

the



Record

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

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NATIONAL INSTITUTES OF HEALTH

Survey Evaluates Data On Risk of Injuries To Research Subjects

The risks of participation in non-therapeutic research may be no greater than those of everyday life, and in therapeutic research no greater than those risks of treatment in other settings.

This conclusion suggested by data from a recent survey is discussed in detail in an article by three NIH staff members in the Sept. 16, 1976, issue of the *New England Journal of Medicine*.

Authors Named

In the article on Injuries to Research Subjects, Dr. Philippe V. Cardon, associate director, Clinical Center, and F. William Dommel, Jr., and Dr. Robert R. Trumble, Office of Program Planning and Evaluation, describe the survey conducted by the HEW Secretary's Task Force on the Compensation of Injured Research Subjects, with Dr. Seymour M. Perry, Special Assistant to the Director, serving as chairman.

NIH is the lead agency.

The survey was designed to estimate the incidence of research-related injuries, and aimed at determining the feasibility of compensating subjects injured in research.

The data were obtained by telephone from 331 investigators con-
(See *INJURIES*, Page 6)

Rules on Political Activity Are Designed To Protect the Rights of Federal Workers

As political campaigns gather momentum, reaching their peak on Election Day, some Federal employees may be puzzled about the regulations that govern their political activities.

Frequently asked are questions relating to partisan politics such as:

- May I stuff envelopes with campaign literature?
- May I ask co-workers, friends, or neighbors for contributions to a candidate's campaign?
- Am I allowed to serve on a committee or delegation to elect a candidate?
- Can I take leave without pay to work in a political campaign?



Israel's Dr. R. Feuerstein Tests, Enhances Disadvantaged Teens' Learning Potential

For the past 5 years the National Institute of Child Health and Human Development has supported an exciting, highly imaginative project by Dr. Reuven Feuerstein, Director of the Hadassah-Wizo-Canada Research Institute in Jerusalem, assessing and modifying cognitive development in culturally and socially disadvantaged adolescents.

Hispanic Heritage Week Celebrated Sept. 12-19

In proclaiming Sept. 12 through 19 the annual National Hispanic Heritage Week, President Gerald R. Ford observed, "America's Hispanic heritage was strong even before we achieved our independence. . . . This year is also the sesquicentennial of the Inter-American System, begun 150 years ago with the Congress of Panama.

"America's Hispanic heritage strengthens the ties of friendship and interdependence that bind the nations of the hemisphere. In celebrating it, we celebrate our mutual commitment to peace and amity."

Contributions Noted

In a White House announcement, Thomas Aranda, Jr., Special Assistant to the President for Hispanic Affairs, noted the President's request "that all Federal Government Departments and Agencies are aware of the contribution made by the Hispanic Community to the economic, social and cultural growth of our country."

In this experimental program, the subjects' significant improvement on a variety of achievement and cognitive tasks indicates that intervention—even in adolescence—is not too late, and that standard psychometric tests fail to disclose the learning capacity of many low-functioning children.

Dr. Feuerstein presented his project on Aug. 24 at the Fourth Congress of the International Association for the Scientific Study of Mental Deficiency, held at the American University. NICHD's Dr. Michael Begab is president-elect of the Association.

Has Direct Bearing

Dr. Feuerstein's research bears directly on the theoretical and practical import of standard intelligence testing for school placement and other diagnostic purposes.

Dr. Begab, head of the NICHD Mental Retardation Research Centers Program and project officer for this study, points out that conventional tests are designed to measure samples of current behavior only, but have evolved by inference into a concept of general intelligence, increasingly applied to the probability of future performance.

While conventional tests do predict short range school performance fairly well, the problem lies in their use as measures of intellectual capacity rather than current functioning.

The Learning Potential Assessment Device (LPAD) developed by Dr. Feuerstein and his co-investigator, Dr. Yaacov Rand, is a novel and highly successful approach for assessing what an individual can learn rather than providing an inventory of what he has learned and his current problem solving ability.

In a test-train-test paradigm, the examiner becomes a teacher-trainer and tries to promote the best possible learning and motivational conditions in the child. The tests

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(See *LEARNING*, Page 3)

Immunity, Genes Pioneer Dr. Hugh McDevitt Gives Dyer Lecture Sept. 29

Dr. Hugh O. McDevitt, professor of medicine and chief of the Division of Immunology at Stanford University School of Medicine, will deliver the 25th Annual Dyer Lecture on Wednesday, Sept. 29, at 8:15 p.m. in the Masur Auditorium.

The Dyer Lecture was established upon the retirement of Dr. Rolla Eugene Dyer, who served 34



Dr. McDevitt's research in the genes controlling the immune system in the mouse has proved pertinent to humans, transplantation genes, and susceptibility to various diseases.

years in the Public Health Service and was Director of NIH from 1942 to 1950. The lectureship recognizes outstanding contributions to medical and biological knowledge.

Dr. McDevitt's topic will be Selective Expression of I Region Genes in Lymphocyte Subpopulations.

Discovery Described

A pioneer in immunology, Dr. McDevitt discovered a few years ago that, in the mouse, the genes controlling the ability of the immune system to respond are clustered together on the 17th chromosome, which has long been studied by investigators interested in the genes that determine transplantation antigens.

Dr. McDevitt further discovered that the immune response (Ir) genes are intimately associated with transplantation genes, and, in mice, with susceptibility to various diseases.

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the NIH Record

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

Editor Frances W. Davis

Associate Editor Fay Leviero

Associate Editor Heather Banks

Staff Correspondents

ADA, Judy Fouche; CC, Susan Gerhold; DCRT, Frances Sarles; DRG, Sue Meadows; DRR, Jerry Gordon; DRS, Arthur F. Moore; FIC; George Presson; NCI, Dr. Robert M. Hadsell; NEI, Julian Morris; NHLBI, Bill Sanders; NIA, Ann Shalowitz; NIAID, Margaret McElwain; NIAMDD, Pat Sheridan; NICHD, Doreen Mead; NIDR, Sue Hannon; NIEHS, Elizabeth Y. James; NIGMS, Wanda Warddell; NIMH, Betty Zubovic; NINCDs, Carolyn Holstein; NLM, Frann Patrick.

Tenpin, Duckpin Bowling Leagues Are Still Open

Three bowling leagues, two tenpin and one duckpin, have started the 1976-77 season, but all still have openings.

The NIH-R&W Mixed Tenpin Bowling League meets Wednesdays at 6:15 p.m. at the Brunswick River Bowl in Bethesda.

Interested bowlers may call Rick Wiener at 589-9346 (home) or on Ext. 67557 at work.

The Early Bird Mixed Tenpin League also bowls at Brunswick River Bowl on Tuesdays at 5:30 p.m.

NIH'ers who want to join this league should phone Leonard Karban at 424-8731 or on Ext. 69253 at work.

