30 Clinical Centers Aid Study of Aspirin Effect On Acute Heart Attacks

Recruitment of some 4,200 men and women, aged 30-69, who have experienced acute heart attacks begins this month at the 30 clinical centers participating in the National Heart and Lung Institute's Aspirin-Myocardial Infarction Study.

The study is trying to determine whether, and to what extent, regular administration of aspirin (1 gram daily) over a 3-year period will reduce mortality rates and reduce the threat of recurrent heart attacks or stroke in the study population.

Clots Are Major Factors

A major factor in many heart attacks and most strokes is the formation of blood clots (thrombi) in the coronary arteries that nourish the heart muscle or in blood vessels supplying blood to the brain.

Tissues “downstream” from the obstructed artery, deprived of essential nutrients and oxygen, may suffer extensive damage or destruction.

An estimated 1.5 million heart attacks and strokes, about half of them fatal, occur each year in the U.S.

Scientists have been seeking ef-

(See ASPIRIN STUDY, Page 6)

Special Issue of French Journal Honors Dr. Tjio

The Lyon Medical Journal in France has honored Dr. Jose-Hin Tjio, head of the Section on Cytogenetics, Laboratory of Experimental Pathology, National Institute of Arthritis, Metabolism, and Digestive Diseases.

The journal's Feb. 9 issue was entirely devoted to human cytogenetics, commemorating the honorary doctoral degree Dr. Tjio received from the Universite Claude-Bernard in Lyon in June 1974.

A lengthy editorial included the

Investigators Have Access to Detailed Collection of Brain and Spinal Tissue

The world's most comprehensive collection of normal and pathological brain and spinal cord tissue—the Yakovlev Collection of Normal and Pathological Anatomy and Development of the Human Brain—is now within access of NIH scientists.

It is named for Dr. Paul I. Yakovlev, a Harvard pathologist, who methodically and uniformly processed more than 50,000 slides of whole brain and spinal cord over a 42-year period.

Dr. John M. Van Buren, National Institute of Neurological and Communicative Disorders and Stroke, is NIH project coordinator of the collection which is housed in the Armed Forces Institute of Pathology, Walter Reed Army Medical Hospital, through a contract with the NIH.

Dr. Van Buren, a neurosurgeon, considers this collection unique.

The slides are processed in serial sections, and are made from slices of whole brain rather than from pieces of cerebral tissue.

Entire Brain Area Seen

This enables scientists to see anatomical changes throughout the entire brain rather than in isolated areas.

Also, normal (control) tissues are included for comparison, and since all slides are uniformly processed and stained, the technical accuracy of comparison is assured.

Scientists May View Slides

Scientists may view the slides during normal working hours, but may not borrow them for use in their own labs. Written application to use the slides may be sent to Dr. Kenneth M. Earle, chief of neuropathology at AFIP.

Dr. Van Buren, who used the slides in preparing a two-volume atlas on the human thalamus, co-authored with Rosemary Borke, said the collection is most useful in investigating anatomical malformations and developmental disorders.

A catalog, which describes every case in the collection, lists five general classes of brain tissue. One,

(See TISSUE COLLECTION, Page 8)

Dr. Fischbach to Give Annual Solowey Lecture Tomorrow in Wilson Hall

Dr. Gerald Fischbach, of the Harvard Medical School faculty, will give the second Mathilde Solowey Lecture tomorrow (May 21), at 3 p.m. in Wilson Hall, Bldg. 1.

He will discuss The Distribution of Acetylcholine Receptors on Cultured Skeletal Muscle Cells.

Before joining Harvard, Dr. Fischbach was senior staff associate in the Behavioral Biology Branch, National Institute of Child Health and Human Development.

He will be introduced by Dr. Floyd Bloom, National Institute of Mental Health, who was the first recipient of the Mathilde Solowey Award last year.

The award—consisting of an inscribed medal and lectureship at NIH—was donated by Dr. Solowey, a retired NIH scientist dedicated to the advancement of research in neurobiology and diseases of the central nervous system.

