

the



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NATIONAL INSTITUTES OF HEALTH

National Hypertension Program to Alert Public; Marston Heads Education Group



HEW Secretary Richardson (right center) addresses the Hypertension Information and Education Advisory Committee at NIH the day before the press briefing. Other participants are (r to l): Dr. DuVal, Dr. Marston, and Dr. Cooper.

At a press briefing on July 25, HEW Secretary Elliot L. Richardson announced a nation-wide program of professional and public information on hypertension, the most common of the heart and blood vessel diseases.

The National Hypertension Program, which Sec. Richardson said "can reap enormous dividends in terms of the prevention of illness and death," is designed to exploit:

1) The development in recent years of a wide variety of effective blood-pressure-lowering drugs.

Drugs Investigated

2) The knowledge gained through the use of these drugs in selected study populations that effective blood pressure control, especially of severe hypertension, is accompanied by significantly reduced mortality from stroke, heart attack, and kidney failure as well as deaths caused directly by hypertension.

The health problem posed by hypertension underscores the need for such a program.

Hypertension afflicts an estimated 23 million American adults (one out of every seven), and is relatively more common in the non-white population than in the white.

About half of these hypertensive Americans are not aware of their elevated blood pressure, and only about one-fifth of them receive

(See HYPERTENSION, Page 8)

2 More Allergic Disease Centers Added to NIAID Network of Institutions

Through grant awards the National Institute of Allergy and Infectious Diseases had added two new Allergic Disease Centers to its network of seven research institutions.

Dr. Dorland J. Davis, NIAID Director, described the new centers—located in Michigan and New York—as "important additions to a program for which we have great hopes.

Accelerate Applications

"We believe that through this concentration of resources—both in terms of funds and professional effort—we can accelerate the process by which recent advances in immunology can be more effectively applied to the care of the allergic patient," he said.

One of the new centers is at the University of Michigan, Ann Arbor. Headed by Dr. Kenneth P. Mathews, professor of internal medicine at the University, this group will investigate allergic rhinitis—hay fever.

In evaluating factors involved in this reaction, the scientists will compare allergic and non-allergic subjects by measuring air-way resistance following the manipulation of immunologic, pharmacologic, and irritative factors.

Insect Stings Studied

The second new center—at State University of New York, Buffalo—will be directed by Dr. Carl E. Arbesman, head of the University's Allergy Research Laboratory.

This group will study one of the more dramatic areas of allergy—reactions to stinging insects. These can range from a small area of redness around the site of the sting to serious anaphylactic shock and death.

The investigators hope to define the underlying mechanism of these reactions—whether a true response of the body to a foreign substance or a deficiency in the body of inhibitory mechanisms. The use of hyposensitization therapy will also be evaluated.

In a bid to further expand its (See ALLERGY CENTERS, Page 6)

2 Institutes Raised To Bureau Status

The National Cancer Institute and the National Heart and Lung Institute have been elevated to Bureau level within NIH effective July 27. Their names remain unchanged.

Bureau status for the 35-year old NCI is in keeping with the objectives of the National Cancer Act of 1971, which called for an expanded, intensified and coordinated cancer research program to be planned and developed by the Institute.

The new organization emphasizes the objectives of the National Cancer Plan.

Changes Reflect Expansion

Since the operating patterns of a rapidly expanding national cancer program may be subject to change, NCI's four new Divisions will represent an interim structure.

The Bureau will be composed of five Divisions:

The Office of the Director will be responsible for planning, developing, and directing the overall programs and activities of the Institute.

(See BUREAU STATUS, Page 7)



Dr. Donald S. Fredrickson, director of Intramural Research, NHLI, and chief of the Institute's Molecular Disease Branch, has been elected as corresponding member of the Deutschen Gesellschaft für Innere Medizin (German Society of Internal Medicine). The society has only one other American member—it is the third foreign organization to which Dr. Fredrickson has been elected.

the NIH Record

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DCRT Does It Again! 'Conversational' Computer Talks to Chemists; Identifies Unknown Compounds

For almost a year more than 75 researchers have been using DCRT's research computer, the PDP-10, to identify unknown chemical compounds. They have termed the search system successful.

The system is based on the fact that each chemical compound has a unique mass spectrum which identifies it.

This mass spectrum can be determined by submitting the unknown compound to the electron beam of a mass spectrometer, which determines characteristic "peaks."

These "peaks" are then compared with a file of almost 9,000 mass spectra which the PDP-10 com-

puter holds in its memory.

In addition to the peaks, the computer file also contains information on molecular weight, molecular formula, both complete and imbedded, and will give a complete printout of the mass spectrum.

The system, supported by NHLI, is "conversational." That is, the chemist can sit down at a teletypewriter and ask his questions of the computer, which replies by giving him the information he seeks.

The mass spectrometer is located in the DCRT laboratory of Dr. Henry Fales. For further information call Dr. Fales, Ext. 62135, or Dr. Stephen Heller, Ext. 61115.

Medical Schools, Hospitals Given Contracts for Studies On Coronary Heart Disease

The Myocardial Infarction Branch, National Heart and Lung Institute, has awarded 15 contracts to universities, colleges, and hospitals for research on coronary heart disease.

Eight contracts are for studies on protecting heart muscle from the effects of diminished or absent bloodflow (ischemia), thus reducing the extent and severity of heart damage resulting from acute heart attacks.