Duckpin Bowlers meet on Mondays at 5:30 p.m. at the Westwood Bowling Lane. For more information, call Framous Edwards, Ext. 69148.

History of Medicine Society Slates 2 Speakers Sept. 30

On Thursday, Sept. 30, at 8 p.m. in the Billings Auditorium, National Library of Medicine, the meeting of the Washington Society for the History of Medicine will feature two speakers.

Age-ism: Its Cultural Origins and Medical Significance, 1876-1976, will be the topic of Dr. Gerald J. Gruman, a local researcher in geriatrics.

Also, Anna Weiss of NLM will discuss Dr. Otto Loewi, The Man and the Scientist; Film and Personal Recollections.

Visitors are welcome. For further information, call Ext. 65961.

NIH Chapter of Supervisors' Association to Meet Oct. 6

John Ellsbree, Director of the Office of Personnel Management, U.S. Public Health Service, was the guest speaker at a recent dinner meeting of NIH Chapter 123 of the National Association of Supervisors, Federal Government.



Mr. Ellsbree

The NIH Chapter meets the first Wednesday of each month. The next meeting will be held Oct. 6, beginning at 5:30 p.m. in Conference Room 5, Bldg. 31. All supervisors are invited to attend.

For further information, contact Martin L. Jeter, Bldg. 13, Room 1318, Ext. 61456.

FEW Chapter Opens Season; Mae Walterhouse to Speak

The Suburban Maryland Chapter of Federally Employed Women will open its 1976-77 season with a meeting tomorrow (Wednesday, Sept. 22) from noon to 1 p.m. in the Parklawn Bldg., Conference Room E.

Mae Walterhouse, national president of FEW and Federal Women's Coordinator for NASA, will speak on Women's Use of Organizations to Facilitate Progress.

Everybody is welcome.

It appears that every man's insomnia is as different from his neighbor's as are their daytime hopes and aspirations.—F. Scott Fitzgerald

Succession, Designation of Beneficiaries Detailed

Must I designate a beneficiary to make sure my survivors will receive death benefits to which they are entitled?

The answer is generally—NO. The first of the following individuals alive on the date of a Federal employee's death is the automatic beneficiary of Federal Employees Group Life Insurance, Civil Service Retirement, and unpaid compensation:

Usual Order Listed

1) *widow or widower*. In life insurance claims, the courts have ruled that "widow" means lawful widow. A woman who contracted marriage with a man who had a living undivorced wife is not entitled, upon his death, to the insurance as his widow.

2) *child or children* in equal shares, with the share of any deceased child distributed among the descendants of that child.

3) *parents* in equal shares or the entire amount to the surviving parent.

4) *executor or administrator* of the estate.

5) *next of kin* as determined under the laws of the State in which the insured was domiciled.

No action is necessary if the employee is satisfied to have the lump sum regular and/or optional life insurance, retirement, and unpaid compensation benefits paid as listed above.

Affects Lump Sum Only

Designation of Beneficiary for Retirement affects lump sum benefits only, and has no effect on the spouse's or children's right to survivor's annuity.

To name a person or persons not included in the above list, or for

benefit to accrue to survivors listed in a different priority order, or to name a firm, corporation, or other legal entity as beneficiary, an employee must execute appropriate forms.

The law gives each employee the right to dispose of his or her money as he or she wishes.

The Division of Personnel Management reminds employees that changes in family status or life situations without a corresponding change in designation or cancellation of beneficiary may result in a settlement other than that desired.

Employees having questions about beneficiaries or wishing to obtain or execute appropriate forms should contact their personnel offices.

For life insurance and unpaid compensation benefits, a designation is cancelled automatically when an employee transfers from one agency to another. (A transfer within HEW is considered the same agency.)

Designation of beneficiary for retirement lump sum benefits is filed with the CSC and remains in force unless or until cancelled by the employee in writing.

DR. MCDEVITT

(Continued from Page 1)

His observation of this linkage has since been shown by other investigators to pertain to humans, guinea pigs, rats, and rhesus monkeys.

Dr. Dyer directed NIH during its formative years, devising and establishing its grants program, and bringing into being a number of its Institutes. He entered the PHS in 1916. As an epidemiologist, he helped control plague in New Orleans, studied pellagra in South Carolina, and aided influenza control efforts during the 1918 epidemic.

Joining the Hygienic Laboratory, precursor of NIH, in 1921, Dr. Dyer subsequently became Chief of the Division of Infectious Diseases, the present day NIAID. He was involved in the development of standards for streptococcus toxin and antitoxin, and eventually aided in establishing standards for all biologics.

By World War II, Dr. Dyer had many scientific accomplishments to his credit, especially in the field of rickettsial disease, including Q fever and Rocky Mountain spotted fever. He discovered that typhus was spread by the common rat flea, and helped develop a vaccine against that disease.

After retiring from the PHS, Dr. Dyer served as Director of Research for Emory University until 1957. He died in 1971 at age 84.

New Speed Reading System Preview Offered Sept. 27

A preview videocassette of a new speed reading system will be presented by a Time-Life Multimedia representative next Monday, Sept. 27, at 11 a.m. in Bldg. 31, Room B2-B03.

Advantages of this individualized system will be discussed. Benefits include development of a controlled reading rate, increase in comprehension and units of perception, expanded vocabulary, and improved study techniques.

If response to the sample preview indicates a need for this training, the Training and Education Branch, DPM, will offer it in the Individual Learning Center in the near future.

For reservations or information, call Carroll Eddy, Ext. 62146, before Sept. 24.

Dr. Fouts Will Chair 1978 Gordon Research Drug Metabolism Meeting

Dr. James R. Fouts, scientific director for the National Institute of Environmental Health Sciences, Research Triangle Park, N.C., was recently elected chairman for the 1978 Gordon Research Conference on Drug Metabolism.

He will serve as vice-chairman of the 1977 Conference.

As chairman, he will develop a program to bring participating experts up to date on the latest developments in drug metabolism, analyze the significance of these developments, and initiate suggestions on theories and methods of approach for scientific research.

Dr. Fouts is an international authority in the field of enzyme induction, and has won awards for his research from U.S. and Canadian organizations. He has also authored more than 160 scientific publications.

Currently, he teaches at two North Carolina universities and is chairman of the Division of Drug Metabolism of the American Society for Pharmacology and Experimental Therapeutics.

LEARNING

(Continued from Page 1)

begin with simple thought associations and progress toward more complex reasoning processes.

This dynamic approach involves testing in the act of learning and assessing the process of learning, thus specifying differences in cognitive strategies and style. Such information is then used as a guide to what should be taught and how it should be taught.

A second, and even more important dimension of Dr. Feuerstein's work is in the Instrumental Enrichment (IE) program he developed. Most simply described as a strategy for *learning to learn*, it uses abstract, content-free, organizational, spatial, temporal, and perceptual exercises.