Following the lecture, a reception will be held for Dr. Fischbach in the Bldg. 1 cafeteria.
Dr. Frank J. McClure Receives Dean Award For Fluoride Research

Dr. Frank J. McClure, who had been with the National Institute of Dental Research for 30 years— from 1938 to 1966—was the recipient of the H. Trendley Dean Memorial Award at the 53rd general session of the International Association for Dental Research held in London last month. Dr. McClure was chief of NIDR's Laboratory of Chemistry.

The Dean Award honored Dr. McClure for his research which provided significant evidence of the safety of fluoridation of public water supplies. His studies also included human metabolism of fluoride, and the effects of diet and dental caries. Dr. McClure's career at NIDR was devoted primarily to fluoride studies.

Dr. McClure had also compiled a monograph—Fluoride Drinking Water—covering all USPHS research activities up to 1962 that are pertinent to water fluoridation.


Dr. Marie U. Nylen, chief of NIDR's Laboratory of Biological Structure, attended the IADR meeting and accepted the award in Dr. McClure's behalf.

Dr. McClure also participated in a conference held in Moscow from May 20 to 28.

Regional Research Told

The conference, organized through the US-USSR Health Exchange Program, will deal with epidemiologic, virologic, and other areas of current MS research.

Such an exchange was recommended by the National Advisory Commission on Multiple Sclerosis. The Commission's report, issued last year, called for increased US-USSR cooperation in studying the striking regional variations in MS incidence in various parts of the world, as well as other aspects of the problem.

Leaving from NIH: 10:35, 11:05, and 11:35 a.m., 12:05, 12:35, and 1:05 p.m.

Leaving from NNC: 11 and 11:30 a.m., noon, 12:30, 1, and 1:30 p.m.
**Indefatigable Doris Marshall Tells About Laminar Air-Flow Rooms at Open House**

Outside the vinyl curtain looking in at the bed, Miss Marshall dons the reversible gloves which may also be worn by the patient. The rooms are acoustically set up so that the visitor and patient may comfortably chat together through the vinyl curtain.

On the first day of Open House at NIH—Saturday, April 26—Doris Marshall, a Clinical Center pediatric oncology nurse with the stamina of an athlete, the courage of an orator, and the aplomb of a diplomat, explained to groups of visitors the workings of the new laminar air-flow rooms on the second floor of the CC's B-wing.

From 10 a.m. to 4 p.m.—opening to closing—with time out for a 30-minute lunch break, Miss Marshall talked to each group of 25 people for about 20 minutes. There was no let-up; one group followed another.

Her interest in explaining the rooms was as unflagging at 4 p.m. as when she first entered the room.

**Kudos From Crowds of Visitors Attest To the Success of Open House at NIH**

NIH played host to about 30,000 visitors during the 2-day Open House on the weekend of April 26 and 27. There was something to see, to do, and to listen to for everyone.

Exhibits in the big tent and films crowded Laboratories staffed by researchers, who explained—succinctly—their intricate studies, had waiting lines.

Lectures given by scientists in the Masur Auditorium were well-attended and listened to by attentive audiences. Both the National Library of Medicine and the NIH Library had interested viewers.

**The Sun Shines Bright**

And the weather cooperated. The sun shone, the dogwood and the azaleas were out, and even though there was an excellent bus service which stopped at strategic points on the campus, many people elected to cover the health trail by walking.

Most of the visitors went home with reams of informative literature describing the research of the B/L/D's at NIH.

Dr. Ronald W. Lamont-Havera, NIH Acting Director, termed that weekend "...a great success," and he called the results of the 2 days, "a great boost for community relations."

He further stated "...that NIH is now regarded as a good neighbor by thousands of Washington area residents who never had the opportunity to visit us or learn about our work."

See pages 4 and 5 for photographs on the Open House at NIH.

