

the



Record

FILE COPY

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

July 1, 1975
Vol. XXVII, No. 13

NATIONAL INSTITUTES OF HEALTH

Dr. Seymour Kreshover, NIDR Director, Retires; On Campus 19 Years



Because of his research, Dr. Kreshover has received honorary degrees from universities here and abroad, and a number of awards including the DHEW Distinguished Service Medal and the PHS Meritorious Service Award.

Dr. Seymour J. Kreshover, dentist, physician, scientist, and, for the past 9 years, Director of the National Institute of Dental Research, leaves the NIH campus today (Tuesday, July 1). He is retiring after 19 years with NIDR.

Dr. Kreshover, a member of the USPHS Commissioned Corps with the rank of assistant surgeon general, first served as NIDR associate director for intramural research before assuming the post as Director.

Under Dr. Kreshover's aegis, the Institute's extramural and intramural research extended its studies to encompass such fields as developmental biology, oral facial anomalies, and the entire range of life sciences.

Aids University Research

His efforts to broaden the base of dental investigations helped in establishing a program of research centers in universities. Such centers are now in operation at the Universities of Alabama, Michigan, North Carolina, Pennsylvania, and Washington.

The centers attract knowledgeable and skillful scientists who previously had not been involved in dental research, and they also pro-

(See DR. KRESHOVER, Page 7)

Four Researchers Discuss Blindness, Sight Disability At NEI Press Seminar

By Inez Connor

Four leading vision research scientists, speaking at the National Eye Institute's first science writers seminar on June 12, outlined recent research developments that hold promise for advances against the leading causes of blindness and visual disability in the United States.

Dr. Jin H. Kinoshita, chief of NEI's Laboratory of Vision Research, reported on successful efforts at the Institute to delay in test animals the onset of sugar cataracts such as those caused by diabetes.

NEI researchers have identified the enzyme which triggers formation of these opacities and have successfully induced and then retarded the formation of sugar cataract in laboratory animals by the use of eye drops incorporating an inhibitor of the enzyme.

In the more common form of cataract associated with aging, Dr. Kinoshita discussed other NEI-supported work which is elucidating the chemical processes that underlie this form of the disease.

Cataracts a Leading Cause

More than three million Americans have cataract; throughout the world it is a leading cause of blindness.

Dr. Alan M. Laties, professor of ophthalmology at the Scheie Eye Institute of the Presbyterian-University of Pennsylvania Medical Center, highlighted new studies which are leading to understanding hereditary diseases of the retina, such as retinitis pigmentosa.

This eye disease, first evident in childhood or adolescence, affects the retinal photoreceptor rods and results in progressive loss of night and peripheral vision.

Studies of the pigment epithelium, a single cell layer adjacent to the neural retina, indicate that its malfunction may be associated with retinitis pigmentosa, as well as other retinal degenerative conditions, such as macular degeneration, the leading cause of uncorrectable reduced vision in elderly people.

Dr. Matthew D. Davis, chairman

President Ford May Attend Swearing-in Ceremony Today

As the Record went to press, plans were being made to welcome President Gerald R. Ford to the NIH campus today for a joint swearing-in ceremony for the new Director of NIH and the new HEW Assistant Secretary for Health.

It was expected that the ceremony would be held at 11:30 a.m. in the Masur Auditorium, Clinical Center, and that the President would speak. Dr. Theodore Cooper, Assistant Secretary, was expected to be sworn in first, and then Dr. Donald S. Fredrickson, Director of NIH.

Secretary Caspar W. Weinberger was expected to preside. John R. Ottina, HEW Assistant Secretary for Administration and Management, was to administer the oaths.

Meeting on Preventive Medicine Hears Cooper Discuss Health Programs

Issues relating to preventive medicine in health care services were discussed at a recent meeting of the National Conference on Preventive Medicine. The conference was sponsored by the Fogarty International Center and the American College of Preventive Medicine.

Recommendations Made

Task forces, formed last summer to assist the conference advisory committee, presented recommendations and documents on methods of applying preventive medicine to health services.

Dr. Theodore Cooper, HEW Assistant Secretary for Health, addressed the participants which included leading scientists from many parts of the country. The Assistant Secretary was introduced by Dr. Milo D. Leavitt, Jr., FIC Director.

In his speech, Dr. Cooper commented on the interest that is shown by HEW Secretary Caspar W. Weinberger in the entire subject of preventive medicine.

Dr. Cooper pointed out that formerly many health problems starting "on the basis of good ideas or at least worthwhile humanitarian objectives" met with "very little challenge."

He termed the present times "a totally different climate," and said "... that the resources are not (See PREVENTIVE MEDICINE, Page 6)



Dr. Diane J. Fink, Director, NCI's Division of Cancer Control and Rehabilitation, has received a Gerard B. Lambert award for the efforts of her Division to foster continuing education of physicians and hospital staffs in communities where there are no large medical centers. The Division has encouraged sending teams of cancer specialists from multidisciplinary cancer hospitals to demonstrate effective diagnostic and treatment techniques. It also has prototype treatment demonstration programs.

of the department of ophthalmology at the University of Wisconsin Medical School, discussed diabetic

(See NEI SEMINAR, Page 7)

Study Section, Council Review Of Grants Schedule Revised

A new schedule for study section and council review of grant applications has been established to conform to the newly-defined Federal fiscal year, which begins Oct. 1, 1976.

