Dr. Ernest Simon Heads NHLI Division of Blood Diseases and Resources

Dr. Ernest Robert Simon has been named director of the Division of Blood Diseases and Resources, National Heart and Lung Institute.

This Division is made up of four branches dealing with: (1) thrombosis (blood clots in the heart or blood vessels) and hemorrhagic disease (hemophilia, etc.); (2) manpower and resources; (3) blood resources (blood banking); and (4) sickle cell anemia (a genetic blood disorder primarily afflicting black people but found in other ethnic groups).

Components Named

The components are Thrombosis and Hemorrhagic Diseases Branch; Manpower and Resources Branch; Blood Resources Branch, and the Sickle Cell Disease Branch.

Dr. Simon received his M.D. degree from Harvard University in 1954. From 1956 to 1958 he was a clinical associate of NIAMD.

From 1961 to 1953 he was instructor and assistant professor of (See DR. SIMON, Page 7)

Workshop Participants Stress Importance Of Evaluating Treatment for Head Injury

Procedures that are commonly used for treating head injury have never been adequately tested to prove they help, and in some instances they may even be harmful, stated recent Head Injury Center Research Workshop sponsored by the National Institute of Neurological Diseases and Stroke.

"The point is," explained Dr. Ayub K. Ommaya, chairman of the workshop, "since we don't yet know what brain changes mean following injury, we don't know how best to treat the patient." Dr. Ommaya is head of the Applied Research Section, NINDS Surgical Neurology Branch.

In discussing treatment, Dr. Thomas W. Langfitt, Philadelphia General Hospital, declared, "We haven't been able to study effects of specific therapies in man because the head injury patients are acutely ill. So we try everything."

Dr. Ommaya considered proper treatment crucial because irreversible brain damage is almost always a result of the aftereffects of the injury rather than from the injury itself.

At the workshop, Dr. Stanley Rapoport, NIMH Laboratory of Neurophysiology, questioned urea therapy. He presented new evidence indicating that urea which is injected intravenously in the body, while decreasing brain edema, may actually be detrimental.

Urea Therapy Described

Urea lures water out of the brain by shrinking cells which normally pack together to form an impenetrable barrier between the brain and blood vessels.

"But," said Dr. Rapoport, "there is strong indication that it may allow minute, potentially harmful constituents from the blood to enter the brain, and, conversely, to allow other particles to drain out of it." And urea itself can pass through the barrier in large enough quantity to induce water back into the brain, he further explained.

Urea is one of four measures doctors use to treat acute head injury. The other three methods are hypothermia (cooling the

Veterans Find Training And Positions in Health Fields Through MEDIHC

Since 1970, eleven thousand veterans have located jobs and have had opportunities for training in the health field through Operation MEDIHC — Military Experience Directed Into Health Careers.

Thomas D. Hatch, Director, Division of Allied Health Manpower, BHME, presented this report last week at the first national MEDIHC conference held at the Sheraton Park Hotel in Washington, D.C.

Dr. Endicott Presides

Dr. Kenneth M. Endicott, BHME Director, presided at the opening session of the conference.

In welcoming the delegates, Dr. Endicott said that "MEDIHC has contributed significantly to increasing the capability of many hospitals, health clinics, extended-care facilities and other health-care resources throughout the country to provide health services to people who need them. It is an effective program and has high priority for continuation."

Representatives from MEDIHC agencies in 50 states and the District of Columbia took part in the conference. Participants from Federal agencies included counselors from the Department of Defense Transition Program and officials from the Veterans Administration.

Dr. Guillemin to Present NIH Lecture on April 11

At Masur Auditorium

Dr. Roger C. Guillemin, resident fellow and dean of the Salk Institute, La Jolla, Calif., will deliver the NIH Lecture on Wednesday, Apr. 11, at 8:15 p.m., in the Jack Masur Auditorium.

