Scientists Reverse Course of Metabolic Disorder Through Enzyme Replacement

For the second time in less than a year researchers at the National Institute of Neurological Diseases and Stroke have been able to reverse the course of a hereditary metabolic disorder through enzyme replacement therapy—this time in two patients with Gaucher's disease.

In an earlier study Dr. Roseo Brady, chief of the Developmental and Metabolic Neurology Branch, and his associates were able to reverse the effects of the metabolic defect in two patients with Fabry's disease by injecting the enzyme that is missing in that disorder.

Like Fabry's and the nine other lipid storage diseases that have been clinically identified, Gaucher's disease is caused by a deficiency of one of the enzymes needed to help the body in the normal disposal of lipids or fat particles. It is characterized by an accumulation of fatty materials in the liver, spleen, kidneys, and bone marrow.

One injection of the enzyme, which had been purified from human placental tissue, brought about the removal of 26 percent of the excess fatty material which had accumulated in the patient's liver. This is the first demonstration of the removal of stored material by the administration of purified enzyme (See ENZYME, Page 2).

Promising Scientists Trained

The fellowship will make it possible for an exchange of young, promising Israeli and U.S. scientists who wish to extend their training.

The committee cited Dr. Anfinsen's work for the Weizmann Institute and his assistance in arranging programs for exchanging scientists and information between Weizmann and NIH. Approximately 275 guests—scientists and community leaders—attended the reception (See DR. ANFINSEN, Page 6).

NIAMDD, Diabetes Ass'n Call Success of Pancreas Transplant for Curing Disease 'Extremely Limited'

The National Institute of Arthritis, Metabolism, and Digestive Diseases and the American Diabetes Association warned of a possible "serious misunderstanding" regarding the status of transplantation of the pancreas and pancreatic tissues as a cure for diabetes.

In a position paper released by NIAMDD and endorsed by the ADA's Scientific Affairs Committee, it was cautioned that success in total or subtotal transplantation of the pancreas in humans has been "extremely limited" and not to be considered a form of treatment for the disease.

Such transplantation is a highly experimental procedure, the statement added, to be carried out only by research teams after review by a review board on human research. Research on transplantation in animals of just the insulin-producing cells of the pancreas has indicated effectiveness in animals of the same genetic strain, but such research in human beings is regarded as extremely premature because of serious problems of tissue incompatibility.

Much more research on animals is necessary, according to NIAMDD and the ADA.

Currently there is no cure for diabetes, also known as diabetes mellitus or sugar diabetes, which affects more than 4½ million Americans.

Now, the means of treating diabetes represent only efforts to control the disease through insulin and diet (See TRANSPLANT, Page 7).

Dr. Koprowski Presents Jules Freund Lecture On Tuesday, Nov. 26

Dr. Hilary Koprowski, director of the Wistar Institute of Anatomy and Biology, will present the Thirteenth Annual Jules Freund Memorial Seminar at noon on Tuesday, Nov. 26, in the Masur Auditorium.

His subject is The Task of Seeing the Virus and Host as Non-Separate Realities. Dr. Koprowski will explain the difficulty in viewing a virus and its host as separate entities.

He will discuss recent research reporting the presence of virus in embryos at the earliest stages of development and the possible involvement of cancer-inducing, cell-transforming viruses in the chromosmes of human cells since these findings have shed light on the virus-host cell relationship.

Will Explore Relationship

Dr. Koprowski will also explore the virus-host relationship at the level of the whole organism. He will talk on mechanisms by which a virus or one of its parts could possibly trigger a chain of events in which host responses, rather than the virus itself, determine the disease state.

Although he began his career in medicine, Dr. Koprowski's scientific interests now center on virology and cellular biology. Born in Warsaw, Poland, he attended the Dr. Brooks headed NIH's Latin American Office. He also served in Nepal, Pakistan, Lebanon, and Iran for AID.

Dr. George T. Brooks has been appointed associate director for Extramural Program Activities of the National Institute of Arthritis, Metabolism, and Digestive Diseases.