The NIH study sections and advisory councils meet regularly three times per year. Under the new schedule, the study sections will meet 4 to 7 weeks later than at present, and the council schedules will be shifted from 6 to 8 weeks later.

The revised schedule becomes effective Jan. 1, 1976.

the  **Record**

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

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

Editor Frances W. Davis

Associate Editor Fay Leviero

Staff Writer Heather Banks

Staff Correspondents

ADA, Judy Fleisher; CC, Thailia Roland; DCRT, Joan Chase; DRG, Sue Meadows; DRR, Jerry Gordon; DRS, Cora M. Sult; FIC, George Presson; NCI, Carolann Hooton; NEI, Bonnie Friedman Spellane; NHLI, Bill Sanders; NIAID, Krin Kolsky; NIAMDD, Pat Gorman; NICHD, Daniel Taylor; NIDR, Sue Hannon; NIEHS, Elizabeth Y. James; NIGMS, Wanda Wardell; NIMH, Betty Zubovic; NINCDS, Carolyn Holstein; NLM, Frann Patrick.



Elizabeth W. Stroud was recently appointed NCI personnel officer. She joined the Federal Government as a management analyst with the Department of Commerce. Before coming here she served with the Environmental Protection Agency as deputy assistant director for Operation in Personnel. Mrs. Stroud is a graduate of the University of North Carolina, and has been an English instructor in the Charlotte public school system.

NIH Singers Need a Pianist

The NIH Singers — an R&W-sponsored activity—need a pianist to accompany their rehearsals and concerts.

The Singers, who give at least two concerts of classical choral music each year, rehearse every other Sunday evening from September to May.

Please contact Dr. Lewis Norton, Ext. 66671, or Richard Shrager, Ext. 66037.

Take AMTRAK! Official Travel Tickets Available

AMTRAK rail passenger ticket service for official travel is now available at the Central Travel Section, DAS.

Taking AMTRAK to New York can save time and money. Often, flying costs approximately \$40 and takes 3½ or more hours—counting the taxi to National Airport, security check, and taxi from LaGuardia Airport to destination.

AMTRAK takes 3½ hours traveling time from the Beltway Station in Lanham, Md., leaving every hour from 6 a.m. to 8 p.m., and costs approximately \$25, including taxi fare to the Beltway Station and from central New York to destination.

Seminars will be conducted on this new service July 9-10. For further information, contact Helen Donovan, Ext. 63441.

Tickets will be available July 15. To obtain tickets, a Travel Order and Form 1908 must be submitted to the Central Travel Section, Bldg. 31, Room B1-C38.

Chinese-American Assn. Collects Clothing, Items to Aid Refugees

The NIH Chinese-American Association, affiliated with R&W, is sponsoring a clothing drive for Vietnamese refugees in the area.

Clean, usable clothing—especially items suitable for winter—may be donated the first Thursday of each month, noon to 1 p.m., Conference Room 1, Bldg. 10 cafeteria.

For further information or to arrange for pickups of large items such as furniture, call Lois Chang, 770-5918, or Genevieve Schiffmann, 657-2863, after 7 p.m.

Phone Call Ends Day of Rest; Huly Bray Reports for Press Duty in Refugee Camp

By Huly Bray

At 8:30 a.m. on Monday, April 28, the commanding general of Camp Pendleton in California received an order from Washington, "Prepare to feed and house up to 18,000 Indo-China war refugees."

A few minutes before noon the next day, the first seven bus loads of evacuees from Vietnam rolled through Pendleton's northern sentry gate. Operation "New Life" was under way.

The arrival of the refugees at Camp Pendleton had no special significance for me. I was enjoying my second day at home after completing two demanding projects, the NIH Reunion and the NIH Open House.

A call from my boss, Storm Whaley, NIH Associate Director for Communications, informed me that HEW would like me to spend some time at Camp Pendleton, possibly for as long as 2 weeks.

Two days later, on Friday evening, May 1st, I arrived at the Los Angeles airport, picked up a GSA "U-drive it" car, and headed 60 miles south in the dark of the night for the camp.

Over at the Marine Air Station at El Toro, 30 miles north of Camp Pendleton, refugees continued to arrive by plane, transferring to buses that would bring them to Pendleton during the early morning hours.

I arrived at the refugee camp around 2 a.m. (Washington time). Already, working in 3-hour shifts around the clock, were members of the Refugee Task Force involved in processing these first arrivals,



most of whom were Americans with their Vietnamese dependents and former Vietnamese employees of American firms.

Involved in the processing were the Department of State, the U.S. Immigration and Naturalization Service, and the Department of Health, Education, and Welfare. More than a hundred HEW people had been brought in mainly from San Diego, Los Angeles, and San Francisco, but also as far east as Atlanta.

They represented Social Security, Social Rehabilitation, and the Public Health Service. All were working with the civilian volunteer agencies called VOLAGS, with logistical support from the Marine Corps.

I represented the HEW Office of



Public Affairs at Pendleton's Joint Public Affairs Office. Here, twice daily, 7 days a week, 75 to 100 press persons gathered for briefings.