Supplements Classroom

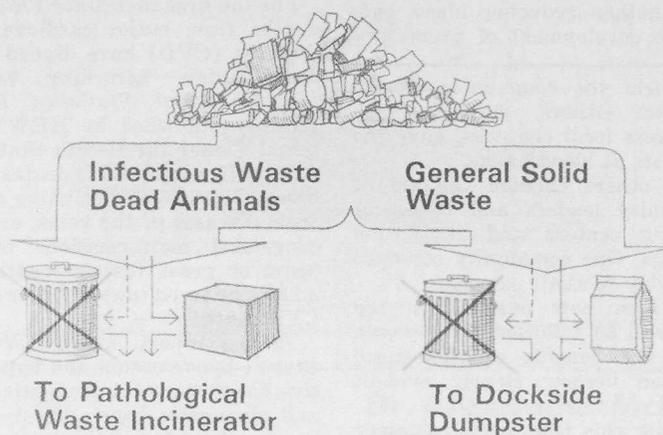
The exercises do not substitute for, but supplement the traditional content materials of the regular classroom, in marked contrast to the predominantly curriculum oriented efforts of the American educational system.

According to Dr. Feuerstein, who is a clinical psychologist, the root of most failure is due to *inappropriate mediated learning experience*; that is, the absence of adults in the child's life to focus attention on significant objects, events, and ideas. This lack may occur in any family, but obviously is more common when parents are disadvantaged or disturbed.

These concepts have been tested in an experimentally controlled

DRS Is Now Phasing Out Metal Trash Cans; Changing to Disposable Waste Containers

NIH SOLID WASTE



NIH is phasing out metal trash cans and replacing them with disposable waste containers. Laboratory and animal care personnel should note:

- All medical, pathological/infectious wastes, and dead animals are to be placed in plastic bags that are inserted in cardboard boxes. The bags should be tied and the boxes sealed with tape and properly tagged with the standard NIH tag.

- Noninfectious waste—such as paper, disposable labware items,

study of 300 boys and girls, ages 13 to 15 years, over a 2-year period. The children were divided into four groups: two receiving IE and two general education in the public school.

The groups were further subdivided into residential care and care in the child's own home.

At the close of the experimental period the IE group was significantly superior to the controls with those in residential care showing some advantage over the children in their own homes, though to a less dramatic degree.

The total group was followed up 2 years after the initial experiment had terminated and upon their entry into the armed services.

Results Are Marked

Here, the results showed a "divergent effect" with marked superiority in the IE group, as contrasted with the "wash-out" effects which have characterized preschool intervention programs after several years of schooling.

Adolescents whose cognitive strategies were modified through the IE exercises were much better equipped to solve novel problems and to master academic materials. Dr. Feuerstein believes that adolescents are more flexible because of their greater independence and peer competitiveness than younger children.

This program, and the basic con-

animal bedding, etc., from all buildings except Bldg. 10—will be discarded in paper refuse bags. These bags will then be placed in the large dumpster containers at each loading platform.

- Needles and syringes will continue to be disposed of in accordance with Manual Issuance 3032-1 (Disposal of Hypodermic Syringes and Needles Used in Laboratory and Animal Facilities). Filled containers should be discarded in the large waste containers at each loading platform.

- Bldg. 10 will continue to use metal trash cans for general refuse and disposable glassware until the chute system is placed in operation. Users of recyclable labware should continue to deliver to the glassware washing section in Room B2-N254.

For additional information, call the Environmental Safety Branch, Division of Research Services, Ext. 63261.

cepts underlying its formulation, challenge the validity of the critical-period-of-development theory and its implications for the prevention of mental retardation in disadvantaged populations.

The failure of preschool intervention programs in the U.S. to sustain intellectual gains over time has led to the unsubstantiated conviction that unless intervention is initiated as early as infancy, meaningful change is unlikely.

Policies Affect Millions

Social policies based on this presumption would relegate millions of disadvantaged children and youth around the world to lives of underproductivity and unfulfillment.

The LPAD and IE technology developed by Dr. Feuerstein and his colleagues are being widely applied throughout the Israeli public school system and are being introduced and evaluated in several school programs in Canada and the U.S., including the mental retardation re-

Symposium on Diabetes Will Focus on Skillful Management of Patient

Diabetes Day, a one-day symposium on the skillful management of the diabetic patient, will be presented Saturday, Oct. 16, in the Masur Auditorium.

Designed for the practicing physician, physicians in training, and allied health professionals, the program will focus on the transfer of new advances in the treatment of diabetes mellitus from the clinical research laboratory to practical application at the patient level.

Lectures and panels will feature international authorities on diabetes management, with frequent audience participation.

Under the direction of Dr. Jesse Roth, chief of NIAMDD's Diabetes Branch, the symposium will cover aggressive dietary treatment of obese diabetics as well as the clinical management of diabetic neuropathies, disturbances of the nervous system.

Topics Listed

Also, other topics to be discussed will include early detection and treatment of diabetic retinopathy, one of the leading causes of blindness in the United States today, and the latest therapeutic approaches to ketoacidosis, a serious consequence of uncontrolled diabetes.

Insulin receptors and their relationship to human disease, and a critical analysis of reactive hypoglycemia will complete the agenda.

Drs. W. Lester Henry, John B. Johnson Professor of Medicine at Howard University, and Lillian Recant, chief of diabetes research at the Veterans Administration Hospital and professor of medicine at Georgetown University School of Medicine, will lead the discussions.

Register in Advance

Diabetes Day is a response to the call for more direct interchange between the research scientist and the practicing physician. Advance registration is recommended.

This program is approved for category I credit for continuing medical education.

Address inquiries to Dr. Jesse Roth, Diabetes Branch, NIH, Clinical Center, Room 8S-243, Bethesda, Md. 20014.

search center at Peabody College, Nashville, Tenn.

The program holds great promise for improving the learning skills of millions of mildly retarded, culturally disadvantaged adolescents in our school system and for the more precise identification and placement of children based upon what they can learn rather than have learned.

Major NHLBI-Sponsored Trial Examines Blood Cholesterol, First Heart Attacks

Successful recruitment and group assignment of patients has been completed for the National Heart, Lung, and Blood Institute's Coronary Primary Prevention Trial to determine whether reducing blood cholesterol levels can prevent or slow down the development of premature coronary heart disease and its consequences—primarily heart attacks.

More than 500,000 men between the ages of 35-59 received free cholesterol tests in an effort to recruit volunteers for the Lipid Research Clinics' trial.

At least 150 men were screened to yield each eligible volunteer. A total of 3,800 patients will participate in this study at 12 clinics throughout the U.S. and Canada.

Type II Characterized

The blood-fat disorder responsible for elevated cholesterol in the subjects in this study is called Type II hyperlipoproteinemia and is characterized by abnormally high levels of low-density lipoproteins—the major carriers of cholesterol in the blood—and hence by elevated blood cholesterol.