Dr. Guillemin headed one of the groups of scientists who several years ago isolated and synthesized the first hormonally active hypothalamic hormone, thyrotropin-releasing hormone.

Recently he has isolated and synthesized another releasing hormone or factor, luteinizing-releasing factor, which stimulates the secretion of gonadotropic hormones by the pituitary gland.

These hormones represent the major link between the central nervous system and the endocrine system, and, hence, are a critical factor in biological control processes in multicellular organisms.

Dr. Guillemin, a native of Dijon, France, received an M.D. degree from the Faculty of Medicine in Lyons in 1949, and his Ph.D. from the University of Montreal in 1958. Later, he became a U.S. citizen.

(See DR. GUILLEMIN, Page 7)
Latin Cultural Week Observed Here Starting April 9

Latin Cultural Week—La Semana de los Latinos—will be observed at NIH during the week of April 9, from noon to 1 p.m., in the Jack Masur Auditorium.

Dr. Jaime Benitez, Resident Commissioner of Puerto Rico, will be the principal speaker on April 10. Music, film, and discussions relevant to Hispanic culture will also be presented at the programs.

NIH Officials Interviewed On National Syndicated HEW Radio Programs

A series of radio programs featuring interviews with prestigious scientists is being nationally syndicated by HEW.

The series—entitled Jean Glenn on Health—has been requisitioned by several hundred radio stations throughout the U.S., including stations in major cities such as Baltimore, Chicago, New York, Seattle, San Francisco, and Washington, D.C.

Directors Give Views

Mrs. Glenn, the interviewer, is special assistant to Dr. Holman R. Wherrett, HSMHA Regional Health Director, Region VII in Kansas City.

NIH scientists who are interviewed on the programs are Dr. Robert Manning, BHME/OD; Florence Foelak; CC, Thalia Roland; DAHM, Laura Mae Kress; DCRT, Joan Chase; DHH, Carolyn Niblett; DM, Marian R. Fox; DN, Evelyn Lazzari; DIPE, Frank A. Sis; DRG, Sue Meadows; DRR, Jerry Gordon; DRS, Cora M. Salt; FIC, Lois P. Mong; NCI, Robert J. Avery; NEI, Bonnie Friedman; NHLI, Bill Sanders; NIAID, Kvin Larson; NIMDD, Pat Gorman; NICHD, Lloyd Blevins; NIDR, Sue Hamon; NIEHS, Elizabeth Y. James; NIGMS, Wanda Wardell; NINDS, Carolyn Holstein; NLM, Ann R. Lindsay.

Applying for NIH Program Now; Deadline Is April 16

Applications are now being accepted for 1978-74 management internships.

The Management Intern Program trains men and women for positions in general administration, budget, grants management, and other administrative specialties through a series of on-the-job training assignments.

To qualify, applicants must take the Federal Service Entrance Examination. Arrangements may be made by personnel offices. The next examination will be given on April 16.

NIH Toastmasters Club Invites Employees to Fill 10 Vacancies

The NIH Toastmasters Club now has vacancies for ten new members, according to its newly-elected president Dr. George J. Cosmides, an NIGMS program coordinator.

Under international rules, the Club is limited to 40 members. Sponsored by R&W, the NIH Toastmasters Club helps members communicate more effectively. Special emphasis is on speechmaking skills as well as learning to read and to listen analytically.

Employees may bring their lunch to the meetings every Thursday at noon in the Clinical Center cafeteria, dining room two.

For additional information contact Estela Barry, administrative vice-president, Ext. 63865, or Dr. Cosmides, Ext. 67707.

Margaret Christ, GRC Purchasing Agent, Dies

Margaret H. Christ, a purchasing agent for the Gerontology Research Center, Office of the Scientific Director, NICH, died last month in Baltimore.

Miss Christ, who graduated from the University of Baltimore, joined GRC in 1951, transferring from the Social Security Administration.

During her nearly 22 years in the GRC administrative office, she helped to provide the efficient services required to operate a modern research facility.