Dr. Brooks hold a similar position with the National Eye Institute and was formerly deputy director of the Division of Research Grants.

He will direct the scientific and administrative management of NIAMDD's research and training grants program, and also serve as principal advisor to the Institute (See DR. BROOKS, Page 5).
New TV Health Series
To Entertain and Inform;
Starts Tomorrow, Nov. 20

"Feeling Good," a new prime-time series of 26 hour-long adult shows on health, will premiere on the 250 stations of the Public Broadcasting Service Wednesday, Nov. 20. The program will be shown locally on WETA, Channel 26, at 8 p.m. and will be repeated several times during the week.

"Feeling Good" will employ a variety-menu format using animation, song, ragtime, comedy, and documentary to treat 11 priority health topics: alcohol abuse, cancer, child care, exercise, dental care, the health care delivery system, heart disease, hypertension, mental health, nutrition, and prenatal care.

Each topic will be treated in different ways several times during the series' first year. The first program focuses on mental health, prenatal care, and nutrition.

A resident company of six performers congregate at "Mac's Place"—a variety shop in a shopping center. Pearl Bailey, Johnny Cash, B. B. King, Helen Reddy, and Bob and Ray are among the season's guest stars. In the first program, Bill Cosby will appear.

The series is the result of 2 years of planning by Children's Television Workshop (creators of Sesame Street) and more than 300 doctors and health experts. Pilot programs have been tested with 2,000 viewers in 4 cities.

3 Famous Men—Author, Professor, Architect—Give Video Tape Talks

C. P. Snow, the eminent British author, will give the first of three video taped lectures which will be delivered during the week (Wednesday, Nov. 20) at 8 p.m. in the Masur Auditorium. He will discuss the Role of Creativity in Public Life.

A taped talk—Creativity in Science—by Dr. Charles Gillispie, the Princeton University history of science expert, will follow Dr. Snow’s presentation.

The architect of Habitat in Montreal, Moshe Safdie, will deliver the third taped lecture. He will discuss Creativity in Urban Design. Mr. Safdie is also the designer of the Coldspring Project—a development—in Baltimore.

The video taped lectures, sponsored by the National Institute of Child Health and Human Development, are open to the public.

Deadline to Enroll, Change Health Benefits Is Nov. 30

Employees must contact their registration assistants by Nov. 30 if they want to enroll or change their present enrollment under the Federal Employees Health Benefits Program.

Official bulletin boards list names and locations of registration assistants.

Now premium rates for health plans become effective on Jan. 5, and these biweekly deductions will be reflected in the Jan. 28 salary check.

The Employee Relations and Recognition Branch, DPM, suggests employees note information about continuing health benefits into retirement in the Open Season Instruction booklet.

To Educate Public About Ticks, Spotted Fever

Dr. Burgdorfer encourages Health Departments To Educate Public About Ticks, Spotted Fever

Dr. Burgdorfer analyzes the results of a hemolymph test in his laboratory. The test detects the microorganism causing Rocky Mountain spotted fever—Rickettsia rickettsii—in the blood of a disease-bearing tick (lower left). To obtain hemolymph, a tick leg must first be amputated (upper left).

Testing the blood of a tick that has been taken off a person can help in diagnosing Rocky Mountain spotted fever.

Dr. Willy Burgdorfer, who heads NIAID's Rocky Mountain Laboratory in Hamilton, Mont., explained the procedure.

He said this hemolymph test established the fact that Rickettsia rickettsii, the microorganism causing the disease, infects all tissues including the blood cells.

An examination of blood obtained from a suspect tick by removing the lower portion of one of its legs will determine whether the tick is infected with rickettsiae.

This procedure, under evaluation at RML since 1962, has also been used in combination with direct fluorescent antibody staining for identifying rickettsial organisms.

The test eliminates the need for expensive laboratory animals such as guinea pigs in these studies. Earlier tests, using guinea pigs, took from 2 to 4 weeks before results became available.