Seven of the contracts are for studies to develop and evaluate methods for preventing, detecting, and controlling potentially lethal abnormalities in the rhythm of

3 Scientist-Administrators Win Achievement Awards

Drs. Gabriel Bialy, Richard Blye, and Marvin Karten recently received Special Achievement awards for their outstanding contributions to the National Institute of Child Health and Human Development's growing contract research program in contraceptive development.

For over a year the three health scientist-administrators managed the professional workload of the Center for Population Research's largest contract operation, the Contraceptive Development Branch.

heartbeats—arrhythmias.

Such abnormalities may be responsible for the majority of sudden deaths that are attributed to coronary heart disease.

Dr. Scott to Serve as Consultant, Travel, Make Speeches at Meetings—on Retiring!

"Taking things as they come along and enjoying not having to plan" are the retirement plans of Dr. J. Allen Scott, who is described by one of his co-workers as "a walking encyclopedia of parasitology."

Dr. Scott was chief of the Parasitology and Medical Entomology Branch in the National Institute of Allergy and Infectious Diseases' Extramural Programs.

He explained that he is just enjoying his new-found freedom by relaxing and working in his workshop and extensive gardens. In the fall he and Mrs. Scott hope to travel both north and south.

Dr. Scott will attend the annual meeting of the American Society

of Parasitology and director of the Helminth Research Laboratory.

Before joining the medical school staff, Dr. Scott worked as a statistician for the Bureau of the Census, a biologist for the Georgia Department of Public Health, a helminthologist for the Venezuelan Ministry of Health, and a special member of the field staff of the international health division of the Rockefeller Foundation.

Did Research in Egypt

In the latter position Dr. Scott spent 7 years in Egypt participating in a study of the effect of sanitation on the prevalence of helminth parasites, especially the *Schistosoma*. This basic work still serves as a foundation for knowledge on schistosomiasis in Egypt.

Dr. Scott received both his A.B. and M.A. degrees from Wesleyan University. He received a D.Sc. degree in Helminthology from Johns Hopkins University in 1927.



Dr. Scott, who also plans to tend his garden, is a Fellow of the AAAS and an emeritus member of the American Society of Parasitology. For the past 20 years he has been a member of WHO's Expert Panel on Parasitic Diseases.

of Tropical Medicine and Hygiene in Miami, and he will give the keynote speech on soil-transmitted helminths at a University of South Carolina symposium to be held in Atlanta.

He also has a short-term appointment this summer as a consultant to the NIAID associate director for Extramural Programs on parasitology and tropical medicine extramural research and training.

Dr. Scott came to NIAID's Extramural Programs in 1962 from the University of Texas School of Medicine in Galveston where he served as a professor of epidemi-

Southern Medical School Group Develops Self-Instruction Course

A contract has been awarded to the 29-school Southern Medical School Consortium to develop self-instruction courses for medical education. It was given by the Office of Audiovisual Educational Development, BHME.

The self-instruction system is considered less expensive than the traditional lecture method. Curriculum will cover such areas as anatomy, biostatistics, biology, cardiology, family medicine, and surgery.



Rev. Robert Robey, assistant chief, CC Spiritual Ministry Department, retired after 21 years of Federal service. He and Rev. LeRoy Kerney, chief, established the Clinical Pastoral Education Program. Rev. Robey was chaplain at St. Elizabeths Hospital and supervisory Protestant chaplain for the D.C. Department of Correction.

NIH Television, Radio Program Schedule

DISCUSSION: NIH

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

August 18

Dr. Jack S. Cohen, DCRT

Subject: How Proteins Work (R)
August 25

Dr. Rachel H. Larson, NIDR

Subject: Nutritional Dental Health (R)

Interview takes place during intermission of *Music Room*.

Hugh Jackson Appointed Chief, NHLI Information

Hugh Jackson has been appointed chief of the Office of Information, National Heart and Lung Institute. Mr. Jackson will be responsible for the development and operation of an augmented public information and education program.

He comes to NHLI from the NIH Office of Information, where he has been chief of the Features Branch.

Mr. Jackson first came to NIH in 1949 as information officer of the National Cancer Institute. He left there in 1951 to serve as a field operations advisor for the Office of Price Stabilization. He returned to NIH in 1953 as information officer of the National Institute of Arthritis and Metabolic Diseases.

In 1960 he joined the NIH Office of Information. He is best known for his development and direction of the NIH Feature Service, NIH "Search for Health" newspaper columns and radio and television programs.

Earlier in his career, Mr. Jackson was editor and publisher of a monthly outdoor sports magazine in Wisconsin, and public relations director of the Wisconsin Conservation League.

During World War II he served



Dr. Robert L. Ringler, Institute deputy director, pointed out that Mr. Jackson's office will have "increased . . . expanding program responsibilities. . . . Except for 2 years at another agency, Mr. Jackson has been here since 1949.

as an investigator and senior representative for the U.S. Civil Service Commission.

He also served in civilian posts with the Navy Department, first as assistant chief of the Technical Information Branch of the Office of Naval Research, and later, as chief of the Information and Methods Branch of the Navy's Office of Budget and Reports.

Mr. Jackson is a graduate of Northwestern University. In 1967, he won a Sustained Superior Work Performance Award for his work with the NIH Office of Information.

A total of 29,406 licenses to practice medicine and surgery was issued during 1971 by 54 authorized boards in the U.S.—*AMA Report*.

Skills File Will Identify Sources of Talent For Fed'l Public Service Careers Program



William Young (r), assistant director of the Southwest Interagency Training Center, presents a PSC orientation certificate to Herbert Phillips as other NIH employees wait their turn.