Services for Miss Christ were held Feb. 27.

Her brother, Henry J. Christ, said that friends may send memorial contributions to the American Cancer Society.
Dr. Highman Retires; Noted Pathologist Was With PHS 36 Years

Dr. Benjamin Highman, who has retired this month after 36 years in the Public Health Service, will assume the post of professor of pathology at the University of Arkansas Medical Center as well as associate director of pathology at the National Center for Toxiological Research.

He was, at the time of his retirement, on the staff of the Laboratory of Experimental Pathology, National Institute of Arthritis, Metabolism, and Digestive Diseases.

Dr. Highman received the B.S. degree in 1930, his M.S. in pathology in 1932, and graduated with honors that year from the University of Illinois College of Medicine.

He taught pathology at the university prior to joining the PHS in 1935. For the next 5 years he served in various clinical specialties at several PHS hospitals and on the Coast Guard Cutter Cavuga.

In 1941 Dr. Highman joined NIH in the Laboratory of Pathology. Later, from 1950 to 1955, he served as chief of the Section on Pathologic Anatomy, Laboratory of Experimental Pathology, NIH.

From 1965 to 1972 he was PHS liaison officer to the Armed Forces Institute of Pathology, where he also served as chief of the Radio pathology Division.

At the conclusion of this tour of duty, Dr. Highman was awarded a Certificate of Distinguished Service and an AFIP Medallion.

Dr. Highman has written some 130 scientific papers on various aspects of pathology.
Minorities Train To Serve
In Medical Shortage Areas

Black Americans, Spanish-surnamed Americans, and American Indians—minorities with some of the worst health problems in the United States—are grossly underrepresented in the health professions.

Clustered in big city ghettos and barrios and hinterland villages and reservations, minorities have extraordinary health problems. In comparison to whites:

- Nonwhite Americans die 7 years sooner,
- Nonwhite babies die in infancy almost twice as often,
- Nonwhite mothers die in childbirth 4 times as often.

More than 134 counties and thousands of communities throughout the country lack a physician, depriving millions of Americans ready access to medical care.

Under the Health Manpower Education Initiative Awards program, included in the Comprehensive Health Manpower Training Act of 1971, Special Health Career Opportunity grants support projects to identify and enroll in health training individuals whose background and interests make it appear likely that they will practice in rural or other shortage areas.

The Office of Health Manpower Opportunity within the Bureau of Health Manpower Education administers these grants to 42 participating institutions. Thus NIH helps to meet the long-term goal of minority representation in the health professions at least equal to the general population representation.

Cherokee County, Okla., has five registered physicians serving a population of over 20,000. The corridors of Hastings Hospital (left), where some patients wait all day in vain to see a doctor, illustrate the need for improved medical care. The BHME grants program provides funds for such projects as a Maternal Child Health Workshop (top), taught by Dr. Hilary Conner.

Once trained, his students will be able to provide prenatal and postnatal home care to area residents. At right, health occupations instructor Phyllis Proctor takes the blood pressure of a nurse's aide trainee while two other students observe the procedure. This training takes place at the Cherokee Hills Skills Center.
Student McLean Olson Gardiner waits his turn as Sandra Williams studies a culture through a microscope as part of her training in the program at Livingston College, New Brunswick, N.J. Livingston's project to acquaint minority students with the health professions includes two innovative science development courses, intensive internship opportunities, and a visiting scientist program.

Jim West, a Cheyenne Indian from Oklahoma, adjusts his microscope in a laboratory at the University of New Mexico, where he is a first-year medical student. Mr. West, a former Baptist minister, takes part in a Basic Science Enrichment program which prepares minority students for medical school.

