Mrs. Carter and Mrs. Callaghan — Wife of British Prime Minister — Visit CC

On Friday, March 11, Mrs. Jimmy Carter and Mrs. James Callaghan (far left) visited the NIH campus and met with NIH Director Dr. Donald S. Fredrickson for a tour of the Clinical Center. Mrs. Carter, wife of the President, and Mrs. Callaghan, wife of the Prime Minister, United Kingdom, talk with a patient in the Laminar Flow Room facilities. Mrs. Callaghan watches while Mrs. Carter signs an autograph for Shaun McCullough (right). —Photos by Jerry Hecht.

Dr. Andres Named First Clinical Director of NIA

Dr. Reubin Andres has been named the first clinical director of the National Institute on Aging.

For the past year Dr. Andres has served as acting NIA clinical director for the intramural program located at the Gerontology Research Center in Baltimore.

Responsibilities Outlined

As clinical director, Dr. Andres is responsible for clinical research conducted at the Gerontology Research Center and for all NIA intramural studies dealing with human subjects.

He will continue as chief of the Clinical Physiology Branch which includes studies of the cardiovascular-renal system, endocrine system, metabolism, and human performance.

The latter section administers the Baltimore Longitudinal Study of 650 community-living volunteers, 20-96 years, who participate in long-term studies of aging changes.

Dr. Andres began his gerontological career in 1962 when he joined the Gerontology Research (See DR. ANDRES, Page 7)

Recombinant DNA Research Legislation Recommended by Interagency Committee

New legislation is necessary to regulate the use and production of recombinant DNA molecules, according to a report transmitted March 16 to the Secretary of the Department of Health, Education, and Welfare.

In accepting the report from the Federal Interagency Committee on Recombinant DNA Research, Secretary Joseph A. Califano, Jr., said that the Department will immediately begin drafting legislation in the light of the recommendations made by the Committee.

The Interagency Committee is composed of representatives of Federal departments and agencies that support and conduct recombinant DNA research or that have present or potential regulatory authority in this area.

Mr. Califano noted that he had been closely monitoring the recombinant DNA issue since his confirmation and that he had been in continuous communication with Dr. Donald S. Fredrickson, NIH Director and chairman of the Interagency Committee.

"I recognize that legislation in this area would represent an unusual regulation of activities affecting basic science but the potential hazards posed by recombinant DNA techniques warrant such a step at this time," Mr. Califano stated.

"But I believe that such a measure is necessary not just to safeguard the public but also to assure the continuation of basic research (Continued on Page 4)

Privacy Act Pamphlet Explains Employee Rights and Duties

A new pamphlet describing NIH employees' rights and responsibilities under the Privacy Act of 1974 is being issued by the Division of Management Policy. Copies of the pamphlet will be distributed in the next few weeks.

Be sure to read your copy thoroughly.

For more information, contact your B/L/D Privacy Act Coordinator, who is listed in the yellow pages of the NIH Telephone and Service Directory.
Celebrating April Fools, Health’s Angels Prepare For Cherry Blossom Race

The Health’s Angels (R&W-sponsored jogging club) will hold an April Fools Party on Friday, April 1, at 7:30 p.m. in the Parkside Apartments recreation hall, 10820 Montrose Ave. (at the intersection of Rockville Pike and Montrose, across from the Grosvenor Apts.). Food and beverages will be provided.

Encourage Entrants

In addition to cheering on the more than 25 club members entered in the annual Cherry Blossom Classic — Sunday, April 3 — the group will show photos and films of Olympic contests, Marine and Maryland marathons, and the 24-hour relay.

Tickets at $1 for members and $2 for non-members include newsletter and club membership until October. Information on jogging, walking, running, and orienteering (running mapped routes) in the area will be made available at the party.

All Are Welcome

The Health’s Angels continue their weekly Friday noon runs, starting from the east side of Bldg. 1. The next regular monthly club meeting will be April 4 at noon in the Medical Board Room, 1S213, Bldg. 10. All persons interested in running and physical fitness are welcome.

