

the



Record

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

January 30, 1973
Vol. XXV, No. 3

NATIONAL INSTITUTES OF HEALTH

Research, Scope of Programs Expand During Dr. Marston's Tenure at NIH

Dr. Robert Q. Marston, who last week became Acting Director of the NINDS, had served as NIH Director since Sept. 1, 1968.

During Dr. Marston's tenure as Director, NIH research has embraced many new areas and contributed considerable new knowledge in the struggle against disease.

Two NIH investigators and an NIMH scientist conducting intra-

problems under the US-USSR Health Exchange Program.

As NIH Director, as scientist, academician, researcher and administrator, he traveled extensively in the U.S. and abroad.

He was at the first meeting in Moscow of the US-USSR Joint Committee for Health Cooperation. He also delivered the opening address at the meeting of the International Congress of Endocrinology held in Washington, D.C., last June.

The years of Dr. Marston's directorship saw a marked rise in

(Continued on Page 7)

Dr. Sanford Rosenthal Wins H.S. Allen Prize From Burn Association

Dr. Sanford M. Rosenthal, former chief of the Laboratory of Pharmacology and Toxicology, National Institute of Arthritis, Metabolism, and Digestive Diseases, has been awarded the Harvey S. Allen prize from the American Burn Association for his studies on treatment and cause of traumatic shock and burns.

Increases Understanding

Dr. Rosenthal's work has led to an increased understanding of the role of electrolyte disturbance in burns shock and to the use of large quantities of isotonic saline by mouth for its treatment.

Prior to Dr. Rosenthal's studies, intravenous infusions with plasma extenders had been considered es-

(See DR. ROSENTHAL, Page 8)

Sherman Becomes Acting Director; Marston at NINDS

The appointment of Dr. John F. Sherman as Acting Director of the National Institutes of Health was announced Friday, Jan. 19, by HEW Secretary Elliot L. Richardson.

Dr. Sherman has served as the Deputy Director of NIH for the past 4 years.

Dr. Robert Q. Marston, the former NIH Director, was named Acting Director of the National Institute of Neurological Diseases and Stroke for an interim period prior to leaving Government service within the next few months.

Earlier, in a letter to Secretary Richardson, Dr. Marston had indicated his "willingness to be of any assistance possible in assuring a smooth administrative transition . . ."

Secretary Richardson praised Dr. Marston for "his effective leadership in maintaining the traditional excellence of the NIH during a period of expanding scope and rapid financial growth."

Assures Continuity

Dr. Marston has taken over from Dr. Edward MacNichol as Acting Director of the NINDS.

Dr. MacNichol announced some months ago his intention to leave NIH, and has more recently asked to be relieved of administrative duties. Dr. Marston's interim appointment will assure administrative continuity at NINDS while a search committee at NIH continues its task of locating the best qualified candidate for Director of NINDS.

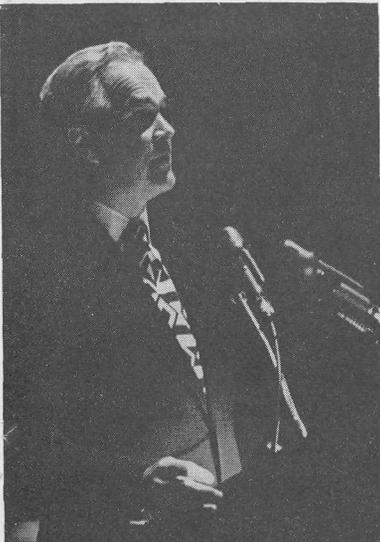
Dr. Marston has served as Director of NIH since Sept. 1, 1968.

Immediately prior to that appointment, he had served for 5 months as Administrator of the newly established Health Services and Mental Health Administration,

(See DR. SHERMAN, Page 5)



Dr. Sherman



During his years as Director, Dr. Marston has addressed numerous minority employee conferences as well as scientific seminars and advisory council meetings.

mural research on the campus were awarded Nobel prizes while he was Director.

NIH has long been the focal point for visiting scientists and foreign government officials to observe first hand the studies conducted here.

Greeted Chinese Scientists

Dr. Marston welcomed the first group of Chinese scientists to the campus.

On Oct. 13 and 14, 1972, he was host to a delegation from the People's Republic of China who toured NIH labs and spoke with researchers here on heart and cancer studies.

He also welcomed scientists from the USSR who visited here to exchange information on heart disease, cancer and environmental

Nat'l High Blood Pressure Conference Maps Detection, Information Campaign

A program of mass screening and education to control the massive health problem posed by high blood pressure—hypertension—was recommended at a 2-day HEW-sponsored National Conference on High Blood Pressure Education.

Hypertension is an often symptomless and, in half of the estimated 23 million Americans who have it, undetected disease that kills 60,000 U.S. citizens each year and plays an even more important contributory role in deaths from stroke, heart attack, and kidney failure.

Participants at the meeting, held on Jan. 15-16 at the Washington Hilton Hotel, included representatives from medical, industrial, insurance, and consumer groups.

The conferees heard a keynote address by HEW Secretary Elliot L. Richardson in which he said, "For the first time we are consciously mobilizing educational and communications resources to stimulate individual initiative toward protecting one's own health."

"I see the hypertension program as a landmark campaign against a disabling, deadly disease; it can save millions of lives."

Following the address, Dr. J. Willis Hurst, immediate past president of the American Heart As-



Dr. Hurst gives an AHA Distinguished Service Award to Sec. Richardson.

sociation, presented the Distinguished Service Award of the AHA to Secretary Richardson " . . . for his efforts to improve

(See PRESSURE, Page 6)

the  **Record**

Published biweekly at Bethesda, Md., by the Publications and Reports Branch, Office of Information, for the information of employees of the National Institutes of Health, Department of Health, Education, and Welfare, and circulated by request to interested writers and to investigators in the field of biomedical and related research. The content is reprintable without permission. Pictures are available on request. The NIH Record reserves the right to make corrections, changes or deletions in submitted copy in conformity with the policies of the paper and the Department of Health, Education, and Welfare.

NIH Record Office Bldg. 31, Rm. 2B-03. Phone 49-62125

Editor Frances W. Davis

Assistant Editor Fay Leviero

Staff Writer Ed Driscoll

Staff Correspondents

ADA, Robert Manning; BHME/OD, Florence Foelak; CC, Thalia Roland; DAHM, Laura Mae Kress; DCRT, Joan Chase; DDH, Carolyn Niblett; DMI, Marian R. Fox; DN, Evelyn Lazzari; DPHPE, Frank A. Sis; DRG, Sue Meadows; DRR, Jerry Gordon; DRS, Cora M. Sult; FIC, Lois P. Meng; NCI, Robert J. Avery; NEI, Bonnie Friedman; NHLI, Bill Sanders; NIAID, Krin Larson; NIAMDD, Pat Gorman; NICHD, Lloyd Blevins; NIDR, Sue Hannon; NIEHS, Elizabeth Y. James; NIGMS, Wanda Wardell; NINDS, Carolyn Holstein; NLM, Ann R. Lindsay.



