CC Celebrates Its 25th Anniversary
July 6 With Special Program, Exhibits

On July 6, the Clinical Center will celebrate a birthday—a Silver Anniversary—25 years of patient care. The Center's celebration this year comes during the celebration by the Department of Health, Education, and Welfare of its 25th Anniversary.

The 540-bed hospital and its 1,200 employees will celebrate the occasion with an afternoon program in the Masur Auditorium, along with a reception and exhibits about CC activities. (See pages 5-8 for information on CC history and research.)

The afternoon program will highlight the Center's 25 years of service and medical research with an opening salutation by Clinical Center Director Dr. Mortimer B. Lipsett.

Nutrition Department chief, Edith Jones, a 25-year employee of the CC, will reflect on the events from the Center's opening in 1953 to the present.

Clinical Center deputy director Dr. Griff T. Ross will present awards and certificates to 60 employees who have served 25 years as part of the CC staff.

A reception for the honored employees and their guests will be held in the Medical Board Room following the program.

In the lobby, near the main elevators, exhibits will include photos illustrating 25 years of progress and change at the CC.

NIAID Grantees Report Vidarabine Used To Treat Chronic Hepatitis B Patients

Left, the three morphologic components associated with hepatitis B surface antigen, 1) 42 nm Dane particle, 2) 20 nm particle, and 3) tubular component, 20 nm in diameter (20\% phosphotungstic acid stain, x 132,000). Right, the Dane particles and filamentous form of hepatitis B antigen are shown in this NIH photomicrograph (x150,000).

Stanford scientists—supported by the Antiviral Substances Program of the National Institute of Allergy and Infectious Diseases—have reported the first successful use of a synthetic antiviral drug to treat patients with chronic hepatitis B infection.

Vidarabine—the drug used—significantly reduced the markers of infection in two patients treated with the antiviral substance.

Hepatitis B causes inflammation of the liver and leads to chronic infection in approximately 10 percent of its victims.

It has been estimated that 175 million persons in the world today have chronic hepatitis B and are therefore potential transmitters of the infection. Currently, no treatment exists for this disease. (See VIDARABINE, Page 11)

World Health Assembly Meets in Geneva; Goals Emphasize Primary Care for All

The World Health Assembly met recently in Geneva, Switzerland. NHI Deputy Director Dr. Thomas E. Malone and National Eye Institute Director Dr. Carl Kupfer were among the U.S. representatives.

The U.S. Delegation was headed by HEW Secretary Joseph A. Califano, Jr., until May 10, by HEW Assistant Secretary for Health Dr. Julius B. Richmond from May 11 through May 12, and by Dr. J. H. Bryant, Director-Designate of the Office of International Health, through May 24.

Alternate delegates included Dr. Lee Howard of AID, Robert Andrew of the State Department, and Ambassador William J. vanden Heuvel of the U.S. Mission in Geneva.

Advisors were: Professor Abel Wolman (Johns Hopkins University), Drs. Thomas Malone and Carl Kupfer (NHI), Dr. Don Hopkins (CDC), Dr. John Jennings (FDA), Dr. Robert DeCaires (OII), Dr. Barbara Underwood (MIT), and Dr. Robert Fortuin, International Health Attaché (U.S. Mission, Geneva).

Comments provided by B/I/1s of NIH on various agenda items were used in statements Dr. Malone presented on several specific topics connected with biomedical research.

The WHO Director-General, Dr. Halfdan Mahler, was elected for a second 5-year term by unanimous vote. Kamaluddin Mohammed, Minister of Health of Trinidad and Tobago, was elected President of the 31st World Health Assembly. Delegates from the Congo, Switzerland, Saudi Arabia, Thailand, and Japan were elected Vice Presidents.

The U.S. was given representation on the General Committee of the Assembly and also on the Nomination Committee. Dr. Bryant served on the General Committee, which provided overall direction to the proceedings of the Assembly.

Dr. Bryant is also a member of the Executive Board which, among other functions, gives effect to the decisions and policies of the Health Assembly.

Early in the proceedings Dr. HEW Secretary Califano Addresses WHA, Cites U.S. Commitment to International Health

Addressing the 31st World Health Assembly in Geneva, Switzerland, on May 9, HEW Secretary Joseph A. Califano, Jr., chief delegate of the U.S., said, in part:

"It is my honor to speak today as the first Cabinet officer ever to head the United States delegation to the World Health Assembly. I come as President Carter's personal emissary, to underscore the commitment of the government and people of the United States to the World Health Organization."

President Carter holds to a simple belief that is also a central tenet of the World Health Organization: that a decent standard of health is a fundamental human right, for the world's poor no less than for the rich.

In a world noisy with the clamor of political dispute, the World Health Organization quietly pursues work that transcends politics... While governments and peoples talk of peace and dream of peace—this organization is steadily building peace.

Consider the achievements of the past 30 years:

- Despite its own limited resources, the World Health Organization has magnified the usefulness of the world's resources by bringing nations together to identify common problems and take concerted action, thereby rising above narrow political and national interests.
- The World Health Organization, recognizing the widespread lack of access to health care among poor people, has successfully led the community of nations to accept primary health care as a major international priority;

(Continued on Page 12)
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Heather Banks

NIH Phone Directory Still a 'Bestseller,' Takes 'Number One' on Non-Fiction List

Would you like to order a conditioned cat? Locate a hair stylist? Find someone to adjust the room temperature? Or talk to one of two James Carters? No problem.

To find the needed information and other facts, look in the National Institutes of Health Telephone and Service Directory.

The directory, which is issued twice a year, is possibly the most widely read publication on the NIH campus. It seems most everyone wants a copy or two of the directory when distribution time rolls around. The Telecommunications Branch has ordered 15,000 copies printed, one copy per employee.

More than just telephone numbers, the NIH directory offers a variety of information, such as: the translation of abbreviations, government agency names, pneumatic tube station locations, emergency instructions, shuttle bus schedules, a classified index, personnel alphabetical listing, and a unique section entitled "The Yellow Pages." The directory is the source of some interesting pieces of trivia. For example, the most common name on the NIH campus is (not surprisingly) Smith, which had 157 entries. The second runner-up with 96 is Brown. Williams and Davis tied for third place with 50 names each.

Names such as Sunshine, Sweet, Wine, and Zissis are sure to catch a few eyes. Another interesting name, "Love" belongs to six people working at NIH. One of them, Mary L. is "Loving" and alas, poor Fredrick J. is "Loveloss." If you happen to notice the name "Jane Showacre" you might wonder if she has any connections in real estate. "June Moon" jives up star gazing on clear summer evenings. "Frank Tripplett" causes the imagination to picture him as a triplet with two identical siblings.

Flipping the pages, and spotting such luminaries as James Carter, John Carson, and Joe Frazier makes you sit up and take notice. Some inter esting pieces of trivia. One of them, "Love" belongs to six people working at NIH. One of them, Mary L. is "Loving" and alas, poor Fredrick J. is "Loveloss." If you happen to notice the name "Jane Showacre" you might wonder if she has any connections in real estate. "June Moon" jives up star gazing on clear summer evenings. "Frank Tripplett" causes the imagination to picture him as a triplet with two identical siblings.

The Occupational Medical Service will show two films, "You and Office Safety," and "The Split Second." This 25-minute program points out the ways accidents occur every day in offices and the need for observing safety codes and practices. The films will be shown at 11:30 a.m. and 12:15 p.m. on Monday, July 10, in Bldg. 1, Wilson Hall, Tuesday, July 11, in Bldg. 10, Masur Auditorium, Wednesday, July 12, in Westwood Bldg., Conference Room D, Thursday, July 13, in Federal Bldg., Room B-119

Employee Assistance Program Changes Location, Phones
The Employee Assistance Program is now situated in its permanent quarters—Bldg. 31, Room 4.

The new telephone numbers are 496-3164 and 3165. (Number 496-2738 is no longer in operation.)