Talk, Films Planned April 7
At History of Medicine Society

Medical Student Research Contributions: The Story of the Severely Gifted will be the topic of Dr. Harold Stevens at the meeting of the Washington Society for the History of Medicine, Thursday, April 7, at 8 p.m. in the Billings Auditorium, National Library of Medicine.

Two films will also be shown: “Charles Darwin,” and “The Physical Basis of Inheritance.” Visitors are welcome. For information, call Ext. 65961.

Call All NIH Chefs—Favorite Recipes Needed For New R&W Cookbook

The NIH Recreation and Welfare Association is soliciting recipes from NIH employees for a cookbook to be published this coming fall in time for Christmas gift-giving.

The proceeds of the sale of the cookbook will be used to help support a number of welfare activities for employees and Clinical Center patients.

The cookbook will have international and regional recipes from NIH staff members and foreign visiting scientists who have been invited to contribute.

Glossary Included

In addition to recipes from many lands and cultures, the cookbook will include a glossary of food terms in several languages, a conversion table to the metric system, and a section on the use of herbs and spices. It will also contain some low-sodium and low calorie dishes.

Please send recipes to the R&W Office, Bldg. 31, Room 1A17.

Chamber Musicians Invited, Join R&W-Sponsored Group

The NIH Chamber Music Association is updating its membership roster for 1977. New members are invited to join by completing an application form which can be picked up at the R&W activities desk, Bldg. 31, Room 1A13.

For further information, call Nannette Melnick at the Blair Bldg., 427-7331, or Dr. John Wolff, at Ext. 67070.

Ceiling of Federal Executive Pay Level Raised to $47,500

As a result of recently approved raises in the Executive pay levels, the $39,500 pay ceiling has been raised to $47,500.

Employees in steps at grades GS-15 and above whose rates were formerly limited have now had their pay adjusted to the new ceiling.

Below is the General Schedule for grades GS-15 and above.

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*Limited to the $47,500 ceiling.

The new ceiling also applies to Public Law 210(g) positions, the salaries of which range from $39,629 to $47,500. In these positions, individual pay raises are not automatic. However, required prior Civil Service Commission approval of NIH recommendations has been obtained.

Salary adjustments at NIH were effective Feb. 27.

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

Editor Frances W. Davis
Associate Editor Fay Leviero
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; NEL, Julian Morris; NHLBI, Bill Sanders; NIA, Ann Shalowitz; NIAID, Jeannie Winnick; NIAMDD, Pat Sheridan; NICHD, Tina McIntosh; NIDR, Sue Hannon; NIEHS, Elizabeth Y. James; NIGMS, Wanda Wardell; NIMH, Betty Zubovice; NINLCS, Jeannette Belliveau; NLM, Roger L. Gilkeson.
April 1 Deadline Is Set For STEP Modules

April 1 is the application deadline for Modules 6-8 offered by the Staff Training Extramural Programs Committee in its Continuing Education Program for 1977.

Specially Designed

These short courses have been designed primarily for health scientist administrators, grants management specialists, contract specialists, and others who work with grant and contract activities at NIH.

While enrollment preference will be given to personnel in the extramural programs, applications received from other members of the staff of NIH will be considered.

The topics and dates are:

- Module 6 (May 4-6): Legal, Ethical, and Social Issues in Public Health Administration.
- Module 8 (June 1-3): Interpersonal Skills in the Work Environment.

Application forms, as well as a brochure detailing course content, may be obtained from personnel offices or from the Special Programs Office, Bldg. 1, Room 314, Ext. 65588.

Film Showing Next Week: Colon and Rectal Cancer

A 20-minute color film, "On With Your Life," which discusses testing, diagnosis, and treatment of colon and rectal cancer, will be shown at NIH for 3 days next week by Occupational Medical Services.

At the showings, a representative of the American Cancer Society will speak and answer questions.

The movie will be shown at 11:30 a.m. and 12:15 p.m. on the following dates:
- Tuesday, March 29, Bldg. 1, Wilson Hall
- Wednesday, March 30, Westwood Bldg., Conference Room D
- Friday, April 1, CC Masur Auditorium

Piano-Violin Duo Will Perform In FAES Concert on March 27

The seventh concert sponsored by the Foundation for Advanced Education in the Sciences features Charles Treger and Claude Frank in a piano-violin sonata recital, to be held on Sunday, March 27, at 4 p.m. in the Masur Auditorium.