Certificates marking successful completion of the Public Service Careers orientation program offered by the Southwest Interagency Training Center were recently awarded to employees of 15 Federal agencies, including 26 from NIH.

The Training Center is a division of Federal City College's Education Department.

Speaking at the ceremony in the HEW North Auditorium, Fred Drayton, chief of the Division of Public Career Programs, Department of Labor, called the PSC "a way out" for dead-ended, underutilized employees.

He urged the graduates to push themselves to the fullest extent of their capabilities.

Officials Participate

Representatives from the FCC, the Civil Service Commission, and the HEW Office of Education also participated in the ceremony.

The PSC program offers employment, training, and career mobility opportunities to persons holding jobs which have a limited career potential within Federal, state, and local Government agencies.

At NIH the Public Service Careers program — administered by the Personnel Staffing Branch in the Office of Personnel Management — is made up of two parts: entry and upgrade.

At the entry level, all new employees assigned to labor, janitor, laundry worker, nursing assistant, and animal caretaker positions from the Worker-Trainee Register at grade levels WG 1 and 2 and GS 1 receive a 40-hour orientation, given by the Southwest Interagency Training Center.

It is designed to inform the employee of career possibilities as well as to encourage him to develop individual resources to the fullest. Career counseling services are also available.

Their job progress is monitored by their personnel officers and the PSC coordinator, and at every opportunity they are moved into areas with greater career potential.

Through an Opportunity Skills

File, over a 5-month period 35 employees have thus far advanced to better positions. These include such positions as library aide, computer technician, fiscal clerk, pharmacy assistant, and biological laboratory aide.

Through this file, some 5,000 employees in GS 1-7 and Wage Grade equivalents are eligible to receive assistance.

Employees who enroll in the program are interviewed to determine their career interest, experience, and training aims.

They are then listed in the skills file and automatically referred to vacancies which occur in their areas of interest.

The Opportunities Skills File is an important aspect of the NIH Upward Mobility Program and serves as a bank for new sources of talent, according to John M. Sangster, Director of the Office of Personnel Management.

He pointed out that it is also the chief instrument of a Skills Utilization Survey requested by the HEW Office of Upward Mobility to identify those employees in dead-end jobs or whose skills are not fully utilized.

For information about the program, contact J. Wallace Robinson, the PSC coordinator, Ext. 61445.

Band to Play Rousing Tunes At Outdoor Concert Aug. 24

Popular tunes and patriotic airs will be played by the First Army Band on Thursday, Aug. 24, at 7:30 p.m.

The concert, sponsored by the Patient Activity Section, will be held on the Clinical Center's patio east. NIH employees are invited. However, seating preference will be given to CC patients and their families.

Session Defines Problems Of the Deaf; Suggests Research in Many Areas

The critical and complex problems of the Nation's deaf were stressed at a recent conference in which Dr. Eldon L. Eagles, deputy director of the National Institute of Neurological Diseases and Stroke, participated. He explained the Institute's research program on communication disorders.

The conference, entitled "Reducing and Preventing Poverty Among Deaf People," was sponsored by the Rehabilitation Services Administration and Gallaudet College; the meeting was held at the college.

Representatives from other Federal agencies and members of voluntary and professional organizations also attended the meeting. Dr. Albert T. Pimentel, director of the Gallaudet Public Service Program, served as chairman.

Conferees cited a number of difficulties amounting to hardships that are faced by deaf people. This included obtaining such services as drivers' licenses and tax assistance.

Interpreters Needed

It was said that there are few deaf people in top jobs, and rarely are interpreters hired in business to help the deaf and those who speak communicate with each other.

According to a special panel of deaf black youths, the problem of deafness is often compounded by racial discrimination.

Conferees agreed that more research is required on genetic causes of deafness, newborn screening methods, and on developing better methods for visual learning.

Preventing deafness from trauma and diseases such as Meniere's, acoustic tumor, and sudden deafness was also stressed.