Takes Less Than on Hour

With the hemolymph test an individual tick can be examined in less than one hour. People bringing ticks for examination may wait in the laboratory for the results, and can be alerted to the possibility of having contracted spotted fever long before illness begins.

Dr. Burgdorfer thought that all state health departments should be equipped to run the hemolymph test. State health departments interested in the procedure may contact Dr. Burgdorfer at RML.

Curtin Named to NIAMDD Post

Donald B. Curtin has been named administrative officer for intramural research, National Institute of Arthritis, Metabolism, and Digestive Diseases.

He has also worked for the National Cancer Institute and the National Heart and Lung Institute. After receiving his B.S. degree in military science from the University of Maryland in 1956, Mr. Curtin joined the U.S. Army. He came to NIH in 1961.
After 2 Decades at NIH
Dr. P. Schmidt Retires; Accepts Posts in Florida

Dr. Paul J. Schmidt, chief of the Clinical Center Blood Bank, will retire on Dec. 1—he has been at NIH for 20 years.

Dr. Schmidt came here in 1954 as a staff associate in the Blood Bank. In 1955 he became chief of the Blood Bank and has continued in that capacity except for the period from 1961-64 when he was resident in clinical pathology and then assistant chief of the CC Clinical Pathology Department.

Dr. Schmidt also teaches at George Washington University where he is clinical professor of pathology.

Dr. Schmidt's research programs at NIH led to the identification of equipment, and has many old man-

ligations resulted in a marked increase in the safety of transfusion pro-

Dr. Schmidt was the first to describe hemolytic anemia—Rh null disease. He also defined the antigen-antibody reaction and immune complex responsible for renal failure after hemolytic transfusion.

a link between commercial donors and hepatitis antigens. These findings resulted in a marked increase in the safety of transfusion procedures throughout the U.S.

On Nov. 11, he was given the Emily Cooley Memorial Award by the American Association of Blood Banks. He also delivered the Cooley Lecture at that association's meeting in California. (See the NIH Record, Nov. 6).

Dr. Schmidt, who has trained blood bank directors and senior technologists, has written or collaborated on more than 80 scientific papers; he serves on the editorial boards of three medical journals.

He was secretary general of the International Transfusion Congress held in Washington in 1972, and is now chairman of the scientific program committee of the AABB.

Dr. Schmidt is also interested in the history of blood banking and transfusion. He owns a large collection of antique transfusion equipment, and has many old man-

Training Program Offers Chance for Advancement From Lower Grades

Career and career-conditional employees in dead-end jobs or in jobs that require only limited skills are being offered a chance for advancement through the Clerk-Type Training Program.

Full-time employees in GS-1 through GS-3; equivalent wage system jobs (WG 1-5, WP 1-7, or WL 1-4), and GS-4 employees in clerical positions are eligible to apply. Employees must have worked at NIH for one year prior to Jan. 20, 1975.

Typing or clerical experience is not required for the 6-month full-time training program. There will be 3 months of classroom instruction and 3 months of on-the-job training at NIH.

Program Explained

Classroom training, conducted by the Training and Education Branch from Jan. 20 through April 18, will include typing, English, mathematics, writing, filing, and general office procedures.

Up to 15 employees will be selected for the program in accordance with the NIH Upward Mobility Training Agreement. Those chosen will be reassigned to Division of Personnel Management roles as clerk-type trainees.

Salary Continues

Program participants, including wage grade employees, will be paid GS salaries equal to their current salary, but no higher than GS-3, Step 10. An exception will be made for GS-4 clerks, who will continue to receive their regular salaries.

Trainees who successfully complete the course will be assigned to clerk-type positions at NIH. Those not meeting course requirements will return to their original assignments or to another job with comparable salary.

CFC Has Good News, Bad News to Report; Campaign Extended

First the good news—after being under way for exactly 2 months today (Nov. 19) the 1974 Combined Federal Campaign at NIH has achieved 99% of its quota of $187,380.

Bleak Statistics

On the bleaker side—only 56% of NIH employees have contributed to the campaign.

NIH Director Dr. Robert S. Stone proclaimed last Thursday, Nov. 14, as CFC Day at NIH.