A student at the University of California at San Francisco's School of Dentistry learns to drill and fill cavities as part of his professional training. A special admissions committee comprised of faculty, dentists from the minority community, and students already in the program follows a set of guidelines designed for socio-economically disadvantaged applicants in conformity with UCSF's minority recruitment and retention program. Course work in anatomy (upper left) is also included in a student's curriculum.

ill be able to provide prenatal and postnatal home occupations instructor Phyllis Proctor takes the blood two other students observe the procedure. This training center.

photos by Sharon Dorfman
DHPE Awards Contract To Create Model Seminar For Emergency Care

The Division of Physician and Health Professions Education, BHME, has awarded a contract to the American College of Surgeons to develop and conduct a model seminar program for instructing non-specialist physicians in the emergency care of critically injured accident victims.

"If successful, this project will be expected to provide post-graduate training opportunities for non-urban practitioners by which the care of trauma patients may be enhanced," said Dr. Harry W. Bruce, Jr., DPHE Director.

Lives Can Be Saved

Of the approximately 115,000 Americans who die yearly as the result of accident injuries, more than 90 percent could be saved, authorities estimate, through improved emergency care by attending physicians, Dr. Bruce noted.

Improved care also could reduce the number of accident victims disabled yearly-11 million temporarily and 400,000 permanently.

The model program will be aimed at filling unmet educational needs of physicians practicing in rural areas or other areas where multispecialty teams are not readily available.

Seminar topics include treatment of shock, control of massive bleeding, and treatment of life-endangering burns.

**DR. HIGHMAN**

(Continued from Page 5)

He has also been interested in parasitic infections, experimental bacterial endocarditis, and effects of environmental stresses on tissue and serum enzyme changes.

Dr. Highman was president of the Washington Society of Pathologists in 1968, and is a Diplomat of the American Board of Pathology in both pathologic anatomy and in clinical pathology.

Dr. and Mrs. Highman have two children, both physicians. Their daughter, Barbara, is a dermatologist, and son, Lawrence, is a surgeon in the Army Medical Corps in Korea.

Supervisors Fostering Progress For Employees May Win Award

An award to be presented to supervisors in IHEW agencies who have shown an outstanding interest in fostering the goals of the Federal Women’s Program for their women employees was announced by the IHEW Assistant Secretary for Administration and Management.

Nominations for the award, which is entitled Supervisory Awards for Advanceement of the Federal Women’s Program, may be submitted to the Assistant Secretary for Administration and Management, IHEW North, Room 5680. March 31 is the deadline.

**1.2 Million Fibers Found in Human Optic Nerve**

Dr. Potts, on NEI grantee, displays enlarged photographs of a cross section of the optic nerve (r) and a portion of the nerve shown in greater detail. Counting the fibers to be accomplished in 8 hours with a computerized image processor that scanned about 500 photomicrographs of a cross section of the nerve.

A technique developed by the two institutions enabled the task of counting the fibers to be accomplished in 8 hours with a computerized image processor that scanned about 500 photomicrographs of a cross section of the nerve.

The photographs and data from the processor have provided new information on how glaucoma and other diseases affect receptor areas and nerve fibers.

Research was supported by the National Eye Institute, L. L. Sinton Trust, and the U.S. Atomic Energy Commission.

Dr. Albert M. Potts, professor and director of research, Department of Ophthalmology, Division of the Biological Sciences at Chicago’s Pritzker School of Medicine, reported on the research in the December issue of Investigative Ophthalmology.

**Technique Described**

The technique not only counts each cross-sectional nerve fiber, but it gives the diameter of each of the 1.2 million fibers and measures how many occupy a given area in the photomicrograph.

Researchers have been trying for over a century to count the fibers in the optic nerve, according to Dr. Potts. Previous “counts” were made by counting the fibers in a given microscopic area and multiplying to obtain the estimated figure for the entire nerve.

At one time, it was thought there were only 500,000 fibers in the optic nerve.

Award for Advancement of the Federal Women’s Program, may be submitted to the Assistant Secretary for Administration and Management, IHEW North, Room 5680. March 31 is the deadline.

**HEAD INJURY**

(Continued from Page 1)

brain), steroid administration to reduce pressure, and carbon dioxide reduction in the brain.