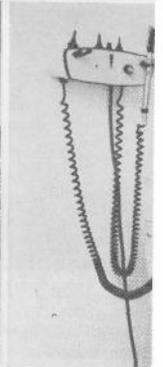
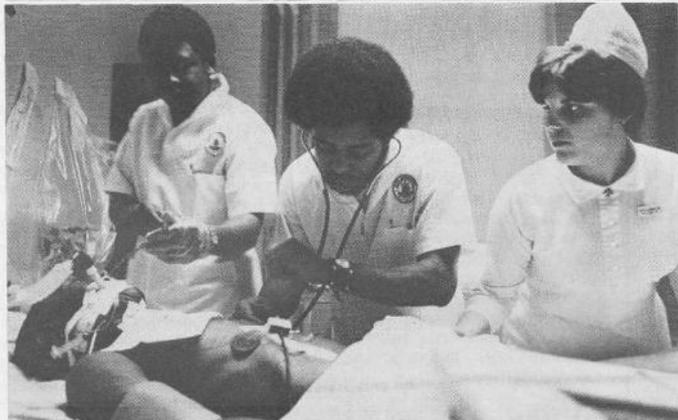
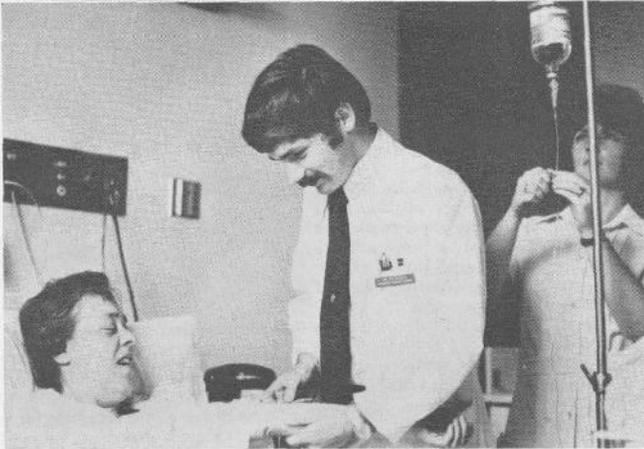
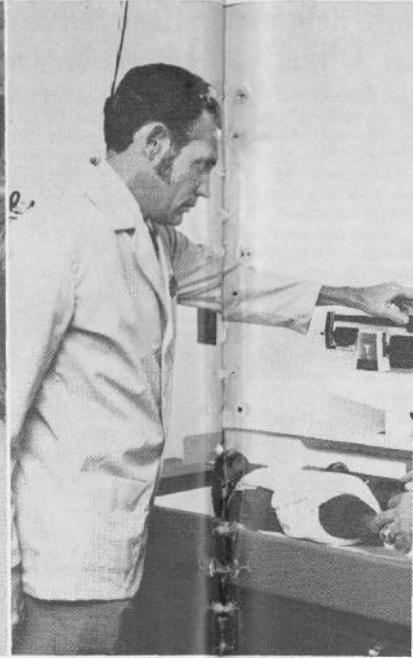
Dr. Eagles Cites Discovery

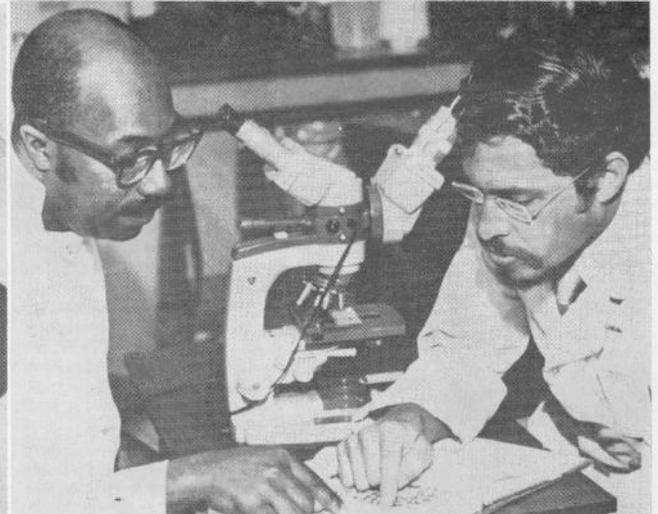
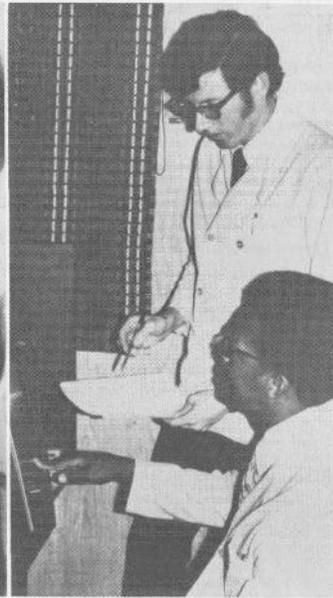
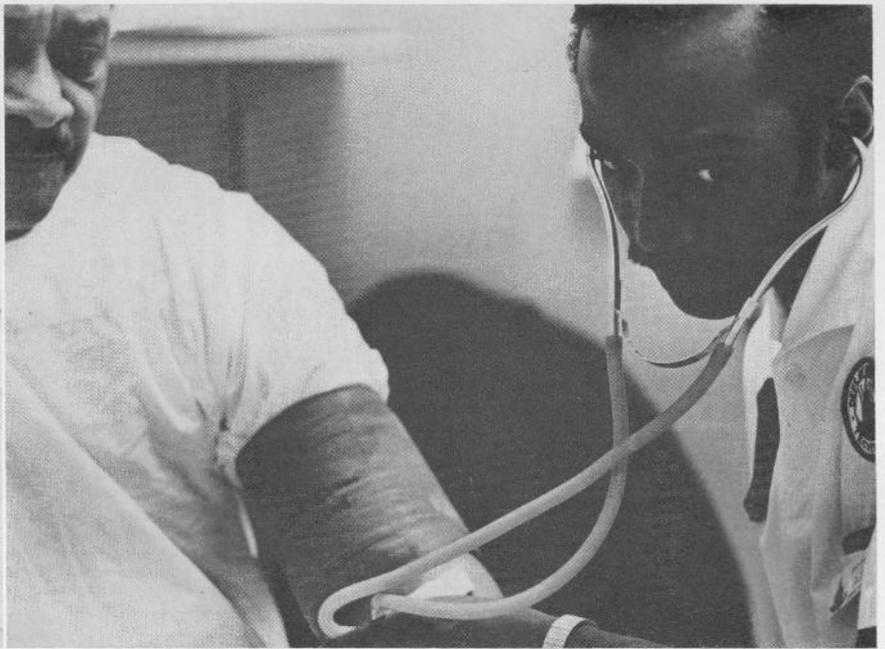
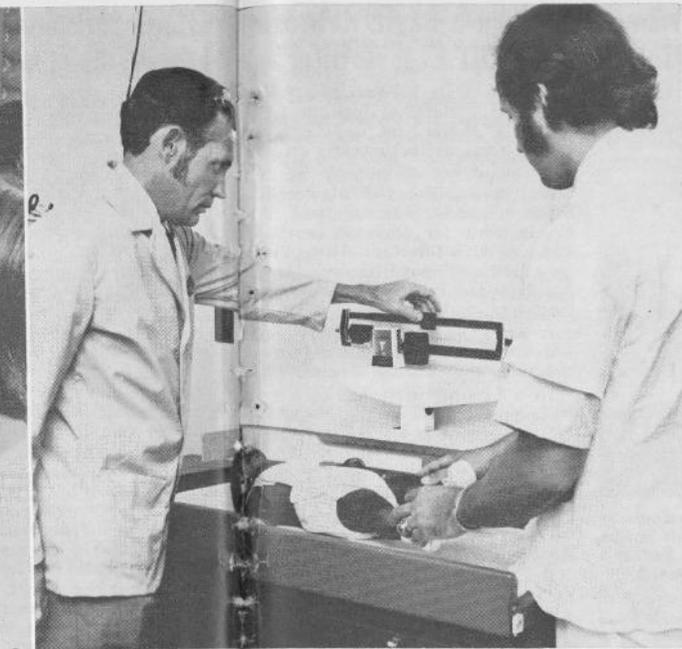
Dr. Eagles cited the discovery that maternal rubella infection can cause birth defects—including deafness—in the offspring, and the subsequent development of successful rubella vaccines. However, the estimated 16,000 deaf children born during the 1964-65 rubella epidemic are now of school age and require improved facilities.