They represented most major newspapers, leading news magazines, all television networks, and many radio stations. Press representatives from Australia, Canada, England, France, Germany, Italy, Japan, and Sweden also attended the sessions.

Around the clock, a thousand Marines and base civilian employees continued to work, under flood lights at night powered by mobile generators, erecting tents and clothes lines, laying miles of pipelines for water and electrical and communications wiring, locating hundreds of chemical toilets, establishing dispensaries, messhalls, and bringing in tons of additional food.

To provide a minimum of 2,000 calories per day per refugee, the daily requirement was enormous; for example: 24,000 cartons of non-fat milk, 2½ tons of bread, 4 tons of meat, 3 tons of rice, and 35 cases of soy sauce.

The meals were prepared by 56 Marine and 49 Navy cooks assisted by 485 messmen. Later, a Vietnamese cook was assigned to each messhall to help with seasoning the food.

The Marines had only one rule, a sanitary restriction, that no food could be taken back to a tent except for those too old or physically unable to get to a messhall. Chopsticks were provided, but most seem to like the plastic "silverware."

Ten days after the message was received to prepare for the refugees (See REFUGEE CAMP, Page 8)



Dr. James Shannon Among Medal of Science Winners

Dr. James A. Shannon has been selected as one of the 13 winners of the 1974 National Medal of Science—the Nation's highest award for achievements in science, mathematics, and engineering. Dr. Shannon, who was NIH Director from 1955 to 1968, is with Rockefeller University.

In announcing the winners of the medal, President Ford said, "I look forward to meeting with these distinguished Americans at the White House in the near future."

Dr. C. L. Hebert Retires From CC Anesthesiology Dept.; Here Since 1953

Dr. Clarence L. Hebert, chief of the Clinical Center Anesthesiology Department since the hospital opened in 1953, retired today. He had been a medical officer in the USPHS Commissioned Corps since 1940.

Dr. Hebert came to NIH from the Staten Island USPHS hospital where he had been chief of anesthesiology. During his tenure here he served as a consultant at both Suburban and Holy Cross Hospitals.

He also served occasionally as consultant to the HEW General



Many of the young physicians who received training in anesthesiology and experience in research from Dr. Hebert have become leaders in academic medicine.

Counsel on medical malpractice claims against the Federal Government.

At the CC, Dr. Hebert provided advanced medical training and research experience to nearly 60 young physicians entering the specialty of anesthesiology. He has also published extensively in the field of clinical anesthesiology.

Dr. Hebert received his M.D. from Albany Medical College of Union University, and specialty training in anesthesiology at Mayo Clinic and New York University.

He is a Diplomate of the Na-

Dr. Waldrop's Saga Is a Success Story—3 Children, 4 Degrees, a Career Here!

The early saga of Mary F. Waldrop's life, as she tells it, has a faint Biblical tinge. She starts out with "in the beginning" and tells about her undergraduate days when she majored in mathematics and related subjects. Then she goes on to recount why she switched from teaching math to acquiring further degrees and to a career in child development at the National Institute of Mental Health.

Dr. Waldrop—she received her Ph.D. from the University of Maryland a year ago—went into the field of child development after having children. Helping in a cooperative nursery school when her children were young started her second career.

Along with working, she has been—more or less—a perennial student. She began taking courses at the University of Michigan when her children were very young. The family moved to Nashville and the courses continued.

The last move, to this area, resulted in two masters degrees and that Ph.D. from Maryland.

Dr. Waldrop came to NIMH's Child Research Branch in 1959; now that branch is the Laboratory of Developmental Psychology. Dr. Waldrop describes that office as a "merging of people interested in child development under one laboratory."

Sixteen years ago she came here to set up and direct the NIMH nursery school for the lab on the campus. Officially, the research is known as the Bethesda Longitudinal Study; it involves four stages of family development: marriage, the newborn baby, the baby at 3 months of age, and the child at 3—the age when he or she came to the nursery school.

The studies involving the nursery school centered around congen-

tional Board of Medical Examiners and the American Board of Anesthesiology, and a Fellow of the American College of Anesthesiologists.

Dr. Hebert is a member of the American Medical Association, the American Society of Anesthesiologists, the International Anesthesia Research Society, and the Maryland-District of Columbia Society of Anesthesiologists of which he was president in 1962. He has been chairman of the Clinical Anesthesia Study Commission since 1965.

He and Mrs. Hebert plan to continue to live in this area; Dr. Hebert will serve as a consultant to the NIH staff.



Dr. Waldrop talked about her work as a scientist on the campus, and said, "My experience has been one of acceptance—of me as a person and what I can offer."

ital and environmental contributors to behavior. Dr. Waldrop thought that this research may lead to detecting potential problems very early in the life of a child.

Now the researchers are writing the results of 15 years of work. The young married couples—and later parents—who participated in the study were all volunteers.

Dr. Waldrop described them as "very faithful and cooperative people. They were motivated because of the marvelous good-will that exists for NIH. The research is important, but it does depend on the cooperation of volunteers," she explained.

While Dr. Waldrop was working on the project, she "kept on going to school forever."

