Final Environmental Impact Statement Issued

Under the direction of Dr. Donald S. Fredrickson, NIH Director, NIH has issued its guidelines on recombinant DNA research and issued the two-part Final Environmental Impact Statement on NIH Guidelines for Research Involving Recombinant DNA Molecules.

Noting the "uncertainties surrounding the benefits and hypothetical risks of the use of recombinant DNA technologies," the Final EIS reports that NIH believes it important to implement safety guidelines and to assess the potential of the research for good and harm.

In recombinant DNA experiments, "genes"—deoxyribonucleic acid molecules—from living organisms can be transferred to single cells from completely unrelated organisms.

These experiments depend on the ability to join genetic material from different sources and to propagate the resulting elements in single bacterial and animal cells.

In June 1976 NIH issued guidelines that govern the conduct of NIH-supported research involving recombinant DNA molecules, and a Draft Environmental Impact Statement on the Guidelines was published in September 1976.

In addition to modification of the Draft EIS in response to comments received, changes have also been made in the Final EIS based on new knowledge and developments.


This publication, Stock Number 017-040-00413-3, is sold in sets only.

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Dr. Kannel Is Honored By Military Surgeons For Outstanding Work

Dr. Kannel is a fellow of the American College of Cardiology, the American College of Physicians, and the American Heart Association, in which he is currently chairman of the Council on Epidemiology.

Dr. William B. Kannel, Director of the National Heart, Lung, and Blood Institute's Framingham Heart Study, has been selected to receive the 1977 Paul Dudley White Award from the Association of Military Surgeons of the United States.

This award—given annually for "outstanding accomplishments in the field of cardiovascular disease"—is a token of appreciation.

(See DR. KANNEL, Page 6)

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New Emergency Numbers Change With CENTREX

With the change over to the new CENTREX telephone system, the Division of Administrative Services has attempted to improve its emergency responses by making it easier and quicker for NIH'ers to summon help in time of need.

The new emergency 3-digit numbers are:

NEW EMERGENCY NUMBERS
NIH Special Police—115
Fire/First Aid/Ambulance—116
All other calls:
NIH Special Police—496-5685
NIH Fire Department—496-2372

Since 7-digit numbers are not as easy to remember and take longer to dial, the new 3-digit numbers will be more practical and helpful.

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Dr. Arthur Upton Takes Oath of Office As NCI Director at Nov. 10 Ceremony

New NCI Director Dr. Arthur C. Upton (c) and his wife accept the congratulations of (l to r) HEW Undersecretary Hale Champion; HEW Secretary Joseph A. Califano, Jr.; and NIH Director Dr. Donald S. Fredrickson before the swearing-in ceremony. Secretary Califano was recovering from surgery for a tennis injury.

On Nov. 10 Dr. Arthur C. Upton was sworn in as the eighth National Cancer Institute Director at ceremonies held in the Masur Auditorium.

The formal installation was attended by Secretary of HEW Joseph A. Califano, Jr.; HEW Assistant Secretary for Health and USPHS Surgeon General Dr. Julius Richmond; HEW Undersecretary Hale Champion, who administered the oath of office to Dr. Upton, a boyhood friend; NIH Director Dr. Donald S. Fredrickson, and Mrs. Upton.

Secretary Califano commended the selection by a search committee that he had appointed. One of the areas of renewed research emphasis in which Dr. Upton will be particularly valuable will be prevention of cancer, a field in which he has established expertise and experience, the Secretary said.

Dr. Upton Praised

"Your own research contributions, Dr. Upton, have helped us achieve... new understandings, and... I can think of no one who can better lead the effort than you," Secretary Califano said.

He used the occasion to say that a massive public education program aimed at "significantly reducing the number of Americans who smoke" will be announced in January.

During introductory remarks, Dr. Fredrickson noted that Thomas Jefferson, the third American President, maintained that "No duty the executive had to perform was..." (See DR. UPTON, Page 5)
Applicants for Summer Employment With Fed'l Gov't May Apply to Agencies But Must Take CSC Test

The process for applying for summer employment with the Federal Government has changed. Applicants for nonclerical jobs may now apply directly to agencies, although they still are required to be tested by the Civil Service Commission.