You can believe your eyes if you thought you saw a large green bird with a red beak flying around the NIH campus. It was a parrot—last seen peering into the "NIH Record" office and squawking.

Associateship Candidate May Apply Until March 2

Applications are now being accepted for Clinical, Research, and Staff Associateships at NIH.

These 2-year positions provide training and experience in clinical and laboratory investigation to eligible physicians and dentists.

Application forms and a catalog describing the program are available from the Chief, Clinical and Professional Services, NIH, at the Clinical Center, Room 1S229, Bethesda, Md. 20014.

The deadline for applications is March 2.

'Turn Off the Lights' When Leaving Offices; Help Conserve Energy

The "Turn Off the Lights" campaign last year witnessed a marked reduction in lights burning after hours on the reservation.

Once again, the Office of Engineering Services asks NIH'ers to help save energy and costs.

- Turn off lights in your office or lab when leaving for the day.
- Custodial personnel will turn lights on when entering and off when leaving rooms.
- When conference and general meeting rooms are not in use, lights should be kept off.

If everyone aids in carrying out the campaign, nearly \$95,000 a year may be saved.



"Don't forget—turn off the lights."



Sallie M. Keys, chief of the Clinical Center Psychiatric Nursing Service since 1967, retired on Jan. 28. Mrs. Keys had been in the CC Nursing Department since 1961. Last July she received a DHEW Superior Service Honor Award for her outstanding leadership. A graduate of Freedmens Hospital School of Nursing, Mrs. Keys also attended Howard and Catholic U., and worked at Freedmens and St. Elizabeths before joining NIH.

Valet Opens in Westwood; 24-Hour Service Offered

A Valet Shop specializing in laundry and dry cleaning will open Thursday, Feb. 1, in the Westwood Building, Room 4 (next to the R&W shop).

Store hours will be from 8 a.m. to 5:30 p.m., Monday through Friday, with 24-hour cleaning service offered.

Employees at Westwood, the Annex, and Westwood Towers are invited to use the facility.

R&W Sponsors Lectures On Planning Investments

An intensive 5-day workshop sponsored by R&W will focus on principles of investment and financial planning.

During the week of Feb. 26, the Investors Workshop on Seventies Challenging Changes will feature Robert Linn, a registered representative of Ferris & Co. and a member of the New York Stock Exchange.

This workshop, which will take place from noon until 1 p.m. in Wilson Hall, Bldg. 1, is open to all NIH employees. R&W will provide complimentary coffee and suggests that those who attend bring their lunch.

Among the topics Mr. Linn will discuss are Current Business and Market Outlook, Prerequisites for Investing—Financial and Psychological, and The Stock Market and How It Works.

An advanced 3-session workshop is scheduled for Mar. 13-15. Anyone planning to attend either series should call the R&W Office, Ext. 66061.

Tax Return Assistants Will Aid Employees

Tax information and limited assistance in computing tax returns will become available for NIH employees in early February.

When requesting help, employees should complete a "draft" copy of their tax return as far as possible.

Tax assistants will also answer telephone inquiries during their last working hour listed below but no later than 5 p.m.:

Bldg. 10, Rm. 1B-35, Nellie McLeish, Ext. 65374, Tuesday and Thursday, 11 a.m. to 7:30 p.m.; Wednesday, 8:30 a.m. to 5 p.m.

Bldg. 13, Rm. G-1315, Irving M. Rubin, Ext. 62848, Monday, 8:30 a.m. to 5 p.m.; Thursday, 8:30 a.m. to 11:30 a.m.

Westwood Bldg., Rm. 332, Irving M. Rubin, Ext. 67119, Thursday, 12:30 to 5 p.m.; Friday, 8:30 a.m. to 5 p.m.

Bldg. 31, Rm. 2B-43, Ext. 62776, Monday, Tuesday, and Friday, 8:30 a.m. to 3 p.m.; Wednesday, 10:30 a.m. to 5 p.m.

Tax forms are available at all four locations and at the NIH Credit Union, Bldg. 31, Rm. 1A-08.

Employee Relations and Recognition Branch, Ext. 64973, will answer queries about the tax service.

Blood Assurance Cards Distributed to Employees

Blood assurance identification cards and information about the Clinical Center blood program have been distributed to NIH employees with this month's paychecks.

NIH'ers are urged to carry the identification card in their wallets at all times. In the event of an emergency need for blood, rescue squads or hospital emergency room staffs will know by the ID that the NIH Blood Bank will replace any blood used without charge.

Civil Service employees should have received their cards with the Jan. 16 paychecks. PHS commissioned officers will receive their ID's tomorrow (Jan. 31).

Staffers who have not received an identification card should contact their timekeeper.

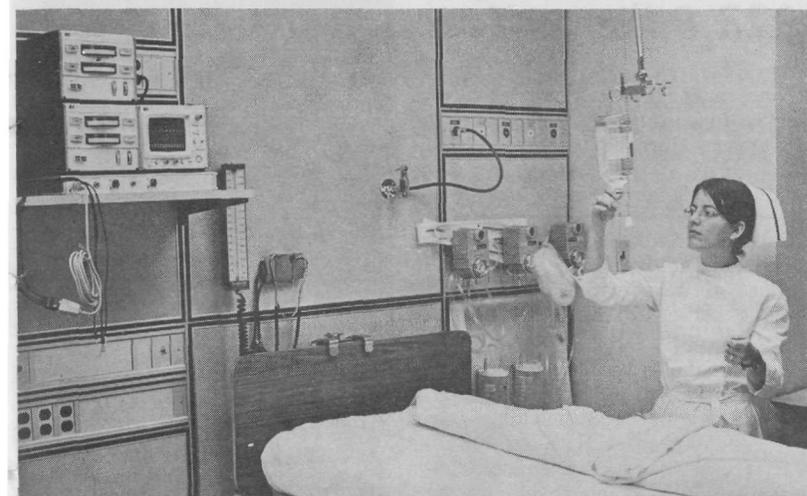
To register to become a blood donor, or to obtain additional information about the program, call Robert Herz, CC blood donor service, Ext. 61048.

Army Band to Give Concert

The First United States Army Band will present a free concert for Clinical Center patients Thursday, Feb. 8 at 7:30 p.m. in the Jack Masur Auditorium.

NIH employees and guests are welcome.