Often a hereditary disorder, Type II hyperlipoproteinemia is one of the most common and most dangerous blood-fat abnormalities because of the associated high risk of premature atherosclerosis, characterized by a narrowing of the arteries by fatty deposits.

Heart attacks before age 50 are common among men with Type II.

Studies at NHLBI and elsewhere have shown that blood cholesterol levels of Type II patients can be lowered moderately with appropriate therapeutic diets. More substantial reductions can be achieved by supplementing these diets with the cholesterol-lowering drug cholestyramine.

Trial Goal Explained

The goal of the trial, then, is to determine whether treatment to correct this blood-fat abnormality will reduce risk of symptomatic coronary heart disease sufficiently to justify the trouble and expense to the patient.

The patients have been assigned at random to one of two groups: the control group will be receiving diet plus placebo, while the treatment group will receive diet and cholestyramine.

Criteria for men entering the study included: 1) age, 35-59; 2) elevated cholesterol of 265 mg or more per 100 m; and 3) absence of coronary heart disease.

Test results of those screened were forwarded to either themselves or their physician. The Lipid Research Clinics used a variety of approaches to find suitable patients.

In addition to physician referrals, many clinics screened men in work settings and used the media

to inform the community of the program. Others, working with Red Cross local chapters, gave the free tests at blood banks.

Still others enlisted the aid of community leaders and tested at shopping centers and association meetings. One community screened at Sunday football games.

All men now enrolled in the study will be followed for 7 years, unless the benefits of cholesterol reduction become clearly evident sooner.

During this time each volunteer will have blood cholesterol tests every 2 months and extensive evaluation every 6 months to check on compliance to drug and dietary regimens.

Once each year the patient will undergo a complete physical examination, including electrocardiography. The results of all tests will be made available to the patient's physician.

Participants Listed

The participating Lipid Research Clinics are: Baylor College of Medicine, Houston, Tex.; George Washington Medical Center, D.C.; Harborview Medical Center, Seattle, Wash.; Johns Hopkins Hospital, Baltimore, Md., and Oklahoma Medical Research Foundation, Oklahoma City.

Also, Stanford Medical Center, Calif.; University of California at San Diego, La Jolla; University of Cincinnati Medical Center, Ohio; University of Iowa Hospitals, Iowa City; University of Minnesota, Minneapolis; Universities of Toronto and McMaster, Toronto and Hamilton, Ontario, Canada; and Washington University School of Medicine, St. Louis.

CVD Death Rate Drops Below 1 Million in 1975; Continues Long Trend

For the first time since 1967, U.S. deaths from major cardiovascular diseases (CVD) have dipped below one million, according to the *Monthly Vital Statistics Report* recently published by HEW's National Center for Health Statistics.

In 1975, major CVD deaths numbered 970,180—not including deaths from diseases of the veins, or from congenital malformations of the heart or great vessels—continuing a 25-year trend toward fewer major CVD deaths.

In the report, major CVD includes: hypertension and hypertensive heart disease; rheumatic fever and rheumatic heart disease; and heart diseases characterized by blood deprivation (ischemia), including coronary heart disease (acute heart attacks, sudden cardiac death, and angina pectoris).

Other CVD's Noted

Also, cerebrovascular disease and stroke; chronic disease of the heart muscle or its membranes; heart failure and shock, and arteriosclerosis or other diseases of the arterial system.

Since 1950, the mortality rate for major CVD declined over 30 percent. Specifically, between 1950 and 1975, the mortality rate fell by 38 percent for stroke, and by 66 percent for rheumatic fever and rheumatic heart disease.

Rates Declined Since 1970

The mortality rate for hypertension and hypertensive heart disease has decreased steadily, declining 28 percent since 1970.

For a time, the mortality rate from coronary heart disease and its complications, which account for almost two-thirds of all CVD deaths, bucked these trends. During the 1950's and 1960's the mortality rate rose, leveled off, and eventually declined. It is currently



FLEDGLINGS on a ledge outside a stairwell window in Bldg. 31 seem to be as interested in finding out what's going on inside as passersby are in watching the pigeons' growth.

7 percent below what it was in 1970.

Dr. Robert I. Levy, Director of the National Heart, Lung, and Blood Institute, attributed the CVD mortality rate decline to improved methods of diagnosing and treating CVD-related illnesses.

Dr. Levy noted such improvements as: coronary care units in many hospitals, specially equipped ambulances, more experienced surgeons, and detection and control of elevated blood levels of cholesterol and other fatty substances.

Cites Voluntary Measures

He also cited voluntary measures adopted by the public, including more prudent diets, lower cigarette consumption, and physical activity, and the detection and treatment of high blood pressure.

The 1975 statistics also show that the U.S. mortality rate from all causes of death was the lowest in history, declining by 24 percent since 1950. Reductions in CVD mortality rates accounted for about 65 percent of the total.

Dr. Walters to Serve on DNA Recombinant Advisory Comm.

Dr. LeRoy Walters, Director of the Kennedy Institute's Center for Bioethics at Georgetown University, has recently been appointed to the Recombinant DNA Molecule Advisory Committee of NIH.

Served as Consultant

This past February Dr. Walters served as a consultant to the NIH Director's Advisory Committee which reviewed a preliminary draft of the committee's guidelines.

He received his Ph.D. in ethics from Yale University, and has been director of the Center for Bioethics since 1971.



30-YEAR PINS AND CERTIFICATES were recently presented to a number of Plant Engineering Branch employees by R. R. Holliday (l), Director, Division of Engineering Services. Recipients (asterisked) and supervisors included (l to r): Joseph D. Mullineaux*, Anthony Gaetano, Martin L. Jeter, Stanley R. Nicholson*, Marion R. Wachter*, George M. Pickrell, III*, Melvin C. Guterth*, A. E. Bonnet, Jr., Leo E. Joyce*, Hoover Rowel*, S. W. Oliver, Thomas J. Cook, and Sidney W. Brake*. Not shown are James L. Dickinson*, Clinton G. Howard*, and James H. Terry*.

Discoveries are usually not made by one man alone, but many brains and many hands are needed before a discovery is made for which one man receives the credit.—Henry E. Sigerist

New NCI Report Shows Skin Cancer Is Related To Ultraviolet Exposure

Scientists at the National Cancer Institute have for the first time directly related skin cancer rates in the U.S. to measurements of ultraviolet radiation exposure from sunlight.

Skin cancer is the most common form of cancer in the U.S., accounting for more than 300,000 new cases each year. The disease develops much more often in whites than in blacks, who seem to be protected from the effects of sunlight by pigments in their skin.

Radiation Recorded in 1974

Joseph Scotto and Drs. Thomas R. Fears and Gio Gori of NCI, who compiled the report of UV radiation counts recorded during 1974, showed that skin cancer rates were higher in locations with higher levels of UV radiation.