He explained that "on CFC Day, key people were asked to exert special effort to obtain a pledge card from all employees who may not have taken advantage of the opportunity to contribute."

"I am confident that a significant percentage of NIH employees will support this campaign," said Dr. Stone.

The 1974 drive at NIH, which began on Sept. 19, was scheduled to close on Nov. 8 but has been extended.

At press time, nine of the 18 NIH units reporting gifts had reached or surpassed 100% of their quotas: PIC, NIGMS, DRG, NLM, DCRT, NIAMD, NIAID, OD, and NHLI.

Winners Announced

To spur further interest, CFC officials held a drawing for $1000 worth of prizes donated by the R & W Association, on Nov. 8.

Prize winners were: Pat Kenny, DRG; Mildred Bray, DRG; Philip Sieber, OD; Dr. Thomas Tarpley, Jr., NIDR; Dr. Yule P. Topper, NIAMD, and Dr. John L. Sever, NINDS, who won the top prize, a Panasonic radio.

Winners announced.

Audrey Warner, NINDS keyman, selects one of six winning tickets at the recent CFC drawing.

Applicants may send completed SF-171 forms before Friday, Dec. 13, to Career Development Branch, Bldg. 31, Rm. B2C39, Tube Station CS-5.

For additional information, call Ext. 6021.
ENZYME
(Continued from Page 1)

human enzyme. It is possible that it may require only a single injection of enzyme over 6 months or so to treat patients with Gaucher’s disease, Dr. Brady said at a recent press conference.

As with most of the other lipid storage diseases, Gaucher’s disease is an autosomal recessive defect. That is, on a statistical basis, if both parents are carriers of the defective gene, one out of four of their offspring will have the disease; two will be carriers like their parents, and one will lack the aberrant gene completely.

In their 9 years of work on Gaucher’s, Fabry’s, Tay-Sachs, and other lipid storage diseases, Dr. Brady’s team has also developed several diagnostic tests that can identify affected individuals and carriers.

A carrier detection test for Gaucher’s disease is now a standard procedure. It is also possible to determine between the fourth and fifth months of pregnancy whether a fetus has Gaucher’s disease.

Dr. Brady is hopeful that enzyme replacement will eventually offer means of treating patients with Fabry’s, Gaucher’s, and possibly other lipid storage diseases.

Dr. Brady’s associates in this study were Dr. Peter G. Pentchev, Dr. Andrew E. Gal, Sue R. Hibbert, and Dr. Anatole S. Dekaban.

She is a member of the FDA Facilities Review Panel and past president of the Council of Medical Administrators.

Dr. Knutti sketches in watercolor, is keenly interested in boating, and has assisted in search and rescue activities as a member of the Coast Guard Auxiliary.

A novice amateur radio operator, she shares an interest in flying with her husband, Dr. Ralph E. Knutti, former director of the National Heart Institute.