Admission is by ticket only.

Investigators seem to have settled for what is measurable instead of what they would really like to know.—Edmund D. Pellegrino

PLASMAPHERESIS CENTER
Donations of White Blood Cells Are Vital For Patients' Fight Against Infection

The Plasmapheresis Center located on the third floor of the Clinical Center needs blood donors to participate in its granulocyte collection program. The main recipients are cancer patients whose defenses against infection have been weakened by cancer-fighting drugs.

A granulocyte is a white blood cell that initiates the body's first line of defense against life-threatening bacterial infections.

Cancer-fighting drugs decrease the number of granulocytes in the body, making some bacterial infections potentially lethal.

Patients Require Transfusions

Cancer patients undergoing chemotherapy who develop certain bacterial infections receive antibiotic therapy, and some patients require granulocyte transfusions.

These patients include children with leukemia or other cancers, as well as adults undergoing treatment for lymphoma, lung cancer, breast cancer, melanoma, and other solid tumors.

According to Dr. Albert Deissroth, head of the Experimental Hematology Section of the National Cancer Institute's Pediatric Oncology Branch, recent studies conducted at NCI show that granulocyte infusions can be "life-saving to the cancer patient whose own white cells have been reduced by chemotherapy and in whom certain bacterial infections have occurred which cannot be controlled by antibiotics alone."

Centrifuge Separates

Granulocytes are removed from whole blood by a blood cell separating machine called a centrifuge.

It was first developed by NCI and IBM in 1963. Blood flows from one arm of the donor into a centrifuge bowl where the granulocytes are separated and collected in bags.

At the Plasmapheresis Center granulocytes are being removed from donor Arthur Walker as nurse Jo Ann Beman monitors the process.

The remaining blood is then returned to the donor through a needle in the other arm. It takes 4 hours to collect enough granulocytes for one transfusion.

Prospective donors must be between the ages of 18 and 45 and must be in good health. They undergo a medical evaluation by the CC staff, which includes a medical history, an electrocardiogram, a chest X-ray, and a variety of laboratory screening tests.

Donor and patient must be matched by blood type to prevent transfusion reactions.

Cannot Be Stored

Granulocytes cannot be stored, and the life of transfused granulocytes is 6 hours. Therefore, patients must receive a transfusion every day until their infection is cleared or they produce their own granulocytes.

Donors may donate every 2 weeks if they so desire.

Scientists in the Experimental Hematology Section of NCI are supporting research to redesign the centrifuge bowl in which the blood components are separated.

Sixty percent efficiency in the collection of granulocytes is expected from the newly designed centrifuge bowl compared to 20 percent efficiency from the original bowls.

The greater the efficiency the more granulocytes will be obtained from one donor, making the transfusion more effective for the patients who are in need of granulocyte therapy.

Disposable plastic bowls also are being investigated. These can be thrown away after one use, eliminating the need to disassemble and sterilize them following each collection.

Join the Racquet! R&W Tennis Club Will Meet Thursday Noon

The NIH Tennis Club, sponsored by R&W, will meet Thursday, March 24, at noon in Wilson Hall, Bldg. 1. All tennis players are welcome to attend.

The NIH Record, March 22, 1977

page 3
Programs to Treat High Blood Pressure Discussed At Interagency Meeting

Dr. Martin (1), Mrs. Albert D. Lasker of the Albert and Mary Lasker Foundation, and Dr. Levy talk about the agenda of the interagency conference on the status of high blood pressure control.

Representatives from 46 states, territories, and the District of Columbia recently met in Bethesda to discuss The States and High Blood Pressure Control—Current Programs and Future Directions. Jointly sponsored by the National Heart, Lung, and Blood Institute and the Bureau of Community Health Services, HSA, the meeting served as a preamble to the designation of May as National High Blood Pressure Month. Representing the Health Services Administration was Dr. Edward D. Martin, Director of BCHS, and Dr. Robert I. Levy, NHLBI Director, spoke for NIH.