Miss Marshall explains about the series of buttons, flashes, knobs, screens, wires, and graphs—just some of the equipment that go to make up the console in the nurse's station. Information about the patient's blood pressure, pulse, respiration, and heart rate is relayed to the console by the bedside monitor.

After graduation, Miss Marshall worked with cancer patients at the hospital. During this period she was selected by the American Cancer Society to attend a 2-month seminar in cancer nursing at Sloan Kettering in N.Y. She was chosen on the recommendation of the doctors and nurses she had worked with and the hospital board of directors.

The seminar was given in cooperation with the department of nursing at New York University. That course further sparked her interest in cancer nursing and research. So much so that, on her return to Butler as a member of the board of directors of the local Cancer Society, she taught about cancer detection and spoke before civic groups and nursing seminars on that subject.

Miss Marshall learned about cancer research at NIH through a high school current events class. She did some research on her own, and that is why she came here.

Just 2 months ago, Miss Marshall completed a 6-month continuing education program "for the preparation of a pediatric oncology nurse." Six NIH nurses were chosen for the program. During the full-time 5-day week, lectures were presented by physicians from NIH and clinical consultants from universities.

"We also spent time in a clinical setting exercising the concepts we had learned during the lectures on pediatric oncology," she explained.

Her background attests to why she was so capable of imparting information on the workings of these special rooms to a steady stream of visitors.

There are six rooms in this section; it is expected that patients will be occupying them at the end of this month. Two other laminar air-flow rooms, in use for some time, are located in another CC area.

Before entering the room, nurses don a special disposable outfit—mask, robe, gloves, gown, boots, and a cap that entirely covers the hair.

Miss Marshall explained about the ultraclean, moving, filtered air in easy-to-understand terms. She showed the line of demarcation, just outside the room, where no one, except nurse or doctor outfitted properly, crosses ever.

**Bedside Monitor Explained**

To the groups of visitors, two of the most interesting objects were the reversible gloves and the bedside monitor. The long gloves which cover the arms to above the elbows are attached to the vinyl curtain surrounding the bed. The bedside monitor relays to the console in the nurse's station information about the patient, such as blood pressure, pulse, respiration, and heart rate.

The rooms are acoustically set up so that patient and visitor may talk through the vinyl curtain.

After Miss Marshall's lecture came the questions from the visitors, most of whom had never viewed a laminar-air-flow room before. She termed their questions "very astute."

"The groups were thoughtful, they were attentive and the questions they asked were certainly in line with patient care," she said.

In talking about nursing at NIH, (See DORIS MARSHALL, Page 7)
NIH OPEN
April 26-27
Photos by Tom Joyce
effective means of preventing clotting complications of blood-vessel disease that are believed responsible for a high percentage of these disabling and frequently lethal events.

An early, probably critical event in the formation of an arterial blood clot is the aggregation or "clumping" of blood platelets.

Platelet aggregation is inhibited by a number of agents, including aspirin; and it is believed that such agents may confer some degree of protection against thrombosis in those at high risk of such complications.

The study is designed to test this hypothesis.

Persons seeking admission to the study may request referral by their physicians or may contact the principal investigator at the nearest participating clinical center.

In any case, the participant's regular physician will retain primary responsibility for all health matters outside the scope of the study and will be kept fully informed of his patient's progress in the clinical trial.

Volunteers found to be qualified in the course of several clinic visits will be assigned at random to either of two groups. The treatment group will receive one gram of aspirin daily (equivalent to three regular 5-grain tablets); the control group will receive a placebo.

For the relief of headache, other minor pain, or fever, all subjects will be provided with acetaminophen for use as needed.

All study participants will receive quarterly checkups at their respective clinical center plus a more comprehensive annual examination during the 3-year follow-up period.

A Policy-Data Monitoring Committee will periodically evaluate both adverse and beneficial drug effects. The clinical phase of the study will be completed by September of 1979 unless the data warrant earlier termination.

Dr. William Friedewald is Project Officer for the AMIS study.