NIH Visiting Scientists Program Participants

10/9—Dr. Richard Carter, Australia, Laboratory of Parasitic Diseases. Sponsor: Dr. Louis H. Miller, NIAID, Bg. 8, Rm. 328.
10/11—Dr. Branislav V. Nikodijevic, Yugoslavia, Laboratory of Biomedical Sciences. Sponsor: Dr. Gordon Guroff, NICHD, Bg. 6, Rm. 310.
10/15—Dr. Guy D. Bonnard, Switzerland, Laboratory of Cell Biology. Sponsor: Dr. Ronald Herbert, NCI, Bg. 8, Rm. 118.
10/15—Dr. Maria Persico DiLaura, Italy, Laboratory of Molecular Biology. Sponsor: Dr. Robert Martin, NIAMDD, Bg. 2, Rm. 208.
10/15—Dr. Roberto DiLauro, Italy, Laboratory of Molecular Biology. Sponsor: Dr. Berardi de Crombrugghe, NCI, Bg. 37, Rm. 4B18.
10/15—Dr. Manuel Dominguez, Venezuela, Hypertension-Endocrine Branch. Sponsor: Dr. Frederic B. Bartter, NHLI, Bg. 10, Rm. 8N214.
10/15—Dr. Roberto Floravanti, Italy, Laboratory of Neurophysiology. Sponsor: Dr. M. G. F. Fuzeres, NINDS, Bg. 36, Rm. 2C02.
10/15—Dr. V. S. Kalyanaraman, India, Laboratory of Tumor Cell Biology. Sponsor: Dr. Vincent T. Oliviero, NCI, Bg. 10, Rm. 6N119.
10/15—Dr. Kenji Kosaka, Japan, Laboratory of Experimental Neurology. Sponsor: Dr. William Caveness, NINDS, Bg. 36, Rm. 4A27.
10/15—Dr. David Wallach, Israel, Laboratory of Molecular Biology. Sponsor: Dr. Ira Pastan, NCI, Bg. 37, Rm. 4B27.
10/18—Dr. Wulf-Dieter Hetzel, Germany, Reproduction Research Branch. Sponsor: Dr. Mortimer B. Lipsett, NICHD, Bg. 10, Rm. 12N-204.
10/20—Dr. Claude L. Malmen- dier, Belgium, Laboratory of Theoretical Biology. Sponsor: Dr. Menes Berman, NCI, Bg. 10, Rm. 4B58.

Dr. Moskowitz Named To NHLI Planning Post

Dr. Jay Moskowitz has been appointed associate director for Program Planning and Evaluation in the Division of Lung Diseases, National Heart and Lung Institute.

He will participate in planning the Division’s grant and contracts programs and assessing the results of ongoing programs in terms of national needs and priorities.

Dr. Moskowitz received his B.S. from Queens College in 1946 and Ph.D. in physical chemistry and biomedicai sciences from Brown University in 1969.

He came to NIH that year as a postdoctoral research associate in the NIGMS Pharmacology-Toxicology Program in the Laboratory of Chemical Pharmacology, NHLI.

Over the next 2 years he conducted research on the effects of halogenated hydrocarbons and other agents on the liver and kidney, and on the effects of various drugs, hormones, and the intermediary substance cyclic AMP on the metabolism of human and animal adipose tissue and blood platelets.

After a year as a Grants Associate with the Division of Research Grants, Dr. Moskowitz rejoined the NHLI staff in 1971.

Before assuming his present post, he served as program coordinator and also as chief of the Special Programs and Resources Branch in the Division of Lung Diseases.

DR. BROOKS

(Continued from Page 1)

Director in planning and administering programs, policies, and operating procedures.

Dr. Brooks did his undergraduate and graduate work at the University of Kansas. He received his Ph.D. degree in Entomology from that university in 1949, and spent the following 3 years teaching and doing research.

In 1952, Dr. Brooks joined the Informational Cooperation Administration—the forerunner of AID—as a research specialist in entomology.

In 1962, he came to NIH as a Grants Associate, and was later appointed training consultant to NICHD. In 1965, he became director of NIAMDD’s Hematology Grants Program.

His honors include the nomination in 1964 for the Arthur Flemming Award which recognizes outstanding young people in the Federal Government, and in 1969 he was selected to organize the first U.S. Government-sponsored seminars on insect control for all the independent countries of Africa.
New Syrian Hamster Species Is Offered to Researchers by Behavioral Scientist

A descendant of the recently captured hamsters explores a model of the human brain in Dr. Murphy's laboratory at the NIH Animal Farm.

A new strain of hamster, originally captured in its native Syrian habitat and brought to this country by Dr. Michael R. Murphy of the NIMH Laboratory of Brain Evolution and Behavior, is being made available for study at NIH.

At present, a small colony of descendants of wild hamsters from Syria, Romania, and Turkey is being maintained at the NIH Animal Farm in Bethesda.

Since the domesticated hamster has been greatly inbred, this strain can provide to NIH scientists a new potential for medical research.

Dr. Murphy is studying the neuromechanisms of social behavior. Hamsters are used for this research because hamster social behavior is especially dependent on one sense—the sense of smell.