Join R&W Shenandoah Canoe Trip in August

Shenandoah River Outfitters and R&W are providing an opportunity to discover the beauty and serenity of the Shenandoah River by canoe. The South fork of the Shenandoah, flowing between the Blue Ridge and Massanutten Mountains, is a showcase of nature's wonders with lush green landscape, an abundance of wildlife, and intricate rock formations.

The rapids are navigable for the novice but interesting enough for the advanced canoeist with class III rapids at Compton.

Carpools will leave Bldg. 31C at 6 p.m. on Friday, Aug. 11, and set up camp in the George Washington National Forest. Tent rental is available at a nominal fee.

The cutting starts in the morning on the river. The pace, miles, and times are individually decided. Equipment, maps, and transportation are provided. A riverside lunch—prepared and served by Outfitters staff—will quell mid-day hunger.

The finale is a complete steak dinner—all you can eat—cooked over open fires and complemented by the panoramic scene of the Blue Ridge Mountains. Then back to the tents for a much needed sleep.

On Sunday morning, leaving the area, an optional tour of the Laurel Caverns is available at cost. Sign up now at the R&W Activities Desk for a weekend of fun at $17.50 per person.

TRAINING TIPS

The Executive and Management Development Branch is sponsoring the following Supervisory Courses at NIH in the next 2 months:

- Time Management for Supervisors—July 11 and 12
- Concepts of Classification and F.E.S.—July 18 and 19
- Management of Conflict and Agreement—July 26-28
- Communication Issues—Aug. 7-9

For more information call Saccia Damuth, 496-6371.

2 Familiar Faces Frequent Platelethpheresis Center

Capt. Carter (1) usually donates platelets in the morning after working his 24-hour shift, but Brother Jerry's schedule is a bit more flexible. Since he is a potter he can donate around his work schedule.

Ken Carter and Jerry Hovanec are familiar faces around the NIH Platelethpheresis Center.

Capt. Carter has donated over 200 times, and Brother Jerry, over 100 times. A friar in the Francisian order, he saw a platelet poster in the Municipal Building in Rockville, and called for an appointment.

Donates Once a Week

That was in the spring of 1975, and he has been coming every week since.

A captain with the NIH Fire Department, Capt. Carter started donating in 1972, and he also continues to donate once a week.

His blood type is common so his platelets are used for many patients with acute leukemia or aplastic anemia. Brother Jerry's platelets help an 11-year-old Oklahoma child with leukemia.

Two Safety Films Offered By OMS Beginning July 10

The Occupational Medical Service will show two films, "You and Office Safety," and "The Split Second." This 25-minute program points out the ways accidents occur every day in offices and the need for observing safety codes and practices. The films will be shown at 11:30 a.m. and 12:15 p.m. on Monday, July 10, in Bldg. 1, Wilson Hall, Tuesday, July 11, in Bldg. 10, Masur Auditorium, Wednesday, July 12, in Westwood Bldg., Conference Room D, Thursday, July 13, in Federal Bldg., Room B-119
Carter, Califano Commend Seven Employees For Their Money-Saving Suggestions

For their significant contributions to the improvement of Government operations, seven NIH employees recently received personal congratulations from President Carter and HEW Secretary Joseph A. Califano, Jr., in the form of a signed letter of commendation.

These seven suggestors who saved the Government over $79,000 and received cash awards totaling more than $3,000 are:
- Kenneth E. Berrill, utility system repair operator leader, Division of Engineering Services, was honored for suggesting the installation of return air dampers in the air handling systems of Bldgs. 29A, and received cash awards totaling $10,000.
- James J. Day and Floyd L. Forrest, carpenters, DES, shared an award for suggesting the use of unistrut type hangers for V.M. Products removable metal partitions in lieu of VMP design which saved the Government $5,000.
- Mike Nagy, mechanical engineering technician, Division of Research Services, received an award for modifying freeze drying apparatus by installation of a tosasorb acid trap. Tangible savings amounted to $10,000.
- Royston Parish, supervisory mail clerk, National Library of Medicine, developed a new method for wrapping books for mailing. His suggestion saved the Government $11,000 in the first year.
- Mary P. Strailman, administrative assistant, Division of Financial Management, was honored for her suggestion concerning the contracting out of document reproduction, thereby cutting copying costs. Tangible savings to the Government amounted to $15,000.
- James W. Wright, boiler plant operator leader, DES, received an award for his suggestion to install a heat exchanger to conserve heat from exhaust steam. He saved $22,000.
- Under the Presidential Recognition Program each idea or other achievement beyond job requirements which saves the Government $5,000 or more, or represents a major contribution to the Nation's energy conservation effort, receives

Joffrey Ballet at Wolf Trap Aug. 2—R&W Discount Tickets

The Joffrey Ballet is returning to Wolf Trap for its eighth season, presenting many Joffrey favorites and a new repertoire selected from ballets by Frederick Ashton, Gerald Arpino, and John Cranko.

A limited supply of discounted tickets for a performance Wednesday, Aug. 2, at 8:30 p.m. will be available at the R&W Activities Desk, Bldg. 31, at a cost of $4.80 per person.

Dinner reservations will be made upon request for an additional $8.95 per person. Before purchasing a dinner, enjoy Wolf Trap's spacious grounds for picnicking before the program.

Note: OMS Moves Again!

Effective June 26, the Occupational Medical Services have been relocated from Bldg. 10 to the north side of the 3rd level of Bldg. 31, B Wing. The telephone number, 496-4411, remains the same.

Evening hours, from 8 p.m. to 12:30 a.m., will be conducted in the North Wing Clinic of the Clinical Center.

During Its Awareness Week NIEHS Considers Inequities in Hiring, Promotion of Women

A awareness by top management and all other employees of possible inequities in hiring and promoting women was the subject of workshops, lectures, and films during a special week, May 12-19, at the National Institute of Environmental Health Sciences.

Dr. Carol Schiller, coordinator of the Federal Women's Program at the Institute, at Triangle Park, N.C., campus, played a key role in planning Awareness Week.

Bias is Subconscious

"Workshops the first 3 days of the week were for upper-level management people," Dr. Schiller said. "I think the kind of bias we identified is really subconscious."

Success of Personnel's Telephone Tapes Leads To Series With Theme

Have you dialed 496-4608?

Since Jan. 16, an average of 272 employees a week called to hear the telephone tape series developed by the Division of Personnel Management.

The series began as a 3-month experimental program in which employees could obtain personnel or personnel-related information on such topics as preparing for a Desk Audit, the Special Placement Program, and the Privacy Act.

What began as an experiment for NIH has become a model for several other agencies. Due to its success, the tape series will continue with one modification.

Beginning Monday, July 3, topics will be presented around a theme over a period of several consecutive weeks. The first theme, Employment Information and Career Development Opportunities, will include methods for locating a vacancy, tips on preparing an effective SF 171, and information on career development programs.

The Personnel Communications Branch, DPFM, 496-4543, welcomes comments and suggestions.

Dr. 'Bill' Dec, Former Employee, Gets Record Straight A Avg.

After a vacation in Europe, "Bill" will leave for Massachusetts General Hospital, where he will begin his residency in internal medicine.

"Bill" will leave for Massachusetts General Hospital, where he will begin his residency in internal medicine.

The record straight A average.

"Bill" will leave for Massachusetts General Hospital, where he will begin his residency in internal medicine.

He was a graduate of Johns Hopkins University Medical School with a straight A average.
NIH DAY CARE CENTER CELEBRATION OF CHILD CARE WEEK, June 5-9, included films portraying preschool activities, a panel discussion on Child Care and the Working Parent, and concluded with an open house where visitors enjoyed a display of the children’s work. Panel members were, from left: Peggy Pizzo, special assistant to the National Director of the Administration for Children, Youth, and Family, HEW; Jackie Cook, executive director of the Day Care and Child Development Council, Council of America, Inc.; Ed Greene, director of the Intern Program for the Coalition of Children and Youth; and Marian Green, director of the NIH Preschool Program. Parents as well as children were fascinated by the antics of Jelly Bean, the clown.