"I had started my graduate work before I came here, but I wasn't intending to go on for a Ph.D. It was a hope, and as the years went by I became more and more interested in a Ph.D."

She said that the realization gave her a sense of accomplishment—"as if I finished something." And she told why she was able to do all this while working full-time.

"I had the cooperation of my colleagues. I had the opportunity for exchanging ideas; that's so important in research, and I had the library here.

"My thesis was the extension of some work I had done here. I applied some of my research with older children in a public school."

4 NIH Publications Win FEA Blue Pencil Awards

Four NIH publications won Blue Pencil Awards at the Federal Editors Association's annual banquet on June 11.

A popular pamphlet, *What Are the Facts About Genetic Diseases?*, published by the National Institute of General Medical Sciences, won second place in its category.

Third place honors went to National Institute of Allergy and Infectious Diseases' publications in two other categories—a booklet entitled *Hepatitis* and an *Allergy* series.

Also, *the NIH Record* tied for third place honors in the house organ category.

The FEA is a professional organization of more than 300 writers, editors, and information specialists who work on Government publications all over the U.S.

Her undergraduate degree—from the University of Oklahoma—was in mathematics, astronomy, and physics. Her graduate degrees were all in the realm of early childhood and human development.

In talking about the longevity factor in acquiring her later degrees, Dr. Waldrop said "That's why it took so long, my children—two girls and one boy—had priority.

"My work has been a very important part of my life, but that doesn't mean my family isn't more important—but housekeeping isn't. I like it done, but I didn't have that as my goal, it's incidental."

Now it is the practice, amounting almost to a policy, to ask a female scientist if the fact of her sex has been a deterrent to her career.

Dr. Waldrop's answer was specific. She negated the idea that in her career she was ever "put-down," and she particularly discussed working in her lab.

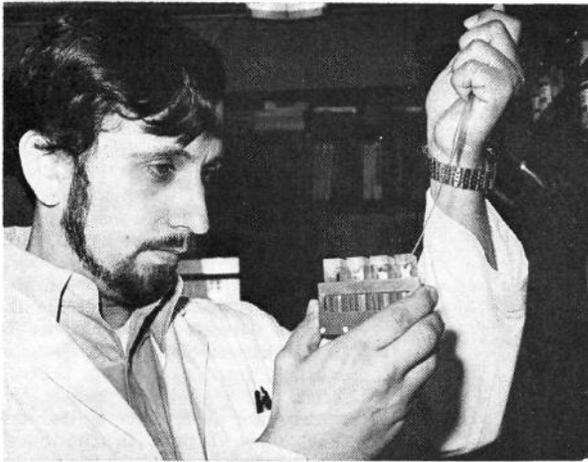
"I cannot say that NIH has put me down. Our office has been more of an entity than most other labs. My experience has been one of acceptance—of me as a person and what I can offer."

She described the lack of "extraordinary competition" amongst her lab staff as "unique."

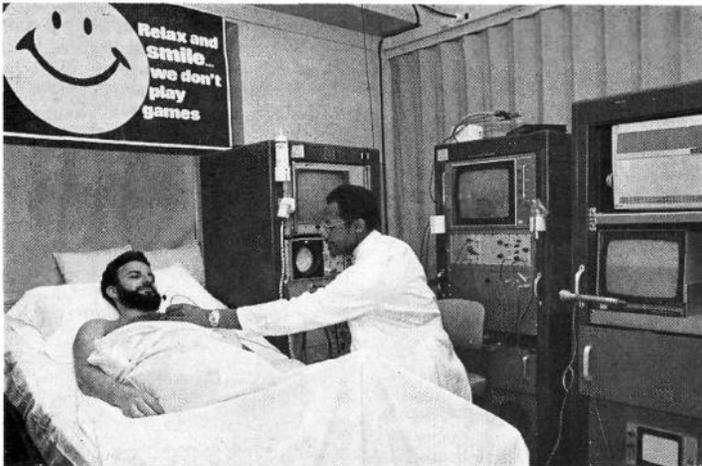
"Everyone was pitching in, making contributions without having to deal with competition. Some women scientists have mentioned that they have had to make a great deal of effort in order to be heard. I haven't had to fight terribly hard.

"Women should be accepted for their own contributions instead of having to fight. There will be a chance of greater contribution if there is an acceptance of all individuals free from biases."

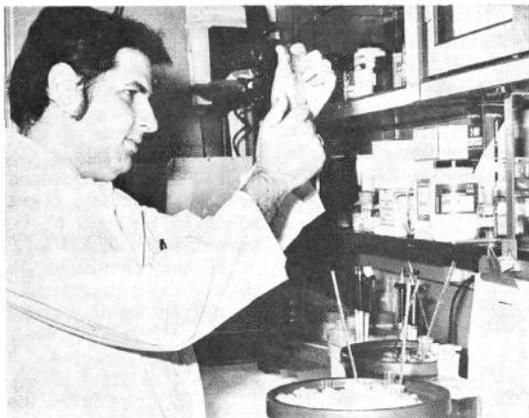
Dr. Waldrop ended the interview with a fervent valediction: "I do hope the young women going into science find the cooperation and the encouragement that I have had, and meet the same acceptance as an individual."