Participants agreed that better means of communication should include improved distribution of captioned films and TV shows, teletype-telephone systems and a "hot" line for counseling.

The president of Gallaudet, Dr. Edward C. Merrill, Jr., who is not deaf but learned sign language partly by living in the college dormitory for several months, explained, "Deaf students want to be able to get good jobs outside the teaching world. They want to become integral members of society—and not just of a closed society."

physician's assistants help care for patients





In his Health Message to Congress, President Nixon discussed the role of the physician's assistant. He said: "One of the most promising ways to expand the supply of medical care and to reduce its cost is through use of allied health personnel, especially those who work as physician's and dentist's assistants. . . . Such persons are trained to perform tasks which must otherwise be performed by doctors themselves, even though they do not require the skills of a doctor. . . ."

BHME's Office of Special Programs has awarded contracts to medical schools and hospitals in over 24 states for programs to train men and women to help doctors in the primary care of patients.

All of the programs must meet the requirements of the AMA's Council on Medical Education. Several types of degrees or certificates are awarded; training programs may take one to 5 years.

Physician's assistants, many who serve inner city and rural areas, are valuable adjuncts of the medical profession.

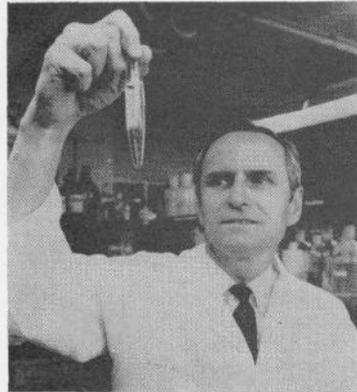
ALLERGY CENTERS

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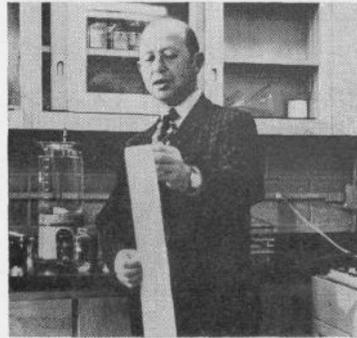
Allergic Disease Center program, NIAID recently invited grant applications from clinical investigators conducting immunology research.

Criteria for acceptance in the program is the involvement in laboratory-based research in immediate hypersensitivities and the development of significant leads sufficiently encouraging as to "warrant transition from basic laboratory findings to clinical investigation in patients."

Interested scientists have been advised to submit to NIAID preliminary descriptions of allergy projects currently in progress at their medical institutions.



Dr. Mathews, head of the center at the University of Michigan, and his group will conduct research on allergic rhinitis—hay fever—one of the most common of all allergies.



One of the more dramatic forms of allergic reaction is that suffered because of an insect sting. The center at the State University of N.Y., headed by Dr. Arbesman, will do research on this malady and also evaluate hypo-sensitization.

Book Defines Grants and Awards

The 1972 edition of *Program Codes, Organizational Codes and Definitions Used in Extramural Programs* is available from the Statistics and Analysis Branch, Division of Research Grants.

The annual publication defines the NIH application grant identification system, codes used on applications, and award statements.

Ken Miller, Printing Section Head, Knows All About Hand-Setting Math Equations

One of the favorite pamphlets of M. Kenneth Miller, who has just been named head of the Printing Section, Printing and Reproduction Branch, is a DCRT publication with a title that doesn't exactly swing. It's called *Time Series Analysis Theory and Practice*. The primary author, Raymond Mejia, is a DCRT mathematician, and his book involves the most complex of mathematical equations.

Mr. Miller described it as "probably the most technical publication we have ever handled." But he has a very good reason for naming it as one of his favorites.