Their observations are based on data from nine U.S. locations for melanoma and four locations for the two more common forms of skin cancer, basal cell carcinoma and squamous cell carcinoma.

A simple mathematical model relates the likelihood of skin cancer to the amount of UV radiation a person might receive over a period of time.

Other Factors Affect

The scientists caution, however, that factors such as climatic conditions, occupation, outdoor exposure, ethnic background, and movement from one region to another also affect skin cancer rates at a specific location.

The estimates of the relationship between UV radiation and skin cancer will therefore become more precise when data from additional locations can be obtained.

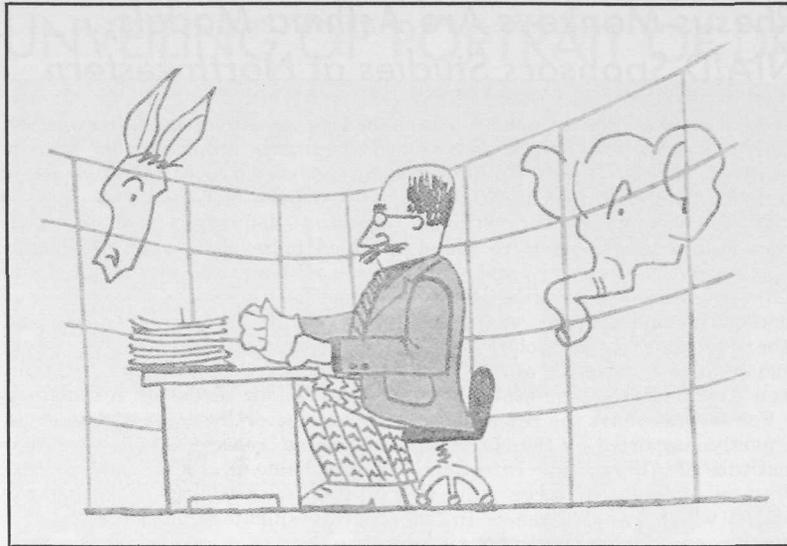
Skin cancer data are difficult to acquire because private physicians treat most skin cancer patients in their offices. For non-skin cancers, scientists rely on hospital records, which are more accessible than the records of physicians.

Study Varied Exposure

UV radiation in sunlight long has been considered to be the major cause of skin cancer. An indirect index of this relationship has been the study of skin cancer rates at different altitudes or latitudes (distances from the equator) as an indicator of exposure.

"Sunburning ultraviolet meters" originally were developed by Dr. Donald F. Robertson of the University of Queensland, Australia.

With support from the U.S. Department of Transportation Climatic Impact Assessment Program, Dr. Robertson and Daniel Berger of Temple University, Philadelphia, Pa., developed the meters which measured UV radiation—in the



wavelength considered responsible for sunburn and skin cancer—reaching the earth's surface over a 1-year period during 1974.

Staff of the National Weather Service monitored meter readouts at 10 observatories operated by the National Oceanic and Atmospheric Administration.

Intensity Measured

The NCI scientists found that UV radiation was most intense from 11 a.m. to 1 p.m. local standard time, when at least 30 percent of the daily total amount was re-recorded at all 10 locations.

Sixty percent of the daily total amount was recorded between 10 a.m. and 2 p.m. local standard time. At all locations, measurements were highest during the summer months.

Measurements to Continue

Radiation measurements will be continued for several years to enable the scientists to study long term patterns of UV radiation exposure.

The scientists obtained some skin cancer data from published reports of the nine areas covered by NCI's Third National Cancer Survey.

For Dallas-Fort Worth, San Francisco-Oakland, Iowa, and Minneapolis-St. Paul, data were available for both malignant melanoma and the two more common forms of skin cancer, basal cell carcinoma and squamous cell carcinoma.

Scientists Request Study

The study was conducted at the request of the Ultraviolet Radiation and Skin Cancer Working Group, a group of Federal and non-Federal scientists which has assisted the Department of Transportation in assessing possible cancer risks due to depletion of atmospheric ozone by supersonic aircraft.

Single copies of the report, *Measurements of Ultraviolet Radiation in the United States and Comparisons with Skin Cancer Data*, are available free of charge from the Office of Cancer Communications, NCI, Bethesda, Md. 20014.

Dr. Alexander McInnes Dies; Inventor Left Heart Inst. in 1962

Dr. Alexander George Percy McInnes, chief of the Research Instrumentation Laboratory at the Indiana University Medical Center since 1962, died Aug. 27 in Indiana University Hospital.

Worked at NHI

Previously, he was in charge of the Laboratory for Technical Development, National Heart Institute, where he worked on the development of the heart-lung apparatus, several types of micro-manipulators, nerve stimulators, and close-tolerance systems for blood temperature control.

The top graduate in his class at the Washington (D.C.) School of Dental Technology, he developed the first high-speed air turbine driven dental drill and the first apparatus to measure torsion of orthodontic wire for correction of tooth alignment—some of his more than 1,500 inventions.

Born in Brazil

Born in Pernambuco, Brazil, of British parents, he graduated from St. Martin College, London, became a British Royal Navy cadet, and received a degree in marine engineering as well as numerous British and U.S. service medals.

After World War II he emigrated to the U.S. and became a naturalized citizen.

Dr. McInnes is survived by his wife, Pauline, and two daughters, Mary Ann and Eileen Elizabeth, 4202 Cold Spring Road, Indianapolis, Ind. 46208.

It is easy to fly into a passion—anybody can do that—but to be angry with the right person and to the right extent and at the right time and with the right object and in the right way—that is not easy, and it is not everyone who can do it.—Aristotle

POLITICS

(Continued from Page 1)

state, or Federal office was vetoed by the President this past April, but special rules apply to residents of certain communities with large numbers of Federal employees.

Any community in the immediate vicinity of Washington, D.C., and any municipality, the majority of whose voters work for the Federal Government, may ask the Civil Service Commission for partial exemption from the political-activity restrictions.

May Participate as Independent

If the request is granted, Federal employees living in the community may actively participate in local political management and local political campaigns. However, this participation must be as an independent candidate or on behalf of, or in opposition to, an independent candidate.

Some partisan activities permitted Federal employees include:

The right to register and vote as he/she chooses.

May Wear Badge

The right to express opinions as individuals privately or publicly as long as he/she does not take an active part in partisan political management or campaigns.

The right to wear a political badge or button or display a political sticker on a private automobile, subject to work-related limitations.

The right to make voluntary campaign contributions to a political party or organization.

NIH employees uncertain whether a particular action they are considering would violate the political-activity rules should contact their B/I/D personnel office.

Election Procedures Change; All U.S. Citizens May Vote

Two changes have affected voting rights.

A law now permits every citizen of the United States to vote for President and Vice President without regard to how recently he has changed his residence or where he may be at election time.

It abolishes length-of-residence requirements in presidential elections and requires States to have absentee registration and voting procedures for such elections.