GMS Issues Proceedings On Automation in Labs

A publication, conference proceedings on Selected Approaches to Gas Chromatography-Mass Spectrometry in Laboratory Medicine, was recently issued by the National Institute of General Medical Sciences, and is now available upon request.

The proceedings include papers on basic technologies.

Single copies may be obtained from Dr. Robert S. Melville, chief of the Automated Clinical Laboratory Section, NIGMS Biomedical Engineering Program, Ext. 67081.

James Harris (l) and Paul Dorsey enjoy working in the heavy equipment and paving unit, which includes a street sweeper, four trucks, air compressors, tree spades, front end loaders, bulldozers, a small crane, and other machines. During the winter the unit is responsible for sanding and snow removal on NIH roads and parking lots. The turf unit also keeps jeeps, gang mowers, riding mowers, and trimmers in the garage.

Thomas J. Cook, chief of the Grounds Maintenance and Landscaping Section, Division of Engineering Services, OD, has been unusually busy these last few weeks.

It's spring—time to prune and feed shrubs, time to repair the ravages of winter on NIH roads and parking lots, time to keep 14 men busy full-time mowing the 180 acres of grass on campus.

And then there were major wind storms which felled 18 trees and necessitated major pruning or surgery on 15 others, for a total of 900 man hours of extra work. And all this while special arrangements were being made for the Alumni Reunion and Open House which brought tens of thousands of visitors to the campus.

Mr. Cook and his section are responsible for landscape design and maintenance outside the walls of buildings on campus, including excavations for repairs to utilities. The five units Mr. Cook supervises are: ornamental shrubs, tree maintenance, turf, heavy equipment and paving, and equipment repair.

Over 500 shrubs are transplanted on campus each year; some are temporarily removed during construction and kept in a temporary nursery near Stone House. Many bulbs have been added to campus plantings over the last 4 years.

Mr. Cook's background—as a nursery landscape designer for 2 years before coming to NIH in 1960, experience in a greenhouse and florist shop while going to school, and a B.S. in ornamental horticulture, with a landscape design option at Virginia Polytechnic Institute—helps him plan gardens and plantings in the many microclimates on campus. He is assisted by Edward Miller, a VPI graduate.

Storm Takes Toll

Underground utilities, buildings that shade or act as windbreaks, hills and hollows, and variable water tables affect suitability of areas for particular plants. Unfortunately, Mr. Cook says, camellias will only grow well in a small area north of Bldg. 13, although they flourish in nearby Bethesda areas.

Tree maintenance is a large activity since the campus loses about 50 trees each year to age, storms, construction, and disease. Many of the older native dogwoods have died in recent years because of a lower water table.

The 40 elms on campus are carefully tended. Preventive measures are taken against elm bark beetles and the diseases they transmit. Spraying, root pruning, and fertilizing have combined to keep losses to two elms in the last 4 years.

The turf unit, in addition to moving grass, reseds areas with K31 fescue, a coarser, deep-rooted, spreading grass which is gradually replacing the more disease-prone Kentucky blue grass on campus.

The turf unit also grows sod on the old golf course area and uses the strips to fill in bare areas near construction or "short cuts."

The weather is always a challenge to these workers, whether it brings a warm spell so that grass must be cut in December, rain that makes it impossible to use 5 tons of asphalt that has been picked up for paving, or wind damage or snow storms.

Mr. Cook notes that NIH tries to recycle some materials for landscaping. A new mulch made of ground up rubber tires is being considered; other mulches are made of brush chips or shredded hardwood in the more prominent areas. Even the wooden pedestrian bridges over the streams are made of recycled cedar and juniper trees from the wood.

The recent festivities on campus have been a challenge to the litter crews, who have installed more trash buckets, and put extra helpers on "pogo stick" duty. Mr. Cook notes that sometimes Clinical Center patient volunteers assist with outdoor work as an extension of their physical therapy.

It's All in a Day's Work

Site plans for the cell exhibit and for the rented 100-foot by 180-foot tent, which could seat 2800 for speeches and 1800 for meals, were designed by the section.

