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Dr. D. Dwyer Receives Henry Baldwin Medal



Dr. Dwyer has published extensively on leishmaniasis and trypanosomiasis, and serves on the editorial board of the *Journal of Protozoology*.

Dr. Dennis M. Dwyer of the Laboratory of Parasitic Diseases, National Institute of Allergy and Infectious Diseases, was recently awarded the Henry Baldwin Medal from the American Society of Parasitologists.

The medal is presented annually to a member who, "by self-directed research has achieved a position of leadership in some phase of parasitological research prior to reaching the age of 40."

Dr. Dwyer applied his knowledge of immunological techniques "to the study of the antigenic relationships between *Dientamoeba* and trichomonads, and this work—which has aided in clarifying the systematics of these organisms—is now considered a classic." It was for this research that he was honored.

Current Research Described

Since then, Dr. Dwyer has been working at the molecular level in parasitology, directing his research to answering many basic questions relating to intracellular parasitism, cell surface membrane chemistry, and host immune responses.

He joined NIAID in 1976 after having served as assistant professor of parasitology at Rockefeller University. He is currently an adjunct associate professor at Rockefeller as well as at the University of Massachusetts-Amherst. □

NICHD Develops New Fertilization Procedure; Circumvents Tubal Blockages in Monkeys

By Susan Johnson

Scientists at the National Institute of Child Health and Human Development have devised a procedure for achieving pregnancy in monkeys who are infertile because their fallopian tubes are blocked. They expect this procedure to also work in humans, because of the similarity between the monkey and human reproductive systems.

In women and monkeys, pregnancy normally occurs when an egg released by the ovary enters the fallopian tube and is fertilized by a sperm. In females whose tubes are blocked, the egg and sperm cannot meet.

Blocked fallopian tubes, which usually results from tubal infection, endometriosis (growth of uterine lining outside the womb), or ectopic (tubal) pregnancy, are the most common causes of infertility in women. Surgery to repair the tubes is successful about half the time.

Currently, the only hope for pregnancy in women with irreparable tubal damage is *in vitro* (test tube) fertilization, in which an egg taken from the ovary is fertilized in a

(See *FERTILIZATION*, Page 10)



This 3-day-old cynomolgus monkey was the first infant born as a result of low tubal ovum transfer.

Nobel Prize Winners Announced

One former and two present NIH grantees will share the 1980 Nobel Prize for Physiology or Medicine for their work "on genetically determined structures on the cell surface that regulate immunological reactions."

Dr. Baruj Benacerraf of Harvard Medical School—who was chief of the Laboratory of Immunology, NIAID, from 1968 to 1970—and Dr. Jean Dausset of Paris, France, have been long-time NIAID grantees.

The third recipient, Dr. George Snell, was a long-time NCI grantee until his retirement in 1968 from the Jackson Laboratory in Bar Harbor, Maine.

Complete details will be given in the next issue of *The NIH Record*.

RAC Recommends Changes In Recombinant DNA Guidelines

Further delegation of responsibility for oversight of gene-splicing experiments to local Institutional Biosafety Committees was recommended by the NIH Recombinant DNA Advisory Committee (RAC) at its quarterly meeting on Sept. 25-26.

The committee also proposed the establishment of a subcommittee to provide advice on procedures and facilities used in large-scale recombinant DNA experiments or processes.

Under the current NIH Guidelines for Recombinant DNA Research, investigators must secure prior approval from their local IBC before initiating several classes of experiments involving recombinant DNA and these must be reported to and reviewed by NIH.

Some 20 percent of current research
(See *RAC RECOMMENDS*, Page 8)

Reaching people who need you: that's what the CFC is all about. (See Page 12.)

The NIH Record

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Nominations for NIH Director's Award Must Be in ERRB Office Today

Nominations for the 1980 NIH Directors Award must be in the Employee Relations and Recognition Branch, DPM, Bldg. 31, Rm. B3C-03, by today (Wednesday, Oct. 15).

All employees are eligible to receive the awards, and anyone may nominate another employee.

For more details, see the Sept. 30 issue of *The NIH Record* or call ERRB, 496-4975. □

Annual Leave: Use It or Lose It

Annual leave in excess of the maximum carryover balance is normally forfeited if not used by the end of the current leave year.

If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now, while there is still time to schedule it.

Your biweekly Earnings and Leave Statement tells you how much annual leave you must use to avoid losing it when the leave year ends on Saturday, Jan. 10, 1981.

In spite of planning, circumstances sometimes arise which prevent you from taking leave that has been scheduled and approved earlier during the leave year.

In such cases, you and your supervisor are jointly responsible for ensuring that any "use or lose" leave is rescheduled in writing no later than Saturday, Nov. 29. □

Employee Hockey Club Opens Season

The NIH Hockey Club will begin its season on Oct. 30. The club plays Thursdays, 10:30 p.m. to midnight, at the Wheaton Ice Rink and welcomes new members.

Previous hockey experience and or reasonable skating ability are required. For further information, call Pierre Henkart, 496-1554. □

Health Benefits 'Open Season' Starts Nov. 10

An "Open Season" under the Federal Employees Health Benefits Program will be held Nov. 10 through Dec. 5.

During this period, eligible employees may enroll in a plan. Those already enrolled may change their plan, option, type of enrollment, or any combination of these.

Before Nov. 10, a packet entitled "Federal Employees Health Benefits Program" will be distributed to all employees. Registration procedures will be included.

During the "Open Season," registration assistants will be available to help employees complete forms and answer questions. Names and locations of these assistants will be posted on official bulletin boards and lists will also be available in personnel offices. □

Volunteer Blood Donors Needed For Histocompatibility Testing At Bureau of Biologics

The Bureau of Biologics, Food and Drug Administration, is requesting volunteers for their Histocompatibility (HLA) Testing Laboratory at NIH, Bldg. 29, Rm. 232.

