable by 1980.

NIDR's 10-year program for intensified research and development through intramural, collaborative, and extramural studies includes:

Fluoride May Be Applied

- Intensive local application of fluoride to the teeth. This promises additional protection against caries beyond that effected by the fluoridation of water.

- Laboratory and clinical research with improved adhesives. Tested on humans, the adhesives have been shown to seal off and effectively protect against caries vulnerable surfaces of the teeth;

Enzyme Studies Planned

- Laboratory and clinical testing of antibiotics and antiseptics to determine those suitable for the control of caries-producing bacteria in human oral hygiene;

- Laboratory, clinical, and field studies with enzymes, such as dextranase, to determine whether they can be used effectively to reduce caries in humans, and

- Research to determine the efficacy of phosphates and trace elements in the diet as adjuncts to caries prevention.

Dental caries, or tooth decay, is man's most common disease and one of the most neglected.

Every year Americans pay about \$2 billion for treatment. This represents about one-fifth the amount that would be required if all caries were treated.

Neglect of caries not only results in loss of teeth but also contributes to other oral problems.



Dr. Robert Q. Marston, NIH Director (left), administers oath of office on Feb. 9 to Dr. Thomas C. Chalmers, Associate Director for Clinical Care of NIH and Director of the Clinical Center. Assisting is CC Executive Officer L. Earl Laurence. In response to Dr. Marston's welcome, Dr. Chalmers said, "I have always admired the research coming out of this hospital and I shall strive to continue the Clinical Center's pursuit of excellence."

Missing Enzyme Cause Of Metabolic Defect In Tay-Sachs Disease

The metabolic defect in patients with Tay-Sachs disease has been identified by grantees and a team of researchers at the National Institute of Neurological Diseases and Stroke.

It has now been established that the absence of a specific enzyme, hexosaminidase, produces the symptoms of this disorder.

Researchers Listed

The researchers are Dr. Roscoe O. Brady and Dr. Edwin H. Kolodny, NINDS Laboratory of Neurochemistry, and Dr. Bruno W. Volk of the Isaac Albert Research Institute, Kingsbrook Jewish Medical Center, Brooklyn.

Tay-Sachs disease is the most prevalent of a group of rare diseases in which a missing enzyme causes the accumulation of lipid material in body tissues.

It is an inherited disorder characterized by the accumulation of lipid material in brain and peripheral tissues.

The substance which accumulates in the nerve cells of infants with the disorder is an acidic glycolipid which is called Tay-Sachs ganglioside.

Disease Strikes Infants

The disease strikes infants during the first year of life producing blindness and severe retardation and ends in death within the next 2 years.

The present findings is the first step in developing techniques to prevent and treat this tragic disorder.

Two possible metabolic defects had been postulated for Tay-Sachs disease and recent research studies have pinpointed the defect in these patients.

The NINDS scientists, using muscle biopsy material from Tay-Sachs patients and controls, now have determined that the enzyme which is normally needed for the breakdown of the N-acetylgalactosaminyl portion of the Tay-Sachs ganglioside was active only in muscle biopsy preparations from normal controls and patients with other disorders, and was completely absent in Tay-Sachs muscle specimens.

Past Studies Confirmed

The present finding substantiates previous studies of Dr. John S. O'Brien and Dr. Shintaro Okada, NINDS grantees at the University of California at San Diego.

Their experiments using an artificial substrate also indicated an absent hexosaminidase enzyme.

The NINDS study now completes a series of investigations from this and other laboratories throughout the world which have resulted in the demonstration of the metabolic

NIH Colleagues, Friends Jam Wilson Hall For Unveiling of Dr. Shannon's Portrait



Mrs. Shannon's surprise and pleasure were quite evident when Dr. Sherman presented her with a smaller portrait of Dr. Shannon.

Conference Proceedings On Membranes Published

Proceedings of a Conference on Natural and Synthetic Membranes have been published by the National Institute of Arthritis and Metabolic Diseases.