"I started out in GPO as a hand-compositor setting mathematical and chemical equations by hand, that's why I was intrigued with that book, I knew what was required."

"Starting out" was 21 years ago, when Mr. Miller accepted a job with GPO. Before that he had worked for commercial firms in Baltimore and had served a 6-year apprenticeship in printing.

Thirteen of his years at GPO were spent in working on the *Congressional Record*. For his last 2 years there, he moved over to the management end of printing, writing specifications for commercial procurement of hot type and electronic typesetting.

He came to NIH in 1968 as a printing specialist. Here, he also wrote printing specifications, with the additional duty of acting as liaison between GPO and NIH.

Mr. Miller's section handles all publication requirements that are not printed on campus. He explained the procedure:

"All manuscripts that are printed elsewhere have to go through this office for processing, then they go down to GPO where they are contracted out to commercial printers."

Requisitions Increasing

Last year Mr. Miller's office handled about 4,396 requisitions amounting to almost 2 million dollars. "I'm sure it's going to be more this year," he said.

The *Journal of the National Cancer Institute*, NLM's *Index Medicus*, the *NINDS Review*, NIAMDD's *Diabetes Literature Index*, and NIEHS' *Environmental Health Perspectives* are just a very few of the important publications that go through Mr. Miller's section.

These prestigious journals have a common bond—they are written in English. But Mr. Miller frequently deals with foreign language manuscripts, including Russian and Chinese.

"Recently, we had a pamphlet written in Chinese which will be printed in Hong Kong," he explained. He also talked about the FIC book on Mainland Chinese medicine which included a section



Mr. Miller, who attended one of the oldest public printing schools in the U.S., continues his schooling. Now, he's going to Montgomery College and taking courses in economics.

on acupuncture; this book was processed through his office.

Mr. Miller is a graduate of the Ottmar Mergenthaler School of Printing in Baltimore, one of the oldest public printing schools in the country. He went there during the day—at night he attended high school for academic courses.

He returned to school 7 years ago. "I started again at Montgomery College, Rockville campus. I'm taking mostly economic courses," he stated.

Processes NIH Publications

The cooperative efforts of the personnel in the Printing and Reproduction Branch, which is headed by George C. Graham, and their diverse duties, smooth the processing of all NIH publications, whether they are printed on the campus or elsewhere.

Joseph J. Taylor, who heads the Production Section, coordinates all of the printing that is done on campus.

Pearl E. Giles, head of the Distribution Section, stores and distributes publications, handles mailing keys for publications that will be sent to many parts of the world, and coordinates the distribution of all material for HEW manuals.

Hazel M. Schiffer Named Regional Director, Seattle

Hazel M. Schiffer, Division of Nursing, has been named regional nursing program director at the Region X Office in Seattle. Miss Schiffer joined DN in 1970 as assistant regional nursing consultant in that office.

She will help agencies and institutions in Alaska, Idaho, Oregon, and Washington to improve nursing education and expand nursing practice.

William G. Baylis Retires, NIAMDD Exec. Officer

William G. Baylis, Executive Officer of the National Institute of Arthritis, Metabolism, and Digestive Diseases, retired recently after 38 years of Federal service.

Mr. Baylis, who was concerned with administrative management of the Institute for 24 years, served under several Directors. These included Dr. William H. Sebrell, Jr., who later became NIH Director.

Mr. Baylis received numerous commendations, particularly for his insight as an administrator, anticipating the Institute's needs.

He majored in public and personal administration at the Colorado College, receiving his B.A. degree in 1935.

That same year he entered the Civil Service in the first group of administrative interns sponsored by the National Institute of Public Affairs.

During World War II he served in Counter Intelligence as a lieutenant with the U.S. Navy.

After working with the Federal Power Commission, the Social Security Administration, and the Veterans Administration, "Gil" Baylis came to NIH in 1948.

Traveled Extensively

His travel assignments while with NIAMD included duty at Rome, Cairo, and Pakistan, and in Mexico City in 1967 he lectured on research administration at the University and the Polytechnical Institute in both Spanish and English.

Mr. Baylis was instrumental in establishing epidemiological and clinical research facilities for NIAMD studies with American Indians of the Southwestern United States, particularly the Pima tribe near Phoenix, Ariz.

After a few months of travel, he plans to become active in public relations for health-oriented professional and lay groups.



Mr. Baylis plans to serve as a consultant in connection with his long-time interest on behalf of better health for the American Indian.

August Registration Marks Beginning of 'After Hours' Federal Education Program

The Federal "After Hours" Education Program will hold registration in Conference Rooms A, B, and D, in the Department of Commerce Bldg., 14th Street and Constitution Avenue, N. W., on Wednesday, Aug. 30, and Thursday, Aug. 31, from 10 a.m. to 3 p.m.

Registration for the "Forrestal" program will be on Tuesday, Aug. 22, from 10 a.m. to 2 p.m., in Room BE222, Forrestal Building, 100 Independence Ave., S.W.

Undergraduate and graduate courses leading to B.A. or master's degrees are available. Tuition is \$60 per semester hour. Cash will not be accepted.

Classes run from Sept. 11 to Dec. 16 for both curricula.

For further information regarding the fall programs, contact Robert W. Stewart, Jr., field representative, College of General Studies, G.W.U., at 676-7018 or 7028.



For outstanding service as an EEO counselor and member of the NIH EEO Council, Lucy E. Barnes receives a certificate and cash award from James B. Davis, OAS Director. Mrs. Barnes, Property Utilization officer, OAS, was cited for her helpful and tactful manner in helping employees solve problems relating to EEO.