Previously, the Commission required applicants to apply to the Office of Federal Personnel Management, which selected eligible applicants to agencies. Now, agencies may hire directly from the pool of eligible applicants established by the Commission, or from those referred by the Office of Federal Personnel Management.

Test scheduled—February 1978. Applicants for nonclerical summer jobs, GS 1-4, must file directly with the agency they wish to be considered for employment.

Information on filing periods and types of nonclerical jobs expected to be available will be listed in the 1978 edition of the Summer Jobs Announcement, No. 414, available Jan. 4, 1978.

Enrollment Increases

The Clinical Elective Program for Medical Students will hold its winter elective beginning Jan. 3, 1978.

The 9-week program will host over 55 students representing medical students throughout the United States.

Elective Med. Students Need Temporary Housing

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Enrollment Increases

Sufficient housing has usually been available to the students through NIH employees and other private home owners within convenient distance. However, with an increased enrollment this quarter, more rooms may be needed.

NIH employees who are interested in renting rooms to medical students from Jan. 3 to March 3 should contact Dr. Philippe Carbon, CC associate director and coordinator of the elective program, Ext. 62167.

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50 Fun Runners Win Trophies; B/I/D Relay Planned

The Health's Angels (NIH Jogging Club) will continue to sponsor fun runs throughout the winter, as weather permits, at noon on Fridays and Wednesdays at 5:15 p.m., beginning in front of Bldg. 1. The club is also considering an Institute Challenge Relay Race to be held in the spring. Teams of 5 to 10 persons representing a particular B/I/D would compete, with individuals running ½-mile and 1-mile legs of the relay.

A meeting to organize the relay will be held Monday, Dec. 19, at 5:15 p.m. in Bldg. 31, Room 2A-52. Names of interested participants may also be sent to Dr. Peter Pentchev, Bldg. 10, Room 3D-14.

FIC Scholar Will Present Lecture on China Dec. 12

Dr. Howard Schachman, a Fogarty International Scholar, will give an illustrated lecture entitled A Tourist's Peek at the People's Republic of China, Monday, Dec. 12, at 8 p.m. in Wilson Hall, Bldg. 1. The program—co-sponsored by the Foundation for Advanced Education in the Sciences—will feature a talk by Cpl. R. Luddington of the Crime Prevention Section, Montgomery County Police Department. The presentation will include slides and a question and answer period.

The purpose of the program is to promote citizen awareness, suggest preventive measures against assault, and lessen citizen vulnerability. When the program was presented at several NIH buildings during November, employee response was so great that the program is being repeated to allow an even greater number of employees, especially women, to attend. Further information, please contact Sol del Ande Eaton, chairperson of the Women's Advisory Committee's Subcommittee on Health and Physical Environment, Ext. 65141, or Grace Lyon, OMS, Ext. 69278.

Jean Oliver Wins Top Honors Of Speech and Hearing Ass'n

Jean G. Oliver, speech pathologist at NINCDS, received top honors from the American Speech and Hearing Association at its 1977 annual conference in Chicago in early November. The 22,000 member body conferred upon Ms. Oliver the honor of ASHA Fellow in recognition of professional accomplishment.

SHER Plans Christmas Pinata Party on Dec. 17; All NIH'ers Are Welcome

Live music, door prizes, and Latino delicacies to munch on—all part of a Christmas Pinata Party to be held Saturday, Dec. 17, from 9 p.m. to 1 a.m. in the social hall of Holy Cross Church at 4000 Strathmore Ave., Garrett Park, Kensington.

SHER (Self-Help for Equal Rights) invites all NIH laboratory, maintenance, and office staff to join the fun. Donation is $5 (tax-deductible). Glasses and ice will be provided. Music is by Hank Evershearing.

Tickets are available from Dorothy Moore, Ext. 63393; Norma Whetzell, Ext. 62804; and Norine Capurro, Ext. 61421.

If traveling north on Rockville Pike, turn right at the Georgetown Prep traffic light onto Strathmore Ave. The well-lighted social hall is less than a half-mile further on the right. Parking is available in the schoolyard.