Pursuing an interest in "biological markers," Dr. John Krolikowsky, NCI Staff Associate, performs a colorimetric assay to determine the presence of the marker sialic acid in a tumor tissue culture. Biological markers are used to detect cancer and assess the results of therapy.



Dr. Daniel Savage, NHLI Clinical Associate, examines a heart patient with an echocardiograph machine which sends high frequency sound waves through a transducer placed on the chest. The waves reflected from the heart provide images of the heart anatomy that are helpful in diagnosing disorders such as heart valve disease.



Studying how insulin works, Dr. Barry Ginsberg, NIAMDD Research Associate, prepares an assay of protein fractions that interact with insulin. In diseases such as diabetes, the binding characteristics of these proteins (insulin receptors) are altered.

Today's the Day! To Take Up Clinical

By

Nearly 150 physicians arrive at NIH today to begin their appointments in the various Institutes as Clinical, Research, and Staff Associates.

The NIH Associate Training Program offers research experience for the professional development of young physicians and scientists who plan careers in biomedical research or in academic medicine.

Applicants are selected for the 2- or 3-year appointments by matching their interests with the needs of the Institutes. Since 1959, 2,538 Associates have participated in the program.

Associates are...
lic Health Servi...
through Civil Ser...

Clinical Associ...
Clinical Center...
tory research,
mainly perform...
medical science.

Staff Associat...
either clinical or...
depending on th...
vestigator with v...

Associates assi...

While on rounds at the CC, Dr. Fred Appelbaum, NCI Clinical Associate, stops to talk with a patient. Dr. Appelbaum is studying oncology with particular interests in cancer immunology.



Dr. Steven...
interaction...
changes in...
of a plant

New Associates Arrive

1, Research, Staff Posts

Marian Segal

employed through the Public Health Service Commissioned Corps or service.

Associates care for patients at the hospital and do clinical and laboratory research. While Research Associates conduct laboratory research in a biological laboratory.

Associates' research may involve laboratory aspects or both, and the activities of the senior in which the Associate works.

Most senior staff members in

patient care and research and also initiate and conduct research of their own, drawing upon resources, equipment, and expertise of permanent staff members.

Often these projects result in significant contributions to medical knowledge and are reported at medical meetings and published in the scientific literature.

Many former NIH Associates are now directors of their own research laboratories and hold academic positions in major medical centers across the country.



Dr. Anne Lucky, an NICHD Clinical Associate studying pediatric endocrinology, measures a young CC patient's growth.

Photos by Ed Hubbard

Dr. Adam Bender, NINCDS Clinical Associate, is studying neuromuscular diseases using electron microscopy and histochemical techniques. He and his associates have visualized the acetylcholine (ACh) receptor on normal and abnormal human muscle. ACh is a substance that mediates the transmission of nerve impulses to muscles. They have shown that patients with myasthenia gravis have a substance in their blood that blocks the ACh receptor.



Siegel, NIAID Research Associate, is studying the chemistry and interactions between cells and mitogen as a model to explain membrane proteins on normal and cancer cells. From red blood cell membranes, he has isolated sugar-bearing proteins which he will use to regulate the activity of a protein, mitogen, that causes blood cells to aggregate or divide.



PREVENTIVE MEDICINE

(Continued from Page 1)

infinite. They are not open ended. They are finite, and we have a great deal of competing programs that have caught the imagination of the American people. . . ."

Among the other topics discussed by Dr. Cooper as part of the broad subject of preventive medicine were the 1976 health budget, service programs oriented toward specific populations, and developing "a more meaningful" research program in consumer health education.

The recommendations of the eight task forces included:

- Training of personnel in epidemiology and other fields pertinent to the evaluation of health delivery methods should be expanded.

- Federal support for research in consumer health education methodology, programs, and their evaluation.

- Research to identify new ways of preventing disease should be intensified. Promising methods should be tested under experimental conditions and then evaluated under real life situations before incorporating into general use.

- . . . long-term research should be supported on chronic diseases to provide the basis for evaluating primary and secondary preventive health programs.

- Research should be done to compare different health states to find ways of translating changes in health status into economic terms.

A series of three monographs based on the conference proceedings will be available in early 1976. The national meeting was coordinated by Dr. Fred R. McCrumb, Jr., special assistant to the FIC Director.

ERRB Says Federal Rules Forbid Salesmen at NIH

The Employee Relations and Recognition Branch, DPM, has received complaints from employees who have been contacted while working and during lunch periods by insurance salesmen.

Government regulations state no salesmen or vendors are to conduct any business on Federal property.

At NIH the only insurance program sanctioned, other than the FEGLI and HEW's program (COIN), is the R&W endorsed Term Life Insurance Program.

There are no salesmen for R&W's program on the campus. All contact is made by employees telephoning the administrators of the R&W Plan.

Employees are asked to notify the guard office immediately if contacted by insurance salesmen.

LADY with a Lamp? Now Men Hold Aloft the Light, Male Nurses Graduate From Marymount College



Mr. Haywood receives both his degree and congratulations from Mrs. Goodrich at Marymount's commencement exercises. He and four other male students in the program are the first men to graduate from that college.