Nelson Lyttle, NIDR, Retires After 31 Yrs. Fed'l Service

Nelson E. Lyttle, National Institute of Dental Research Extramural Programs, recently retired after 31 years of Government service—14 with NIDR.

At the time of his retirement, Mr. Lyttle was executive secretary of NIDR's Dental Training Committee, the advisory body which initially reviews applications for training grants and fellowships.

Mr. Lyttle joined NIDR in 1958 and served as deputy chief of the Extramural Programs.

From 1962 to 1970 he was executive secretary of the NIDR Program Project Committee.

BUREAU STATUS

(Continued from Page 1)

A new position of deputy director is established within that office.

The Division of Cancer Biology and Diagnosis will encompass the functions, Branches, and personnel of the office of the Scientific Director for General Laboratories and Clinics.

The Division will be responsible for many of the laboratory and clinical research activities of the Institute.

Responsibilities Given

It will also be responsible for those objectives of the National Cancer Plan that are oriented toward cancer diagnosis.

The Division of Cancer Cause and Prevention will assume the functions, Branches, and personnel of the office of the Scientific Director for Etiology. It will be responsible for administering research programs oriented toward cancer cause and prevention.

The Division of Cancer Treatment replaces the office of the Scientific Director for Chemotherapy. This Division will be responsible for administering research programs oriented toward cancer therapy.

The Division of Cancer Grants will replace the office of the Associate Director for Extramural Activities. The new Division will be responsible for administering grant-supported research and training activities, and grant-supported construction activities.

Efforts Expanded

The elevation of the National Heart and Lung Institute to Bureau level within NIH follows the March 1972 Presidential initiative authorizing expanded efforts against heart disease, and recommendations by the Task Force on Arteriosclerosis.

It comes at a time when the 24-year-old Institute is in the early stages of several key studies—the large scale clinical trials known as the Multiple Risk Factor Intervention Trials—to determine whether the modification or elimination of three common risk factors—elevated blood lipids, high blood pressure, and cigarette smoking—can achieve a significant reduction in heart attacks and death from coronary artery disease.

Further rationale for expanding NHLI activities is provided by the National Heart, Blood Vessel, Lung, and Blood Act of 1972. The Act calls for:

1) Expanded investigations into the epidemiology, etiology, and prevention of all forms and aspects of

Mr. Lyttle received his B.S. and M.Sc. degrees in Biochemistry from Ohio State University.

During retirement, he and his wife, Edith, plan to travel.



Dr. Carl Kupfer, Director, National Eye Institute, is given the Secretary of Health, Education and Welfare's Special Citation in recognition of his "outstanding performance in the development of the National Eye Institute." It was presented by HEW Secretary Elliot L. Richardson (r) at a special ceremony attended by Dr. Robert Q. Marston, NIH Director. Dr. Kupfer, the first NIH recipient to receive this citation since 1966, was cited "for creating with limited resources a unified organization . . . with the aid of sound scientific and administrative leadership, as well as great personal dedication."

cardiovascular, lung, and blood diseases.

2) The establishment of 10 model cardiovascular disease prevention clinics throughout the U.S.

3) The establishment of 30 basic and clinical research and demonstration centers for diagnosis and treatment of cardiovascular diseases (15 centers) and chronic pulmonary diseases (15 centers).

4) Studies and research into blood diseases (such as sickle cell anemia and hemophilia) and blood, its clinical uses and other factors.

5) A program of heart and lung education for public, medical, and allied health professions, with emphasis on dissemination of information.

Six Divisions Listed

The reorganized NHLI will be composed of six Divisions:

The Office of the Director provides leadership, overall planning, direction, coordination, and evaluation of the Institute's programs, and disseminates information about cardiovascular, pulmonary and blood diseases.

The Division of Heart and Vascular Diseases will plan and direct the Institute's research and training programs in heart and vascular diseases.

The Division of Lung Diseases is responsible for the Institute's research and training programs in lung diseases.

The Division of Blood Diseases and Resources, in addition to planning and directing research and training programs in blood diseases and related conditions, it also coordinates Federal sickle cell disease activities and operates a clearinghouse for information on sickle cell disease.

The Division of Intramural Research conducts a broad program of

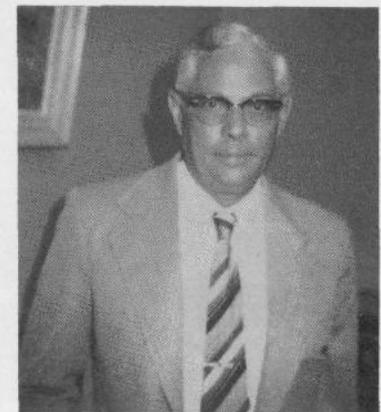
Dr. Beaven Named to New Post

Dr. Vida H. Beaven, a biochemist, has been named to the newly created position of special assistant to the associate director for Extramural Programs, National Institute of Arthritis, Metabolism, and Digestive Diseases.

basic and clinical research in heart, blood vessels, lung, kidney, and blood; in diseases affecting these living systems and in technical development.

The Division of Technological Applications plans and directs the Institute's research and training programs in the technological development and application of research findings, bio-instrumentation and biomaterials research, and device testing and evaluation.

The Division of Extramural Affairs administers and provides information about the Institute's grant and contract programs.