WHAM MEETS
(Continued from Page 1)

Mahler's report, "World Health Is Indivisible," outlined the progress of WHO. He urged the Assembly to make the goal of health for all by the year 2000 the social target of WHO.

Dr. Mahler emphasized primary health care including: research to generate new knowledge and to use health technologies, production of the right numbers of health practitioners, and use of health equipment. He reiterated the five principles of President Carter's recent message on international health policy: 1) efforts will be focused on the world's poor; 2) developing countries will be helped to strengthen their own capabilities; 3) the U.S. will work in close cooperation with international agencies and in partnership with individual nations; 4) prevention of ill health and immunization of children will be emphasized; and, 5) our own national resources will be fully mobilized. Secretary Califano then described briefly five areas in which the U.S. is guided by the above principles, will re dedicate itself or make additional contributions:

1) control of infectious diseases, especially support to the Tropical Diseases Research Program, yaws control, and expanded immunization;
2) safe water and basic sanitation;
3) nutrition;
4) prevention of blindness;
5) primary health care.

Secretary Califano also met with the top WHO officials and other delegates and held a press conference for the Palais des Nations press corps. Extensive debate on the agenda items (reports by the Director General) took place in the two working committees. For most of these, the U.S. delegation made interventions and supported or endorsed resolutions calling for future plans of action by the WHO and by member states. The Assembly approved a total of 58 resolutions. Among the significant resolutions were those on:

- Drug policies and management, including a medical ethics action program in essential drugs;
- Appropriate technology for health development and coordination of biomedical and health service research;
- Special programs of research, development, and research training in human reproduction;
- WHO's Human Health and Environment Program;
- Malaria control strategy;
- The role of the health sector in public health and international food and nutrition assistance to the people of the occupied Arab territories in the Middle East.

The most recent figures on the 1978 U.S. Savings Bond Campaign at NIH reported thus far, from May 1 through May 31, indicate that the Fogarty International Center is leading with 16.1 percent participation.

The overall NIH participation is 2.7 percent, with 228 employees buying bonds for the first time and 112 increasing their bond allotment.

These figures do not show the number of NIH employees who are already buying bonds. If you have not signed up, it is not too late to do yourself a favor—the campaign has been extended through the end of June, and as little as $3.75 every 2 weeks soon accumulates to a substantial amount.

NIH SINGLES MEET TUESDAYS

The NIH Singles Club get-togethers are continuing throughout the summer on the first and third Tuesdays of each month, excepting legal holidays, at 5 p.m. in the Bldg. 20 Rec Room (enter at back of Bldg.).

Light refreshments, disco music, and free dance instruction are all available. For membership information, call Susan Skunks, 490-2016. Visitors are welcome.
NIH CLINICAL CENTER Celebrates Its 25th ANNIVERSARY

A Chronology of Important Dates in the History of the Clinical Center

<table>
<thead>
<tr>
<th>Date</th>
<th>Event</th>
</tr>
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<tbody>
<tr>
<td>July 1, 1944</td>
<td>Congress authorizes the building of the Clinical Center to provide high quality patient care and conduct biomedical research.</td>
</tr>
<tr>
<td>July 8, 1947</td>
<td>Congress approves funds for construction of the 516-bed hospital, where eventually nine Institutes will conduct clinical research.</td>
</tr>
<tr>
<td>November 1948</td>
<td>Construction begins on the 10-story all-brick building—the only one of its kind in the world.</td>
</tr>
<tr>
<td>June 22, 1951</td>
<td>The Clinical Center is dedicated by HEW Secretary Oveta Culp Hobby.</td>
</tr>
<tr>
<td>July 2, 1953</td>
<td>The first patient is admitted by Dr. Roy Hertz.</td>
</tr>
<tr>
<td>Sept. 5, 1963</td>
<td>Dr. Luther L. Terry, PHS Surgeon General, dedicates the new surgical wing housing cardiac and neurosurgery.</td>
</tr>
<tr>
<td>July 2, 1969</td>
<td>The auditorium is dedicated in honor of the first CC Director, Dr. Jack Masur.</td>
</tr>
<tr>
<td>Nov. 21, 1977</td>
<td>Ground broken for construction on the Radiation Oncology Bldg.</td>
</tr>
<tr>
<td>October 1978</td>
<td>A four-story garage is to be finished and 500 additional parking spaces will be provided for outpatients, visitors, and employees.</td>
</tr>
<tr>
<td>April 28, 1979</td>
<td>Scheduled completion of Radiation Oncology Bldg.</td>
</tr>
<tr>
<td>December 1981</td>
<td>Projected completion date for the ACRF.</td>
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Staff and Facilities Provide Up-to-Date Diagnosis, Treatment

The Clinical Center provides facilities and support services for nearly 1,000 physicians who conduct the NIH clinical research programs and for scientists who work in its 1,100 laboratories.

The Blood Bank service provides safety and quality control components for patient care. Approximately half of the blood transfused is obtained from volunteer donors at NIH, and the remainder is drawn from the Washington Regional Blood Program of the American Red Cross.

Provides Additional Programs

The Blood Bank also teaches blood banking and immunohematology and conducts research on hepatitis and on other blood-related problems.

The Clinical Pathology Department offers laboratory medicine support to physicians and their patients, providing diagnostic services in hematology, clinical chemistry, and microbiology. The staff is also available for consultation and assistance in interpreting lab results.

Improved Diagnosis

The Nuclear Medicine Department provides computerized axial tomography (CAT), whole body scanners, and diagnostic imaging through the use of radioactive pharmaceuticals. The department is involved in various studies on improving diagnosis through the use of radiopharmaceuticals.

One such study has resulted in a technique for detecting coronary artery disease by injecting a radioactive tracer which collects in heart muscle. A computer transfers the image to a TV screen, and heart function during rest and exercise can then be evaluated.

Nursing Aids Research

Nurses at the CC are regarded as members of the research team. They emphasize a warm, personal concern for the patient, as well as providing efficient professional care. CC Nursing Conferences are held, usually centering on a particular disease entity.

Many patients have benefited from the Rehabilitation Department's programs, including evaluation and treatment as well as physical therapy, occupational therapy, and speech therapy, among other types of assistance.

The Diagnostic Radiology Department, with a full complement of technologic equipment, including CAT and ultrasonic scanners, is also engaged in developing interventional radiographic techniques designed to treat certain disorders, such as inoperable tumors of the circulatory system.

The Nutrition Department has responsibility for the food service of the patients. The department must please the patients while providing the rigorous controls and services to meet the needs of research protocols with a nutrition component. As part of patient care, diet counseling services are provided for outpatient studies and patients being discharged.

These are just a few of the CC departments that contribute to clinical research at NIH. New services are implemented each year to enhance patient care.

Add Intensive Care

Currently, a new medical intensive care unit for the critically ill is being set up on 10-D. The five-bed critical care unit will be opened by January 1979.

An effort has been made to include a full range of consultation services, such as gynecology, ENT, orthopedics, pediatrics, and allergy. A consultant in nephrology has recently joined the staff, who is responsible for consultations on kidney problems and renal dialysis.

Teaching physicians interested in clinical research is an important function of the Clinical Center. Approximately 150 physicians come here each year to participate in the NIH Associate program.

CC Growth Recalled, From First Patient To 6,000 Annually

On July 6, 1953, the Clinical Center's first patient—a white-haired, 67-year-old Maryland farmer—was taken in a wheelchair to the main lobby and admitted to the 12-East nursing unit.

His attending physician, Dr. Roy Hertz, in the National Institutes, was then studying hormonal treatment for cancer of the prostate gland. The patient, No. 00-00-01-2, began therapy and for the next year and a half continued on the study protocol.