CC Opens Intensive Care Unit for Cancer Patients

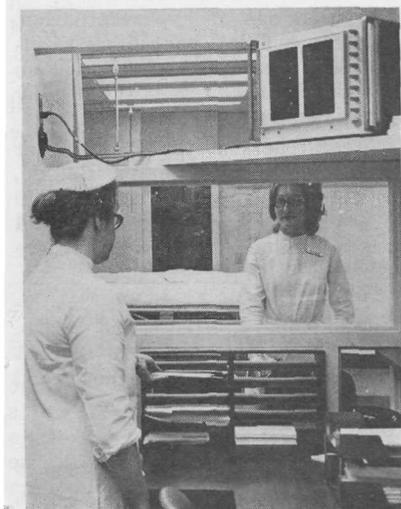


CC Nurse Linda Davies adjusts an IV bottle above a bed in the intensive care unit. When one pendant is hung at each side of the bed, up to six bottles can be used simultaneously. The wall panel holds the equipment for monitoring the patient.

A new eight-bed intensive care unit for cancer patients at the Clinical Center received its first four patients on Jan. 15.

The unit will also be used for other CC patients requiring intensive care except those undergoing heart and neurosurgery operations.

The ICU, which replaces the



Inside the nursing station, CC nurse Regina Moses (l) hands a patient chart to Louise Misorek, standing at the physician's desk outside. The monitor at top right allows simultaneous view of EKGs from patients in all eight beds.

former four-bed section, has added several features to monitor patients.

Panels have been placed at the head of each bed to hold the equipment necessary to maintain continuous patient surveillance, such as respiratory aids (respirators and nebulizers) and suction equipment to drain incisions or gastric tubes.

Each panel has its own electrical outlets, light switches controlling separate lights for that bed (including dimmers for use at night when patients are asleep), and a separate fuse box.

Other features include a blanket

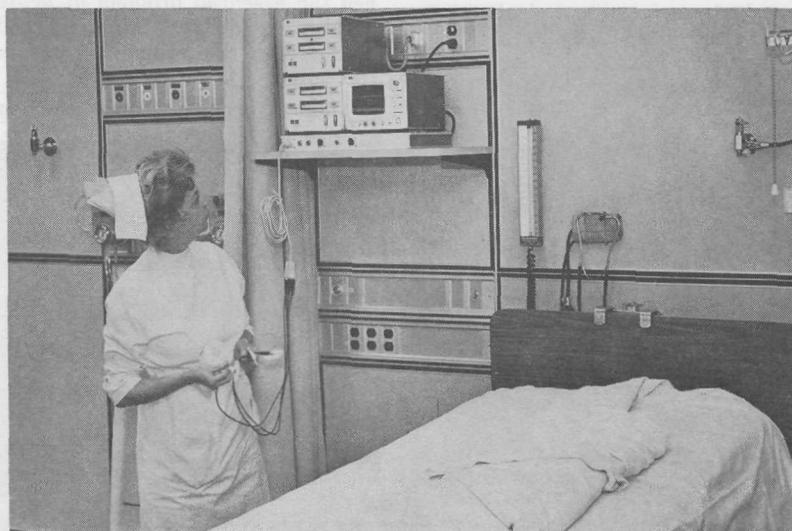
warmer to prepare bedding for patients who are usually cold following surgery. A ceiling pendant on each side of the bed allows the use of up to six intravenous bottles at one time.

The unit also is equipped with an ice machine. Ice is used to preserve patient blood specimens being sent to the laboratory for analysis.

Continuous measurement of arterial and venous blood pressure, heart rate, EKG, and temperature can be read from the equipment at the patient's bedside or from monitors in the nursing station steps away.

The station has a special monitor designed to permit observation of EKG's from all eight beds simultaneously.

The station also has a direct



In preparation for the first patient, Ruth Vreeland, ICU head nurse, checks monitoring equipment which continually measures life signs. Covers on the bed are fan-folded to aid placement of patients.

Applications for NLM's Biomed. Communications Program Now Accepted

Applications for the National Library of Medicine's Postgraduate Library Associate Training Program in Biomedical Communications are now being accepted from students who will have graduated from an accredited school of library or information science by August 1973.

One Year Program Offered

The program offers one year of intensive training and education; an opportunity to take local university courses, and experience with programs in audio/visual techniques, biomedical communications, specialized information services, grants and contracts in support of national biomedical communications, and other aspects of medical librarianship.

Applicants must be U.S. citizens and qualify under the Federal Civil Service regulations for appointment as a librarian. Candidates are required to have a master's degree in Library Science and reading competence in a modern foreign language.

Entering appointments are generally made at the GS-7 level. The deadline for filing applications is March 1.

For applications and further information write to the Employee Development Specialist, National Library of Medicine, 8600 Rockville Pike, Bethesda, Md. 20014.

telephone line to the operating room next door.

A physician's desk shares a wall with the nursing post, and patient charts are stored there, making them accessible from either side.

The ICU is one of several projects in progress which will allow more patients to be treated in the CC.



Contributions to the Patient Emergency Fund through the Davis Plan once again totalled more than \$7,000. Donations are used to help CC patients like this youngster who came to Bethesda unprepared for chilly weather. Social worker Lucia Mason helps him put on the warm winter coat provided through PEF funds.

Herbert Christoferson Retires After 36 Years Of Government Service

Herbert C. Christoferson, executive officer of the National Institute of Dental Research, recently retired after more than 36 years' Federal service.

"Chris" joined NIDR as EO in 1964. During his years here, he served as president, member of the board, and in various other capacities for the NIH Federal Credit Union.

He is a graduate of George Washington University and earned an M.S. in public administration from American University.

During World War II, Mr. Christoferson served as an officer in the U.S. Navy.

He and his wife plan a motor tour, traveling from Florida to California, followed by a visit to Hawaii. As Chris puts it, "I am retiring from the Federal service, not from life."

At the retirement party on Jan. 16, Dr. Seymour J. Kreshover, NIDR Director, told the host of well-wishers that "Chris has always been my right hand."

Benita Valente, Soprano, to Sing At FAES Concert on February 4

Benita Valente, soprano, will be featured in the third concert of the 1972-73 Chamber Music Series of the Foundation for Advanced Education in the Sciences.

Miss Valente, assisted by three instrumentalists, will be heard on Sunday, Feb. 4, at 4 p.m. in the Jack Masur Auditorium. The program will include two songs by Schubert which have seldom been performed. Admission is by ticket only.

Substitutes for Sucrose Tested in Snack Foods In NIDR-Supported Study

As part of an intensive attack on tooth decay, the National Institute of Dental Research is supporting efforts to find a palatable, harmless substitute for sucrose in snack foods and desserts.