Lester H. Oxendine, who came to NIH in 1960, was recently honored at a retirement party by friends and colleagues. Mr. Oxendine, acting head of the Supply Operations Branch, OAS, helped organize and develop the new Quality Control Section.

HYPERTENSION

(Continued from Page 1)

treatment adequate to control the high blood pressure and reduce complications.

Although hypertension and hypertensive heart disease cause some 60,000 deaths a year, its primary importance stems from its role in the development of coronary heart disease, stroke, and other cardiovascular disorders.

The National Hypertension Program is being planned by two committees appointed by Richardson.

Plans Described

Dr. Robert Q. Marston, NIH Director and Chairman of the 12-member Hypertension Information and Education Advisory Committee, reported a four-step plan for launching the program:

1) Agreement on the standards and conditions for treatment; 2) education of professional health workers; 3) a widespread program of public information on hypertension, and 4) a study of the impact of an expanded hypertension program on the health care delivery system, and an assessment of the need for additional resources.

An Interagency Working Group of representatives of Federal agencies—NIH, VA, HSMHA, and FDA—concerned with hypertension research, detection, and control, will promote the exchange of scientific information and provide program coordination in the professional community.

Dr. Theodore Cooper, NHLI Director and Chairman of the Interagency Working Group, said "... we are talking about getting people who do not know they have hypertension detected ... finding ways to ensure that these patients, most of whom do not have symptoms or don't feel sick, will comply with their recommended medication ...

Brain Death Criteria Appear Adequate To Protect Patients, Scientists Report

Generally accepted criteria for brain death appear to be more than adequate to protect the interests of patients, according to Study Directors of the Collaborative Cerebral Survival Project, National Institute of Neurological Diseases and Stroke.

However, they said any attempts to modify these guidelines — to make an earlier pronouncement of death possible in some cases—should await completion of a 2-year study of 400 comatose patients. This study at eight medical centers will be finished next June.

Views of scientists participating in the Brain Death Project were disclosed by Dr. Edward F. MacNichol, Jr., NINDS Director, after a meeting of the Study Directors to discuss progress during the first year of their investigation.

The intensive collaborative project is intended to provide data for use in refining the presently ac-

cepted criteria for cerebral death. Until recently, death was equated with the cessation of breathing and heart-beat. But with the increased hospital use of mechanical means of maintaining respiration and circulation, the criterion for death has increasingly become the unresponsiveness of the brain, often referred to as "brain death" or "cerebral death."

Dr. MacNichol emphasized that the necessity for determining cerebral death occurs only in a small percentage of cases. In these cases many functions of the body are maintained artificially although the brain is permanently damaged, and the patient can neither recover consciousness nor breathe by himself.

The significance of the question was underscored by an article and an editorial in the July 3rd issue of the *Journal of the American Medical Association* which emphasized the importance of protecting patient rights.

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cepted criteria for cerebral death. Present guidelines for pronouncement of cerebral death require that over a 24-hour period a patient be unable to breathe without assistance, be completely unresponsive to external stimulation, and have no electrical brain activity. It is considered inappropriate to maintain respiration and circulation mechanically after the brain is dead since the process does not benefit the patient, is costly to the family and community, and is wasteful of hospital personnel and intensive care facilities.

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Guidelines Noted

Present guidelines for pronouncement of cerebral death require that over a 24-hour period a patient be unable to breathe without assistance, be completely unresponsive to external stimulation, and have no electrical brain activity.

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Dr. George A. Hayden has been appointed program administrator of the Biophysical Sciences Training Program, NIGMS. He received his B.S. from the University of Kansas and his M.S. (1960) and Ph.D. (1966) from Howard University. During his career, Dr. Hayden has been a research scientist at the American Red Cross, and deputy director of the National Fractionation Center, ARC. In 1971, he joined NIGMS.

The NINDS Study Directors also emphasized that brain death should not be pronounced until it has been shown that the patient is not in a coma from an overdose of depressant drugs or from a drop in body temperature. Both these causes may temporarily abolish brain activity.

Dr. MacNichol noted that some project patients with these conditions recovered.

Although it is generally accepted that a person is dead when pronounced dead by a qualified physician, two states, Kansas and Maryland, have passed laws which specifically permit a physician to determine death on the basis of lack of brain function when cardiac and respiratory action are maintained by artificial means. A jury in Virginia has concurred.



Dr. Boris V. Petrovsky, Minister of Health, U.S.S.R., and a Soviet delegation visited NIH Aug. 2-3 and toured the laboratories here and at Fort Detrick. Left photo: At Stone House, Dr. Petrovsky (c), Mrs. Anatoly Dobrynin, wife of the Soviet Ambassador to the U.S., and Dr. Robert Q. Marston, NIH Director, discuss what they have seen during the morning tour, and their plans for the afternoon. Center photo: Dr. Donald S. Fredrickson, NHLI director of Intramural Research (c) and Dr. John F. Brensike, coordinator of the NHLI Type



II Coronary Intervention Study, describe the work of the Institute. The Minister visited a number of laboratories and met with NHLI researchers. On Aug. 3, Dr. Petrovsky and his entourage helicoptered to the Cancer Research Center at Fort Detrick. Dr. William Payne, resident scientific coordinator for NCI (far right) escorted the delegation on a tour of the labs. Mrs. Petrovsky and Andrei Kiselev, the interpreter, are standing near the Minister. From Fort Detrick, the Soviet delegation took off for the West in a U.S. Air Force plane, to visit health facilities there.