Results of histocompatibility testing are clinically useful if an individual needs a tissue transplant, a white cell transfusion, or is susceptible to developing spondylitic (arthritic) disease.

Persons from India or those of Chinese origin also are needed to evaluate the inheritance of HLA blood types.

Each individual will be requested to donate 40 to 60 ml (8 to 12 teaspoonfuls) of whole blood. The blood will be used for tissue typing and serum testing.

HLA typing results will be provided to each volunteer on request, free of charge.

To participate in either program, call Dr. Kamal K. Mittal or Dr. Dennis Wong, 496-4038. □

'Bell, Book, and Candle' To Be Staged

The NIH Theatre Group, *The Hamsters*, will present a three-act comedy, "Bell, Book and Candle," on: Friday, Oct. 31; Saturday, Nov. 1; Friday, Nov. 7; and Saturday, Nov. 8, in the Masur Auditorium. Curtain time is 8 p.m.

Tickets are \$4 for adults and \$2 for children aged 12 years and under. They are available at all R&W Gift Shops; at the R&W Activities Desk in Bldg. 31, Rm. 1A-18; from Arnold Sperling, chief, CC Patient Activities Department, Bldg. 10, 14th floor; or from Rosalyn Archer, chief, Shipping and Receiving, Bldg. 13, Rm. 13001. Phone reservations will not be accepted.

All profits will be donated to the CC Patient Welfare Fund. □

Did you know that a biweekly deduction gift of \$9.50 will provide 2 months of care for an infant awaiting adoption? Reaching people who need you: that's what the CFC is all about.

Thank-You Party Given For NIH Blood Donors



Ms. Nez, a former CC patient, joins blood donor Dennis Wise, ODA, at the CC Blood Bank thank-you party.

Blood donors were praised at a thank-you party given for them at the Clinical Center Blood Bank recently by CC Director Dr. Mortimer P. Lipsett and Blood Bank chief Dr. Paul Holland.

Donors were told that not only did their blood help in the immediate saving of patient lives, but also contributed to research.

For the last 17 years, the CC Blood Bank has supported studies in such areas as viral hepatitis. Dr. Harvey J. Alter and other CC researchers, using NIH donor blood and blood products, demonstrated that by testing for hepatitis B antigen in donors, they were able to learn how to reduce the frequency of hepatitis B after transfusion. Through this research a vaccine was developed.

Because of the blood donors, plasmapheresis has made it possible to separate and transfuse different types of blood cells. These components are used to treat immune system disturbances, clotting disorders, and anemias in patients.

Research conducted on protein disorders made it possible for an unexpected guest, Alice Nez, to come to the thank-you party. She came to the CC 18 years ago as a child with a rare inherited protein disorder. She was diagnosed as having a factor VII deficiency, a substance needed for blood clotting. The blood component she needed was discovered at the CC.

The R&W Association donated door prizes, and the grand prize, a trip to Atlantic City, was won by Virginia Zaratzian, a former NIH employee, who has been donating blood since 1941.

As a special thank you, the first 200 donors to arrive at the party received STOP—GIVE BLOOD T-shirts. □



High Altitude Tests During Expedition to Andes Aid Studies on Red Cell Adaptation

A 5-week expedition to the Peruvian Andes by NIH and other scientists this past summer to study people with chronic mountain sickness has led to preliminary observations that could reveal how oxygen in the body is transferred, and how the heart's control mechanism works at high altitudes.

The international expedition, composed of U.S. and Peruvian scientists and funded by the National Science Foundation, studied the role of red cell adaptations in oxygen delivery.

The scientists investigated volunteers from the native population of Cerro de Pasco, Peru, a mineral-rich mining community of 40,000 located on a plateau 15,000 feet above sea level.

This high altitude population has for generations lived in perpetual hypoxia (lack of oxygen). The condition forces some of them to seek relief and treatment for their illness at sea level.

Unlike previous expeditions attempting to study high altitude affects, this expedition had the advantage of having a variety of sophisticated biomedical instruments to measure exercise performance and to record information from surgically inserted arterial catheters.



Dr. Monge (r, foreground) explains the experiment to a volunteer while medical technologist Rosen (l) begins the replacement procedure and Dr. Klein supervises.

uration, which are responsible for physical or mental fatigue associated with the illness.

The expedition was assisted by Dr. Carlos Monge, professor of medicine, Cayetano Heredia University, Lima, one of the world's leading authorities on high altitude physiology and currently a FIC Scholar-in-Residence.

He has made significant contributions to understanding the high altitude disease named after his father—Monge's disease.

Principal investigator on the expedition was Dr. Robert M. Winslow, chief of the Red Cell Disease Laboratory, Center for Disease Control, Atlanta, who until last year was at the National Heart, Lung, and Blood Institute. He interpreted the expedition's test results and planned its experiments.

New Procedures Used

NIH was represented by Dr. Harvey Klein, assistant chief of the CC Blood Bank, and Sandra Rosen, a research medical technologist. For the first time at this altitude, they used a blood cell separator to perform hemodilution, a procedure where blood is removed from a person and its volume immediately replaced in the body.

Normally at high altitudes, a person's blood thickens, blood flow is sluggish, and clots form in the needle when the bleeding procedure is attempted; however, the CC equipment permitted rapid bleeding.

All equipment on the trip was kept in working order by C. Carter Gibson, an engineer with the DRS Biomedical Engineering and Instrumentation Branch.