Some scientists question the value of measuring intracranial pressure and blood flow since they feel this does not reflect the severity of the injury, and it introduces the risk of infection.

**Bruce Explains Study**

In his research, Dr. Derick Bruce, University of Pennsylvania, showed that decreased blood flow may not be dangerous because it may trigger the brain’s own defense mechanisms.

He said that a reduced cerebral blood flow is accompanied by a reduced demand by the brain for glucose and oxygen.

This observation coincided with basic studies on the brain’s oxygen control, conducted by Drs. Haim Bicher and Melvin Kniessler, Medical University of South Carolina. They found that brain tissues can regulate oxygen supply to its demand, like a thermostat regulates heat for a house.

"If this is so," Dr. Ommaya said, "we need to learn how we can influence this regulation."

**Evidence Presented**

Evidence presented by Dr. Fred Plum, Cornell University Medical Center, indicates that harmful effects are produced when anoxia, reduced oxygen, is accompanied by ischemia, reduced blood flow, allowing the build-up of metabolite by-products.

Hormonal changes may also alter brain function, said Dr. Jonathan Costa, "Our studies indicate that nepriephrine, a hormone which transmits messages, is blocked somewhere along the nerve." Dr. Costa is in the NINDS Laboratory of Neuropathology and Neuroanatomical Sciences.

Dr. Ommaya stated that he expects animal models will soon provide decisive information on brain changes and effects of various treatments.

**Animal Models Used**

"The animal models have shown that while EEG’s (measurement of brain wave activity) do not adequately indicate the extent of brain damage, brain waves produced by stimulating various parts of the body are excellent," he explained.

Scientists stressed the need for clinical studies defining the natural history of head injury.

Dr. Bryan Jennette, University of Scotland, Glasgow, said, "A scale is needed to measure neurological outcome in survivors. We can’t assume everyone who gets better, past the vegetative state, has recovered. ‘Return to work’ is a misleading criteria for recovery.”
NIH Visiting Scientists
Program Participants

2/1—Dr. Paola Di Natale, Italy, Laboratory of Chemical Biology. Sponsor: Dr. Alan N. Schechter, NIAMDD, Bldg. 10, Rm. 9N231.

2/1—Dr. Orsola Fuglese, Italy, Laboratory of Cell Biology. Sponsor: Dr. Edo Appella, NCI, Bldg. 8, Rm. 809.

2/1—Dr. Majidi Shahin, India, Mutagenesis Branch. Sponsor: Dr. Frederick J. de Serres, NIEHS, Research Triangle Park, N.C.

2/4—Dr. Olive W. Quinn, U.S., Laboratory of Psychology. Sponsor: Dr. David Rosenthal, NIMH, Bldg. 10, Rm. 2N232.

2/27—Dr. Milica Bjegovici, Yugoslavia, Laboratory of Preclinical Pharmacology. Sponsor: Dr. Emilio Costa, NIMH, Wm. A. White Lab., Rm. 115, St. Elizabeths Hospital, Washington, D.C.

2/1—Dr. Nanak Chand, India, Biometry Branch. Sponsor: Dr. Michael Hogan, NIEHS, Research Triangle Park, N.C.

2/1—Dr. Shoshana Segal, Israel, Laboratory of Biochemistry. Sponsor: Dr. Edward L. Kuff, NCI, Bldg. 37, Rm. 4C05.

2/1—Dr. Ramesh C. Srivastava, India, Laboratory of Immunology. Sponsor: Dr. Bruce Merchant, NAID, Bldg. 10, Rm. 11N321.

Other Scientists Listed

2/7—Dr. Janina Kwiatowska-Koreczak, Poland, Laboratory of Experimental Pathology. Sponsor: Dr. George G. Glenner, NIAMDD, Bldg. 10, Rm. 3N112.