This first interagency conference on high blood pressure brought representatives together to:

**Purpose Explained**

- Exchange information on planning and operating control programs
- Give information on the high blood pressure problem and what the states can do to control it, and
- Facilitate a continuing relationship between state health authorities and organizations, Federal regional offices, and the BCHS.

Participants were told that their May programs should include education for diagnosed hypertensives.

The importance of seeking and maintaining proper treatment as well as establishing or continuing screening programs was also stressed.

Statistics show that over nine million hypertensives, who know they suffer from high blood pressure, are doing nothing or are not yet successful in treating their disease.

A preview of high blood pressure television and radio public service announcements—prepared by the Advertising Council for distribution in May and continuing for the entire year—was also presented.

**RECOMBINANT DNA RESEARCH LEGISLATION**

(Continued from Page 1)

in this vital scientific area.

“We are not saying that research should be halted. We are saying that it should proceed under careful safeguards unless and until we have a better understanding of the risks and benefits posed by use of recombinant DNA techniques without government regulation,” Mr. Califano said.

While agreeing with what he called the prudent recommendations of the Interagency Committee in this limited designational area, Mr. Califano reaffirmed his commitment to the principle of unfettered inquiry that applies in scientific research.

The Interagency Committee recommended that any legislation should, among other things:

- place primary responsibility for the administration of the act on the Secretary of HEW;
- require any person engaging in such activity to do so only at a facility licensed by the Secretary;
- require any person engaging in such activity to do so only after the project has been registered with the Secretary; and
- the Secretary should have authority to inspect facilities, make environmental measurements, and take other steps to ensure safety.

The Committee pointed out that this legislation would establish uniform standards for such activities throughout the Nation.

In addition, the Committee recommended that the NIH Guidelines for Research Involving Recombinant DNA Molecules become the national standard, with such modifications as the Secretary may consider necessary.

Mr. Califano stated that he asked HEW’s General Counsel-Designate to work with Dr. Fredrickson and

the technical experts on the Interagency Committee, and to consult closely with the relevant Congressional committees in drafting legislation for clearance with the Office of Management and Budget and eventual submission to Congress, that would follow the Interagency Committee’s recommendations.

**Committee Members Listed**

Dr. Donald S. Fredrickson, NIH Director, is chairman, and Dr. Joseph G. Perpich, NIH Associate Director for Program Planning and Evaluation, is executive secretary of the Committee.

Dr. Charles F. Lewis, Dept. of Agriculture; Dr. Beter Ancker-Johnson, David H. Slaug, Dept. of Health, Education, and Welfare; Dr. Samuel Koslov, Dr. William R. Beisel (FD), Detroit; Dr. out. Defense; Marian May, DHEW; Dr. John H. Rich-

ardson, CDC; Dr. John F. Flinn, NIOEM; Dr. Robert L. Elder, Dr. Rosa M. Gryder (Alt.); Dr. John C. Petricciani, FDA; Dr. Mariano Pimentel, Dept. of Interior; Anthony Lottos, Dept. of Justice; Dr. Morton Curns, Bruce Kwon (Alt.); OSHA, Dept. of Labor; Dr. Oswald Ganiely, William J. Walsh III, Dept. of State; William D. Owens, Dept. of Transportation; Dr. James L. Livernisk, Dr. Carl E. Carter (Alt.), Dr. Walter H. Aurer (Alt.), EDDA; Dr. Delbert S. Barth, Dr. Lawrence A. Phume-
lee (Alt.), EPA; Hon. H. Guyford Stever, Dr. Warren R. Mofn, Executive Office of the President; Dr. David L. Winter, NASA; Dr. Herman W. Lewis, Dr. Lawrence Ber-
lowitz, NSF; Frank Swanderweg, Jr., Nuclear Regulatory Commission; Dr. Nancy Mikulak, U.S. Arms Control and Disarmament Agency; Dr. Jane S. Schultz, VA.

**More Workers on State Than on Federal Payrolls**

People often think that all “government” employees work for the Federal Government—in fact, most work for State and local government. And, there are fewer Federal workers compared to State and local: 35 percent in 1948 compared to 18 percent in 1975. The total of all Federal, State, and local employees is about 12.6 million, of which only 2.8 million are civilian Federal. Military (armed forces) make up another 2.2 million.