A complete physical examination determined whether the health of the 39 Peruvian volunteers was good other than the fact that they were suffering from Monge's

disease. Throughout the testing, Dr. Monge explained the experiment to each volunteer.

The volunteers, selected from different age groups and occupations, were tested to see if their hematocrit (or percentage of their red blood cells) was over 70 percent compared to that of normal subjects at sea level, which usually measures between 39 to 45 percent.

"The high altitude facility offers incredible potential to study physiology and oxygen delivery," Dr. Klein said, noting that very little high altitude clinical research has been done even though the military has done extensive simulated studies in barometric pressure chambers.



The children of Cerro de Pasco were interested in what the research team was doing in their town.

The Haemonetics' Corporation lent a Discontinuous Flow Blood Cell separator, a recently developed tool used by the CC Blood Bank to perform therapeutic plasmapheresis. It was borrowed for speedy, accurate blood removal and volume replacement.

Using preliminary research findings compiled over the last 2 years by two previous NIH expeditions to Peru, researchers hoped to learn more about the body's mechanism to transfer oxygen at high altitudes.

Specifically, they were interested in the performance of those subjects who have "too many" red cells and the physiology resulting from the removal of large amounts of red cells from a person ill with chronic mountain sickness.

Scientists were also interested in objective measurements, such as changes in organ blood flow and arterial oxygen sat-



Dr. Monge (l) and his assistant Oscar Moran worked with volunteers during the 5-week expedition.

High altitude research could prove to be beneficial to patients with chronic lung dis-

(See ANDES, Page 6)

NLM Exhibit Features May Lesser's Art

Artist May H. Lesser, the daughter, sister, wife, and mother of physicians, is currently exhibiting her paintings and drawings about medical care for the poor at the National Library of Medicine.

The exhibit, "The Los Angeles County Hospital—Through the Eyes of the Artist," will be shown in the Library's main lobby through Jan. 23, 1981. The Library's hours are Monday–Friday, 8:30 a.m. to 9 p.m.; Saturday, 8:30 a.m. to 5 p.m.

"These are stories and paintings about medical care for the poor at a large, metropolitan, publicly supported hospital and the impact it produced upon the patients,

the medical and nursing staff, and upon myself."

The present exhibit of some 35 selected paintings and drawings from a forthcoming book reflects the artist's sensitivity toward the effect of the overwhelming number of patients on the young, idealistic doctors at a crucial state of their development.

Their professional skills are increased but, in Mrs. Lesser's words, "their growth is slowed by frustration in dealing with so much social pathology and the community's attitude toward the poor and their physicians."

Her etchings and drawings are in the permanent collection of a number of institutions including the Cleveland Museum of Art and NLM. Several of her color etchings have appeared on the *Journal of the American Medical Association* cover. □



Artist May H. Lesser has joined her skill as an artist to her understanding of physicians. Thirty-five of her drawings and paintings about medical care for the poor are being exhibited at NLM. This drawing is entitled "How could he get liquor at the nursing home?"

Wider Use of THC Capsules Approved by FDA

Wider use of THC (tetrahydrocannabinol) capsules for experimental treatment of nausea and vomiting in cancer patients undergoing drug therapy was recently approved by the Food and Drug Administration. These capsules contain a synthetic form of THC found naturally in marijuana.

NCI Will Distribute Chemical

Although THC will remain an investigational or experimental drug, the FDA has authorized the National Cancer Institute to distribute the chemical under an investigational category which permits broad but controlled distribution of a drug shown useful in research studies but not yet approved for marketing.

No firm has yet applied to FDA for approval to market THC.

THC, one of more than 400 chemicals found in marijuana, has been studied experimentally for nearly 6 years to assess the level of efficacy in relieving the nausea and vomiting in cancer patients undergoing drug therapy, and has been shown to be sufficiently effective to justify broader use.

NCI estimates that of 200,000 persons undergoing chemotherapy each year, 50,000 have nausea and vomiting problems that are not helped by conventional drugs.

NCI will be the supplier and controller of all government-distributed THC capsules to be used in cancer patients.

Investigators with studies already under way will continue to receive supplies at their current level, and any requests for an increase will be reviewed by the Institute.

NCI To Approve Requests

Investigators holding an Investigational New Drug Application approved by the FDA for the research and who have not yet begun their clinical studies can expect to receive adequate amounts of THC capsules soon after their requests are approved by NCI.

All applications for THC capsules will be reviewed for reasonableness and scientific merit.

For further information, call the Office of Cancer Communications, NCI, (301) 496-6641. □

Rosalie Strauss Retires; Ends NIAID Computer Career



In her retirement, Mrs. Strauss and her husband have many travel plans, and she hopes to brush up on her golf game.

Rosalie Strauss recently ended a 20-year Government career at NIH, the last 17 of which were spent with the National Institute of Allergy and Infectious Diseases. Mrs. Strauss was chief of the Data Control Section of the Institute's Program Analysis and Evaluation Branch since 1966.

She joined NIAID in 1963 as a coding clerk, very interested in computers. At that time, NIAID was using the old EAM System. So in 1970, when the Extramural Programs Branch changed to the new, more sophisticated computer system, Mrs. Strauss played a major role in the successful conversion.

Recognizing the need for all NIH employees in the computer field to be kept abreast of rapid changes in this field, she thought of forming an Automatic Data Processing Committee, to provide information about system changes and improvements. She served as its first chairman in 1975.

The committee, which still holds monthly meetings, is composed of representatives from all sections of NIH involved with computers, as well as, with representatives of the Division of Computer Research and Technology and the Division of Research Grants.