By Judy Fleisher

There is a growing phenomenon in the profession of nursing—the male nurse. In a field where there is a critical shortage of registered nurses, NIH's Stride Nursing Program offers to men and women, in jobs with limited advancement, the opportunity to enter a profession.

This past month, the first Stride nursing class of 15 NIH students graduated from Marymount College of Virginia with associate of applied science degrees. Five of these graduates are male—they are the first men to graduate from the women's college in its 25 years.

Graduates Listed

The Stride graduates are: Cathleen Baughman, Betty Brown, Fannie Clorey, Joseph Hambrick, Clarence Haywood, Laverne Hill, Adrienne Hope, Ronald Kase, Dorothy Lopez, Sandra Nichols, Kyle Smith, Deanna Stephens, Carrie Ward, Lou Williams, and William Wells.

Commencement was the culmination of 2 years of education and training, consisting of clinical instruction in nursing duties at the Clinical Center and at other metropolitan hospitals, and full-time college study at Marymount.

NIH subsidized both the schooling and salaries of the Stride assistant trainees. The goal of this program, the first of its kind in the Federal Government, is placing graduates in professional nurse positions at the CC after they successfully complete their State Board Examinations this month.

At Marymount College the student nurses concentrated on science subjects, but also received a basic liberal arts curriculum.

The students received their clinical experience in Washington area hospitals in medical, surgical, ma-

ternal, pediatric, and psychiatric nursing.

They also observed procedures in public health, operating and recovery rooms, intensive care, outpatient departments, and other specialty units. During vacations, the students worked full-time at the CC.

Nancy Goodrich, chairman of the nursing department at Marymount College, spoke highly of the ability and determination of the students.

"We are so pleased with how well the arrangement has worked. Our Stride students bring a maturity to the entire class because of their previous experience and exceptional nursing skills."

Responsibilities Cited

Mrs. Goodrich noted that many of the students are married with family responsibilities and have had to adjust to a rigorous schedule of study and work and had little time for anything else.

Vernice Ferguson, chief of the CC Nursing Department, emphasized the highly accelerated, competitive nature of the program.

"The students are expected to learn in two very compacted years what would normally take 3 or 4 years, and must pass the same state board examination for licensing as graduates of all other programs preparing the professional nurse. We are happy to have them return to the Clinical Center as members of the health care team."

The men and women Stride students range in age from 24 to 41. Three of the five men in the pro-

gram had previous medical experience in the armed forces.

Clarence Haywood was in Vietnam for 14 months serving as a field medical aide in a combat unit. His 2-year internship in Stride, with the CC Cancer Nursing Service, helped to strengthen the philosophy he developed in Indochina.

"I've dealt with death and dying, and when I do the best I can, although it's hard to take, I feel that I have helped." Mr. Haywood is now working in the CC Arthritis and Metabolic Diseases Nursing Service.

William Wells requested a dental technician assignment when he joined the Navy. He was accepted and placed in the medical corps.

During his training assignment with the Neurology Nursing Service he developed close ties with the patients and their families. Now, Mr. Wells is working in the Heart and Lung Nursing Service.

The Stride Nursing Program offered Joseph Hambrick a chance to return to psychiatric nursing. Previously, he had worked for 8 years in the CC as a nursing assistant, first in the operating room and then in the psychiatric unit.

Mr. Hambrick feels that the challenge of psychiatric nursing has contributed to his self-development and objectivity about life. He talked about the opportunity he hopes to have in helping patients and watching their progress toward recovery. He is now working in the CC's Neurology Nursing Service.

Career Began in Army

Kyle Smith had several jobs ranging from salesman to animal caretaker. He began his health career in the Army Medical Corps. Mr. Smith was a CC nursing assistant for 2 years prior to his Stride assignment with the Cancer Nursing Service.

He discussed how observant a nurse must be in taking care of young patients and in determining ". . . the problem when they can't tell you."

Mr. Smith is working in the Neurology Nursing Service, but someday he thinks he may want to become a physician's assistant.

When the CC nurses were asked how patients generally reacted to a man in the traditional female nurse role, they said the majority of patients were receptive.

However, one graduate admitted that there was a tendency for patients to equate the male nurse with an intern or doctor. "It's the white coat that does it, they forget you are a nurse."

How do the female Stride nursing graduates feel about their male co-workers?

Cathleen Baughman, a former NCI clerk-stenographer before joining Stride, said she felt they did well. "I think male nurses are great. They keep their cool, especially in pediatrics, where boys need to relate to a man. I wish more men would come into Stride."

Dr. Talbot Special Asst. For Intramural Affairs

Dr. Bernard Talbot has been named special assistant for intramural affairs in the office of the NIH Assistant Director for Intramural Affairs, Dr. Philip S. Chen, Jr.

Dr. Talbot came to NIH in 1970



Dr. Talbot has previously held posts in DRG and NCI.

as a Grants Associate in the Division of Research Grants.

In 1971 he joined the National Cancer Institute, where he has held posts as medical officer in the Viral Carcinogenesis Branch, vice-chairman of the Tumor Virus Detection Segment, and acting associate chief of the Viral Leukemia and Lymphoma Branch.

After receiving his M.D. degree from Columbia University and his Ph.D. from Massachusetts Institute of Technology, Dr. Talbot continued his studies under a NIH Training Grant at M.I.T. and a NATO postdoctoral fellowship at the University of Rome, Italy.