Also, a 1970 Supreme Court decision held that persons living on Federal land in Maryland have the right to vote in State elections.

The Department of Justice has determined that this decision may affect persons in other States who have been denied the right to vote in State elections because of their residence on Federal land.

Interim Guidelines Issued On Screening to Detect Early Breast Cancer

Because the value of mammography screening of totally symptom-free women under the age of 50 has been questioned, the National Cancer Institute and the American Cancer Society issued interim guidelines to the directors of the 27 Breast Cancer Detection Demonstration Projects on Aug. 23.

Determine Value

The projects are a joint NCI-ACS program to determine the value of routine screening for early breast cancer detection.

The guidelines are:

- We cannot recommend the routine use of mammography in screening asymptomatic women ages 35-49 years at this time. However, in the face of a very small presumed risk for any individual woman, we do not recommend withholding mammography from a woman ages 35-49 years if she and the physician agree that it is in her best immediate interest.

There is no question as to the value of mammography as part of the diagnostic workup for symptomatic women of any age or for asymptomatic women age 50 years and over.

- The benefits as well as the possible risks of X-ray mammography should be fully explained to the woman at high risk because of family history, reproductive history, prior breast cancer or tumor, etc., and the final decision made between her and the physician.

- Women of any age who decline mammography should be encouraged to continue in the screening program for history, physical examination and thermography.

- For women of any age in which there is a suspected breast neoplasm, mammography is an accepted part of the complete diagnostic workup.

- For asymptomatic women age 50 or over, definite benefit from adding mammography to physical examination has been demonstrated. Mammography is indicated as part of a regular screening program.

Risks, Benefits Analyzed

These are interim guidelines, according to Dr. Diane J. Fink, director of NCI's Division of Cancer Control and Rehabilitation.

"We appreciate fully that there may be risk in depriving asymptomatic women under the age of 50 of potential benefit to them as individuals.

"On the other hand, given the possibility of even low risk to large numbers of such women, we feel the above guidelines are most prudent until . . . additional current data can be further analyzed," she said.

Rhesus Monkeys Are Asthma Models; NIAID Sponsors Studies at Northwestern

A 12-monkey rhesus colony established by scientists at Northwestern University Medical School has yielded a suitable animal model for the study of asthma. Long-term immunologic, pharmacologic, and physiologic investigations are now under way.

Of the colony members studied from 1 to 3 years, six were found to respond consistently and persistently with asthma-like symptoms to inhaled antigen, while five others consistently did not respond. One erratically reacting animal has been excluded from the study.

For several years the researchers—partly supported by the National Institute of Allergy and Infectious Diseases—sought a large animal model which would react in a manner and for a length of time similar to a human asthmatic.

Response Is Reliable

While primates were desired as behaving most like humans, rhesus monkeys were too scarce and costly unless a very reliable response pattern could be demonstrated. Attempts to develop a dog model failed, since the animal's reactions varied too much to be useful.

In the susceptible host, swine ascaris antigen produces high levels of IgE, the immunoglobulin seen in acute human allergic reactions and found only in small amounts in non-allergic persons. All monkeys in the potential colony were, therefore, tested for cutaneous reactions to this antigen, the projected challenge material.

Respiration Studied

With two control exceptions, only those with high reactivity were selected. The animals chosen were subjected to aerosol antigen challenge at intervals of 2 or more weeks, and respiratory function studied.

Those animals with at least six consecutive allergic respiratory re-

sponses—defined as reactors—continued to respond when challenges were withheld for periods of up to 6 months.

Although the responders and non-responders could not be differentiated by skin tests, by IgE concentration in serum or respiratory secretions, or by rates of leukocyte histamine release, they were distinguishable by the amount of histamine released from antigen-exposed respiratory mast cells.

Theory Cited

One theory is that in asthma attacks, IgE antibody which is bound to mast cells attracts and then reacts with allergens, causing the cells to release histamine and the slow-reacting substance of anaphylaxis (SRS-A).

These chemicals are in turn thought to precipitate the constriction of bronchial smooth muscle and the production of excess fluid and mucus which account for the patient's distress.

Stimulate Nerves

The consistently responding monkeys also had a much greater reaction to an inhaled chemical—carbocholine—than did the non-responders. The authors say this could be comparable to the hyperactivity to similar chemicals seen in human asthmatics.

These cholinergic agents stimulate the nerve endings of the bronchial parasympathetic nervous system, a situation thought to occur naturally in asthmatics when emotional factors cause the nerve endings to release cholinergic chemicals, thus leading to or aggra-

INJURIES

(Continued from Page 1)

ducting research on nearly 133,000 human subjects over the past 3 years.

Eighty-five investigators reported at least one injury. Of the 4,957 reported injuries, 3,926 were classified as trivial and 974 as temporarily disabling; of 57 injuries resulting in death or permanent disability, one disabling stroke not clearly related to the research, occurred 3 days after a non-therapeutic procedure; the rest resulted from treatments expected to benefit the patients directly, usually cancer chemotherapy.

Reprints of the article may be obtained from Dr. Cardon, Bldg. 10, Room 1N-206.

vating an asthmatic attack in progress.

Drs. Roy Patterson, Kathleen Harris, Irene Suszko, and Mary Roberts reported their findings in the March issue of the *Journal of Clinical Investigation*. Dr. Patterson is the director of NIAID's Asthma and Allergic Disease Center at Northwestern, one of 15 such centers the Institute supports around the country.

Environmental Arsenic Conference Will Identify Needed Research Areas

An international conference on Environmental Arsenic is being organized by the National Institute of Environmental Health Sciences in Fort Lauderdale, Fla., on Oct. 5-8.

NIEHS and the Department of Environmental Hygiene of Sweden's Karolinska Institut—both of which are World Health Organization Cooperating Centers—are sponsoring the conference in collaboration with the Scientific Committee on the Toxicology of Metals under the Permanent Commission and International Association on Occupational Health.

Conferees will assess current scientific knowledge about arsenic as an environmental toxicant and identify needed areas of research.

Topics Listed, Space Limited

Participants will discuss particular topics under the general headings of: Methods and Problems of Analysis; Sources of Environmental Pollution, Occurrence and Transformation in Nature; Kinetics and Metabolism and Effects and Dose-Response Relationships on Humans and Animals.

Since available meeting space and hotel accommodations are limited, scientists interested in attending the conference should telephone Janet Riley, NIEHS, at FTS-8-629-3216, as soon as possible.



The Glassware Unit in the Media and Glassware Section, Environmental Safety Branch, DRS, has been recognized for outstanding performance in maintaining production levels despite staff losses. Awardees are (l to r) sitting: Carrie Workman, Evelyn Lee, Priscilla Mitchell, Verdell Copridge, Frances Hogan, Bertha Diggs, Helen Steger, Naomi Nichols, Mary Smith, Thelma Athey, Delores Bennett. Standing are: Roy Frazier, unit head, Stephen O'Bot, David Bamberger, Mary Hawkins, James Perry, Lillian Burdette, Henry Trent, Luther Johnson, Paul Brown, James Jackson, Samuel Sharp, Latane Balfour. Not present were: Ernest Abrecht, Jr., Mary Dietz, Doris Chapman, Solomon Dent, John Keys, and Julius Timmons.