Mrs. Strauss served a 2-year term on the NIAID-EEO Advisory Committee and in 1974 received an award for sustained superior work performance. □

'Buy Smart-Eat Smart' Alerts Shoppers to Good Nutrition

Marilyn Farrand, a nutritionist in NHLBI's Division of Heart and Vascular Diseases, cochaired a group that shared first place in the 1980 Nutrition Action Awards.

The Metropolitan D.C. chapter of the Society for Nutrition Education, in conjunction with the D.C. Dietetic Association, initiated a project called "Buy Smart-Eat Smart."

Two of the local supermarket chains—Safeway and Giant—cooperated in the project, which provided food and nutrition information to shoppers in the stores, and increased the public's awareness of reliable sources of nutrition information. □

Cesarean Delivery Rate May Be Lowered Without Endangering Mother or Infant

An NIH consensus development panel recently concluded that the Nation's high cesarean section delivery rate may be lowered without impeding progress toward reducing maternal and infant mortality and morbidity, and suggested steps to achieve that objective.

The U.S. cesarean rate tripled from 5.5 percent in 1970 to 15.2 in 1978, making cesarean section the tenth most common surgical procedure.

The consensus statement reflects the judgment that this trend of rising cesarean rates may be stopped or perhaps reversed, while continuing to make improvements in maternal and fetal outcomes.

Repeat cesarean deliveries are responsible for 30 percent of the overall rise in cesarean rates. More than 98 percent of the women in the U.S. undergo repeat cesareans for subsequent pregnancies.

If adopted by American doctors, the task force guidelines would allow most women who have had a previous low segment transverse cesarean section to attempt labor and vaginal delivery in a subsequent pregnancy.

This finding may be controversial because it challenges the concept of "once a cesarean, always a cesarean."

The National Institute of Child Health and Human Development, in conjunction with the National Center for Health Care Technology, assisted by the NIH Office for Medical Applications of Research, sponsored the conference.

Specialists in the fields of pediatrics, obstetrics, anesthesiology, family practice, epidemiology, psychology, childbirth education, law, and economics comprised the task force which addressed the medical and related concerns about cesarean childbirth.

The 19-member task force cautioned that appropriate facilities, services, and staff should be available before attempting labor and vaginal delivery for women who have had a previous cesarean.

Hospitals should obtain informed consent before a trial of labor and develop guidelines for management of those labors.

No changes in present practices were recommended by the panel for elective repeat cesarean delivery by patients who have had previous classical, inverted T-shaped, or low vertical incisions, or for whom there is no documentation of the site and/or type of previous incision.

The panel noted that the diagnostic categories of dystocia, breech presentation, and fetal distress have also contributed to the increasing cesarean birthrate, and that alternative management may reduce the need for cesarean.

Dystocia, a prolonged labor due to problems associated with fetal position, size, or inadequate uterine contractions, accounted for 30 percent of the overall rise in the cesarean delivery rate between 1970 and 1978.

The task force recommends that physi-

New Extramural Training Designed To Focus On Problem Areas, Unique Experiences

A new continuing education program will soon be available to both health scientist administrators and grants management professionals at NIH.

As described by Dr. William F. Raub, NIH Associate Director for Extramural Research and Training, this program will focus on discussions by participants of selected "case incidents." These incidents have been identified by the NIH Training Design Team during its review of problems encountered in extramural programs.

"More and more frequently," Dr. Raub commented, "the kinds of problems which confront senior program, review, and grants management staff have no clearly and readily apparent solutions."

"Although established policies, procedures, and regulations usually provide some general guidance for us in addressing these problems, equitable resolution of difficult cases often relies heavily on both the individual experiences and judgments of the professional staff."

"The new TDT program will provide an opportunity for both B/I/D and OD staff to focus on common problem areas and to share their unique experiences and perspectives. It will also help us to identify alternative approaches to problem solving and to explore the short- and long-term consequences of these alternatives with respect to their impact on the extramural community as a whole."

The NIH Training Design Team, chaired

by Dr. James F. O'Donnell, DRR deputy director, was established by Dr. Raub in December 1978 to examine the NIH grants review, award, and administration process, and to develop a case study approach to solving common problems.

The first phase of the new TDT program, which will begin in mid-November, will consist of a series of 1-day workshops, designed to facilitate small group discussions and analysis of selected "case incidents."

Each of these incidents illustrates problems actually encountered in the extramural programs. They were selected for review and analysis at the workshops on the basis of both their potential significance and their frequency of occurrence.

Although attendance at each workshop will be strictly limited to facilitate interaction between participants, Dr. O'Donnell noted that efforts will be made to schedule a large number of sessions and accommodate as many extramural staff as possible.

Applications for the first phase of the TDT workshops are now being distributed through the offices of the following B/I/D representatives to the NIH Extramural Program Management Committee:

DRG—Dr. Steven Schiaffino	NIAMDD—Dr. George Brooks
DRR—Dr. James O'Donnell	NICHD—Dr. Betty Pickett
FIC—Robert Slevin	NIDR—Dr. Clair Gardner
NCI—Dr. William Walter	NIHES—Dr. Wilford Nusser
NEI—Dr. Ronald Geller	NIGMS—Dr. Arthur Heming
NHLBI—Dr. Jerome Green	NINCDS—Dr. John Dalton
NIA—Dr. Don Gibson	NLM—Dr. Ernest Allen
NIAID—Dr. William Gay	OD—Helen Schroeder □

cians try alternatives before considering cesareans during dysfunction and labor, in the absence of fetal distress.

These alternatives include patient rest, ambulation, sedation, or stimulation of labor by using oxytocin.

Breech presentation is responsible for about 15 percent of the rise in cesarean rate. Vaginal delivery of the term breech is acceptable, concluded the panel, when the anticipated fetal weight is less than 8 pounds; pelvic dimensions and architecture are normal; hyperextension of the head is not present; and when delivery is conducted by a physician experienced in vaginal breech delivery.