Since olfaction is anatomically and physiologically closely linked to brain areas known to be important to social behavior, the hamster makes an ideal subject for this research.

In most other mammals, social behavior is controlled by a much broader complex of sensory information.

Dr. Murphy is now studying the interactions between hamsters and their environment, focusing on their roles in transforming normal brain tissue into cancerous tissue.

Youngsters at the CC had a special treat recently—Lassie paid a visit to them in the Patient Activity Section's 14th floor playroom. The children watched attentively as the famous collie performed tricks under the direction of his trainer (yes, Lassie is a male), but the most exciting part for Howard Miller was receiving a kiss from the canine "movie star."

Great strides against cancer are cited in the annual report on the National Cancer Program recently transmitted to the President by Congress.

The report said that one out of every three persons with cancer will be alive 5 years after treatment, and there are one and a half million Americans who have had cancer are now well.

Dr. Frank J. Rauscher, Jr., Director of the National Cancer Institute which operates the program, said that despite these advances, cancer is still a complex problem whose solution requires a continuing biomedical research effort to provide new knowledge and an "intensified effort to apply the results of this research for the benefit of patients."

Research advances made during 1973, the report said, include the first evidence that some forms of advanced leukemia lymphoma can be controlled for long periods, and preliminary evidence that immunotherapy may be of value in systemic treatment of patients with melanoma.

The report also pointed to new evidence of virus information in human leukemia cells, which may lead to improvements in diagnosing and treating the disease.

Created in 1973

In addition, the first artificial gene with potential for life was created in 1973. This accomplishment, the report said, has broad implications for all biomedical research and may be a major step to understanding human genes and their roles in transforming normal cells into cancer cells.

Dr. Rauscher's report also details advances in research projects that include cancer prevention, detection, and diagnosis, treatment and rehabilitation, and education.

For example, in 1973 the Institute established a series of projects to demonstrate effective new treatment methods for once incurable cancers: Hodgkin's disease, non-Hodgkin's lymphomas, and acute lymphocytic leukemia.

Other new projects to control cancer include a program to demonstrate the latest techniques for early detection of breast cancer, efforts to reduce the number of cancers caused by smoking, and the development of model rehabilitation services for cancer patients.

In addition, NCI established nine new comprehensive cancer centers as forerunners of a national network. These centers conduct research and demonstrate the latest methods in diagnosis and treatment to health practitioners across the United States.

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DR. ANFINSEN

(Continued from Page 1)

attended the dinner. They included Prof. Walter A. Rosenbloom, Provost of the Massachusetts Institute of Technology; Dr. Phillip Handler, President of the National Academy of Sciences; Morris Levinson, Chairman of the Board for the Weizmann Institute of Science; and Stephen Stuhman, Governor and President of the American Committee for the Weizmann Institute of Science.

They have both written articles in his field of organic chemistry.

Dr. Paul F. Parakkal, who has just completed a year of training in the Grants Associate Program, has joined NIDR’s Restorative Materials Program, as a scientist administrator.

Work Described

Before coming here, Dr. Parakkal was with the Oregon Regional Primate Research Center in Beaverton in the departments of electron microscopy and reproductive physiology. From 1963 to 1969, he held research and teaching positions in the department of dermatology at Boston University and University of Oregon medical schools.

He has written more than 30 publications, and two books about his research on keratinization and on the resorption of collagen, which included extensive work in electron microscopy.

Dr. Parakkal earned his B.S. degree from Kerala University, Trivandrum, India, an M.S. degree from McGill University, and his Ph.D. degree from Brown University.

Dr. William J. Campbell

Retires From NIGMS;
In Fed’l Service 21 Years

Dr. William J. Campbell, National Institute of General Medical Sciences, recently retired after 21 years of Federal service.

He was a program administrator in the Automatic Clinical Laboratories Section, Biomedical Engineering Program.

Dr. Campbell came to NIH in 1964 as a Grants Associate in the Division of Research Grants, and the following year he joined NIGMS as program administrator of Clinical Chemistry, Medical Chemistry and Nutritional Sciences Training Program, Research Training Grants Branch.