NIH Visiting Scientists Program Participants

8/25—Dr. Ana Berta Chepelinsky, Argentina, Laboratory of Biochemistry. Sponsor: Dr. R. Raymond Gantt, NCI, Bg. 37, Rm. 4D12.

8/26—Dr. Nagarajan Vasantha, India, Laboratory of Molecular Biology. Sponsor: Dr. Ernst Freese, NINCDS, Bg. 36, Rm. 3D02.

8/27—Dr. Carla B. Pettinelli, Italy, Immunology Branch. Sponsor: Dr. Gene M. Shearer, NCI, Bg. 10, Rm. 4B55.

8/29—Dr. Christine Dambly, Belgium, Laboratory of Molecular Biology. Sponsor: Dr. Sankar Adhya, NCI, Bg. 37, Rm. 4B10.

Guest From Israel

8/29—Dr. Joseph Deutsch, Israel, Chemistry Branch. Sponsor: Dr. Harry V. Gelboin, NCI, Bg. 37, Rm. 3E24.

8/29—Dr. Howard J. Smith, New Zealand, Cardiology Branch. Sponsor: Dr. Stephen E. Epstein, NHLBI, Bg. 10, Rm. 7B15.

8/31—Dr. Tsuneo Tsuruhara, Japan, Reproduction Research Branch. Sponsor: Dr. Kevin J. Catt, NICHD, Bg. 10, Rm. 12N218.

9/1—Dr. Reiji Aoshima, Japan, Laboratory of Physical Biology. Sponsor: Dr. Melvin H. Gottlieb, NIAMDD, Bg. 6, Rm. 109.

NIAMDD Is Host

9/1—Dr. Wolfgang T. Burgermeister, West Germany, Laboratory of Chemistry. Sponsor: Dr. Bernhard Witkop, NIAMDD, Bg. 4, Rm. 330.

9/1—Dr. Keinosuke Fujita, Japan, Reproduction Research Branch. Sponsor: Dr. Kevin J. Catt, NICHD, Bg. 10, Rm. 12N218.

9/1—Dr. Mitsuru Imuta, Japan, Laboratory of Chemical Physics. Sponsor: Dr. Herman Ziffer, NIAMDD, Bg. 2, Rm. B1-06.

9/1—Dr. Toshio Maeda, Japan, Section on Intermediary Metabolism. Sponsor: Dr. Frank Eisenberg, Jr., NIAMDD, Bg. 10, Rm. 9B07.

9/1—Dr. Margaret J. McLaren, South Africa, Epidemiology Branch. Sponsor: Dr. Manning Feinleib, NHLBI, Landow Bg., Rm. C825A.

9/1—Dr. Kikuo Ohno, Japan, Laboratory of Neurophysiology. Sponsor: Dr. Stanley I. Rapoport, NIMH, Bg. 36, Rm. 2D12.

Visits Dental Institute

9/1—Dr. Angela K. Olsson, Sweden, Clinical Programs. Sponsor: Dr. Reuben P. Siraganian, NIDR, Bg. 10, Rm. 5N214.

9/1—Dr. Helen E. Savaki, Greece, Laboratory of Cerebral Metabolism. Sponsor: Dr. Louis Sokoloff, NIMH, Bg. 36, Rm. 1A27.

9/1—Dr. Gary J. Shaw, New Zealand, Laboratory of Chemistry. Sponsor: Dr. G. W. A. Milne, NHLBI, Bg. 10, Rm. 7N318.

9/1—Dr. Jan Wennstrom, Swe-

UNVEILING OF PORTRAIT OF DR. CHARLES DREW



To honor Dr. Charles R. Drew and his pioneering work in blood research, a ceremony—during which his portrait was officially unveiled—was held on Sept. 9 in the Masur Auditorium. Dr. Drew's wife and family, NIH employees, and numerous distinguished guests from the medical, communications, government, academic, and equal opportunity areas attended. Louis R. Perkins, professor of history and philosophy, Upward Mobility College and Federal City College, who initiated and prepared the ceremony, served as moderator and welcomed the participants. Clockwise from upper left are: on the podium, Dr. Theodore

Cooper, HEW Assistant Secretary for Health; Alfred C. Laaang, NIH artist who painted Dr. Drew's portrait; Dr. Jack White, Director of Cancer Research, Howard University College of Medicine, and Dr. Donald S. Fredrickson, NIH Director. Assistant Secretary for Human Development, HEW, Stanley B. Thomas, Jr., brings a message from HEW Secretary David Mathews. Dr. White speaks on Reflections as Student and Colleague of Charles Drew. Mr. Laaang sits with his family. Mrs. Drew accepts a plaque from Dr. Fredrickson. After the ceremony, a reception was held in the Clinical Center lobby.—Photos by H. Carl Guenver.

den, Laboratory of Microbiology and Immunology. Sponsor: Dr. David L. Rosenstreich, NIDR, Bg. 30, Rm. 334.

9/3—Dr. Bodil B. Knudsen, Denmark, Immunology Branch. Sponsor: Dr. Dean L. Mann, NCI, Bg. 10, Rm. 4B03.

9/3—Dr. Nadja N. Rehak, Czechoslovakia, Clinical Chemistry Service. Sponsor: Dr. Donald S.

Young, CC, Bg. 10, Rm. 4N309.

9/7—Dr. Chiu-Shiong Lin, Taiwan, Laboratory of Nutrition and Endocrinology. Sponsor: Dr. Martin Rodbell, NIAMDD, Bg. 6, Rm. B1-26.

9/7—Dr. Er-Chung Wang, China, Molecular Structure Section. Sponsor: Dr. James Rose, NIAID, Bg. 5, Rm. 309.

9/8—Dr. Raphael More, Israel,

Immunology Branch. Sponsor: Dr. William Terry, NCI, Bg. 10, Rm. 4B17.

9/8—Dr. Joachim Walter Siedel, West Germany, Laboratory of Biochemistry. Sponsor: Dr. Earl R. Stadtman, NHLBI, Bg. 3, Rm. 222.

Men of intemperate minds cannot be free. Their passions forge their fetters.—Edmund Burke.

Three Types of Foreign Fellowships for Research In Health Sciences Open

The availability of three types of foreign fellowships—the Senior International, Swedish Medical Research Council, and Swiss National Science Foundation fellowships—has been announced by the Fogarty International Center.

The Senior International Fellowships will be awarded for 3 to 12 months to outstanding faculty members of U.S. schools of medicine, osteopathy, dentistry, and public health at mid-career level for research and study in the health sciences at foreign institutions.