Similarly, on a per capita basis, the Federal Government is run by fewer civilian employees than the average State government.

**Fed’l Employees’ Conduct Subject to CSC Rules; Restrictions Are Noted**

NIH employees should adhere to the restrictions and prohibitions listed below. They are applicable to all Federal executive branch employees (covered by Executive Order 11222 and part 736 of title 5 CFR).

The Civil Service Commission has already informed its employees of these regulations.

- An employee is prohibited from giving any advice that might result in, or give the appearance of, using public office for private gain, giving preferential treatment to any person, or any action which will affect adversely the confidence of the public in the integrity of the Government.

- Generally, an employee should not, in the course of his employment, solicit or accept, directly or indirectly, any gift, gratuity, favor, employment, or loan of any kind for other than officially approved activities.

- An employee shall not engage in outside employment or other outside activity not compatible with the full and proper discharge of the duties and responsibilities of his Government employment.

- When a program is based on law or Executive order, every employee has a positive obligation to make it function as efficiently and economically as possible.

- An employee shall not directly or indirectly use, or allow the use of Government property of any kind for other than officially approved activities.

- An employee has a positive duty to protect and conserve Government property including equipment, supplies, and other property entrusted or issued to him.

- An employee shall not participate, while on Government-owned or leased property or while on duty for the Government, in any gambling, including the operation of a gambling device; in conducting a lottery or pool; in a game for money or property; or in selling or purchasing a numbers slip or ticket.

**Influenza May Threaten Life**

Flu, or influenza, is an acute respiratory illness whose symptoms include fever, sore throat, a “runny” nose, and general muscular aches. Most patients recover completely within a week although many continue to feel unusually tired for some time.

There is no recognized treatment other than rest. Flu is often not serious, however, flu is a life-threatening illness. With pneumonia, it is the fifth leading cause of death in the U.S.

It is easy to stand a pain, but difficult to stand an itch.—Chang Ch’ao.
Release of Norepinephrine May Explain Smokers' Higher Rate of Heart Attacks

Medical researchers have demonstrated that cigarette smoking stimulates the human sympathetic nervous system, providing a possible explanation for the two times higher heart attack rate among smokers as compared to non-smokers.

Using a special patient-centered research unit funded by the Division of Research Resources, investigators at the Washington University School of Medicine in St. Louis have shown for the first time that blood levels of norepinephrine—a substance released by stimulated sympathetic nerves—are higher during smoking.

The researchers said the substance is not released during sham smoking, leading them to the theory that the release of norepinephrine is smoking-induced.

The team carefully studied 10 volunteer patients at the University General Clinical Research Center, one of 82 such units supported by DRR at medical institutions throughout the U.S.

The Clinical Research Center is actually a miniature research hospital within the larger medical center, providing highly specialized clinical research facilities to the entire Washington U. medical staff.

As part of the study, the researchers were treated with drugs which block the effects of norepinephrine. These effects include several physiological events associated with smoking, such as heightened blood pressure, increased heart rate, and high levels of blood glycerol.

When these events did not take place in smoking patients after the administration of the norepinephrine-blocking drugs, the investigators deduced that cigarette smoking stimulates the sympathetic nervous system to produce norepinephrine which in turn brings about these physiological effects.

Non-Smokers Have Edge

"People who do not smoke, including former smokers who have given up the habit, have fewer heart attacks than those who continue to smoke," says Dr. Philip E. Cryer, associate director at the Washington University GCRC.

"Since sympathetic nerve stimulation has been shown to facilitate experimental heart attacks in animals, the observation that smoking stimulates the sympathetic nerves provides a plausible mechanism for smoking-associated heart attacks in humans."
New Clinical Research Center Dedicated; DRR-Supported Facility Will Serve Area

Robert Dickenson, a grants management officer of the Division of Research Resources, was the keynote speaker at ceremonies dedicating the new General Clinical Research Center at the University of New Mexico in Albuquerque on Feb. 17.

Mr. Dickenson officially turned over the unit to Dr. William E. Davis, president of the University of New Mexico, with the words, “Dr. Davis, I am proud to present this unit to the University of New Mexico on behalf of NIH.”