Sexual Assault Prevention Program Repeated in Dec.

A 1-hour program on Sexual Assault Prevention will be presented Dec. 5, 7, and 9 at noon in the Masur Auditorium, Clinical Center. The program—co-sponsored by the NIH Women's Advisory Committee and the Occupational Medical Services Branch—will feature a talk by Cpl. R. Luddington of the Crime Prevention Section, Montgomery County Police Department. The presentation will include slides and a question and answer period.

The purpose of the program is to promote citizen awareness, suggest preventive measures against assault, and lessen citizen vulnerability. When the program was presented at several NIH buildings during November, employee response was so great that the program is being repeated to allow an even greater number of employees, especially women, to attend. Further information, please contact Sol del Ande Eaton, chairperson of the Women's Advisory Committee's Subcommittee on Health and Physical Environment, Ext. 65141, or Grace Lyon, OMS, Ext. 69278.

Referred Pain Is Seminar Topic of Dr. Janet Travell on Dec. 6

Pain referred to the head and neck from myofascial trigger points will be the title of Dr. Travell's seminar. The seminar, to be held in Conference Room 11, Bldg. 30, will be open to all NIH employees.

The seminar will be held on Tuesday, Dec. 6, at 2:30 p.m. in the Masur Auditorium.
Among Dr. Lambert's contributions during his Government career was the initiation of radiobiological research in laboratory animals.

"Down on the farm" is now the theme song of Dr. Paul D. Lambert, who recently retired from the National Institute of Allergy and Infectious Diseases to pursue a long-time dream of farming.

No 'Gentleman Farmer'

Not content to be merely a "gentleman farmer," Dr. Lambert—with the aid of his wife—is actually a "farmhand farmer," Dr. Lambert—whose retirement from the Government gave him a gift fund to aid in purchase of additional cattle for his farm.

After having been in veterinary practice in the early 1960's to treat diabetic retinopathy, Dr. Lambert began his association with NIAID in 1972 as program officer of the U.S.-Japan Panels in the office then known as the Geographic Medicine Branch.

With the recent reorganization of the Institute, Dr. Lambert's position prior to retirement was Mycobacteriology Program Officer, Bacteriology and Virology Branch of the Microbiology and Infectious Diseases Program.

A native of Pennsylvania, Dr. Lambert was in veterinary practice in Pennsylvania before accepting a commission in the U.S. Public Health Service in 1950.

At a recent farewell luncheon, rather than the standard gold watch, Dr. Lambert was presented with a gift fund to aid in purchase of additional cattle for his farm.

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Investigators of Diabetic Retinopathy Change Procedures; Now Treat Both Eyes

Investigators in the Diabetic Retinopathy Study, a nationwide cooperative medical research program supported by the National Eye Institute, are changing their operational procedures to allow treatment of two eyes which were originally randomly assigned to no treatment.

The Study was designed to investigate the effect of photocoagulation on diabetic retinopathy, an eye disease which is a leading cause of blindness in the U.S.

Original Selection Random

The original Study design required random assignment of patients in the Study to receive photocoagulation treatment and the other eye to be remained untreated.

Given the uncertainty with respect to the value of photocoagulation treatment when the Study began in 1972, this design gave each patient in the Study the best chance of maintaining sight in at least one eye.

Photocoagulation, a procedure which involves the use of finely focused beams of light such as from lasers, has been used since the early 1960's to treat diabetic retinopathy.

When preliminary DRS results were announced in 1976, it was recommended that Study physicians consider treatment of those previously untreated Study eyes with severe retinopathy.

These recommendations, communicated to the medical community, were based on evidence that there was great risk of blindness in these eyes and that treatment with photocoagulation reduced that risk.

New evidence shows that photocoagulation inhibits the progression of mild retinopathy into more severe stages.

The new change in protocol permits the Study physician to consider treatment of a previously untreated eye if he feels it is in the patient's best interest, even if the eye does not have severe retinopathy.

Must Weigh Benefits

There is evidence that treatment has beneficial effects in all groups of patients studied, but these must be balanced against the known harmful effects of treatment.