3/3—Dr. Easwar Subramanian, India, Laboratory of Molecular Biology. Sponsor: Dr. Martin Gellert, NIAMDD, Bldg. 2, Rm. 322.

3/4—Dr. Saburo Ayukawa, Japan, Laboratory of Physiology. Sponsor: Dr. Marco Rabinovitch, NCI, Bldg. 10, Rm. 2B50.

DCRT Plans 2 Seminars
On Time-Sharing Option

Project managers and administrative personnel who use DCRT's central computer facility may learn about the new IBM Time-Sharing Option and its value. The Computer Center Branch will conduct two seminars explaining TSO: one at 9:30 a.m. on Monday, April 9, and the other at 1:30 p.m. on Tuesday, April 10. Both will be held in Bldg. 1, Conference Room 5.

Seminars will be management oriented—not designed for analysts or programmers.

Those interested in attending either of the new IBM Time Sharing Option should call the Technical Information Office, Ext. 65431, to register.

Seats will be assigned to those who register in advance.
Study of Triple-Drug Therapy for SLE
Initiated on Basis of Animal Research

A new study of triple-drug therapy for systemic lupus erythematosus, SLE, an inflammatory disease of connective tissue, is being initiated on the basis of animal investigations at the National Institute of Arthritis, Metabolism, and Digestive Diseases and at Walter Reed Army Medical Center.

The scientists report that simultaneous administration of three potent drugs effectively retards the disease process in NZB/W mice, a strain of rodents which develops an SLE-like disorder spontaneously as they grow older. Beneficial effects were attained without increased drug toxicity by use of low doses of each drug, and the researchers believe that evaluation of similar treatment in human SLE patients may be warranted.

SLE is one of a family of diseases, such as rheumatoid arthritis and rheumatic fever, in which the body's connective tissue is affected abnormally. It may begin with any number and combination of symptoms and, subsequently, produces alterations in the structure and function of the skin, joints, and internal organs, particularly the kidneys.

SLE frequently affects young women between the ages of 15 and 40, and there is no completely satisfactory form of therapy.

Dr. Michael C. Golfand (l) is diluting a drug before Dr. Steinberg injects it into a mouse. Dr. Golfand, a Special Fellow in the NIAID Laboratory of Immunology, was formerly a staff physician at the Walter Reed Army Medical Center.

Dr. Alfred D. Steinberg, in NIAMDD's Arthritis and Rheumatism Branch, and his colleagues at NIH, has a long interest in SLE. His work has focused on the pathogenesis of lupus nephritis, the disease of kidneys in SLE.

Walter Reed aimed their treatment specifically at the nephritis which occurs in many SLE patients and which may be fatal. Mice receiving all three drugs—azathioprine, cyclophosphamide, and methylprednisolone—had significantly less protein in the urine, lower anti-DNA antibody activity, less microscopically evident kidney disease, and greater survival rates than mice treated with one or two of these drugs.

Survival rates after one year of treatment were 44 percent in mice receiving one drug, 97 percent in those receiving two drugs, and 86 percent in those receiving three drugs.

The data obtained in this study suggest that the three drugs can act in unison with regard to both their immunosuppressive and anti-inflammatory properties. Similar combined immunosuppressive drug regimens have been utilized recently in the treatment of malignancies, allograft rejection, and immunologically mediated diseases.

Because the hereditary SLE-like syndrome of NZB/W mice is an excellent model for human SLE, these studies may provide the experimental rationale for undertaking controlled clinical trials of combination immunosuppressive drug therapy in human SLE nephritis.

Kidney Disease Care Evaluated at Meeting

Progress in the development of economical and effective artificial kidneys and other approaches to the treatment of end-stage kidney diseases were discussed at the recent sixth annual research contractors' meeting of the Artificial Kidney-Chronic Uremia Program.

Sponsored by the National Institute of Arthritis, Metabolism, and Digestive Diseases, the meeting was attended by 180 contractors, NIAMDD staff members, and program consultants. Proceedings will be published.