Five more patients were admitted the first day. All Institutes shared the 12-East ward at first and "there were more doctors than patients when the Clinical Center started out," according to Dr. Hertz. By the end of 1954, however, six Institutes had admitted 1,542 patients.

100,000 Patients Admitted

Since opening, almost 100,000 patients have been admitted to the CC—presently at a rate of more than 5,000 each year.

The Clinical Center was specially designed to bring patient care facilities close to research laboratories so that new findings of basic and clinical scientists can be more quickly translated into patient treatment. Patients are selected solely because their illnesses meet the requirements of the research being conducted by the Institutes.

In 1947, Congress authorized a hospital at NIH to provide the high-quality care necessary to conduct biomedical research.

Funds were appropriated for the 13-storied Clinical Center in 1947, and construction started in 1948.

President Truman laid the cornerstone in 1951. The hospital was opened in 1953 by the first HEW Secretary, Oveta Culp Hobby.

During the first year, six Institutes—NCI, NIH, NIAID, NIMH, and NINDS—admitted patients. By December of that year 161 beds were occupied. By 1957, all 516 beds were in use. Last year, nine Institutes had clinical research programs, and over 6,000 patients were admitted.

Surgical Wing Added in 1963

A new surgical wing was added in 1963. The four-story circular structure accommodates heart and neurosurgery facilities and the Blood Bank. An outstanding example of medical architecture and engineering, it has an uncluttered operating arena, free of electronic monitoring and recording equipment. The building accommodates the newest instruments without sacrificing the safety, effectiveness, and efficiency required.
Six Directors Have Served the CC

The Clinical Center's Directors have been: Dr. Jack Masur (1948-1951 and 1956-1959), Dr. John Trautman (1951-1954), Dr. Donald W. Patrick (1954-1956), Dr. Thomas C. Chalmers (1970-1973), Dr. Robert S. Gordon (1974-1975), and Dr. Mortimer B. Lipsett (1976 to present).

Internationally known in the field of hospital administration, planning, and construction, Dr. Jack Masur served as NIH Associate Director for Clinical Care and Director of the Clinical Center during its planning and construction from 1948 to 1951.

In 1951-56 Dr. Masur directed the medical care programs of the PHS by administering its hospitals and other facilities, including Freedman's Hospital in Washington, D.C. He returned to the CC in 1956 and was reappointed CC Director, and served in that capacity until his death in March 1969.

Before joining the PHS in 1943, Dr. Masur was executive director of Lebanon Hospital and assistant director of Montefiore Hospital in New York.

He graduated from New York University and Cornell Medical School and served his internship and residency at Bellevue and Montefiore respectively.

Became Director in 1951

Dr. John Trautman was Clinical Director from July 1, 1951, to June 24, 1954. Before coming to the CC, he was Director of the PHS Staten Island Facility's 985-bed hospital.

After leaving the CC, Dr. Trautman became medical officer in charge of the PHS hospital in Fort Worth, Tex. He retired from the PHS in 1964.

Dr. Donald W. Patrick served as Clinical Center Director from June 23, 1954, through Oct. 30, 1956. He was medical officer in charge of PHS hospitals in Evansville, Ind., Detroit, and Baltimore before coming to NIH.

A native of Denver, Dr. Patrick received his M.D. degree from the University of Colorado in 1930. He interned at St. Luke's Hospital and joined the PHS in 1933.

He came to NIH in 1938 and was assigned to the Leprosy Investigation Service at Macon, Ga. After leaving the CC, Dr. Patrick became the medical director of the PHS hospital in San Francisco until his retirement in 1966.

Dr. Thomas C. Chalmers came to NIH in 1965 to 1968 as NIH Associate Director for Clinical Care and CC Director.

Previously, he had been assistant chief to the Medical Director for Research and Education at the Veterans Administration Administration in Washington, D.C. From 1965 to 1958, Dr. Chalmers was chief of the Medical Service at Lennel Shattuck Hospital in Boston.

He attended Yale, received his M.D. degree at Pennsylvania College of Physicians and Surgeons, and interned at Presbyterian Hospital. He completed his residency program at New York University and Harvard Medical School.

In 1973, Dr. Chalmers became President of Mount Sinai Medical Center and Dean of Mount Sinai School of Medicine, a position he currently holds.

Dr. Robert S. Gordon, Jr., was named Director of the Clinical Center and NIH Associate Director for Clinical Care in 1974. He came to NIH in 1951 as a senior investigator in the Laboratory of Metabolism in the National Heart Institute.

He was also chief of the Clinical Research for the Pakistan-SEATO Cholera Research Lab in Dacca, East Pakistan (now Bangladesh). He was clinical director of the National Institute of Arthritis and Metabolic Diseases from 1964 until 1974.

Dr. Gordon earned his M.D. degree from Harvard Medical School and interned and completed his residency at Presbyterian Hospital, N.Y.

Dr. Gordon left the CC in 1975 to become a visiting professor in the department of social and preventive medicine at the University of Maryland, and the Johns Hopkins School of Hygiene and Public Health in Baltimore. He returned to NIH in 1976 and is currently special assistant to Dr. Frederickson.

Served in NCI, NICHD

Dr. Mortimer B. Lipsett is currently the Director of the Clinical Center and NIH Associate Director for Clinical Care.

Before his appointment in 1976, he was Director of Cancer Center, Inc. in Cleveland, a research training and patient care facility. He was a professor of medicine at Case Western Reserve.

Dr. Lipsett first came to NIH in 1957 when he joined the NCI Endocrinology Branch, became chief of the Branch from 1966 to 1970, and was then appointed associate scientific director of the National Institute of Child Health and Human Development, and chief of the NICHD Reproduction Research Branch.

He received his M.D. degree from the University of Southern California in 1961 and interned at Los Angeles County Hospital. His residency was completed at Sawtelle VA Hospital.
Recent Advances and Research

have made significant research contributions recently, but many studies were carried out in the past. Some recent highlights are described on this page.

Malaria Resistance And Duffy Antigens

Proceeding from the observations that a majority of black Africans and black Americans are resistant to *P. vivax* malaria, CC investigators working with NIAID scientists established that antigens present on the surface of red blood cells (Duffy system antigens) allow invasion by the malarial parasite; this antigen is absent from red cells of most blacks.

Attempts to isolate the Duffy factor biochemically are now underway and could lead to an immunologic or chemical means of blocking the invasion of some malarial parasites, thereby decreasing incidence of malaria.

The most severe cases show no factor VIII protein in their plasma. In a less severely affected group, factor VIII is present in reduced levels and the protein is abnormal. A third group of patients has factor VIII protein normal in amount, structure, and clot-promoting activity, but is markedly deficient in the ability to correct abnormal platelet function of the disease.

Rehabilitation Dept. Studies Rapid Therapy For Young Amputees

Osteogenic sarcoma is one of the most common and serious forms of bone cancer in this country. The tumor usually arises in the long bones of the leg, destroying the normal tissue and replacing it with cancer cells, which may spread to other parts of the body.

The disease most often strikes young persons, many only in their teens. Standard treatment is amputation of the affected limb, and sometimes adjunct chemotherapy.

Walking Often Delayed

After surgery, patients are fitted with an artificial limb (prosthesis), but not until the wound has been allowed to heal, which may delay ambulation for several months.

A program of maximal rehabilita-

Investigators Demonstrate Transmissible Agent Causes Non-A, Non-B Hepatitis

Blood Bank and NIAID investigators working with a team of scientists from FDA's Bureau of Epidemiology have demonstrated that a transmissible agent is responsible for a type of post-transfusion hepatitis that is neither type-A (infectious) or type-B (serum) hepatitis. Carriers of this "non-A, non-B" hepatitis can remain infectious over prolonged periods of time.

Only recently has this form of hepatitis been identified as a disease entity separate from the two well-known forms of viral hepatitis, the clinical and microscopic similarities of non-A, non-B hepatitis to both forms of viral hepatitis and the evidence of its infectivity point strongly to a viral cause.