Although fetal distress is diagnosed more frequently since the use of electronic fetal monitoring has become more common it only occurs in about 1 percent of all births, and accounts for 15 percent of the increase in cesarean birth rates.

The task force also urged liberalizing hospital policies to allow fathers or surrogates to attend cesarean births at the request of the mother, and encouraged hospitals to permit healthy, cesarean-delivered babies, to be with their parents immediately after birth.

For more information on cesarean childbirth and a summary of the conference findings, contact NICHD, Office of Research Reporting, 9000 Rockville Pike, Rm. 2A-32, Bldg. 31, Bethesda, Md. 20205, or call (301) 496-5133. □

Dr. G. O'Connor Returns To Former NCI Position

Dr. Gregory T. O'Connor recently returned to his former position as associate director for International Affairs, National Cancer Institute, after serving as director of the NCI Division of Cancer Cause and Prevention for the past 3 years. He said he wants to devote more time to developing international cooperation in cancer research.

Dr. O'Connor has had considerable experience in international matters. He worked with the World Health Organization for 2 years in the 1960's, and helped develop the WHO International Agency for Cancer Research.

In the early days of the National Cancer Program, he organized NCI's Office of International Affairs and brought considerable recognition to research programs involving international cooperation.

Dr. Richard Adamson will serve as acting director of DCCP while continuing his duties as chief of the Laboratory of Chemical Pharmacology, NCI.



Dr. O'Connor

ANDES

(Continued from Page 3)

ease and congenital heart disease, he said.

"You can't often stress someone with congenital heart disease on a bicycle test," Dr. Klein said, "yet you would like to find out what adaptations or maladaptations take place when someone is living in a chronic hypoxic state."

The expedition's thesis was that the increase in red cells which takes place in some individuals at high altitude may be an abnormal response, rather than a beneficial one. In these subjects, if the level of red blood cells were lowered, there would be a perceptible improvement in health.

Using a technique developed through two NIH experiments last year, scientists using the CC blood cell separator removed up to six units of blood within a 2-hour period and replaced its volume. "This is an amazing amount of blood to remove from someone at that altitude," said Dr. Klein.

Maximum effort and steady state tests were performed on subjects riding a stationary exercise bicycle and the physiological data were recorded on a minicomputer.

"All of the patients said that they felt better afterwards," Dr. Klein said in discussing their reaction to reducing their red blood cell percentage. "One volunteer even changed color." Many of those suffering from Monge's disease appear to have a red skin tone.

After the volunteers were "bled down," they were kept at the institute for 6 to 12 hours and it was noted that they passed large quantities of urine, possibly due to changes in blood flow to the kidney.

Afterward they returned home, but then returned for followup examinations. On the average the volunteers lost 2 kilograms of weight after the test, but regained it within 2 or 3 days.

"The objective data are not in yet," Dr. Klein noted. Dr. Monge and others from the expedition and international experts will gather at NIH in February to review the expedition's preliminary findings. □

Sailing Club Meeting Features Round-the-World Race Film

The next meeting of the NIH Sailing Association will be held on Thursday, Oct. 30, at 8 p.m., in Bldg. 30, Rm. 117.

The program will feature a film of the last Whitbread Round-the-World Race, entitled "Leave Cape Horn to Port." The film includes scenes of the towering waves and snowstorms of the Southern Ocean and the heavy-weather finish, up the Solent River in Britain. □



Causes of Brain Tumors In Chemical Industry Topic of N.Y. Workshop

Brain Tumors in the Chemical Industry, a 3-day workshop, sponsored by the New York Academy of Sciences, will bring together experts from government, industry, academic institutions, and labor to review current knowledge concerning occupational and environmental etiology of brain tumors.

The workshop will be held at the Barbizon-Plaza Hotel in New York City on Oct. 27-29. The chairmen are Drs. Irving J. Selikoff and E. Cuyler Hammond, both of Mount Sinai School of Medicine.

Limited accommodations are available at the Barbizon-Plaza, and reservations can be made by calling (212) 247-7000.

For registration information contact: Conference Director, The New York Academy of Sciences, 2 East 63rd St., New York, N.Y. 10021, or call (212) 838-0230. □

Dr. Seymour Kety Will Speak On Schizophrenia and Mental Illness

Nature and Nurture in Mental Illness; Adoption Studies is the topic that Dr. Seymour S. Kety will discuss on Thursday, Oct. 16, at 2 p.m., in the Masur Auditorium. The National Institute of Mental Health's Staff College lecture will discuss the implications of schizophrenia for other mental illnesses.

For 20 years, Dr. Kety and his colleagues have carried out a series of studies regarding the origins of schizophrenia.

For further information, call 443-1014. □

Polish Chamber Orchestra Featured In FAES Concert Oct. 19

The second concert of the 1980-81 Chamber Music Series, sponsored by the Foundation for Advanced Education in the Sciences, will feature a renowned ensemble, the Polish Chamber Orchestra, on their third U.S. tour.

The concert will be held on Sunday, Oct. 19, at 4 p.m., in the Masur Auditorium. Admission is by ticket only. □

Hilah Thomas Elected AMWA Fellow

Hilah B. Thomas, an NIDR science writer, was elected an active fellow of the American Medical Writers Association at its 40th annual meeting Sept. 30-Oct. 4 in Atlanta.

Mrs. Thomas was recognized by her peers for her professional achievements. □

Youth Services Program Seeks Volunteer Counselors

The Middle Earth Youth Services Center is seeking volunteer counselors for its fall training. Volunteers will serve an average of 5 hours a week supervising activities for youths between the ages of 13 and 21.