Also representing the University of New Mexico at the dedication were Dr. Leonard Napolitano, dean of the medical school and interim vice president for the health sciences at UNM; Dr. Glenn T. Peake, overall administrator of the new Center; Dr. Michael T. Shaw, chief of medical oncology at the UNM Cancer Research and Treatment Center, and Dr. R. Philip Eaton, associate director of the Center.

Tours Conducted

Following the formal dedication ceremonies, tours of the new Center were conducted.

During his remarks, Mr. Dickenson told the dedication guests that “the basic goal of the GCRC Program is to provide a carefully controlled research environment centered around patients, staffed with specially trained personnel, where physicians and scientists can define and attempt to conquer unsolved disease problems affecting humans.

Brings Advances

“The General Clinical Research Center functions as an effective and expeditious mechanism for bringing laboratory and basic science advances into a sphere of patient-oriented investigation and finally to clinical application.”

Drr administers the General Clinical Research Center Program, funding the patient-centered research units in medical institutions across the country.

The University of New Mexico unit, which brings the total number of GCRCs to 83, is made up of an eight-bed cancer center and a five-bed general clinical research area.

Combines Research

The facility is one of the few clinical research centers which combines cancer and general research.

Focus of the new unit is to learn new aspects of disease by applying therapeutic techniques which are not standard medical procedures under controlled, highly precise conditions which usually are not obtainable on a regular hospital ward.

To perform these precise measurements, the unit, like most GCRCs, has its own laboratory area, diet kitchen, and administrative offices.

Personnel are specially trained to carry out high quality care in an atmosphere that requires detailed research protocols.

Will Apply New Methods

“New methods for treating leukemia are going to be applied here,” Dr. Shaw said. “In addition, we will introduce new methods and scheduling for drug administration to treat many cancers, especially of the brain and colon. We’re stressing multi-modality therapy involving the medical oncologist, radiation therapist, immunologist, and surgeon.”

General medical problems to be studied include kidney disease, tissue.

The signatures are made up of a number of parameters which can be measured both qualitatively and quantitatively.

Exchange Information

Dr. Linzer, an NBS research chemist, is chairman of an international committee on tissue signatures whose purpose is to stimulate the exchange of tissue signature information among interested researchers, clinicians, and instrument designers worldwide. The committee is funded by NSF. The seminar proceedings contain 21 articles related to the use of ultrasonic parameter measurement in the qualitative characterization of tissue.

Topics included are tissue properties, A-scan pattern recognition techniques, attenuation and velocity techniques, absorption techniques, scattering techniques, impedance profile techniques and acoustic microscopy.

Collaborate on Techniques

NBS is currently collaborating with NIH in the development of novel techniques for ultrasonic medical diagnosis. The work in ultrasonic is an outgrowth of its program in Nondestructive Evaluation (NDE) aimed at assisting industry and government in developing standards and techniques for NDE.


Read not to contradict and confute, nor yet to believe and take for

—Francis Bacon.
SUNY Group Finds Fibroblasts Remove As Well As Synthesize Collagen Fibrils

Recent research from the State University of New York at Stony Brook supports the concept that fibroblasts are responsible not only for the synthesis of collagen but also for its degradation in periodontal ligaments.

The synthesis and resorption of collagen are important processes in maintenance of the periodontal ligament. The ligament holds teeth in their sockets and cushions the jawbones from the stresses of chewing and biting.

For years scientists have known that fibroblasts both lay down collagen molecules which twist together outside the cell to form fibrils that give skin, bone, and other connective tissues their toughness.

Degraded Inside Cells

Up until this time it was thought that the enzyme collagenase was responsible for the degradation of collagen fibrils, and that the process occurred outside of the cells. The new findings show that collagen also is degraded within cells.

Supported by the National Institute of Dental Research, Dr. Phyllis R. Garant confirmed recent electron microscopic findings of mature, banded collagen fibrils within fibroblasts. Dr. Garant postulates that tongues of cytoplasm called pseudopodia, which fibroblasts often extend beyond the main cell, can surround loose collagen fibrils.