Inoculate Chimpanzees

Chimpanzees inoculated with plasma or serum from patients with acute or chronic non-A, non-B hepatitis developed biochemical and biopsy evidence of the disease. The infectivity of chronic phase plasma indicated that there is a chronic asymptomatic carrier state for non-A, non-B hepatitis, just as there is for type B hepatitis.

Real-Time Hand-Held Ultrasonic Scanner

CC researchers, in collaboration with the Division of Research Services, have developed an inexpensive real-time ultrasonic scanner for visualizing the internal organs and major arteries and veins of the upper abdomen and pelvis. Unlike conventional static ultrasonic scanners, real-time scanners give a continuous "fluoroscopic" image.

Ultrasonic scanners operate on the same principle as the "sonar" system of bats. Bats send out a high-pitched sound, which generates a series of echoes when striking an object.

Similarly, the ultrasonic scanner's pulsed sound signals bounce echoes back from the various tissue boundaries in the body. The scanner receives and converts the echoes to electronic signals which are seen on a TV screen as a black and white cross-sectional image of the body.

The hand-held unit is easily positioned on the skin, below the rib cage, and allows continuous viewing as the scanner is moved freely over the patient's body.

The scanner is proving useful for detecting abdominal disease. The pancreas, liver, and kidneys can be scanned for tumors, major arteries and veins can be examined for abnormalities, and the gall bladder can be checked for the presence of stones. The research group is continuing studies on other applications of the scanner.
13-Story ACRF Expands Public Areas, Technical And Outpatient Capacity

Early last year, construction for the Ambulatory Care Research Facility began another period of growth for the CC. The 13-story ACRF will expand and strengthen the laboratory and patient care programs and provide space for the hospital's rapidly expanding outpatient program as developments in medical care have shifted research emphasis to chronic diseases and to outpatient studies.

The ability to identify many individuals with early stages of disease has added impetus to this new development.

Much research at NIH has been concerned with understanding the biologic mechanisms underlying diseases, which required prolonged periods of hospitalization under highly controlled conditions. Emphasis is now placed on early detection and testing of diagnostic and therapeutic strategies. As a result, there are more large clinical trials involving many patients.

Under these circumstances, hospitalization is episodic rather than prolonged. Thus, many patients with chronic diseases such as cancer, heart disease, and neurological disorders may lead nearly normal lives while being studied and receiving treatment.

300,000 Visits Annually

When completed in 1981, the new addition will accommodate an estimated 300,000 outpatient visits each year.

Architect's plans show a tower on a broad base, with 13 floors above ground and 8 floors for underground parking and utilities. The first floor will contain a lobby, an admission area, new quarters for diagnostic radiology and nuclear medicine, a teaching amphitheater, and cafeteria.

The second floor will house new operating rooms and clinical pathology laboratories. Expansion of medical and surgical intensive care units, modernization of other services, and renovation of nursing units will also take place.

MIS Computers Now Link Nursing Units, Labs; Give Instant Access to Records

Installation of the Clinical Center's computerized Medical Information System is now virtually complete. Used on all nursing units, in all departments, and many offices, linkage between MIS and the laboratory computer is accomplished, and, long-term research capability is established—a project that has taken the Office of Clinical and Management Systems 3 years to complete.

Few institutions are more complex than a large research hospital, particularly in the communications functions its staff must perform. Patient data, research protocols, physician orders, nursing care plans, treatment, diets, medications—all need to be handled quickly, efficiently, and accurately.

MIS has taken over all these tasks and many more.

Contract Signed in 1975

Three years ago, on June 27, the MIS contract was signed with Technicon Medical Information Systems, Inc.—the culmination of a planning process of several years' duration. Construction could begin.

Work started immediately to adapt the system to the unique features of each service and nursing unit. In the early morning hours of June 14, 1976, the first nursing unit—5-West—began operations.

By late 1976, all NICNT, NIMH, NICHD, and NHLBI nursing units were on the system, and the last—2E and 2 East—were completed within the last few weeks.

MIS collects patient information from admission through discharge. The system accepts orders from the physicians, communicates them to the nursing units and service departments, and prints certain portions of the medical record, such as X-ray reports, medications given, and nursing notes.

The system links staff physicians, nurses, and all departments in the CC. Video terminals and printers are located throughout the hospital on each of the nursing units and other areas directly concerned with patient care. These, in turn, are linked to a large general purpose computer in Fairfield, N.J.

The video terminal consists of a telecommunication display, a keyboard, and an electronic lightpen to make selections from thousands of displays.

If a physician orders aspirin from a MIS terminal, it is transmitted via high-speed telephone line to the Fairfield computer, the message is accepted, confirmation is received, a label is printed in the pharmacy, and a notice is printed on the nursing unit—all in seconds.

The retrieval capability of MIS is another advantage. A physician or nurse can retrieve current orders, nursing notes, vital signs, diagnostic X-ray reports, nuclear medicine reports, laboratory results, and blood bank information—and the list is growing.

MIS touches on all important areas of patient care activity, but access to patient information is limited to physicians, nurses, key professionals, and others with a "need to know." MIS has built-in safeguards to protect the confidentiality of patient information, such as the user sign-on code. Unauthorized persons are unable to use the computer.

The laboratory computer connection, a long-awaited phase of MIS implementation, has also been achieved, allowing retrieval of laboratory results from the chemistry and hematology labs.

Throughout a patient's stay, MIS transmits, records, and monitors every detail of treatment.

These medical records serve as a resource for research studies, but privacy of records is still carefully maintained. Patients' records are deleted from MIS about 5 days after discharge, but all information is copied onto computer tapes and sent to the Division of Computer Research and Technology to become part of a retrieval capability available to NIH investigators.

The next phase—the outpatient clinics—will begin in July.

New Five-Bed Intensive Care Unit To Open Soon

A five-bed intensive care unit will open its doors late next winter in the Clinical Center. The CC's newest department—the Critical Care Medicine Department—located on the nursing unit 10D—will be under the leadership of Dr. Byron McLees, formerly with the NHLBI Pulmonary Branch.

The unit was established to provide optimal care for critically ill patients who require intensive care. The staff will study critical care processes and technologies to ensure and improve intensive care of patients who are extremely ill or have just undergone surgery.

The patient's physician will continue to treat and monitor the progress of the patient while hospitalized in intensive care, but a special team of physicians will staff the unit.

Before coming to NIH, Dr. McLees was in charge of an intensive care unit at Duke University Medical Center and was also chief of the Pulmonary Branch at the Duke-Durham VA Hospital.

Patients are scheduled in the Outpatient Clinic for chemotherapy by clinical nurse experts.

Left, technician scans an MIS computer printout. Light pen selections (r) are made at the MIS terminal from any of thousands of video displays.
Endocrinology Research At NIEHS Is Reported To June 14-16 Meeting

Scientists at the National Institute of Environmental Health Sciences presented six research papers at the annual meeting of The Endocrine Society in Miami, Fla., June 14-16.

"Research in endocrinology is critical to our mission because many environmental factors act on the endocrine system," Dr. David P. Rall, Director of the Institute, said.

More than 800 scientists doing research in endocrinology—the study of the system of glands that secrete hormones into the bloodstream—attended the meeting.

One of the research projects showed multiple forms of hormone receptors in the liver of the rat. Drs. George W. Lucier and Wendy Powell Jones of the NIEHS Laboratory of Environmental Toxicology and Dr. S. N. Nayfeh of the University of North Carolina collaborated on the research.

Notes Effects on Liver

"We usually think of the reproductive system as being sensitive to the production of hormones," Dr. Lucier said. "But the liver is also a target organ for estrogen. Many chemicals are hormone-active, so this has importance from an environmental health viewpoint."