Sucrose, or table sugar, has long been acknowledged as a chief contributor to decay because it is an ideal nutrient for caries-promoting bacteria.

These bacteria stick in a gummy film on the tooth surface where they secrete harmful acids that dissolve the enamel.

Popular snack foods which have been modified by substituting other carbohydrates for the usual sugar will be studied by investigators under the direction of Dr. Juan Navia, professor of dentistry at the University of Alabama School of Dentistry.

The foods will first be tested on rats, which have been trained to human eating habits—three meals a day with snacks three or four times in between.

After 40 days, the rats will be examined for tooth decay, and results will be compared with a control group of animals. If the results are satisfactory, clinical studies will be scheduled.

The foods to be tested include ice cream, beverages, pies, cookies, cakes, confections, and jams from which the sucrose has been completely or almost totally removed.

Sweetening agents which cause minimal tooth decay in rats have been substituted for the sucrose.

These agents include fructose, glucose, sorbitol, and cornstarch.

Before laboratory research starts, however, a human taste panel will test the reformulated foods to determine if the sugar substitute is palatable.

Guide to Programs on Grants And Awards Published by DRG

A 65-page brochure entitled, *Guide to Grant and Award Programs — National Institutes of Health*, revised August 1972, has been published by the Division of Research Grants Information Office.

The publication describes the scope and kind of NIH research, research facilities and resources, research training, health education, and biomedical communications programs. It also includes special programs of the Institutes.

Single copies of the brochure are available from the Information Office, Division of Research Grants, Room 433, Westwood Bldg., Ext. 67441.

Multiple copies can be purchased for 60 cents each from the U.S. Government Printing Office, Washington, D.C. 20402.

Trauma—Massive Public Health Problem Costs Nation Nearly \$23 Billion a Year

Second in a Series on Trauma Research Centers

The field of surgery has a special concern for the trauma problem. The treatment of wounds and the observations of patient response to injury have formed a central theme of surgery since before the days of Hippocrates.

Trauma has become a massive public health problem to the Nation, causing the greatest loss of productive man years of any disease—at an estimated annual societal cost of \$23 billion.

A broad and determined effort is needed to reduce the loss, which will require help from all medical specialties; but ultimate responsibility for care of individual trauma patients rests with the surgeon.

In a report by the NIGMS Sur-

Research Center at the Albany Medical Center, N.Y., investigate causes of death from trauma following successful initial resuscitation.

This includes the development of transducers, mass spectrography, and computer-based techniques to provide sequential detailed observations of oxygen exchange between lung and blood in injured patients.

Approximately 150 patients have been studied in the center since its opening in 1967. Most of these victims have been young people, who were in robust health until the time of their accident.

Many Devices Utilized

The one-bed unit houses an array of physiologic monitoring devices, many of them developed especially for this project by Rensselaer Polytechnic Institute engineers.

Information output of the devices is fed directly to an advanced computer where it is instantly analyzed and then displayed on a closed circuit television monitor in the patient's room.

Observations have led to a precise physiologic definition of the post-traumatic pulmonary insufficiency and to the definition of preventive techniques for respiratory management after trauma.

The group of investigators has virtually eliminated this usually fatal complication in their severely injured patients.

Using specialized instrumentation, the research team has identified the essential problem of acute respiratory distress as a marked decrease in the volume of gas in the lungs.

Their approach to this problem

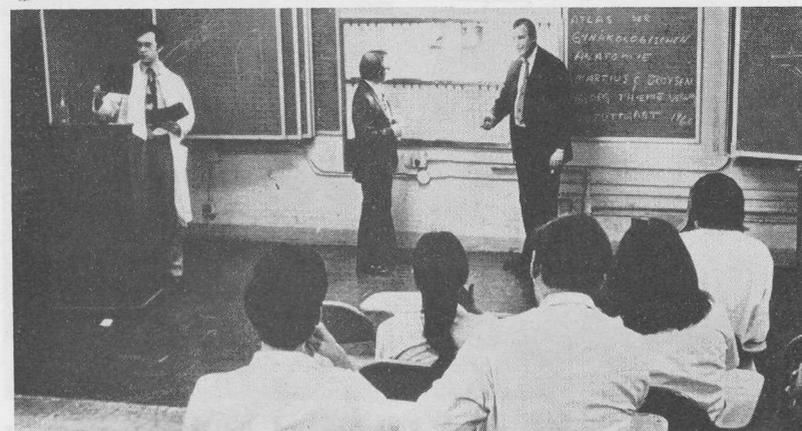


Computer symbols and medical charts serve virtually as life lines, signaling respiratory failure. Attending physicians at Albany are thus alerted to symptoms in time to take preventive measures.

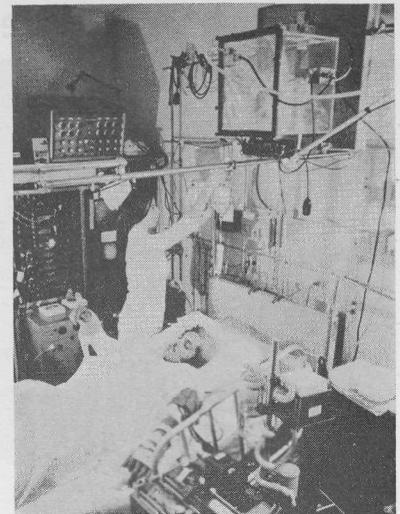
gical Training Committee, "Status of Research in Trauma and the Critically Injured," recommendations included: increasing funds for research; educating the public to the importance of supporting trauma research, and improving the education of undergraduate medical students and residents in trauma.

New horizons of research can return the function of the surgeon to the care of wounds.

Scientists in NIGMS's Trauma



Dr. John Border (r) at the center in Buffalo reviews X-rays of post-operative fractures with Drs. John Rubenstein (l) and Richard Williams during a conference.



Albany's team of physicians, college engineering professors, and computer scientists is credited with saving the lives of victims of severe injury. They found a way to predict and prevent respiratory failure accompanying trauma, or shock, which usually causes death within 2 to 15 days after injury. The method combines electronic detection, high-speed computer analysis, and timely medical treatment to prevent shock.

has been one of hyperventilation, using mechanical ventilators at increased pressure to expand the lung, and thus prevent the usually fatal respiratory collapse.

Researchers at the E. J. Meyer Memorial Hospital center, Buffalo, N.Y., investigate the major chain of events that lead to sequential organ failures following severe trauma.

Round-the-clock studies involving pulmonary, hepatic, and cardiac changes are performed to permit the earliest possible diagnosis and treatment.

Probes Developed

For example, the team developed accurate probes to identify, in man, changes in blood flow to these tissues. They want to establish a correlation of these measuring techniques with other methods such as indicator clearance and impedance plethysmography (measurement of changes in electrical resistance across an organ).