The current change in protocol does not indicate that DRS has provided clear evidence in favor of early treatment but rather that the optimum time to begin therapy cannot be determined by the present Study.

Participants Noted

Fifteen clinical centers, a Coordinating Center, and a Fundus Photographic Reading Center are participating in the 10-year Diabetic Retinopathy Study.

The Study will continue to evaluate the long-term effect of treatment and to compare treatment with xenon arc and argon laser through regular examination of patients and review of accumulated follow-up data.

A new NEI-supported study will soon consider treatment timing.

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Combined Fed. Campaign Sets Collection Record; Tally Is 91% of Goal

This year's Combined Federal Campaign collected more money than any previous Campaign at NIH. Employees contributed $225,553 or 5 percent more than last year's $215,772 total.

The final 1977 tally is 91 percent of the assigned NIH goal of $248,000. Contributions were received from 56 percent of employees.

Ten Reach Goal

Ten B/I/D's reached their dollar goal this year—FIC, NIGMS, FDR, NLM, DRR, NIMDD, NIDR, NEI, and DCRT, according to DRR's Ted Nilsen, the 1977 Campaign coordinator.

Two B/I/D's achieved 100 percent employee participation for the Campaign—DRG and FIC.

Two new perpetual trophy awards were established this year: for the highest percent of dollar goal collected on the first day and the other for the highest percent of employee participation on the first day. The dollar goal trophy was won by FIC, and the employee participation trophy will go to DRG.

Of the dollar goal, 72 percent was collected during the first 3 weeks of the Campaign.

DRR Director Dr. Thomas Bowery, the 1977 CFC vice chairman, says he is pleased with the final dollar amount collected, "especially of the assigned NIH goal knowing that they were going to be paid from pay period to pay period.

Gives New Directions

"Of course, I would have liked the percent of employee participation a little higher, but overall I think we've given the Campaign some new direction that can be built on in future years, in addition to collecting a large sum of money.

"I think NIH employees should be proud of what they accomplished this year, especially that final dollar total."

Even though the official Campaign has closed, anyone who still wants to give some money can still contact his/her keyperson to make a contribution.

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FIC Research Fellows

Dr. James McCulloch, a research associate at the University of Glasgow, Scotland, arrived on Oct. 27 to begin an International Research Fellowship in the National Institute of Mental Health under the preceptorship of Dr. Louis Sokoloff, Laboratory of Cerebral Metabolism.

Dr. McCulloch's work involves monoamines and local cerebral perfusion and metabolism.
Texas Researchers, Aided by DRR, Find Woodrats Can Resist Rattlesnake Venom

The lightning thrust of a Western diamondback rattler holds no terror for the Texas woodrat. Scientists at Texas A&I University have determined that woodrats are immune to rattlesnake venom. The investigators are now studying the nature of the antitoxic factors for possible development of a more effective treatment for snakebite.

Biomedical researchers at Texas A&I University, Kingsville, have discovered that the woodrat—a common rodent in the Southwest—has a natural resistance to rattlesnake venom. The discovery may lead to a more effective treatment for human snakebite.

Snake venom research has been conducted for over 3 years at Texas A&I by a research group headed by Dr. John Perez.

"This particular research has medical applications in that the anti-venom factors found in the woodrat could possibly be used in snakebite treatment, once isolated and purified," says Dr. Perez.

The research project was prompted purely by accident when one of the scientists, Allan H. Chaney, observed that woodrats survived multiple rattlesnake bites and in some cases the woodrats actually killed the diamondback rattlesnakes.

Formalized Study Described

A formalized study has been made using 35 woodrats trapped in East Central Kleberg County, Texas. The animals were housed in individual cages in a 21°C (69.8°F) animal room. Pregnant females and injured or immature rats were not used.

Twenty-four woodrats were selected, divided into four groups, and each group injected with doubling dilutions of rattlesnake venom. The venom used in the process was harvested from rattlesnakes which are kept in glass-front cages in the laboratory on the A&I campus. The snakes vary in size, and many are captured in the South Texas area.