If a high school graduate over 18, call 933-2818. □

Medicine for Layman Series Continues: Talks on Interferon, Cholesterol and Heart Disease

The Medicine for the Layman series continues on Tuesday nights with talks this month on Interferon and Cholesterol and Heart Disease.

On Oct. 21, Dr. Arthur S. Levine, chief of the Pediatric Oncology Branch, NCI, will discuss current understanding of the biological effects of interferon and what past and current research indicates with regard to its possible use as an anticancer drug.

Cholesterol and Heart Disease will be the topic presented on Oct. 28 by Dr. H. Bryan Brewer, Jr. He will speak on the role of "good" and "bad" cholesterol in heart disease. He will also explain the value of diet and physical activity in reducing cholesterol levels and in preventing heart disease.

Dr. Brewer is chief of the Molecular Disease Branch, National Heart, Lung, and Blood Institute. He is studying the structure of lipoproteins and the nature of the enzymes involved in fat metabolism.

Dr. Brewer is particularly interested in the mechanisms regulating these enzymes, especially those that control lipid (fat) concentration in blood plasma. □

2-Day CO Retirement Seminar Scheduled Oct. 29 and 30

The Commissioned Personnel Operations Division is sponsoring a 2-day retirement seminar for commissioned officers on Wednesday, Oct. 29, and Thursday, Oct. 30, 9 a.m. to 4 p.m., in the Parklawn Bldg., Conf. Rms. G and H.

Topics to be discussed will include retirement processing, how to compute retired pay, survivor benefit plans, CHAMPUS, and travel entitlements.

A complete agenda and registration form are being sent to all eligible officers. If you did not receive one, you may call 443-4590.

The next retirement board for officers requesting retirement after completing 20 but less than 30 years of active service will convene in February 1981. Requests for consideration by that board must be received in the CPO division no later than Dec. 31, 1980. □

Kindergarten Program Has Openings

Parents of Preschoolers, Inc., not only operate the NIH Preschool, they also run a Child Developmental Program for 4-year-olds and a Kindergarten Program at the Aylawn Elementary School, located directly down from the NIH Federal Credit Union on Old Georgetown Road.

The kindergarten program is not limited to NIH employees, but is open to the public. Both schools have space for 4- and 5-year-old children.

If interested or know someone who might be interested, call Sandra Brooks, 530-5550.

Any NIH employee who wants to get a child's name placed on the waiting list for the NIH Preschool's future openings, can call Sherrie Ruddick, 496-5144. □

New Computerized X-ray Machine Shows Internal Organs on Video Discs

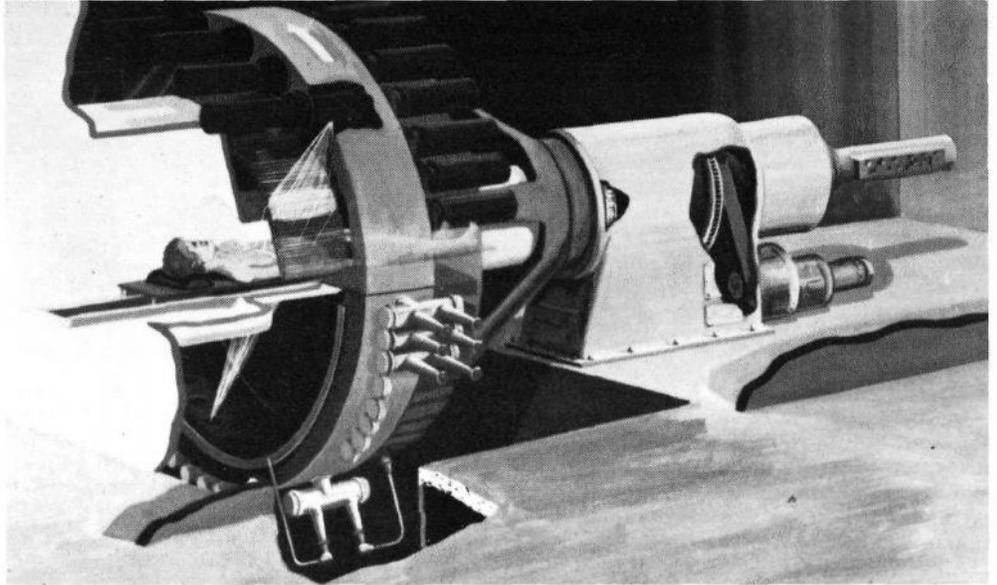
A new computerized X-ray system that goes far beyond existing technology and permits three-dimensional viewing of a patient's internal organs on video discs, in the same way as if scientists had actually removed tissue through surgery, had its debut at the Mayo Clinic in Rochester, Minn., on Oct. 8.

The DSR or Dynamic Spatial Reconstructor was developed to allow biomedical investigators to better view a patient's heart, lungs, and large vessels in three-dimensional motion, and will assist them in better understanding the physiology of the cardiovascular system.

System Is Complex

The DSR is a complex computer-based system developed by a research team at Mayo Clinic's Biodynamics Research Unit.

Dr. Earl Wood, a pioneer in the study of heart and circulatory physiology, who helped launch the DSR effort 7 years ago, said it should help investigators carry out studies on: muscle damage that might occur after a heart attack; complex congenital heart defects; the study of coronary artery narrowing and the resultant changes in blood supply to the heart muscle; rheuma-



An artist's conception of the DSR is shown with its 14 X-ray tubes mounted on a doughnut-shaped gantry that surrounds a research subject. The actual machine weighs 17 tons and has the capacity for up to 28 X-ray tubes and 28 television imaging systems. The gantry rotates once every 4 seconds. Each scan can produce as many as 240 images of 1 mm thick, transaxial 'slices' of the body. Patient X-ray exposure is approximately twice the exposure of an average chest X-ray.