The scientists have been successful in inserting a catheter into the pulmonary artery safely and maintaining its position for several days, thereby providing important information about the impending development of heart or lung failure following trauma.

A critical evaluation is being made of a commonly-used dye dilution technique for measuring cardiac output.

If the implication is confirmed that errors in this technique of 40 to 60 percent occur in patients with severe trauma, the finding will have significant impact on laboratory investigations and clinical care.

HEW Seeks Applicants For 3-Year Internships

Applications are now being accepted for the DHEW Management Intern Program. The program identifies individuals who have the potential to advance to management positions and offers them special training and development opportunities.

Each participant completes four 9-month rotational assignments within at least three separate HEW agencies.

Interns enter the program at the GS-5, GS-7, or GS-9 levels and, upon successful completion of the 3-year program, can qualify for permanent positions at the GS-11, GS-12, or GS-13 levels through merit promotion plans.

To be eligible, an employee must have completed one year's Federal employment by Mar. 1 and hold a career or career-conditional appointment at the time of application.

March 1 Deadline

In addition, applicants must meet specific educational and experience requirements.

A current application for Federal Employment (SF-171), a notice of rating received within the last 5 years, a copy of the employee's most recent Supervisory Appraisal form (HEW 525 or SSA 199 only), and a written statement of the applicant's career objectives and how an internship might assist in achieving them must be submitted by Mar. 1.

These materials should be sent to the DHEW Management Intern Coordinator, DHEW Office of Personnel and Training, Room 4193, DHEW North Building, Washington, D.C. 20201.

Selections will be based on six areas: Training and Self-Development, Experience, Awards, Outside Activities, Statement of Goal, and Appraisal.

Selected employees will be notified by May 21, and will be requested to begin their internships in early July.

Questions should be directed to the DHEW Management Intern Coordinator on Code 13-26315. A description of the program can be obtained from personnel offices.

'NLM News' Supplement Lists Publications Available for Sale

A special supplement of the *NLM News*, issued in December 1972, lists National Library of Medicine publications available for sale.

This supplement contains guidelines for ordering publications from the Government Printing Office and an advance order form for the 1972 *Cumulated Index Medicus*. It also describes a new procedure

Myths of Sickle Cell Disease Exploded; Dr. R. E. Jackson Presents Basic Facts

Approximately 100 NIH employees and others participated in a seminar on sickle cell disease in the Masur Auditorium on Jan. 11. The seminar, sponsored by the NIH EEO coordinators, featured Dr. Rudolph E. Jackson, coordinator of the National Sickle Cell Disease Program and chief of National Heart and Lung Institute's Sickle Cell Disease Branch.

Dr. Jackson presented basic facts about sickle cell disease—its origin, worldwide distribution, various forms and manifestations,



Dr. Jackson presented basic facts on sickle cell disease and the national program which he coordinates at a recent EEO-sponsored seminar.

mode of inheritance, symptoms, treatment, and socioeconomic implications.

He also described the National SCD Program, and exploded some of the myths and misconceptions about the disease and the national program.

Many of these misconceptions revolve around sickle cell trait carriers—those healthy and essentially normal individuals who, when they mate with other trait carriers, are capable of transmitting sickle cell anemia to their offspring.

Each child from such a mating has one chance in four of having sickle cell anemia, two chances in four of carrying the sickle cell trait, and one chance in four of having neither the disease nor the trait.

Responding to a question from the audience, Dr. Jackson said "Trait carriers are healthy; there should be no discrimination against them regarding insurance or employment except that they should avoid oxygen-deficient environments"—such as in an unpressurized aircraft or the depths of a mine.

Despite the fact that these individuals have normal lifespans and virtually no health problems connected with having the trait, some trait carriers are charged higher insurance premiums or dropped from insurance rolls altogether merely because they have the trait.

Others have been fired from their jobs on the erroneous supposition that their condition constituted a hazard to their fellow employees.

Other areas of sensitivity explored by Dr. Jackson involved the implications of genocide raised by some mandatory screening programs and genetic counseling services.

He said that laws establishing mandatory screening programs in some states and municipalities were enacted, in many cases, by well-meaning but uninformed legislators who "felt the need to do something quickly without consulting with the people involved."

Most of these same legislators, many of whom are black, are now actively seeking repeal of the mandatory screening programs and especially of those restricted to blacks, he said.

Dr. Jackson pointed out that the philosophy, policy and practice of the National Sickle Cell Disease Program is that screening programs to detect sickle cell disease or the trait should be entirely voluntary, and should not be limited to blacks.

The best screening method, he said, is *electrophoresis*. Until recently the cost of this test was several dollars per test. Now it can

cost from 10 to 12 cents per test. Moreover, it provides definitive diagnosis of sickle cell anemia and sickle cell trait as well as most other hemoglobin abnormalities, including Cooley's anemia or thalassemia, and hemoglobin C.

Counseling Problems Cited

Dr. Jackson said that "genocide is a constant cry because of the genetic counseling aspects of some programs."

The national program, he explained, emphasizes education—not counseling: an individual who is found to have the trait or the disease is fully informed about the possible consequences, and is then left free to make his or her own decisions.



In introductory remarks at the sickle cell disease seminar, Juanita Cooke, NHLI EEO coordinator, noted that "factual information is relevant to all people."

DR. SHERMAN

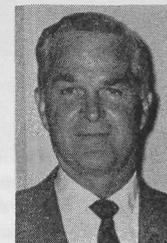
(Continued from Page 1)

and had been an Associate Director of NIH as the first Director of the new Division of Regional Medical Programs.

Dr. Sherman was appointed Deputy Director of NIH on Nov. 1, 1968, after a long career in research and research grants administration. He came to NIH in Jan-



Dr. MacNichol



Dr. Marston

uary 1953 as a research pharmacologist in what is now the NIAID.

He assumed administrative positions of increasing responsibility in the National Institute of Allergy and Infectious Diseases and the National Institute of Arthritis and Metabolic Diseases, becoming NIH Associate Director for Extramural Programs in January 1964.

cost from 10 to 12 cents per test.

Moreover, it provides definitive diagnosis of sickle cell anemia and sickle cell trait as well as most other hemoglobin abnormalities, including Cooley's anemia or thalassemia, and hemoglobin C.

Counseling Problems Cited

Dr. Jackson said that "genocide is a constant cry because of the genetic counseling aspects of some programs."