The 1967 conference, sponsored by the Blood Research Institute, was called to exchange information on the structure and biochemistry of natural membranes, as well as synthetic membranes which would approximate the efficiency of natural membranes.

The Institute has received contract support from NIAMD to evaluate membranes for possible use in artificial kidney machines.

NIAMD is distributing the 321-page publication to Conference participants and to members of the American Society of Artificial Internal Organs.

Pamphlet Reveals Plaque Role in Dental Disease

Research Explores Plaque—Combat Zone in Dental Disease, a new pamphlet published by the National Institute of Dental Research, reveals the role of bacterial deposits in the development of dental diseases.

It describes techniques to eliminate these deposits.

Single copies of the pamphlet can be obtained without charge from the Information Office, NIDR, Bethesda, Md. 20014. Quantity copies may be purchased from the Superintendent of Documents, Government Printing Office, Washington, D.C. 20402, for 25 cents each or \$18.75 per hundred.

defect in all six of the major sphingolipidoses.

The present findings have been published in *Biomedical and Biophysical Research Communications*.

A portrait of Dr. James A. Shannon, NIH Director from 1955 to 1968, was unveiled on Thursday, Feb. 5, at ceremonies in Wilson Hall, Bldg. 1.

Dr. Robert Q. Marston, NIH Director, in introducing Dr. Shannon, referred to him as "distinguished scientist, dedicated physician, and outstanding administrator."

Many Attend

The ceremonies, attended by Mrs. Shannon, the staff of the Office of the Director and their wives, I/D Directors and others from NIH, were opened by Richard L. Seggel, Associate Director for Administration.

Mr. Seggel introduced the artist, Bjorn Egeli, who painted Dr. Shannon's portrait. Mr. Egeli also painted the portrait of Dr. William Henry Sebrell, Jr., NIH Director from 1950 until his retirement in 1955.

Dr. Marston referred to the gathering in Wilson Hall as "a happier occasion than when he (Dr. Shannon) left NIH."

Dr. Marston called Dr. Shannon's 13-year directorship at NIH the longest period of tenure held by a Director, and said "... he not only guided longer, but during the most dynamic period of growth."

Guided NIH Growth

Under Dr. Shannon's leadership, Dr. Marston continued, NIH grew "from an insular research agency to an institute that supports at least half of the biomedical research going on in the world."

At the conclusion of his speech Dr. Marston unveiled Dr. Shannon's portrait.

Dr. John F. Sherman, NIH Deputy Director, then introduced Mrs.

Young Journalists From 15 Countries Visit Here During American Tour

Young journalists from 15 foreign countries, currently studying at the World Press Institute, Macalester College, Saint Paul, Minn., visited NIH Feb. 10.

Speakers during the half-day program included Dr. Robert Q. Marston, NIH Director; Dr. Philip Corfman and Arthur Campbell, director and deputy director respectively, Center for Population Research, NICHD, and Dr. Harry B. Wood, Jr., chief, Drug Development Branch, CCNSC, NCI.

Also Dr. Robert B. Livingston, Cancer Therapy Evaluation Branch, NCI; Dr. John M. Venditti, chief, Drug Evaluation Branch, CCNSC, NCI, and Betty Abbott, head of the Screening Section, Drug Evaluation Branch.

The 15 journalists work on newspapers on every continent. During their year at the World Press Institute, they learn how Americans live.

While visiting in the U. S. the journalists will have traveled over 30,000 miles.

Shannon to the audience as "the great woman behind the great man," and presented her with a smaller portrait of Dr. Shannon, also painted by Mr. Egeli. The gift was a surprise to Mrs. Shannon.

At the close of the ceremonies refreshments were served.

Dr. Shannon, at present a special advisor to the President of the National Academy of Sciences, has been named special assistant to the President of Rockefeller University. He will plan health research programs, and will also serve on New York City's Board of Health.



Just before the ceremony, Dr. and Mrs. Shannon sitting with Dr. Marston and Mrs. Marston, greeted friends and former NIH colleagues—now they are ready for the main event—the speeches and the unveiling of the portrait.