Dr. Robb, a biocomputer scientist, works with the computer that translates the DSR X-rays into three-dimensional video views of the heart, lungs, and large vessels.

tic heart disease; and heart muscle disorders.

Initial testing of the DSR has already begun and will continue for at least 2 years.

Dr. Wood explained that the capabilities of the DSR go beyond the current genera-

tion of X-ray scanning devices (CAT scanners) which produce only single static images of internal organs.

He said the DSR should prove more effective for investigating the internal structure and function of the heart, lungs, and circulation because it will operate at such a high speed that it can show complete body organs in motion.

The DSR was built with 14 X-ray tubes positioned around a circular structure which rotates around a patient. The X-ray tubes can be turned on and off in rapid sequences so that 14 different angles of view can be obtained in one-hundredth of a second and repeated as often as 60 times-per-second.

These X-ray views then are converted to electronic form by special video cameras and stored on video discs similar to those used for instant replays during televised sporting events.

According to Dr. Erik Ritman, a physiologist who heads Mayo's Biodynamics Research Unit, when an investigator wants to look at any section of the body that was X-rayed by the DSR, the desired computer-generated pictures are displayed on a television screen with the same views as if the

investigator had actually removed the tissue in question from the body and sliced it open to study its structure.

"The computers have been a key link in the whole thing," Dr. Richard Robb, another member of the research team, explained. "The collected X-ray information from the DSR is not very useful without the computer to process, reconstruct, and display the data. The computers are critically necessary transducers between the DSR scanner and the display viewed by the investigator."

The DSR was funded mainly by NIH with additional support coming from several other sources. The Federal Government grants came from the Division of Research Resources, which funded the computer facility, and the National Heart, Lung, and Blood Institute, which funded the DSR scanner itself and the research which utilizes it for investigative studies of the heart, lungs, and circulation. □

'Insomniac Tour' in Baltimore

Join other NIH "night owls" for an all-night "Halloween Insomniac Tour."

The tour presented by R&W begins on Friday night/Saturday morning, at 1:30 a.m., Nov. 1, at the Maryland Science Center in Baltimore. The \$28.50 cost includes a gourmet breakfast. Call 496-6061. □

NMAC Offers 2 Workshops at Lister Hill Center

Two workshops for health professionals will be held by the National Medical Audiovisual Center, National Library of Medicine, at the Lister Hill National Center.

The first workshop, Oct. 27-29, is on Developing and Evaluating Audiovisual Instructional Materials. Participants work in teams to create mediated units of instruction consisting of a storyboard and related materials. Units are peer reviewed, tried

out, and evaluated for later production.

The second workshop, Designing Simulation Activities in the Health Sciences, will be held Dec. 3-5. In this workshop, participants create structured learning experiences which resemble real life events for classroom use.

There is no registration fee for these workshops.

For more information and an application

form, contact: National Medical Audiovisual Center, Attn: Educational Training and Consultation Branch, Bldg. 38A, Rm. B1-N30G; telephone, 496-6280. □

CEA Useful as Marker In Colorectal Cancer; Should Not Be Exclusive Indicator

Currently, measuring the levels of the tumor marker CEA (carcinoembryonic antigen) in the blood of colorectal cancer patients is the best available noninvasive technique for monitoring the disease after surgery.

That was the conclusion of a panel of biomedical and clinical investigators after evaluating research data from CEA experts at a recent National Cancer Institute consensus development conference.

More Studies Needed

The panel said more studies are needed, however, before routine use of CEA can be advocated for monitoring patients with other types of cancer.

Tumor markers are substances that human cancers may release into the blood. CEA has been the most widely studied of the known markers.

Many scientists have shown that CEA levels relate to the clinical stage of several types of cancer. Particularly in patients with colorectal or lung cancer, the panel believes CEA can help identify the disease stage and appropriate treatment.

CEA is especially valuable in the continual monitoring of colorectal cancer patients. The consensus panel recommended that CEA be measured in these patients before surgery. About 6 weeks after surgery, another plasma CEA sample can provide a baseline for monitoring the disease course, treatment, and prognosis.

Within 6 weeks after surgery, previously elevated CEA should return to normal levels. Failure to do so points strongly to the continuing presence of cancer, the panel stated.

CEA in Healthy Persons

Radioimmunoassay tests have shown that small amounts of CEA are also present in the circulation of healthy persons. Higher CEA levels are not only characteristic of cancer, however.

CEA levels can rise from smoking, benign tumors, and inflammatory disorders. Moreover, about 15-20 percent of patients with proved cancers never have increased CEA levels.

Therefore, the consensus panel recommended that CEA assays not be used in cancer screening for persons with no symptoms, and that the assays not be used independently to establish a diagnosis of cancer.

The panel concluded that the usefulness of CEA in monitoring patients with other types of cancer is less convincing than it is for colorectal cancer. Future research should provide further insight into these questions.

Besides reaching a consensus on the application of the CEA assay, the panel also suggested research that may improve the assay's usefulness, such as studying CEA in

First NCI Career Day for Students a Success

The National Cancer Institute's first annual Career Day program, recently sponsored by the Personnel Management Branch, was a success, according to the comments offered by NCI's 250 summer and stay-in-school students.

Personnel specialists, EEO coordinators, and representatives from the PHS Commissioned Officers office discussed their programs.

College and high school students met NCI staff from various departments and received first-hand information from scientists, mathematicians, and administrators, who offered advice on educational preparation needed for specific employment opportunities at NCI, and described their areas of expertise.