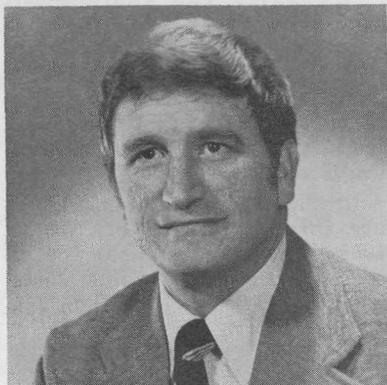
The national program, he explained, emphasizes education—not counseling: an individual who is found to have the trait or the disease is fully informed about the possible consequences, and is then left free to make his or her own decisions.

Philip R. Hugill Named Deputy Chief of Branch

Philip R. Hugill has been named deputy chief of the Optometry, Pharmacy, Podiatry and Veterinary Medicine Education Branch of the Division of Physician and Health Professions Education, BHME.

Mr. Hugill, a pharmacy graduate of Washington State University, joined the PHS Commissioned Corps in 1957.

During his years in the PHS, he has served at the Clinical Center, the former Bureau of State Services, and the former Bureau of Disease Prevention and Environmental Control.



John P. Patterson has been named executive officer of the National Institute of Dental Research. Except for a 3-year stint with the Division of Extramural Research Programs of NIMH, Mr. Patterson has been at NIH since 1957. He has served in administrative posts with the CC, NIAID, and NCI. Mr. Patterson has received several awards for outstanding work.

PRESSURE

(Continued from Page 1)

public health—particularly his contributions in bringing Federal resources to bear on the problems of high blood pressure, one of the nation's major diseases."

In another address, Dr. Jeremiah Stamler, professor and chairman of the Department of Community Health and Preventive Medicine, Northwestern University Medical School, cited studies showing that only one-eighth of the nation's 20 to 25 million hypertensives are detected and adequately treated, and that disability and death attributable to hypertension cost the nation approximately \$5 billion each year.

Noting that there has been no improvement since 1900 in the life expectancy of white males aged 30 years or more, Dr. Stamler declared that an effective long-term national hypertension control pro-



Dr. Theodore Cooper, NHLI Director, has his blood pressure measured between working sessions. He said of the conference, "We do not promise immortality, but we can add years—productive years—to the lives of those afflicted with high blood pressure by an effective nationwide program of education, detection and treatment."

Monograph on Nutrition Research in USSR Issued

A monograph — *Nutrition Research in the USSR, 1961-1970* — issued by the Fogarty International Center, covers that subject during the decade of the sixties.

The volume contains material published in Soviet technical and scientific journals between 1961 and 1970. It includes the following fields: physiological processes, nutritional requirements, enzymes, diet therapy, food science, and nutrition surveys.

The author, Dr. William H. Fitzpatrick, a biochemist and food technologist, has had years of experience studying Soviet research on nutrition, biochemistry, and stress.

The publication is available for \$3.75 at the Government Printing Office. A limited number of copies are available free to investigators interested in nutrition. Call FIC's Information Office, Room B2C12, Bldg. 31, Ext. 64625.

gram "could get us dramatically off dead center in that regard."

The conference is part of the National Hypertension Program initiated last July by Secy. Richardson to alert the American public about the dangers of high blood pressure, and the availability of effective and inexpensive means of detecting the disease and controlling it through the use of blood pressure lowering drugs.

At that time, he appointed two committees to plan and implement the program; a Hypertension Information and Education Advisory Committee and an Interagency Working Group (see *NIH Record*, Aug. 15, 1972).

The small working groups and Task Forces comprising these committees spent much of the 2-day conference formulating a national plan with respect to: (1) standards

ADDRESS CHANGE NOTICE

EFFECTIVE DATE

 ADDRESS CHANGE

 REMOVE FROM MAILING LIST

PASTE HERE OLD ADDRESS LABEL FROM CORRESPONDENCE (If not available type or print old address)

OLD ADDRESS

NEW ADDRESS

NAME DEPT. B/I/D. BLDG., ROOM, CITY, STATE, ZIP CODE
(Type or Print)

NIH - 1868 (11-71)

COMPLETE OTHER SIDE

GPO 923-925.

ADDRESS CHANGE NOTICE—Is your office one of those that has moved? If so, then you should notify anyone with whom you regularly correspond about the relocation. Mail is delayed when it has to be rerouted. The Mail Room urges all relocated employees to send change-of-address cards as soon as possible. They are available in the Self Service Stores (NIH Stock No. 7-5894). The cards can also be used to remove names from mailing lists.

Plaque-Free in '73



A fitting slogan—**Plaque-Free in '73**—pinpoints Feb. 4-10 as **National Children's Dental Health Week**. NIDR asserts that plaque contributes to tooth decay, and is one of the causes of periodontal diseases. Children especially should learn about removing plaque from their teeth.

and conditions for screening and treatment; (2) education of professional health workers; (3) public information on high blood pressure, and (4) the impact of an expanded hypertension program on the health care delivery system, and the need for additional resources.

Task Force status reports included recommendations for a series of regional meetings—hearings, actually—to further publicize the national program and to assess community needs and resources in developing model education, screening, and treatment programs.

The result is envisioned as a consortium of local resources and interests in which the Federal Government serves as a facilitator or catalyst in achieving the detection, diagnosis, and treatment programs required by a given community.

Other recommendations called for the extensive use of paraprofessional health personnel and others trained in the use of the

NIH Visiting Scientists Program Participants

1/2—Dr. Hardy J. Chou, Taiwan, Laboratory of Molecular Aging. Sponsor: Dr. Joseph Pitha, NICHD, Gerontology Research Center, Baltimore City Hospitals, Balto., Md.

1/2—Dr. Katsuhiko Ikumura, Japan, Pathologic Physiology Branch. Sponsor: Dr. Robert L. Dixon, NIEHS, Research Triangle Park, N.C.

1/8—Dr. Zippora Dafni, Israel, Developmental Immunology Br. Sponsor: Dr. John B. Robbins, NICHD, Bldg. 10, Rm. 12N 240.

1/16—Dr. Luigi Chieco-Bianchi, Italy, Viral Leukemia and Lymphoma Br. Sponsor: Dr. George J. Todaro, NCI, Fed. Bldg., Rm. 502.

Meeting of Credit Union Changed to Thursday, Feb. 1

The annual meeting of the NIH Federal Credit Union on Jan. 25 was postponed in observance of the national day of mourning for the late President Lyndon B. Johnson.