The cells can then pull the pseudopodia with their loads of collagen back into the cell body. It is known that fibroblasts contain contractile proteins which could enable them to extend and retract pseudopodia.

Degraded Inside Cells

In addition, Dr. Garant described two functional compartments within fibroblasts. The slender, type A, compartment located near the cell's edge often contained banded collagen fibrils which sometimes appeared to lie half in and half outside the compartment.

Type B, a rounder compartment, located deeper inside the cell, contained dark masses of what appeared to be lysosomal protein-degrading enzymes.

Sometimes the two types of compartments were continuous. Therefore, Dr. Garant believes that fibroblasts have both a way to gather collagen fibrils and to move them to the interior of the cell where they are broken down.

It appears reasonable that fibroblasts not only produce newly-synthesized collagen molecules, but also retrieve collagen fibrils disrupted by chewing forces, bone remodeling, or tooth eruption. Thus, this type cell could help to maintain the normal integrity of the periodontal ligament.

This research was reported in the Journal of Periodontology, 47:380-390, 1976.

New Task Force Report Identifies Research Needs in Environmental Areas

A special task force advisory report which reviews and evaluates the needs, including specialized manpower requirements, in environmental health research has been presented to the Advisory Committee of the U.S. House of Representatives by the National Institute of Environmental Health Sciences.

Copies will be available for general distribution late this month.

The report, Human Health and the Environment—Some Research Needs, was prepared after a 1-year study by a research planning task force headed by Dr. Norton Nelson of the New York University Institute of Environmental Medicine and Dr. James Whittenberger of Harvard's Kresge Center for Environmental Health.

Dr. David P. Rail, NIEHS Director and a member of the task force executive committee, said that the report "will help us develop our research programs in an orderly way because it tells us the extent of the health threat from various environmental factors and indicates ways in which potential threats can be met."

Essentially all the recommendations outlined by the task force fall within the objective of disease prevention, according to co-chairman Nelson.

They cover a wide array of strategies, he noted, ranging from better understanding of the intracellular mode of action of toxic agents to global movement of pollutants.


Both task forces were directed by NIEHS' National Advisory Environmental Health Sciences Council.

Single copies of the report can be obtained without charge from the Public Information Specialist, NIEHS, P.O. Box 12233, Research Triangle Park, N.C. 27709.

Summaries are available from the News Branch, NIH, Ext. 62535.
NIH Initiates Project To Aid Biomed. Program Of Minority Colleges

The Southeastern Oklahoma State University Biomedical Sciences Program is "looking good," thanks, in part, to help from the National Heart, Lung, and Blood Institute.

Volumes Delivered

Recently, 22 boxes filled with Chemical Abstracts were delivered to Southeastern Oklahoma State for their library, and the abstracts are being used in the University's Native American Science Program. Employees in NHLBI's Equal Employment Opportunity Office have taken the lead in developing, and putting into full swing, a Journal Distribution Project for Minority Institutions.

This project catalogs packages and distributes unused back issues of books and journals for libraries of minority colleges throughout the country.

The project is a cooperative effort that includes not only the NHLBI but also the National Institute of Arthritis, Metabolism, and Digestive Diseases, the National Institute of Neurological and Communicative Disorders and Stroke, the National Institute of General Medical Sciences, the National Cancer Institute, and the Division of Research Grants.

Contributors outside NIH include individual and institutional donors as well as other Federal and state agencies. The Journal Distribution Project has been in operation at NIH since March 1975, and thousands of journal volumes and books have been sent out to strengthen communications with minority institutions.

Alice Losiah (I) and Pat Hawk are two of the many students at Southeastern Oklahoma State University who find the journals sent to their school helpful.

The Study Team also made recommendations concerning a variety of other key issues. These include identification and special consideration of unorthodox research approaches, conflict of interest procedures applicable to review group members, increased use of business management consultants as an adjunct to scientific review, and continuing studies of procedures designed to improve the grants peer review system.

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Recently, 22 boxes filled with Chemical Abstracts were delivered to Southeastern Oklahoma State for their library, and the abstracts are being used in the University's Native American Science Program. Employees in NHLBI's Equal Employment Opportunity Office have taken the lead in developing, and putting into full swing, a Journal Distribution Project for Minority Institutions.