Most of the snakes come to A&I from the annual Rattlesnake Roundup held near Freer in Duval County. Many other snakes caught in the roundup are "milked" and their venom released. The captive snakes are usually milked every week and returned to their cages.

The results of the experiment indicated that woodrats are resistant to rattlesnake venom as shown by a high LD<sub>50</sub> (lethal dosage—concentration of a drug necessary to kill 50 percent of the population involved in an experiment); this resistance was 140 times greater than control mice.

The woodrats used showed very little tissue damage or internal hemorrhage compared to white laboratory rats injected with equivalent amounts of venom per body weight, the researchers report.

The natural resistance in woodrats is not completely understood. Preliminary results suggest that a naturally occurring protective factor is present in the woodrat which will not react visibly with venom in the precipitin reaction. Further elucidation of the chemical nature of the antitoxic factor(s) is necessary for studying the nature of inhibition.

The scientists have also successfully transferred the antihemorrhage factor in the woodrats to white mice, thereby giving the mice protection against rattlesnake venom.

In a summary report written for the professional journal, Toxicon, Dr. Perez concludes:

"Since venom consists of many toxins and enzymes, the possibility exists that the combined action of purified antivenom, rattlesnake and woodrat sera (watery portion of an animal fluid) could be more effective in snakebite treatment. The nature of the factor(s) responsible for this resistance in woodrats is not completely understood."

Dr. Upton's appointment to the NCI directorship, "the executive has succeeded indeed in performing this trying responsibility," Dr. Fredrickson said.

Task Is Awesome Challenge

"Today, by far the largest share of the world's resources devoted to this task (understanding and controlling cancer) is either used here or distributed from this campus. It is an awesome challenge and a great responsibility." So much so that selection of Dr. Upton was ultimately made by the President of the United States, said Dr. Fredrickson.

Dr. Upton acknowledged the "enormous challenges" facing him as the new director and voiced the hope that he could rise to meet the challenges.

Appreciates Trust

"I deeply appreciate the trust that has been placed in me and I will do my best to justify that trust," he said.

Following the ceremony, the approximately 500 friends and guests representing NCI, NIH, and other Federal and non-Federal organizations were invited to meet the new Director over refreshments in the Clinical Center cafeteria.

Conferences To Evaluate Methods To Detect Early Bladder Cancer

A State-of-the-Art Conference on Bladder Cancer Screening will be held Dec. 5-7 at the Dulles Marriott Hotel, Dulles International Airport.

It is sponsored by NCI's Division of Cancer Control and Rehabilitation in collaboration with the National Institute for Occupational Safety and Health.

A multidisciplinary group of scientists from Great Britain and the United States will evaluate current methods for the early detection of bladder cancer.

The conference will focus on new developments in early detection, and on new developments in the nature of the disease. Discussion will be centered on new developments in the nature of the factor(s) responsible for this resistance in woodrats is not completely understood.
Mayo Clinicians Develop 3-D X-Ray —Dynamic Spatial Reconstructor

In early September, engineers in a new, revolutionary diagnostic X-ray machine that will allow doctors to view the heart, lungs, and circulation in three-dimensional motion. The machine was developed during a 5-year period by a multi-disciplinary team of researchers at Mayo Clinic, Rochester, Minn., and contracted to Wayland’s Raytheon Corporation for construction.

The new X-ray scanning device, called a “dynamic spatial reconstructor” or DSR, was designed with the help of a sophisticated computer system funded for Mayo Clinic by the Biotechnology Resources Program of the Division of Research Resources. The National Heart, Lung, and Blood Institute is providing $3.1 million for construction of the machine.

Dr. Earl Wood, a pioneer in the study of heart and circulatory physiology, led the Mayo Clinic team which developed the DSR. According to Dr. Wood, the diagnostic capabilities of the DSR will include:

—information on the extent of muscle damage after a heart attack
—diagnosis of complex congenital heart defects
—detection of coronary artery disease, including narrowing or clogging of the arteries and the resultant changes in blood supply to the heart muscle
—detection of potentially fatal aneurysms, weaknesses in the blood vessels leading from the heart that usually can be repaired if detected early
—easier and more reliable identification of lung and other tumors which affect anatomy or blood flow within an organ

Shows Body Organ Motion

According to the developers, the DSR will go well beyond current generation of X-ray scanning devices which produce only static images of internal organs.