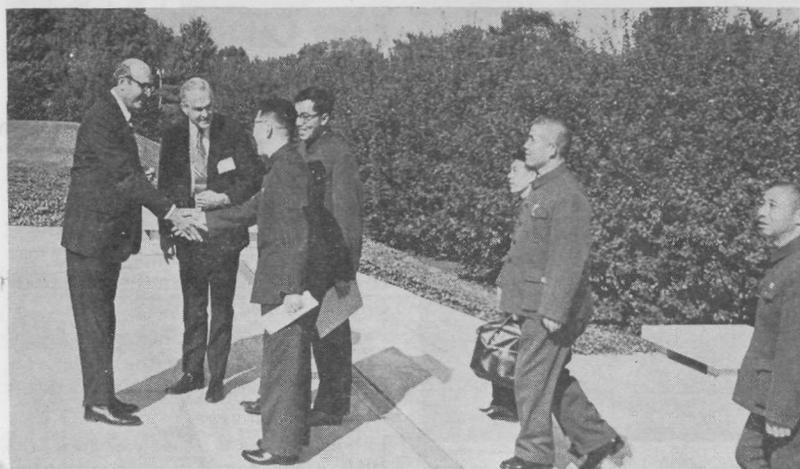
It has been rescheduled for Thursday, Feb. 1, at noon in the Jack Masur Auditorium.

Don't forget—winners must be present at the meeting to receive the door prizes.

blood pressure meter (sphygmomanometer)—including nurses, dentists, medical students, spouses, and other relatives of hypertensive patients—in screening programs to detect hypertension and in routine surveillance of patients.

Also proposed was a five-point public awareness campaign including the establishment of a National High Blood Pressure Information Center within the National Heart and Lung Institute Office of Information.

SCOPE OF PROGRAMS EXPANDS DURING MARSTON'S TENURE AT NIH



Dr. Marston and Dr. Martin W. Cummings, NLM Director, greet Dr. Wu Wei-jan and other scientists and physicians from the People's Republic of China on the steps of the National Library of Medicine.

(Continued from Page 1)

NIH's budget appropriations for research, grant programs, construction of research centers, additional laboratories and modernizing campus facilities.

In 1969 NIH appropriations were \$1.4 billion; in fiscal 1972 they were \$2.2 billion—a 60 percent increase.

New facilities included two large laboratory buildings, Bldgs. 36 and 37, for additional research space, and a Gerontology Research Center, a component of the National Institute of Child Health and Human Development, was established in Baltimore.

NEI Established

The importance of the expanding research and the scope of the enlarged programs were reflected in a number of changes in the Bureaus, Institutes and Divisions at NIH during his tenure.

The National Eye Institute was established in the latter part of December 1968 to carry out an enlarged program on blindness research. In 1971, NEI launched a major collaborative research program on glaucoma.

While Dr. Marston was Director of NIH, the Division of Environmental Health Sciences which was established in 1966 was raised to Institute status in 1969.

BHME Moves to Campus

That same year the John E. Fogarty International Center for Advanced Study in the Health Sciences, whose mission includes the sponsoring of international scientists and programs, received its first foreign scientist as an NIH Fogarty Scholar.

The Bureau of Health Manpower Education, previously off the campus, moved here in 1970, and the Division of Manpower Intelligence—a BHME component whose work included programs to increase manpower in the health professions

—was also created in 1970.

On Dec. 23, 1971, the President signed the National Cancer Act of 1971 providing for increased authority, funds, and responsibilities for the National Cancer Institute.

In that year, the President also announced the conversion of Fort Detrick into the Frederick Cancer Research Center to be run by a private contractor under NCI and open to scientists from all over the world. The contract was awarded in June 1972.

The National Heart and Lung Institute and the National Cancer Institute were raised to Bureau status within NIH on July 27, 1972. This elevation emphasized new objectives under the National Cancer Act and the National Blood Vessel, Lung, and Blood Act, respectively.

A National Hypertension Program with NHLI in charge was implemented and the SCORs, Specialized Centers of Research, program was expanded to include 42 centers set up to deal with arteriosclerosis, pulmonary disease, hypertension and thrombosis.

Dr. Marston, the recipient of

several awards for his own scientific accomplishments, also accepted awards for NIH for its research contributions.

One—the Edward R. Loveland Award—given by the American College of Physicians, was presented in 1972 to Dr. Marston in behalf of NIH for its "distinguished contributions in the health fields."

Dr. Marston has received honorary Doctor of Science degrees from the College of William and Mary and the Albany Medical College of Union University. In 1968 he was named the First Harold S. Diehl Lecturer.

In 1972 Dr. Marston was also inducted into The Johns Hopkins Society of Scholars, which honors distinguished former postdoctoral fellows of the university.

On the local horizon—the NIH reservation—Dr. Marston gave encouragement to the Upward Mobility College on the campus and devoted much time to EEO programs. He fostered and addressed many conferences for minority employees at NIH.

Background Noted

From 1951 to 1953, Dr. Marston was at NIH in the special weapons project to conduct research on the role of infection after whole body irradiation.

The following year he completed his residency at the Medical College of Virginia.

Dr. Marston's academic career included teaching while a Markle Fellow at the Medical College of Virginia, serving as assistant professor of bacteriology and immunology at the University of Minnesota, and as associate professor of medicine and assistant dean in charge of student affairs in the Medical College of Virginia where he returned after a year at Minnesota.

In 1961 he was named Director



Prince and Princess Hitachi of Japan were greeted by Dr. and Mrs. Robert Q. Marston during their tour of U.S. medical facilities in September 1972. Prince Hitachi, second son of the Emperor, is a special investigator at the Japanese Foundation for Cancer Research in Tokyo.

of the U. of Mississippi Medical Center and Dean of the School of Medicine, and 4 years later was appointed Vice Chancellor.

Dr. Marston became NIH Director when Dr. James A. Shannon retired in 1968. Before that he was an NIH Associate Director and Director of the new Division of Regional Medical Programs.

In the latter post he arranged for cooperation among medical schools, research institutions, physicians, and hospitals for training, continuing education, and teaching patient care in heart disease, cancer and stroke.

In 1968, under a reorganization of HEW's health services, Dr. Marston was named Administrator of the newly established HSMHA. He served in that position for 5 months before his appointment as NIH Director.

His scholastic background includes a Rhodes Scholarship after receiving his B.S. degree in 1943 from the Virginia Military Institute and his M.D. from the Medical College of Virginia in 1947.

At Oxford University, he worked with Prof. Howard Florey, the Nobel laureate. After a 2-year stay there, Dr. Marston was awarded a B.Sc. degree. He returned to the States to serve an internship at Johns Hopkins Hospital and a year's residence at Vanderbilt University Hospital.

A member of many professional societies, Dr. Marston has authored several scientific papers in the field of infectious diseases.

He was a member of the Editorial Board of the *Journal of Medical Education*, has served as chairman of the International Fellowship Review Panel at NIH, and as a consultant to the Review Committee, Division of Hospital and Medical Facilities, HEW.



Dr. Robert N. Berliner (l), NIH Deputy Director for Science, and Dr. Marston visited the Oak Ridge National Laboratory in 1969 to attend a briefing on ORNL research with its Director, Dr. Alvin M. Weinberg.