Another of the NIEHS research projects concerns itself with a pro-hormone, or precursor of a pituitary hormone, pro-ACTH, which is synthesized by many tumors, notably lung and other cell cancers.

"Attempts are being made now to obtain enough of this material for compositional and structural analysis," Dr. Richard P. DiAugusta, of the Laboratory of Pulmonary Function and Toxicology, said.

"Measurement of pro-ACTH peptides might be useful for the estimation of the release of lung tumors to treatment," he added.

Sixteen scientists co-authored one or more of the six papers, and authorship represented four Institute branches—the Laboratory of Environmental Mutagens, the Laboratory of Environmental Toxicology, the Laboratory of Pulmonary Function and Toxicology, and the Laboratory of Pharmacology.

Dr. Butler Gets APA Award

Dr. Robert N. Butler, Director of the National Institute on Aging, was the second recipient of the American Psychiatric Association’s Founders Award at the recent APA convention in Atlanta, Ga.

The award was established to honor an APA member who has made outstanding contributions as author, spokesperson, and advocate.

Collection of Microbial Cultures, Reagents Receives Support From Units at NIH

All ATCC stocks of human and animal cell cultures and many of the protozoa, algae, viruses, fungi, and bacteria are hermetically sealed in small ampoules and preserved for many years in a stable condition at cryogenic temperatures (-196°C) in large liquid nitrogen refrigerators as shown. Thousands of the known fungi, animal viruses, and bacterial strains are preserved in a freeze-dried state at ordinary refrigeration temperatures. The total number of ampoules stored in either the freeze-dried state is almost one million.

(The First of a Two-Part Series)

NIIH Stride Program Suggests Applicants Update Transcripts

Up to 20 new training positions are expected to be announced in the NIH Stride Program later this summer. These positions combine on-the-job training with academic study to prepare participants for professional positions at NIH.

NIH employees who anticipate applying for one or more of these positions should obtain up-to-date transcripts of completed college-level course work. Unofficial (student) copies will be acceptable for the application process.

If you do not have college credits, please obtain a copy of your high school transcript or graduation certificate. In the event you are unable to obtain a transcript, please submit a completed CSC Form 226, List of College Courses and Certificate of Scholastic Achievement.

Those are available in the Personnel Staffing Branch, Bldg. 91, Room B3-C15.

Employees without a transcript or Form 226 will be ineligible to compete for a position.

Other Requirements Listed

Other eligibility requirements for the Program include:

- Being employed in a career or career-conditional position at NIH for at least 1 year prior to the closing date of the announcement;
- Being in a nonprofessional position (one grade promotions);
- Working full-time or willing to accept a full-time position;
- Having a high school diploma or GED certification and less than a bachelor's degree, and
- Being in a GS-4 or -5 or GS-7 or -8 or GS-9 grade equivalent position.

Those persons at the GS-8 or -9 grade who are selected will be required to request a downgrade to the GS-7, grade, but their pay rate will be saved for a period not to exceed 2 years.

Please call the Career Development Branch, DPM, 496-6211, for additional information.

NIH Aids Program

A program of extensive retraining of the strains in both the Bacteriology and Virology Departments is funded largely by NSF grants.

New resources being developed by the American Cell Culture Department will be described in the next issue (July 12, 1978) of the NIH Record.
Alexander Davis Chosen 'Manager of the Year' By National Association

While at the Clinical Center, Mr. Davis has received many awards. In 1965 he was awarded a superior performance award from ESCD and in 1972 and 1975, EEO achievement awards. In 1976 he was selected with the Secretary of HEW Certificate of Appreciation Award, and in 1977 given a CC superior service award.

Once again the chief of the Clinical Center's Fabric Care Department has been honored for his outstanding work and leadership—Alexander Davis was chosen 1978 Manager of the Year by the National Association of Institutional Laundry Managers at their recent annual meeting in Denver, Colo.

Representing his local chapter, Mr. Davis was selected from among 50 other representatives for the award. He was the first to be chosen from this region, the first from NIH, and the first Black to be chosen in the 30-year history of the Association, which represents institutional laundry facilities such as military bases and hospitals throughout the country.

Mr. Davis came to NIH in 1958 as a housekeeping supervisor with the Environmental Sanitation Control Department. After holding several service posts, he assumed his present position in 1972.

Prior to his NIH service, Mr. Davis worked 12 years at the Walter Reed Army Medical Center as a ward attendant.

The Fabric Care Department staff consists of 36 full-time employees, 8 stay-in-school students, and 2 temporary employees.

Over the years Mr. Davis has seen a great change in laundry facilities here—in October 1977 the new Fabric Care Department was unveiled.

It revealed modern equipment, air conditioning, brightly painted work areas, spacious locker rooms, offices, and a sewing room.

The staff provides fabric services for patients and all NIH staff on and off the Bethesda campus. These services include laundering and dry cleaning; issuing and altering uniforms; washing and repairing linens; refurbishing furniture and window draperies; and fabricating new items for patient care and research.

R&W Association Holds Annual Meeting June 8, Notes Changes, Success

On June 8, the Recreation & Welfare Association held its 30th Annual Meeting in the Masur Auditorium.

The first speaker, R&W President Walter Chaikwin, presented highlights of R&W accomplishments in the past year, including the establishment of R&W as a formal and legal institution at NIH, the present budget, future money distribution for commission funds allowed by the Randolph-Sheppard Act, and the success and popularity of The NIH Cookbook, now in its third printing, with more than 1750 copies sold.

Doreen Vest gave the treasurer's report. Ginny Kelly, second vice president, commented on the by-laws committee, and the newly-revised by-laws were approved.

Agnes Richardson presented the slate of candidates for the upcoming election and requested further nominees.

Randy Schools,general manager, described upcoming R&W events and encouraged everyone to offer suggestions to the R&W, as it is a service organization for NIH employees and the community, and success depends upon NIH employee participation.

A certificate of appreciation was presented to Mr. Schools for his dedication and enthusiasm in his position as the general manager this year.

The Board then answered questions from the floor.

Mr. Chaikwin expressed his appreciation to the Board members, the Executive Council, and the R&W employees and the community, for their hard work and dedication this past year.

Prior to the closing of the meeting, a drawing was held and door prizes were distributed to several lucky R&W members.

R&W Sponsors Eastern Shore Weekend Bike Trip in July

Enjoy the countryside of the Eastern Shore (St. Michaels). Moderate cycling—no experience necessary—will be combined with the ambience of an overnight in a Country Inn complete with country dinner, breakfast, and "old time hospitality."

Shop for antiques, hike, swim, or fish. A small group of 20 with one trip leader, will leave NIH on Saturday morning, July 22, at 7:30 a.m. and return Sunday afternoon, July 23.

Total cost for this invigorating weekend is $35. Sign up now at the R&W Activities Desk as limited reservations are available. Happy cycling!

Medicine for the Layman Lecture Series Offered Again at Clinical Center

This fall the Clinical Center will offer NIH'ers and their families as well as the general public a second series of health seminars entitled "Medicine for the Layman."

The series was initiated last year by CC Director Dr. Mortimer B. Lipsett as one means to keep the public informed of NIH's programs.

Beginning Sept. 19, the series this year will cover such topics as arthritis, influenza, eye diseases, allergies, and depression. Many of these subjects were suggested by the audience last year.

The hour-long presentations will be illustrated by slides; publica tions will be distributed; and the audience will have an opportunity to ask the speakers specific questions about their topics.

The opening lecture on Sept. 19, at 7:30 p.m., will be on "Diabetes" by Dr. Charles McIntosh of the NHLBI Surgery Branch.

Other topics scheduled later in the series include: Allergies, Oct. 3; Depression, Oct. 17; Blood Transfusions: Benefits and Risks, Oct. 24; and Cancer and the Environment on Oct. 31.

Chamber Music Association Invites New Members To Join

The NIH R&W Chamber Music Association is updating its membership roster for 1978. New members are invited to join by completing an application form which can be obtained at the R&W Activities Desk, Bldg. 31, Room 1A-18.