When NIGMS was reorganized last year, he assumed the position he held on retirement.

Dr. Campbell received his B.A. degree from North Texas State College, and his B.S. in pharmacy and M.S. in pharmaceutical chemistry from the University of Texas. He received a Ph.D. in physiological chemistry from Ohio University.

Twice, Dr. Campbell headed teams of scientists who visited Southeast Asia—for a study of chloroquin-resistant malaria and again for a survey on nutrition in connection with Thai hemorrhagic fever.

He served in the U.S. Army from 1963, and from 1960 to 1964 was chief of the Department of

Dr. Ronald G. Geller has been named chief of the Hypertension and Kidney Diseases Branch in the National Heart and Lung Institute’s Division of Heart and Vascular Diseases.

In this post, Dr. Geller will administer research programs concerned with essential hypertension and kidney disorders often associated with secondary forms of the disease.

These programs include regular research grants and contracts, program project awards, and specialized centers of research on hypertension.

Dr. Geller attended the University of Wisconsin where he received his B.S. degree in zoology in 1964 and his Ph.D. in physiology in 1968.

While there he was a Pueblo Health Service Predoctoral Trainee and also studied under predoctoral and postdoctoral fellowships from the Wisconsin Heart Association.

From 1969 to 1972, he conducted research in the NHLI Experimental Therapeutics Branch under a Special Research Fellowship awarded through the NIGMS Pharmacology Research Associate Training Program and then as a senior staff fellow.

Subsequently he served for a year as a Grants Associate in the Division of Research Grants before joining the Hypertension and Kidney Diseases Branch in 1973 as Assistant chief.

Chinese Pharmacologists

To Visit Labs Nov. 25-27

Seven members of a Pharmacology Study Group from the People’s Republic of China will visit NIH for 3 days Nov. 25-27.

The group, headed by Wen Tsien, Deputy Head, Institute of Materia Medica, Chinese Academy of Medical Sciences, Peking, will visit NINDS, NIMH, NCI, NIAID, and NHLI laboratories.

The scientists have expressed interest in neuropharmacology, methods of searching for anti-cancer agents, and interrelationships between drug and liver function.

The group will also visit Hoffmann-LaRoche, Inc., Duke University, Yale University, Cornell Medical School, Sloan Kettering Cancer Center, Rockefeller University, Mount Sinai School of Medicine, Johns Hopkins University, and Roswell Park Memorial Institute.

Later, they will visit the National Institute of Environmental Health Sciences.
extreme care and expert scientific endeavor must be approached with treatment under study. Inclusion of systematic lifetime follow-ups to man must be considered and approved protocol which must include a highly experimental method of transplantation only by research teams consisting of qualified investigators and transplant immunologists not affiliated with the project.

Program's Success Limited

The success of such procedures has been exceedingly limited and subject to all of the immunological difficulties associated with the transplantation of other organs. Total or sub-total pancreatic transplantation is not to be considered a form of treatment for the disease but rather a highly experimental procedure to be carried out only by research teams consisting of experienced investigators, scientists, and surgeons skilled in such efforts after review by the institution's review board. While regarding transplantation of pancreatic islets or beta cells, it is appropriate... that a limited number of qualified investigators explore the feasibility and potential value of this procedure. Research... has been limited to diabetic animals of the same genetic strain.

Transplanted tissue has been shown to be capable of maintaining body weight and normal blood sugar levels in these animals. This... procedure is subject to all the immunological problems of tissue incompatibility, and in some animals, transplantation via injection of beta cells into the portal vein has resulted in immediate death.

Treatment Under Study

It is clear that at this time transplantation of pancreatic tissue to man must be considered only a highly experimental method for the treatment of diabetes mellitus and further extensive animal experimentation must be conducted.

Human investigation in this endeavor must be approached with extreme care and expert scientific thought. All research must be carried out according to a carefully written and approved protocol which must include a systematic lifetime follow-up of the recipients.