A Debate on Psychosurgery Questions Techniques Used to Modify Behavior

The use of psychosurgery, a popularized term to describe the selective destruction of specific brain tissue to relieve behavioral disturbances, was criticized and defended in a recent debate held here.

The debate, organized by an ad hoc committee on psychosurgery concerned with the possible use and abuse of neurosurgical techniques for modification of human behavior, was sponsored by the NINDS-NEI-NIMH Assembly of Scientists.

The concern was prompted by a recent Congressional appropriation of \$1 million in the budget of the National Institute of Neurological Diseases and Stroke for funding research on the biological basis of violence and its treatment. This appropriation was eliminated, however, with the veto of the HEW budget.

Task Forces Established

Earlier this year, both the NINDS and the National Institute of Mental Health established task forces to probe what is currently known and what needs to be learned about biological bases of abnormal behavior.

The Senate Appropriation Subcommittee subsequently expressed concern about the research on violence. As a result, the Director of NIH promised the committee chairman that no research in this area will be funded by NIH until

the task forces have made their report and firm guidelines are established.

Dr. Orlando J. Andy, chairman of the Department of Neurosurgery, University of Mississippi in Jackson, discussed his rationale for performing psychosurgery on 30 patients—most of them children.

Discusses Research

He said psychosurgery is called for only in patients "who are at the extreme pathologic end of the scale" and for whom both psychiatric and drug treatment have not produced significant improvement.

He performs surgery only with the consent of the patient and family.

Dr. Andy's position was challenged by Dr. Peter Breggin, a Washington psychiatrist at the Washington School of Psychiatry, who expressed strong opposition to psychosurgery in any form.

The Rev. David Eaton, senior minister of the All Souls' Unitarian Church in Washington, expressed concern that patients in psychosurgery research would be drawn from the poor, and particularly from the black community.

Dr. MacLean Explains Studies

Dr. Paul MacLean, chief of the Laboratory of Brain Evaluation and Behavior, NIMH, stressed that his animal studies implicitly showed that any time the brain suffers injury, such as that produced by electrodes, "the brain never forgets."

"Epileptic seizures often occur after such injury, although they may not occur for some years afterward," he said.

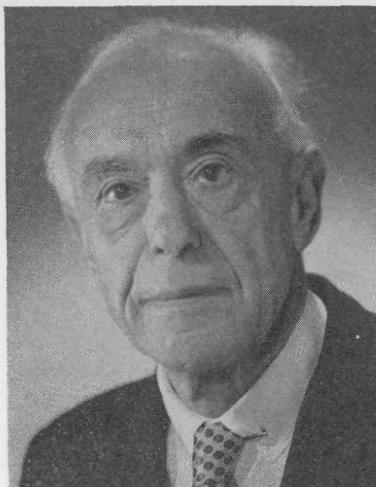
"In the 1940's and 1950's," he continued, "at least 10 to 20 percent of the patients undergoing lobotomy developed epilepsy."

Stresses Need for Caution

He also cautioned against confusing indicated surgery for epileptic seizure disorder with psychosurgery.

Dr. Ayub K. Ommaya, assistant chief of the NINDS Neurosurgery Branch, said that use of psychosurgery for amelioration of behavioral problems should be used only with extreme caution, but that it can occasionally be the only salvation for certain selected patients.

Dr. Larry Ng, a neurologist with



Dr. Rosenthal, 75, is now experimenting on the role of tissue swelling in the response to trauma.

DR. ROSENTHAL

(Continued from Page 1)

sential for the effective treatment of burn shock.

His work is of particular value for potential use in the rapid treatment of traumatic shock and burns in mass disaster where intravenous plasma extenders and the skilled personnel to administer them are not always available.

Since his retirement in 1961, Dr. Rosenthal has been a consultant to NIAMDD Director, Dr. G. Donald Whedon.

February Movie Discusses Aspects of Heart Disease

"Can You Avoid a Heart Attack?" will be the Employee Health Service movie for February in observance of Heart Month.

Correspondent Mike Wallace narrates the 26-minute color film which points out that one of every five American men will have a heart attack before age 60.

The production goes beyond statistics to examine the causes for the rise in heart attack victims.

A panel of specialists discusses the pros and cons of the effects of smoking and diets on heart disease.

The film will be shown in the Jack Masur Auditorium, Wednesday, Feb. 14, at 11:30 a.m. and 12:15 p.m., and in Westwood Conference Room D, Thursday, Feb. 15, at 1:15 and 2 p.m.

NIMH, questioned the use of psychosurgery to alter behavior where no brain lesions are present.

He emphasized the lack of information on psychosurgery and proposed that more study was needed.

Dr. Wiesburger Retires From Cancer Institute; His Wife Replaces Him

Dr. John H. Weisburger, head of the Carcinogen Screening Section, Experimental Pathology Branch, and director of the Bioassay Segment, NCI's Division of Cancer Cause and Prevention, recently retired after 25 years in the PHS Commissioned Corps.

He has been named vice-president for research of the American Health Foundation in New York.

Dr. Weisburger joined NCI's Laboratory of Biochemistry in 1950 after serving as a research fellow for the Navy and NCI.

He remained with the lab until 1961, when he was named to head the screening section.

Dr. Weisburger has been associated editorially with a number of leading scientific journals, a member of several scientific societies, and the author and co-author of



When Dr. John Weisburger retired, Dr. Elizabeth Weisburger assumed the post he held as chief of NCI's Carcinogen Screening Section.

more than 150 papers in his field.

He studied at the universities of Brussels and Havana, and later received his A.B., M.S., and Ph.D. from the University of Cincinnati.

Dr. Elizabeth K. Weisburger, of the noted husband-wife research team, succeeds her husband as head of the section directing the Bioassay Program.

She will continue as the assistant editor-in-chief of the *Journal of the National Cancer Institute*.

Dr. Weisburger, a PHS commissioned officer, received her Ph.D. from Cincinnati. She joined NCI as a postdoctoral research fellow in 1949.

She also served in the Lab of Biochemistry before transferring to the CSS in 1961.



Dr. Robert M. Chanock, NIAID, recently received the 1972 Gorgas Medal presented by the Association of Military Surgeons of the U.S. and Wyeth Laboratories of Philadelphia. The award, named for Maj. Gen. William C. Gorgas who is known for his research in preventive medicine, consists of a silver medal, a scroll, and a \$500 honorarium. Dr. Chanock, chief of the Laboratory of Infectious Diseases, was cited for "... accomplishments and ... leadership in research efforts to identify new respiratory pathogens and to develop effective methods of preventing acute respiratory diseases of importance in military and civilian life."