For further information call Suzanne McNichol, 427-7821, or Dr. John B. Wolff, 496-7070.

Fish, Relax With R&W Aug. 5, Chesapeake Bay

Never been fishing? Rod 'n Reel Captains have the old salt experience and local knowledge to help. Join R&W Saturday, Aug. 5, for a day of fishing at Chesapeake Beach with the largest charter fleet on the Chesapeake Bay. Fish abound: striped bass, blue fish, sea trout, spot, perch, and croaker.

After a day on the high seas enjoying the sun, bay breezes, and salt air, relax and indulge yourself with a hearty seafood dinner at the Rod 'n Reel Restaurant—Bayside dining at its best, with a magnificent view. The menu includes: shrimp, deviled crab, fish, salad or cole slaw, and choice of potato.

Buses will leave NIH, Bldg. 31C, at 11:30 a.m. and will return at approximately 4:30 p.m. A limited number of persons can be accommodated, so make reservations now at the R&W Activities Desk, Bldg. 31. The cost is $27.

NCI Animal Caretaker Walter H. Lyles Dies

Walter H. Lyles, an employee of the National Cancer Institute for more than 24 years, died June 2 at George Washington University Hospital. He was 62 years old.

Mr. Lyles, a technician in the NCI Immunology Branch, was responsible for the care of thousands of animals, kept by 40 scientists and 15 technicians, and was instrumental in training others in animal care at NIH and NCI.

In 1972, Mr. Lyles had received a Special Achievement Award from the NCI Director Dr. Karl G. Baker. He recently received a citation "for outstanding performance in the administration of an NCI animal facility" from Immunology Branch chief and NCI associate director Dr. William Terry.

Joined NCI in 1954

Mr. Lyles started as an animal caretaker with the Division of Research Services in 1954 and moved to NCI's Environmental Cancer Section in 1967. In 1969 he joined the NCI Immunology Branch. He was promoted from animal caretaker to biological aide in 1970 and biological laboratory technician in 1976.

Mr. Lyles is survived by his widow, Catherine; a son, two daughters, and six grandchildren.

Brown U. Honors Dr. Pickett

Dr. Betty H. Pickett, associate director of the Extramural and Collaborative Research Program, National Institute on Aging, has received recognition by the Brown University Graduate School as a "select graduate alumnus."

Dr. Pickett was chosen for her "outstanding contributions to society through scholarship and professional activity."

The citation was presented June 5 at the Graduate Convocation of the University's 216th annual commencement.

Brevity in writing is the best insurance for its perusal.—Rudolf Virchow
Vidarabine

(Continued from Page 1)

ment is commercially available, and spontaneous recovery is rare.

Preliminary studies conducted by the Stanford group in 1976 sug-
gested that a naturally-produced antiviral substance-interferon—
may be beneficial in treating some cases of chronic hepatitis B infec-
tion.

Some Treated with Interferon

In some patients, interferon appeared to reduce or eliminate all
symptoms of infection, including the Dane particle, which is thought to
represent the complete hepatitis B virus.

However, in several of the treated patients, viral markers re-
turned to their previous levels when treatment was discontinued, and in
others, there was no response to interferon at all.

One of the most promising synthetic antiviral substances is vidar-
abine, also known as adenine arabinoside or ara-A. In tissue cul-
ture vidarabine inhibits replication of some DNA viruses, and, in clin-
ical studies, has been shown to reduce deaths from herpes encephali-
tis significantly. It is also licensed as a topical treatment for herpes
infections.

Vidarabine Injected Daily

The drug was administered daily for up to 2 weeks, during which
time blood samples were taken and the markers of chronic hepatitis B
infection were measured. Each pa-
tient received two courses of treatment separated by several weeks.

Treatment with vidarabine led to a significant decrease in the levels
of Dane particle in both patients shortly after therapy was begun.

In one patient, the Dane particle remained undetectable 12 months
after therapy had been discontinued. In this same patient, other
viral markers including the hepatitis B surface antigen (Australia
antigen) were reduced and core antigen eliminated.

Responses Differ

In the other patient, levels of Dane particle decreased rapidly
during treatment, but rose when the drug was discontinued. The rea-
son for the difference in response
between the two patients is un-
known.

From these findings, the investiga-
tors conclude that vidarabine ap-
pars to inhibit the replication of the Dane particle.

They recommend that further
studies be conducted to determine
whether these effects will be regu-
lar and permanent and to deter-
nine whether vidarabine affects liver
disease.

Vidarabine's immediate, short-
term reduction of the Dane parti-
cle, as observed in this study, sug-
gests that it may consistently produce smaller effects in other
hepatitis B-infected patients, say
the researchers.

However, since the drug also pro-
duced substantial weight loss and
other gastrointestinal side effects
that lasted 10 to 12 weeks after stop-
ing the drug, they caution that its use in patients with more
severe chronic or acute infection
should be avoided until further
studies are completed.

Dr. Richard B. Pollard, Joseph
L. Smith, E. Andrew Neal, Peter
B. Gregory, Thomas C. Merigan,
and William S. Robinson from the
Stanford University School of
Medicine, Stanford, Calif., reported
their research in the April 21, 1978,
issue of the Journal of the Ameri-
can Medical Association.

NIH Visiting Scientists
Program Participants

6/1-Dr. William D. Richardson,
United Kingdom, Laboratory of
Molecular Genetics. Sponsor:
Dr. Hoiner Westphal, NICHD, Bg. 6
Rm. 208.

6/1-Dr. Yoshiaki Sone, Japan,
Allergy and Immunology Section.
Sponsor: Dr. John Munoz, NIAID,
Rocky Mountain Laboratory, Hamil-
ton, Mont.

6/4-Dr. Shimmon Mozen, Israel,
Neonatal and Pediatric Medicine
Branch. Sponsor: Dr. Norman
Kretchmer, NICHD, Bg. 31, Rm.
2A05.

6/5-Dr. Hiroshi Fujishara, Ja-
pan. Immunology Branch. Sponsor:
Dr. William Terry, NICI, Bg. 10
Rm. 4317.

6/5-Dr. Donatale Taramelli,
Italy. Laboratory of Immunologi-
tics. Sponsor: Dr. Howard Hal-
den, NICI, Bg. 8, Rm. 114.

6/11-Dr. William Donner
Derenck, United States, Labora-
y of Metabolism. Sponsor: Dr. Rich-
ard L. Veech, AA, Flow Labora-
tories, Rockville, Md.

6/14-Dr. Fumihide Inoue, Ja-
pan. Laboratory of Chemical
Physicis. Sponsor: Dr. Tadashi
Kon, XAMARE, Bg. 2, Rm. BI-14.

6/15-Dr. Esther Chui, Hong
Kong. Laboratory of Neurontropol-
y and Neuroanatomical Sciences.
Sponsor: Dr. Igor Klatzo, NICDCS,
Bldg. 95, Rm. 5D02.

Cadmium Toxicity Level
Of Increasing Concern
Say Internatl Conferences

Scientists are becoming con-
cerned with the increasing level of cadmium as an environmental
toxicant.

More than 160 investigators from
Sweden, Denmark, New Zealand,
Japan, Yugoslavia, England, Bel-
gium, Canada, and the United
States held an international con-
ference here on June 7-9 to con-
sider research findings on cadmi-
um and to identify areas where
additional research is needed.

Wide Use a Hazard

Dr. David P. Roll, Director of
the National Institute of Environ-
mental Health Sciences, expressed
the general concern with future
effects of cadmium on the popu-
lation. "It's just hard to believe how
widely cadmium is used and how
widely it becomes dispersed in the
environment."

The conference was initiated by
Dr. Bertrand P cocci, NIEHS Labo-
ratory of Environmental Toxicology,
with Dr. Lars Friedrich of the Kansai
Institute playing a principal role in
the conference.