This would assure continuous monitoring of each transplant recipient and provide compatible retrospective and cumulative information to other investigators. NIA- AAD is exploring means of establishing such a central protocol registry and an information network.

Clinical research plans must be reviewed by the institution's review board... which recognizes the risks of the surgical, medical, and immunological procedures used and will weigh these risks against the possible benefits to patients with an incurable disease. The... board must be assured that the project has been reviewed by knowledgeable diabetologists and transplant immunologists not affiliated with the project.

Informed consent obtained from the patient must clearly state that the procedure is being done as a part of a clinical investigation, that there may be hazards involved and that it's effect on the disease and its long-term complications are not known.

The Clinical Center Nursing Department held its first annual meeting Oct. 15. National consultants to the CC nursing department held a panel discussion followed by workshops. Genrose Alfano (center), director of the Locb Center for Nursing and Rehabilitation at Montefiore Hospital Medical Center in New York City, discussed primary nursing care with members of the CC psychiatric nursing staff.

Edward Nicholas Named Director of Personnel

Mr. Nicholas was a civilian employee with the Department of the Army for 10 years. He was Salary and Wage staff chief and, later, chief of Civilian Personnel Management for the Ordnance Corps.

He also held administrative positions with the Pittsburgh Ordinance District and Rock Island Arsenal in Illinois.

Mr. Nicholas received his B.A. degree in economics from Augustana College in Illinois and his M.S. in Business Administration from Columbia University.

He is vice chairman of the Fairfax County Board of Library Trustees, and from 1971 he has been chairman of the Providence Council of Citizens Association.

Dr. Burton Speaks on Dialysis To German Doctors in Munich

Dr. Benjamin T. Burton, National Institute of Arthritis, Metabolism, and Digestive Diseases, recently spoke in Munich at the first annual meeting of German physicians who are specialists on dialysis techniques. He spoke under the auspices of the European Dialysis and Transplant Association.

Dr. Burton, who is a chief of the Artificial Kidney-Chronic Uremia Program, addressed the physicians in Germany on Rehabilitation through Dialysis—Past Experience and Future Plans in the U.S.
Davis Plan Helps Patient Emergency Fund

A crib mobile purchased by the PATIENT EMERGENCY FUND helps small patients learn to focus their eyes on moving objects and provides amusement.

A painting set is just what Brent wanted. Whether it's an alarm clock for a patient's room, a pair of tennis shoes, or a chess set, PATIENT EMERGENCY FUND donations from NIH employees help supply such morale boosters.

This year $38,500 was spent to help Clinical Center patients in financial difficulties which Government funds do not cover. The Patient Emergency Fund, supplemented by "Davis Plan" contributions, helps to meet these needs.

Through the Davis Plan, employees make a cash contribution to the Patient Emergency Fund rather than exchange greeting cards with their colleagues during the holiday season.

Each participant expresses good wishes to co-workers by signing a Santa Claus poster and displaying a Christmas tree.

James B. Davis, now general manager of R & W, began the plan 15 years ago, and the idea caught on.

The Fund is administered by the CC Social Work Department.

According to Barbara A. Murphy, chief of the department, year-round donations are used to buy such special items for patients as shaving equipment, a braille watch, orthopedic shoes, long distance calls, or for room and board for families of patients who otherwise could not afford to stay nearby.

It also pays for such practical needs as haircuts, suitcases, clothing, and bus fares as well as for morale boosters: recreational trips, parties, and sporting events.

The Fund has helped a patient make a short trip home to see his newborn baby; and it provided lunch for four children who came to NIH to visit their mother.

This year contributions may be sent to the R & W office, taken to an R & W Gift Store, to the CC Social Work Department, or to B/1/D administrative offices.

Additional information on the Davis Plan may be obtained from administrative officers or from the R & W office, Ext. 66061.

Family visits are often essential to a patient's emotional well-being. Family members who cannot afford to stay nearby but are needed to support morale, stay in local motels with the help of the PATIENT EMERGENCY FUND.

CLIP THIS COUPON, fill it in, and contribute to the Patient Emergency Fund.