Dr. Wood says the DSR should be better for diagnosing heart, lung, and circulatory diseases because it will operate at a higher speed and, hence, show body organs in motion.

Also, because it will provide a truly three-dimensional view, mathematical slicing of the organ in any direction for detailed studies of its internal structure will be possible.

The design for the machine calls for 28 X-ray tubes positioned around 180 degrees in a circular structure which will rotate around the patient.

The X-ray tubes can be turned on and off in very rapid sequence so that 28 angles of view can be obtained in 1/100 of a second as often as 60 times per second.

These X-ray views then will be converted into an electronic form and stored on a video disc similar to those used for sports instant replays on television.

Computers Convert Images

Using computers funded by DRR the Mayo Clinic investigators are able to convert the 28 multiplanar conventional X-ray views stored on the video disc to numerical form.

The computer reconstructs this information into sets of up to 250 cross-sectional images encompassing the entire extent of, for example, the heart so that complete pictures of its surfaces and internal structures can be obtained as often as 60 times per second as it is beating within the chest.

What happens,” Dr. Wood explains, “is that the computer allows us to take 28 standard X-rays and convert them to new types of images which allow us to look at any view of the inside of the body which could be helpful in determining the nature, location, and extent of a given disease problem.”

In effect, the body can be thinly sliced mathematically in any direction so that its internal structure can be studied in detail.

The conversion from standard X-rays to multiple slices is carried out when the standard views are put into numerical form by the computer and then reconstructed from these numerical values by the computer into the particular sectional views which the physician wishes to examine.

When the diagnostician wants to look at any single or multiple sections of the body X-rayed by the DSR, the stored digital numbers will be converted into the desired sectional video images.

These computer-generated pictures will be displayed on a television screen in the same views as the physician would use if the tissue in question had actually been removed from the body and sliced open so as to study its internal structure.

The process will be more convenient for individual patients than those employed by current scanners because machines now in use take several minutes to obtain a few cross-sectional views of a part of the body while the DSR will obtain views of many sections in less than a second.

Also, the short scanning time will allow study of greater numbers of individuals and, hence, help to reduce the cost per patient.

The DSR is not expected to be in conventional use until the early 1980’s, following additional testing at Mayo Clinic once the machine is built. The construction of the original unit is expected to take approximately 18 months.

Dr. Wood and his colleagues.

In early September, engineers in Wayland, Mass., began constructing a new, revolutionary diagnostic X-ray machine that will allow doctors to view the heart, lungs, and circulation in three-dimensional motion. The machine was developed during a 5-year period by a multi-disciplinary team of researchers at Mayo Clinic, Rochester, Minn., and contracted to Wayland’s Raytheon Corporation for construction.

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Dr. Wood, internist and epidemiologist, who received his M.D. degree from the University of Georgia School of Medicine in 1949, interned at the U.S. PHS Hospital at Staten Island, N.Y. In the summer of 1950, he undertook postgraduate work in cardiology and preventive medicine at Harvard University and Peter Bent Brigham Hospital in Boston—and also began his long association with the newly begun Heart Study in nearby Framingham, Mass. In 1955, he returned to the PHS on Staten Island for a 3-year residency in internal medicine. He then returned to Massachusetts, earning a master’s degree from the Harvard School of Public Health in 1959. He became Director of the Framingham Study in 1966.

Dr. Wood also holds faculty appointments at Harvard Medical College and Boston University and is a consultant in medicine at the Framingham Union and Cushing Hospitals.

Dr. Kannel has received much recognition for his long interest and effort in preventive cardiology including the Dana Award in Preventive Medicine in 1972; the Dutch Einthoven Award, the Thomas Francis Jr., Memorial Award, both in 1973; the PHS’s Meritorious Service Medal in 1975; and the Canadian Gairdner Award in 1976.

2 Lectures on Cancer End CC Medicine for Layman Series

The last two lectures in the weekly series, Medicine for the Layman—scheduled on Tuesday evenings at 8 in the Masur Auditorium—are concerned with cancer.