Selection Is Competitive

Selection is on a competitive basis depending on the applicant's qualifications, scientific merit of proposed work, and benefit to be derived from collaboration.

Applicants must be U.S. citizens or permanent residents, hold full-time appointment at a U.S. institution, and have at least 5 years' experience beyond the doctorate.

Applications require nomination by the U.S. institution and invitation by a foreign institution. Transportation, allowance for the foreign institution, and a stipend of up to \$18,000 are provided.

Deadline Is Dec. 1

Deadline for receipt of applications is Dec. 1, and selections are announced in May.

In 1977 there will also be Swedish and Swiss fellowships—three each—open to qualified biomedical scientists for postdoctoral training in basic or clinical medical research areas.

Candidates must be U.S. citizens and have been engaged in independent responsible research in one of the health sciences for at least 2 of the past 4 years.

Must Present Plan

Applicants must provide evidence of acceptance by a training institution and preceptor, and must make their own arrangements with the preceptor and present a complete and explicit plan for research training.

The Swiss fellowship may begin at any time between September 1977 and April 1978. The Swedish fellowship must be started within 10 months after its award.

Fares Reimbursed

The fellowships provide for reimbursement of the cost of round trip tourist air fare tickets for the Fellow, his spouse, and his dependent children. Details about stipends and other details and application materials may be obtained from the FIC Scholars and Fellowships Program Branch, Ext. 66056, Bldg. 31, Room 2B-58.

WANTED By Police for Theft



Maurice Sherman Young; also known as: Maurice S. Williams, Alvin Willis, Albert McDuffy, John Thomas. Negro male, date of birth 2/17/49, 5'9", 160 lbs., scar running through left eyebrow. Armed and considered dangerous. Call NIH Special Police, Ext. 65685, immediately if he appears.

"Missing" since Jan. 27, when he failed to appear in court for a charge of receiving stolen property, the man shown above has nonetheless been active in recent months, continuing a career in crime that includes 17 arrests and three prison sentences since 1971.

Sought in D.C. and Here

The Metropolitan Police Department of Washington, D.C., has issued posters to aid in arresting this man, against whom 42 warrants have been issued for larceny, burglary, and receiving stolen property.

A man fitting the above description and using the same modus operandi has taken purses and other valuables on several occasions at NIH.

Excels as 'Con' Artist

The man usually enters an office carrying something—light fixtures, phone equipment, heating vents. After telling employees he has come to repair some apparatus or utility, he talks them into leaving the area. Then he leaves, taking wallets, credit cards, cash, and purses.

Described as "bright, innovative, talented in creating illusions," the thief has successfully used the pretext of "wet carpet" signs to keep people out of offices that had no carpet, and spent 3 days looting offices while "repairing the air conditioning" in a building that had none.

The deadline for receipt by NIH of completed applications is Jan. 1, 1977. FIC will review applications for appropriateness and scientific merit and forward them to Sweden or Switzerland for final selection and award in late spring or mid-summer.

Correspondence with the Fogarty International Center on these Swedish or Swiss fellowships, must be clearly marked either "Swedish Medical Research Council Fellowship" or "Swiss National Science Foundation Fellowship."

Aluminum Compounds, Calcium Are Found Helpful in Prevention of Kidney Stones

Clinical researchers at the University of California, San Francisco, have discovered a treatment that may help prevent formation of kidney stones in patients with certain gastrointestinal, pancreatic, and liver disorders.

The treatment, involving oral administration of calcium, was developed after patients with those conditions were shown to have hyperoxaluria and oxalate kidney stones—a disorder known as enteric hyperoxaluria.

Enteric hyperoxaluria results from absorption of abnormal amounts of oxalate (oxalate acid salt) from the diet. Although oxalate is present in many foods, it normally is poorly absorbed as it binds with calcium and is excreted in the stool.

Absorption Factors Cited

Excessive absorption of dietary oxalate occurs when there is severe fat malabsorption. Malabsorbed fatty acids bind calcium, reduce formation of insoluble calcium oxalate, and thereby promote oxalate solubility and absorption.

Absorbed oxalate is excreted in urine and thus may contribute to formation of oxalate kidney stones.

Patients with gastrointestinal disease and enteric hyperoxaluria have been under study in the General Clinical Research Center at San Francisco General Hospital for approximately 5 years. The special inpatient metabolic center is supported by the Division of Research Resources.

Enteric hyperoxaluria was first detected at San Francisco General Hospital in patients who developed fat malabsorption after surgical removal of an extensive amount of diseased small intestine. Because it was difficult to control the fat malabsorption, it was also difficult to reduce oxalate absorption and hyperoxaluria.

Orally Administered

"We theorized," said Dr. David L. Earnest, principal investigator, "that if we administered fairly large amounts of calcium orally to these patients, we could provide enough calcium in the intestinal lumen to combine with oxalate as well as malabsorbed fat in a form that would be excreted in stool rather than absorbed and subsequently excreted through the kidneys."

Recent successful oral calcium treatment involving 16 patients in the Center verified this theory. The amount of oxalate excreted in urine was significantly less during calcium administration. Essentially, all of the supplemental calcium was excreted in the stool.

"Other compounds, such as lanthanum, zinc, barium, and aluminum have a similar effect in re-

moving oxalate from solution in the intestine. We have also treated a few hyperoxaluric patients with aluminum-containing compounds and have observed a beneficial effect," said Dr. Earnest.

"However, one must watch for phosphate depletion if large doses of aluminum are used. Bedtime phosphate supplements may prevent this complication."

The results of the research were presented at the annual meeting of the American Gastroenterological Association in May. Other members of the clinical research team are Dr. William Admirand, Dr. Hibbard E. Williams, and Steven Gancher.

CC Entrance, Traffic Shift for Construction

The planned Ambulatory Care Research Facility along the north side of the Clinical Center will require provisions for alternate entrances to Bldg. 10 during the construction period, with the main entrance being moved to the south side between the Library and the Auditorium.

Metro bus traffic routes will be adjusted to bring bus patrons close to this temporary main entrance, according to officers of the CC and the Division of Administrative Services.

Shelters, Walks Added

New bus stops with shelters will be provided directly south of the Library entrance along South Drive, and paved lighted pedestrian walks will be added.

Contract work on these modifications will begin shortly, and the existing main entrance to Bldg. 10 will be closed about January 1977.

Ambulance Entrance Moves

A canopy will be provided from the temporary circle at the west end of the CC to the temporary ambulance and outpatient entrance to the CC on that side.

Offsets will be constructed on both sides of South Drive near the temporary entrance, permitting a free flow of traffic while buses are loading and discharging passengers.

Bus stops will be established on both sides of Center Drive in front of Bldg. 1.

Eastbound and westbound bus stops will also be reestablished in front of Bldg. 20 to accommodate residents who now use the CC circle bus stop.