This project catalogs packages and distributes unused back issues of books and journals for libraries of minority colleges throughout the country.

The project is a cooperative effort that includes not only the NHLBI but also the National Institute of Arthritis, Metabolism, and Digestive Diseases, the National Institute of Neurological and Communicative Disorders and Stroke, the National Institute of General Medical Sciences, the National Cancer Institute, and the Division of Research Grants.

Contributors outside NIH include individual and institutional donors as well as other Federal and state agencies. The Journal Distribution Project has been in operation at NIH since March 1975, and thousands of journal volumes and books have been sent out to strengthen communications with minority institutions.

Alice Losiah (I) and Pat Hawk are two of the many students at Southeastern Oklahoma State University who find the journals sent to their school helpful.

The Study Team also made recommendations concerning a variety of other key issues. These include identification and special consideration of unorthodox research approaches, conflict of interest procedures applicable to review group members, increased use of business management consultants as an adjunct to scientific review, and continuing studies of procedures designed to improve the grants peer review system.

A biochemistry student applies some of the knowledge acquired from reading "Chemical Abstracts" to one of his research projects.

Will Announce Decisions

Dr. Fredrickson will shortly announce his decisions on implementation or further study of each recommendation.

The NIH grants peer review system is a two-step process, involving initial review for scientific merit and second review for merit and policy by national advisory groups. There are 72 Initial Review Groups and 13 National Advisory Councils and Boards.

The Study Team, made up of NIH scientists and administrators, is headed by Dr. Ruth L. Kirschstein, Director of the National Institute of General Medical Sciences.

The report is Phase I of a two-phase study. It is based, in part, on testimony presented at three public hearings (held in Chicago, San Francisco, and Washington, D.C.), letters from scientists and the general public, and the results of a survey of NIH advisors.

Phase II Schedules

Phase II, to be completed in late 1977, will contain a detailed analysis and evaluation of the public testimony and the survey of Initial Review Groups and Council members.

Other major recommendations of the Study Team were:

• The NIH Director should be delegated the authority to establish or discontinue Initial Review Groups.
• The Assistant Secretary for Health, HEW, should be delegated the authority for selection and appointment of Advisory Council members.
• Portions of the meetings of advisory groups which involve the review of grant applications should continue to be closed to the public (including those submitting applications).
• The workload of the Initial Review Groups should be an-

Meet for Third Time

The program includes sessions on pathology and epidemiology, as well as on genetic, environmental, and other factors that may explain the high incidence of nasopharyngeal cancer among Chinese.

Dr. Dharam Ablashi of the National Cancer Institute will present a paper on the possible causative relationship between the Epstein-Barr virus and the disease.

This virus has already been implicated in other cancers, notably Burkitt's lymphoma, a form of lymphoid cancer usually found in children in central Africa.

Dr. John B. Moloney, associate director, Viral Oncology Program, Division of Cancer Cause and Prevention, NIH, will deliver opening remarks and also will chair a session on the multidisciplinary approach to the disease.

Dr. Robert A. Manaker, chief of the NCI Laboratory of DNA Tumor Viruses, will act as rapporteur for the session discussing current concepts in treatment and clinical research.

Other Sponsors Listed

Other sponsors of the meeting are the International Agency for Research on Cancer (IARC), Lyon, France; and Kyoto University's department of microbiology, Faculty of Medicine.

Members of the organizing committee include Drs. Ablashi; G. de The, IARC; Y. Ito, Japan; J. Ho, Hong Kong; and K. Shanmugaratnam, Singapore.

The IARC will publish the proceedings of the meeting.

Nasopharyngeal Tumor Viruses: Workshop on Alzheimer's Disease Starts On June 6

A Workshop on Alzheimer's Disease—Senile Dementia and Related Disorders will be held June 6-9 in the CC Masur Auditorium.

The Workshop is being sponsored by the National Institute of Neurological and Communicative Disorders and Stroke, the National Institute on Aging, and the National Institute of Mental Health.

For additional information, contact Dr. Katherine L. Bick, executive secretary of the workshop-conference, Federal Bldg., Rm. 710, Ext. 61451.