All in a day's work, says Mr. Cook, who is always busy, whether it's designing a Japanese garden, planning spots for more picnic tables, or trying out the latest in lawnmowers.

Mr. Cook checks the condition of a flowering tree in the holding nursery near Stone House.
Savings Bond Campaign Continues as Canvassers Alert All to Advantages

More than 400 canvassers and 18 coordinators working on the 1975 U.S. Savings Bond Campaign with Dr. Donald B. Tower, Campaign vice-chairman and NICD's Director, are alerting employees to the advantages of savings bonds. The results have been gratifying.

DORIS MARSHALL

(Continued From Page 3)

Miss Marshall considered that "there are a multitude of resources here. For young nurses there is a potential for growth if you are willing to work." She pointed out some of the nursing specialties at the CC, saying there were enough fields for one to find a particular interest.

"I was fortunate to find my field of interest. It is important to decide and to explore opportunities for growth," she said.

As of now the administrative or executive side of nursing is not for her.

Prefers Patient Care

"There is a greater interest in working at the bedside of the patient and working with the families and the staff to develop better patient care," Miss Marshall stated. Her guidelines to a successful career in nursing are worth heeding, and she is equally worth listening to as a guide explaining the workings of a laminar air-flow room.

On Sunday, the second and last day of Open House, Miss Marshall's duties were taken over by Rose Thomas and Peggy Reif who explained the workings of these special rooms to an overflow audience.

NIH Visiting Scientists Program Participants

4/22-Dr. K. Gurudath Rao, India, Section on Molecular Chemistry. Sponsor: Dr. Gunther L. Elchlepp, NICHD, Gerontology Research Center, Baltimore, Md.

4/27-Dr. Murray F. Brennan, New Zealand, Surgery Branch. Sponsor: Dr. Steven A. Rosenberg, NICHD, Gerontology Research Center, Baltimore, Md.

4/28-Dr. Wind-Show Cheng, Japan, Medical Oncology. Sponsor: Dr. Jacqueline J. Peng, NCI, Bldg. 10, Room 6B10.

4/28-Dr. Uki Yamashita, Japan, Laboratory of Immunology. Sponsor: Dr. William E. Paul, NIH, Bldg. 10, Room 11N309.

Came in May

5/1-Dr. Mohamed Abbasi, Egypt, Drug Development Branch. Sponsor: Dr. M. Benton Naft, NCI, Blair Bldg., Room 4A12.

5/1-Dr. Max Blum, Canada, Laboratory of Chemistry. Sponsor: Dr. Louis A. Cohen, NIAMD, Bldg. 4, Room 328.

5/1-Dr. Gyorgy Csako, Hungary, Laboratory of Biophysical Chemistry. Sponsor: Dr. Richard L. Wolfe, NIAID, Bldg. 10, Room 10X116.

5/1-Dr. Alice Tsan, Taiwan, Intramural Research. Sponsor: Dr. John Stephens, NHLI, Bldg. 31, Room 3A14.

5/5-Dr. Alan C. Kay, United Kingdom, Laboratory of Biochemistry. Sponsor: Dr. Katherine K. Sanford, NCI, Bldg. 37, Room 4D05.

NIHL and AHA Sponsor Workshop on Embolism, Deep Vein Thromboses

A workshop to assess knowledge on the detection, treatment, and prevention of deep vein thrombosis (or thrombophlebitis) and pulmonary embolism was held on April 24-25 at Reston International Center in Virginia.

The 2-day meeting, cosponsored by NHLI's Division of Blood Diseases and Resources and the American Heart Association, was attended by international specialists and researchers. Dr. Joseph C. Fratantoni, chief of the Blood Diseases Branch, was conference coordinator.

Deep vein thrombosis occurs when a clot forms on the wall of an interior vein of the lower extremities. If part or all of the clot or thrombus detaches itself from the vein wall, it may move up the vena cava and through the right side of the heart.