On Dec. 6, Dr. E. Brad Thompson will discuss Cancer: What Is It?

On Dec. 13, Dr. Vincent DeVita, Jr., will speak on Cancer Treatment.

NHI employees, their families, and friends, and all interested persons have been invited to attend these lectures which are sponsored by the Clinical Center.
NICHD-Sponsored Workshop Discusses Sudden Infant Death Syndrome Causes

Tantalizing clues are becoming more numerous, but a single, big breakthrough to explain Sudden Infant Death Syndrome (SIDS) continues to elude scientists. In fact, there is increasing evidence that the syndrome is not caused by a single mechanism acting at one moment in time as previously believed.

More than 100 grantees and contractors working on the problem of SIDS, also known as crib death, gathered at a recent 3 1/2 day research reporting workshop for National Institute of Child Health and Human Development.

Conferees—including some from as far away as Australia, England, Italy, and Canada—reviewed and discussed SIDS related information, theories, and data that have emerged since a similar workshop was held in June 1975.

Pediatricians, pathologists, obstetricians, anatomists, microbiologists, psychologists, biochemists, and parents of SIDS victims were among those in attendance.

Dr. Eileen Hasselmeyer, chief of the NICHD Pregnancy and Infancy Branch and co-chairperson of the DHEW Interagency Panel on SIDS, says that there is now a critical mass of people working on the problem that SIDS babies are not the healthy infants before death that they were once believed to be.

Subtle Defects Now Sought

It is now thought, she says, that these babies have subtle anatomic and physiologic defects of a neurologic, cardio-respiratory, and/or metabolic nature.

Instead of one causative factor, Dr. Hasselmeyer explains, a number of developmental, environmental, and pathological factors are probably involved.

Under a complex set of circumstances, these factors interact and rapidly set up a sequence of events that produces a sudden, unexpected, and unexplained infant death.

The conferees agreed that several potentially useful indicators of babies at high risk for SIDS may have been identified, but that additional research is needed to define and refine these indicators.

This theme was reiterated by Senator Edward Brooke, ranking Republican member of the Labor, Health, Education, and Welfare Subcommittee of the Senate Appropriations Committee, in a letter to conference participants.

Dr. Julius Richmond, DHEW Assistant Secretary for Health, addressed the conferees emphasizing that the need to nurture basic investigations must be communicated to legislators and the public.

Among specific topics discussed at the workshop were: sleep apnea and SIDS; “near miss” events as forerunners of SIDS; SIDS prevention; the possible prenatal origins of SIDS; and the psychological consequences of a SIDS death on surviving family members.

The workshop, sponsored by the NICHD Pregnancy and Infancy Branch, was also a forum to familiarize SIDS researchers with the total DHEW effort related to SIDS, including the SIDS Counseling and Information Centers funded under PL 90-270, the SIDS Act of 1974, and coordinated by the Office of Maternal and Child Health, Bureau of Community Health Services.

NICHD is the lead agency in the Federal SIDS research and prevention program. In fiscal year 1977, NICHD obligated an estimated $9.7 million to support more than 110 research projects related to SIDS.

Recently, the Institute announced a $2.8 million, 5-year major research program grant to the University of Maryland School of Medicine in Baltimore to investigate causes of SIDS, to develop methods to detect babies at high risk for SIDS, and to devise various approaches for prevention.

This, the largest single SIDS research project supported by NICHD, will be headed by Dr. Alfred Stein Schneider, professor of pediatrics at the University.

3 Articles Describing Peer Review Process Available From DRR

A three-part series of articles describing in detail the processing of peer review research grant applications at NIH has been written by Dr. Catherine Henley, Division of Research Resources.

The series was published in the July, August, and September 1977 issues of Federation Proceedings.

Adapted from a document prepared for the Grants Peer Review Study Team, NII, the series is broken down into sections: The Assignment and Referral Process; Review by an Initial Review Group; and Review by an Advisory Board/Council.

All three articles have been reprinted with permission of Federation Proceedings and are available in single copy entitled Peer Review of Research Grant Applications at the National Institutes of Health from the Office of Science and Health Reports, DRR, NIH, Bethesda, Md. 20014.