Because virtually everyone has
and is being exposed to at
least trace levels of cadmium,
scientists want to assess the possible
levels where cadmium exposure be-
gins to be harmful.

Cadmium used in our daily lives—
in vapor lamps, nickel-cadmium
batteries, incandescent light fila-
ments, dental amalgams, ceramic
coatings, nickel plating, cocaine
capsules, and as a fungicide for
terf grass—is likely to increase our
exposure.

Joint sponsors were NIEHS; the
Department of Environmental Hy-
genetics, Environmental Health
Sciences, expressed
Dr. John L Peterson;
agement, Bethesda, Md.

Bldg. 18, Room 3W-13,

Dr. Rikhard B. Pollard, Joseph

Laboratory of Environmental

of Environmental Health

the Permanent

Asia, Laboratory of Environmental

of Environmental Toxicology,


that nomination

Contact Personnel Offices

in the study, an allergy

Sponsor: Dr. Fumihide Inoue,
Laboratory of Chemical Physics.
Sponsor: Dr. Tadashi Kon,
XAMARE, Bg. 2, Rm. BI-14.

Handicapped Employee Award
Nomination Deadline June 30

The Civil Service Commission has
reminded all Government agen-
cies that nomination for the 1978
Outstanding Handicapped Federal
Employees Awards Program should be
submited to the Commission no later
than June 30.

Contact Personnel Offices

Employees should contact their
R/10 personnel offices for further
information on this nomination.

The annual awards program is
scheduled to be held Oct. 5 during
National Employ the Handicapped
Week.

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However, since the drug also pro-
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that lasted 10 to 12 weeks after stop-
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Medicine, Stanford, Calif., reported
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can Medical Association.
Dr. Whedon Honored By Aerospace Ass’n For Skylab Research

The Aerospace Medical Association at its recent annual meeting in New Orleans presented the 1978 Arnold B. Tuttel Memorial Award to Dr. G. Donald Whedon, Director of the National Institute of Arthritis, Metabolism, and Digestive Diseases, “in recognition of his outstanding research achievements in aviation medicine.”

Dr. Whedon served as principal investigator of the Skylab Medical Experiment, a metabolic study of effects of space flights on various chemical elements, particularly those with special relevance to the musculoskeletal system which was performed on the nine astronauts who participated in the three Skylab flights of 28, 60, and 84 days, respectively.

Serves As Consultant

Since the early 1960’s, Dr. Whedon has acted as a consultant to NASA and currently is chairman of that agency’s Life Sciences Committee.

In 1974 he was awarded the NASA Gold Medal for Exceptional Scientific Achievement for his outstanding medical and scientific contributions while serving as a Skylab medical experiment principal investigator.

“His analysis of data concerning the effects of space flight on human musculoskeletal metabolism contributed significantly to the success of the Skylab missions.”

Dr. Whedon has been a member of the Aerospace Medical Association since 1969 and has participated in its scientific deliberations.

NIAID-Sponsored Symposium Considers Impact of Infections on Medical Care

Today, in what has been called the “post-infectious disease era,” the diagnosis and management of infections still pose major problems for the health care delivery system. This theme was the basis for a recent National Institute of Allergy and Infectious Diseases-sponsored symposium on The Impact of Infections on Medical Care in the U.S.: Problems and Priorities for Future Research.

Organized by members of NIAID’s Clinical Studies Branch and an ad hoc planning committee, the symposium brought together more than 100 infectious disease experts, representing industry, government, and academia.

During the 2-day meeting—held here on May 30-31—the participants expressed their views on the nature of the infectious disease problem as it relates to the needs of the practicing physician. In addition, they identified areas of research with potential for alleviating the impact of infections on the community and in hospital settings.

As many of the speakers noted, infections take a heavy toll on the health and welfare of the American people. According to current estimates, more than 3 million infections require hospitalization each year, and more than 2 million infections are acquired by hospitalized patients.

In total, the treatment of infectious diseases requiring hospital care costs the Nation approximately $3.6 billion annually.

Since the majority of infections are bacterial, much of the discussion focused on evaluating current methods of controlling these illnesses with particular emphasis on the use of antibiotics and the problem of antibiotic resistance.

In opening remarks, Dr. Robert Edelman, chief of the Clinical Studies Branch, noted that approximately 30-40 percent spent for all drugs used in this country is for antimicrobial drugs.

Several participants provided evidence indicating that much of this figure is caused by the overuse and misuse of antibiotics, particularly in the prevention of postsurgical infections and in the treatment of viral infections, for which they are ineffective.

One approach to improving antibiotic therapy—currently in effect in several hospitals around the country—is the establishment of guidelines for using antibiotics and auditing systems that evaluate compliance with these standards.

Looking to the future, physicians may eventually use vaccines and immune adjuvants as substitutes for antibiotics in the prevention of infections.

External factors that influence the American’s choice of antimicrobial therapy, such as drug company advertising and the inadequate services provided by many clinical microbiology laboratories were also considered as possible contributors to the inappropriate use of antibiotics.

As methods of diagnosis, prevention, and treatment were evaluated, many of the 36 speakers expressed concern for the scarcity of reliable information on the epidemiology of infectious diseases.

Acknowledging the importance of future research, they called for increased funding of training programs and research opportunities that would stimulate young investigators to seek careers in infectious disease research.

In addition, during a post-symposium meeting, members of the planning committee defined several areas for future investigations, including the need for epidemiologic studies on the incidence of infections and high quality clinical trials to improve antibiotic therapy, thus reducing the cost of treating infections.

NIAID is planning to take an active role in this area by supporting studies evaluating new uses of approved drugs in selected infectious diseases, such as cryptococcal meningitis—a rare but devastating fungal illness that does not always respond rapidly to currently used therapy.

According to the experts, the other two areas deserving further consideration include modifying the pressures placed on physicians that lead to the inappropriate use of antibiotics and determining how upgrading clinical microbiology laboratories would affect the health of the community.

The proceedings of this symposium are scheduled to appear as a supplement to the October 1978 issue of Annals of Internal Medicine.

SECRETARY CALIFANO ADDRESSES WHA

(Continued from Page 1)

The World Health Organization has brought us within sight of a breakthrough unprecedented in history: the total eradication of smallpox from the earth.

Yet these achievements are dwarfed by the unmet challenges that confront us:

There is a gap of 30 years between life expectancy in the more developed countries and those in the least developed countries.

Two-thirds of the people of the world’s poorer countries have no access to safe drinking water or waste disposal systems.

Seven hundred million people are malnourished—and thus prey to deficiency disorders and infectious diseases.

Each year across the world, 15.6 million children under age five die; 15.1 million of these deaths occur in the less-developed countries.

Rapid population growth retards social and economic progress in many nations, and burdens many families and communities.

Despite the urgency of these problems, the majority of people in many countries have virtually no access to basic health care. Other basic requirements for a healthy life are also unmet: adequate food, for example, and decent housing.

(Secretary Califano outlined programs in five major areas, as described in the accompanying article, which the U.S. public is free to participate.)

We will seek, therefore, to increase support for our universities and institutions, and for institutions in developing countries to strengthen their capabilities for research, training, and the effective delivery of health services.

We will seek to increase support for training, for both our own people and those from developing countries, who can work as research scientists, educators, and providers of health care.

We will seek to increase support for international activities of our own, governmental agencies whose competence should be more readily available to international health activities.

We are, as you know, a nation seeking to reassert our commitment to human rights—at home and in the world. Our participation in this organization gives us an opportunity to express that commitment not simply in words, but in deeds.


Mugs, an infant baboon recently born at NIH’s Oregon Regional Primate Research Center in Beaverton, gazes at its mother as a fetus, and its mother were to have indwelling vascular catheters during the prenatal stage. The process was accomplished by Drs. Miles Novy and Scott W. Walsh, who plan to extend their perinatal physiology research in the rhesus monkey to the baboon.