Then, depending on its size, it may partially block or totally occlude the pulmonary artery and its branches which deliver blood to the lungs.

A detached thrombus is called an embolus and a large one can cause massive pulmonary embolism, which is responsible for an estimated 50,000 deaths a year in the United States.

Once a thrombus has definitely established itself on the vein wall, certain therapeutic measures can be taken, but these measures have only uncertain success in preventing serious consequences.

This fact, coupled with inadequate diagnostic procedures to detect a well-established thrombus, makes it clear that the preventive approach is the more desirable method.

Diagnostic Methods Refined

Refined diagnostic procedures, such as labelled fibrinogen scanning, venography, and ultrasonic or electrical blood flow measurement techniques, now allow accurate evaluation of the earliest stages of thrombus formation. Much of this background research to permit the practical application was supported by NHLI.

At the workshop, all previous studies using anti-coagulants and platelet inhibitors prophylactically were reviewed and a high degree of information was reported in most surgical patients.

A special presentation of a clinical study which is to be published in Lancet was made by Dr. Vijay V. Kakkar, a surgeon at King's College Medical School Hospital in London.

In this study, over 4,000 patients undergoing major surgery at 36 medical centers were either given no prophylactic therapy or injected with low doses of heparin immediately before, during, and for several days after major surgery.

The control group—roughly 2,000—was not given heparin unless a post-operative, labelled fibrinogen scan was designed to detect patients at high risk.

Dr. Kakkar's resulting data suggest that prophylactic low-dose heparin can prevent not only thrombus formation in the legs, but also reduces the incidence of fatal pulmonary embolism.

After his presentation, a discussion ensued on the implications and possible flaws of this study.

On the basis of clinical data, one certain conclusion was agreed upon by the panelists—medical practice will be significantly altered within the foreseeable future by the development of effective prophylactic regimens for the prevention of deep vein thrombosis and pulmonary embolism.

Improve Therapies

There was also general agreement regarding the treatment of thrombus formation: tailored therapies will be designed to fit the surgical patient's risk and clotting characteristics, and tests will be designed to detect patients at high risk.

The investigators also agreed that there is a need for improved diagnostic procedures to determine established thrombophlebitis and pulmonary embolism.

Proceedings of the workshop will be published.
Security Awareness Increases After Thefts Of Cash, Equipment

At NIH as elsewhere, security depends on individual alertness. Unfortunately, a recent series of thefts indicates that employees are often lax in security precautions on campus.

Last payday, money was taken from a number of women's handbags while offices were left unoccupied. Persons working in the offices had seen a slim, young, neatly dressed man, about 5 feet 8 inches tall, with an Afro haircut and short sideburns.

A good talker, who seemed to be in a hurry, the man stated that he was servicing air conditioners, carried air vent covers or fluorescent lights, or appeared to be emptying wastebaskets.

If a man fitting the above description comes to your office, please call the Guards' Office, Ext. 65985, immediately from another office. Be sure to give your office room number.

New anchor pad devices are credited with significantly decreasing office equipment losses over the past few months. Available at the self-service supply stores, the pads must be specially installed by trained personnel. Machines can later be removed for servicing or replacement.

Pocket calculators, cash, mobile tape decks, spare tires and wheels are currently the items which disappear most frequently. As with any security system, it is important to conceal valuables, lock locks, and take the keys.

Precautions Listed

Since NIH police cannot cover all areas simultaneously and thieves often observe patrol patterns, employees must keep on the lookout for strangers or suspicious behavior.

Tissue Collection (Continued from Page 1)

Tissue collection (Continued from Page 1)
termed “normative,” contains serial brain sections from the smallest embryos to persons reaching 100 years of age; a second is composed of brain tissue from various animal species.

The other three classes exhibit human cerebrovascular lesions (strokes); CNS malformations, and congenital and early acquired encephalopathies and degenerative and hereditary neurological disease.

Collection Kept Current

Dr. Van Buren said that other researchers will be encouraged to donate whole brains for processing when a central clinical laboratory is properly equipped for this procedure.