Dr. C. Donald Larsen Dies; On Original NCI Staff

Dr. C. Donald Larsen, one of the original staff members of the National Cancer Institute, died last month.

Dr. Larsen, who came to NCI in 1939 as a research fellow, was known for his studies on the chemistry of sterols. He was honored by the Council of the American Society of Biological Chemists for this research.

He was also internationally known for his animal research which showed that a cancer-producing agent may be transferred from a mother to an unborn fetus through the placenta and later cause cancer in the offspring.

Dr. Larsen remained with NCI until 1955 when he joined the Division of Research Grants as executive secretary of the Biochemistry Study Section.

Dr. Larsen leaves his wife Donna, two daughters, a brother, and two sisters.

DR. KRESHOVER

(Continued from Page 1)

vide an environment for training researchers and teachers.

During Dr. Kreshover's tenure, a national effort to reduce the incidence of dental caries was launched. Because of this program, such measures as a plastic sealant and new topical fluoride applications have become valuable adjuncts to preventive dental medicine.

Before coming to NIDR, Dr. Kreshover had taught at the Medical College of Virginia. He had served as professor and clinician of the department of oral pathology, director of dental research, and director of postgraduate and graduate studies. His major fields of research include oral pathology and craniofacial anomalies.

Dr. Kreshover received his D.D.S. degree from the University of Pennsylvania School of Dentistry, a Ph.D. degree in clinical medicine and pathology from Yale University, and an M.D. degree from N.Y.U. School of Medicine.

He holds several honorary degrees, including the degree of doctor of odontology from the University of Goteborg in Sweden.

Because of his dental research and its impact on education and practice, Dr. Kreshover has been presented with the DHEW Distinguished Service Medal, the PHS Meritorious Service Award, the Pierre Fauchard Medal, the Henry Spenadel Award, and the Alfred C. Fones Memorial Award.

He and Mrs. Kreshover have a home in Youngstown, N.Y., where they will retire. Dr. Kreshover has no plans for the first year of retirement beyond sailing and other recreational activities.



U.S. SAVINGS BOND CAMPAIGN prize drawing was held June 13 with an assist from (l to r) Dr. Donald B. Tower, NINCDS Director and campaign vice chairman; James B. Davis, R&W manager; Edward Condon, R&W president, and Margaret Shipley, NINCDS. Winners of prizes donated by R&W were Violet Mills, Delores Crouse, and Miles B. Austen. Campaign officials reported that the number of bond buyers increased from 29.1 to 32.2 percent. There were 336 new buyers, and 195 employees increased their allotment.

Dr. Stephenson Retires As OD Training Officer; Will Practice in Maine

Dr. Richard B. Stephenson, training officer in the Office of the Associate Director for Extramural Research and Training, OD, since 1969, is retiring from the PHS Commissioned Corps on July 1.

Dr. Stephenson came to NIH in 1964 as program director of extramural programs in gastroenterology, National Institute of Arthritis and Metabolic Diseases.

In 1965-67 he served as research grants officer, OD, and in 1967-69 as associate director for operations, Division of Regional Medical Programs, NIH/Health Services and Mental Health Administration.

Dr. Stephenson graduated from Tufts College and received his M.S. from the University of Maryland.

After continuing his graduate studies in plant tissue cultures and biochemistry at the University of Illinois, Urbana, he received his M.D. in 1945 from the University of Illinois College of Medicine, Chicago.

In 1946 he joined the PHS as a Commissioned Officer in the National Cancer Institute, working until 1952 in experimental surgery with Dr. A. O. Whipple and others on effects of antibiotics on livers subjected to alkylating agents, ar-



Dr. Stephenson received the PHS Commendation Medal in 1974 for "his effective and wise leadership in enhancing the research training programs of the National Institutes of Health during a period of transition and change. . ."

tificial materials in blood vessel grafts, and early experiments in limb perfusion.

This work was done as a surgery resident at the PHS Hospital, Staten Island, and as a fellow in surgery and pathology at Memorial Hospital/Sloan Kettering Institute in New York.

Surgery Career Noted

In 1952-53 Dr. Stephenson served as chief surgeon, PHS Hospital, Steilacoom, Wash., at the U.S. Penitentiary, McNeil Island.

From 1954-64 he was attending surgeon at several hospitals in Maine.

Commenting on his retirement, Dr. Stephenson says that he is "proud to have made a contribution in maintaining biomedical research and manpower training efforts through the levelling off and reductions in momentum that have taken place in recent administrations."

A native of Maine, Dr. Stephenson will return to private practice in dermatologic oncology in Portland, where he and his wife are building a new home.

Research support in this country is expected to have significant impact on the future course of vision research support, and identifies major program needs and opportunities in research.

Dr. Carl Kupfer, NEI Director, moderated the on-campus seminar which highlighted research advances made during the Institute's 5-year existence.

Mary Lasker, President of the Albert and Mary Lasker Foundation, reviewed the history of NEI and discussed the importance of research on visual disability and blindness for the science writers and representatives of voluntary organizations who attended the seminar.