Dec. Conference Planned On Genetic Diseases Act

A Conference on the National Genetic Diseases Act will be held Dec. 7 and 8 in Wilson Hall, Bldg. 1, from 9 a.m. to 5 p.m.

Dr. Ruth L. Kirschstein, Director of the National Institute of General Medical Sciences, is chairperson of the Public Health Service's Genetics Coordinating Committee, which is sponsoring the meeting.

Enacted on April 22, 1976, the National Genetic Diseases Act amended Title XI of the Public Health Service Act to delete specific authorities for the Sickle Cell Anemia and Cooley's Anemia Programs and authorized a national program of testing, counseling, information, and education programs for all genetic diseases.

However, no funds were appropriated for FY 1976 or 1977. In response to efforts by professional and volunteer agencies concerned with genetics, the current Labor-HEW Appropriations Bill includes a $4 million appropriation for the Act.

The health subcommittees of the Senate and House have asked HEW/PHS to provide additional information regarding the needs of a genetic services program.

The PHS Genetics Coordinating Committee, therefore, sponsoring this 2-day meeting in December, inviting public participation to document need, recommend future policy directions, and coordinate genetic research and services.

Six Panels Address Issues

A series of six panels will address specific issues and provisions of the National Genetic Diseases Act.

Topics will include: screening programs, genetic counseling, professional and public education, ethical-legal concerns, research and research training, a summary of policy planning, and transmitting research findings to benefit the public.

Individuals or organization representatives will be limited to a 5-minute oral presentation for one panel only to allow as many persons as possible to participate.

Written testimony submitted in advance to Dr. Nancy S. Wexler, NIH, Bldg. 31, Room 8A11, may be as extensive as desired and may be submitted for more than one panel.

Due to time limitations and to ensure a broad range of viewpoints, persons wishing to give oral testimony will be recognized in order that their requests are received.

The meeting will be open to the public, subject to space limitations.

For further details concerning the meeting, call 496-5256, or Dr. Wexler, 496-9275.
Huntington’s Disease Comm. Suggests Increased Emphasis on Research, Care

On Oct. 17, at a hearing chaired by Senator Birch Bayh, the Commission for the Control of Huntington’s Disease and Its Consequences presented its findings and recommendations to the Senate Subcommittee on Labor-HEW Appropriations.

The Commission recommended increased overall funding for NINCS and NIGMS as well as expanded funding for other relevant research in agencies such as NIA, NIMH, and the VA, concerning basic research in genetics and on the nervous system as well as research, care, and treatment programs for patients with Huntington’s disease and related disorders.

Huntington’s disease is a hereditary brain disorder in which nerve cells involved in the functions of thinking, memory, and feeling, and in the control of movement are progressively destroyed. The most celebrated recent sufferer of Huntington’s disease was Dr. G. Donald Whedon, Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, who presented its findings and recommendations to the Senate Subcommittee on Labor-HEW Appropriations.

The Commission recommended that the Lecture Series on Provocative Diseases, Metabolism, and Digestive Diseases, will present the next in the Lecture Series on Provocative Issues in the Health Sciences, on Dec. 13, Science Writers Seminar Features Talks On Allergy Research

A Science Writers Seminar on Allergy Research: Experimental and Clinical will be held on Tuesday, Dec. 13, 2-4:30 p.m., Bidg. 1, Room 114.

Featured speakers will be Drs. Michael A. Kaliner, Allen P. Kaplan, and Henry Metzger. Dr. Kaliner of the Laboratory of Clinical Investigation, National Institute of Allergy and Infectious Diseases, will discuss The Immuneologic and Biochemical Basis for Experimental Asthma.

Dr. Kaplan, also in the NIAID Laboratory of Clinical Investigative Services, will talk on Mediators of Urticaria (Hives) and Angioedema (Swelling).

Discusses Histamine Release

The Mechanism of Allergic Histamine Release will be the topic discussed by Dr. Metzger of the Arthritis and Rheumatism Branch, National Institute of Arthritis, Metabolism, and Digestive Diseases.

Please note change in previously announced time and place.