“We would like to expand the Collection,” he said, “and, since sections deteriorate after 10 to 30 years, replacements will also be needed to preserve it...”

With the initiation of an identification system, scheduled to take effect soon, bona fide employees can be quickly recognized.

The Great Grand Master Keying System at NIH also depends on the responsibility of each individual who is issued a key. Large numbers of locks must be replaced because keys are lost or employees fail to turn in keys when moving to new office quarters or leaving NIH employment.

Security Costs Rise

Equipment alone for replacing locks and keys is expected to cost $55,000 in the next year. Costs of these materials have increased 5 percent to 125 percent in the past 2 years, according to Lester W. Hohadib of the Security Evaluation Section, Division of Administrative Services.

His office, Ext. 63211, advises and assists in improving security measures throughout the varied facilities at NIH. Sometimes it includes finding animal cage locks that monkeys and rats can’t learn to jimmy.

New Publication Features 100 Projects Illustrating Research and Careers at NIH

A new publication, depicting the traditions and recent research accomplishments conducted and supported by NIH, has just been published by the Division of Scientific Reports, Office of the Director.

New Format Described

Research Advances, 1975, first of a planned annual series, differs from previous reports in the extent of scientific content and in increased participation of scientists and administrators in determining the materials to be included.

Extensively illustrated with photographs and charts, the 1976 edition has a four-color reproduction of a computerized X-ray scanner image on the cover.

Preparations for the first edition have been underway for more than a year. Scientific directors and extramural directors were asked to submit up to 20 noteworthy research advances of the past year in their respective Institutes, Centers, and Divisions. These were combined for nomination by B/1D Directors.

From projects submitted, Dr. DeWitt Stetten, Jr., NIH Deputy Director for Science, and his staff

Prizes Given in Photo Contest; Winning Prints On View Until May 22

Winning entries in the Print Contest sponsored by the NIH/ R&W Camera Club will be exhibited in the Bldg. 10 cafeteria until May 22.

Three outside judges, Silom Hornsby, Roy Perry, and Newell Terry—selected 19 black and white and 34 color prints from 280 entries.

Black and white winners were:

1st and 2nd prizes, Morris Graff; 3rd, Dr. C. Wesley Dingman; and 4th, Frances Patrick.

The six honorable mention places were won by Dr. Theodore Colburn, Dr. Gary Peck, Mr. Graff (2), Harry G. Schaefer, and William H. Sherriff, Jr.

In color print competition, 1st and 4th places went to Dr. Thomas A. Waldmann; Dr. James David Small, 2nd; and James Delos, 3rd.

Mr. Graff, Dr. Richard Feinberg, David A. Prevost, Dr. Small, Dr. Timothy Triche, and Dr. Waldmann received honorable mention for color prints.

The 10 winners in each category received ribbons. Awards of $25, $15, $10, and $5, respectively, were given to the first four place winners.

For information about the Camera Club, call Joy Richmond, Ext. 66097.

Charles Gails of the Design Graphics Section, Medical Arts and Photography Branch, Division of Research Services, designed the publication.

The first chapter of Research Advances provides an overview and history of research at NIH. The assembly of scientific talent at NIH is described as having a “critical mass” effect on research productivity.

“Concentration on excellence and an unsurpassed level of productivity have been integral parts of research supported by NIH in every important center of the nation and in many other countries...sustaining and contributing to all American scientific accomplishments,” the publication notes.

NIH Attractions Illustrated

The last section of the report focuses on career opportunities for young doctors as Clinical Associates and Research Associates at NIH, outlining the unique combinations of laboratory and clinical facilities which attract about 400 young researchers each year.

Copies of this first issue of Research Advances became available in time for the first NIH Alumni Reunion. Approximately 40,000 copies will be distributed to every principal NIH investigator and contractor, to members of Congress, and to all senior medical and dental students in the United States.

Subsequent issues of Research Advances are planned to cover each fiscal year.