NEI SEMINAR

(Continued from Page 1)

retinopathy, a progressive disorder of the retinal blood vessels associated with long-term diabetes.

Dr. Davis is also chairman of the NEI-supported Diabetic Retinopathy Study which is evaluating photocoagulation, the use of intense light rays to weld hemorrhaging blood vessels. He reported on the project's current status.

Vitrectomy to Be Studied

Dr. Davis announced a planned study of vitrectomy, a new surgical procedure developed by Institute grantees for removing the vitreous in patients already blind from hemorrhage due to diabetic retinopathy and other diseases of the eye which affect the vitreous.

The vitrectomy study, he said, will adhere to the same rigid ethical principles as the DRS and is designed to determine at what stage surgery to remove the diseased vitreous is most effective in preserving or restoring vision.

Research Report Issued

Dr. Bradley R. Straatsma, director of UCLA's Jules Stein Eye Institute, presented a new report—*Vision Research Program Planning*—prepared by the Vision Research Program Planning Committee of the National Advisory Eye Council which he chaired.

This first detailed analysis of vi-

REFUGEE CAMP

(Continued from Page 2)

gees, the quonset hut camp was rehabilitated and the seven tent camp sites were completed by the Marines (24 hours ahead of schedule).

A few days later the quonset hut camp was occupied by 1000 Cambodians and the tent camps (16 persons to a tent) were up and occupied by some 17,000 South Vietnamese.

Refugees arrived with little or no luggage. A few families were separated inadvertently at Guam. But eventually all the families were brought together at Pendleton.

Frightened by the possibility of separation, one Vietnamese family head with 30 in his flock, including aunts, uncles, etc., refused the Marines' offer of two 16-man tents. He insisted they all stay in one tent, and that they did.

The weather change from the very hot and very humid climate of Vietnam to the cool nights, damp morning fog and warm, dusty afternoons of Pendleton produced respiratory problems.

However, as a group, our Public Health Service announced that they were no less healthy than our returning veterans from Vietnam.

Though thousands of sheets, blankets, and field jackets were provided by the Marines and 5000 baby blankets were made available by the American Red Cross, the majority of the refugees felt cool at night.

Mothers complained that their babies were cold. To solve this problem, house trailers were moved in as "warming huts" where the mothers could spend the nights with their babies.

The first refugee baby born in camp, and the first American citizen automatically, was baptized by a Franciscan priest at the exact site in camp where another Franciscan priest performed the first



Christian baptism in California.

Since then a half dozen more babies have been born, a marriage has been performed and Buddhist, Catholic, and Protestant religious services have been scheduled daily.

The Vietnamese have elected camp leaders to work with each Marine Officer assigned for camp liaison. Volunteers translate information and make announcements



over camp public address systems.

A Vietnamese language paper is produced with more emphasis on world news as suggested by the Vietnamese. English classes have been started. Outdoor movies are available nightly as well as television in each tent "day room." Organized games are provided by the YMCA, and the Salvation Army has brought in clean, used clothing.

Pendleton is a big place with an area of 194 square miles, or 125,000 acres. Bounded by San Clemente on the north and Oceanside on the south, the base has a 17-mile coastline and extends 12 miles to the Santa Margarita mountains. It is the world's largest amphibious training base.

For the refugee children at Pendleton their stay is like a summer camp. But for their fathers and mothers it's a place to survive, to worry and hope about their future. For the Refugee Task Force it's a humanitarian job to complete as best and as quickly as they can.

For the press, "Operation New Life" is a "story" of how well or how badly the job is being done, the source of hundreds of human interest incidents (good or bad), and the opportunity to localize a story as a refugee family arrives at a later date in its new home.

The thriving complex of Camp Pendleton is known to many in California as an ecological oasis



where many species of waterfowl, a 2500 count deer herd, and even buffalo roam.

In a base guide book there is this prophetic statement: "... the Marines at Camp Pendleton are making every effort to ensure that nature's homeless can always find a sanctuary here."

Mr. Bray received a letter of appreciation from Lewis M. Helm, Assistant Secretary for Public Affairs, HEW, for his work as a press officer at Camp Pendleton.

Marine Corps Photographs



NCI Researchers Discuss Drugs and Carcinogenesis At Botanists' Symposium

About 200 plant scientists attended the 16th annual meeting of the Society for Economic Botany hosted by the Department of Pharmacognosy, School of Pharmacy, University of Maryland at Baltimore on June 15-18.

A 2-day symposium organized by Dr. Robert E. Perdue, Jr., USDA, focussed on carcinogenesis and on drugs of plant origin that may be useful in chemotherapy of cancer.

Six presentations were by National Cancer Institute researchers: Dr. Saul A. Schepartz explained the History of NCI and the Plant Screening Program.

Dr. Stephen K. Carter discussed Clinical Evaluation of Drugs from Plants.

Betty J. Abbott presented Bioassay of Plant Extracts for Anticancer Activity.

Also, Dr. Jonathan L. Hartwell, recently retired, presented Types of Anticancer Agents Isolated from Plants, and Dr. John D. Douros spoke on Lower Plants as a Source of Anticancer Drugs.

In addition, Dr. Richard H. Adamson spoke on Preclinical and Clinical Pharmacology of Antitumor Drugs from Plants.