Mrs. Wagner



Dr. Katz chats with two students.

Materials from various departments were available along with slide and tape presentations.

Marianne Wagner, chief of the NCI Personnel Management Branch, introduced the speakers.

Dr. Vincent T. DeVita, Jr., NCI Director, opened the morning program by commenting on the exciting new frontiers in the biomedical sciences.

Dr. Stephen Katz of the Dermatology Branch discussed research on wart viruses and acne, and presented slides from his research studies.

Information about research on laetrile and marijuana (delta-9-tetrahydrocannabinol) was provided during the afternoon session by Dr. Jane Henney, special assistant for clinical affairs.

She said that these studies are examples of how medical research reflects social concerns. The public interest in these substances gave impetus to NCI's activities in these areas of clinical investigation.



Dr. Henney discusses laetrile/marijuana research.

RAC RECOMMENDS

(Continued from Page 1)

projects are subject to this central reporting requirement. No reporting to NIH is required for the remainder of such research.

The RAC recommended that the requirement for reporting to NIH now be eliminated for all classes of experiments whose containment levels are clearly specified in the guidelines.

Also, the committee recommended that for the review and approval of large-scale

combination with other markers, and establishment of a laboratory quality control system using a CEA standard preparation.

Dr. David M. Goldenberg, director and professor of the division of experimental pathology, University of Kentucky Medical Center, chaired the panel. Dr. K. Robert McIntire, chief of the Diagnosis Branch, Division of Cancer Biology and Diagnosis, was the NCI conference organizer. □

experiments and processes the RAC continue to review whether the recombinant DNA is rigorously characterized and free of harmful sequences, but that NIH would no longer be involved in approving the specific engineering details of large-scale containment facilities.

In addition, the RAC proposed the establishment of a subcommittee to advise on procedures and the design of facilities pertaining to large-scale projects. This subcommittee would invite participation of NIH biosafety staff members as well as representatives of other Federal agencies. □



It's good to know when you give a dollar that the dollar is well-spent. When you give to the Combined Federal Campaign, you get more for your money. One CFC gift helps 212 health and social service agencies help thousands of people.

FERTILIZATION

(Continued from Page 1)

laboratory dish and the resulting embryo is placed in the uterus.

Pregnancy rates after *in vitro* fertilization have been too low to permit practical application on a widespread basis.

The new procedure developed at NICHD, called low tubal ovum transfer, circumvents tubal blockages, while allowing *in vivo* (inside the body) fertilization to take place.

In the first trial of low tubal ovum transfer, 16 percent of the monkeys who underwent the procedure became pregnant. By comparison, couples of normal fertility have a 15-20 percent chance of pregnancy in a single menstrual cycle.

"Low tubal ovum transfer offers a partial alternative to *in vitro* fertilization for overcoming infertility caused by blocked fallopian tubes," said Dr. Gary Hodgen, chief of the Pregnancy Research Branch, NICHD, who together with guest worker Dr. Olivier Kreitmann developed the new procedure. "It avoids many of the scientific and ethical problems associated with *in vitro* fertilization," he added.

Drs. Hodgen and Kreitmann surgically blocked the fallopian tubes of 55 rhesus and cynomolgus monkeys near the ovary. They then monitored the blood hormone levels of the monkeys to determine when one of the ovaries would release an egg.

The day before ovulation was expected to occur, the monkeys were mated. Within 12 hours of the anticipated time of ovulation, the doctors examined the ovary with a laparoscope to ensure that the egg had not yet been released.

Fifteen of the 55 monkeys had already ovulated, and therefore could not undergo low tubal ovum transfer. In the remaining 40 monkeys, a needle was inserted into the preovulatory follicle, the sac on the ovary containing the egg, and its contents were extracted.

Examination of the follicular contents under a microscope showed that eggs were obtained from 31 of the 40 monkeys. The egg collected from each monkey was injected into her fallopian tube near the uterus, beyond the blockage. The monkeys were then mated again.

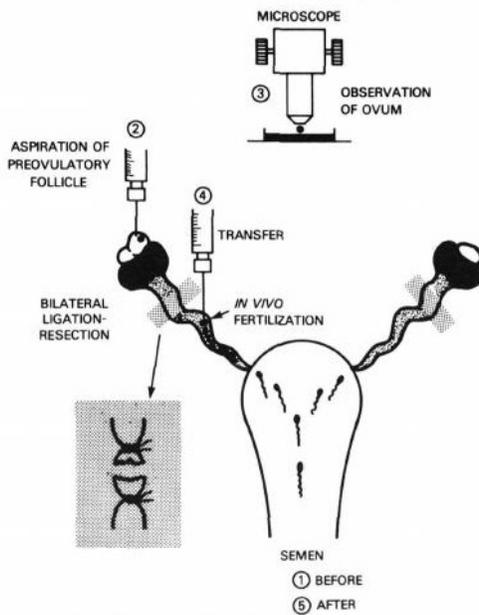
Five of the 31 monkeys (16 percent) who underwent low tubal ovum transfer became pregnant and delivered apparently normal infants. None of the pregnancies were ectopic, a risk the investigators think may be increased by transferring the eggs into surgically blocked fallopian tubes.

Even if shown to work in humans, low tubal ovum transfer will be useful only in women whose fallopian tubes are unobstructed and functional near the uterus, Dr. Hodgen stressed.

The procedure may be especially suitable for women who have undergone voluntary sterilization, in which the fallopian tubes are surgically blocked near the ovary, and who later decide they want more children, he said. If microsurgery fails to repair the tubes, low tubal ovum transfer may be an alternative.

The new procedure may also be useful in women with only one functioning ovary and one functioning fallopian tube located on

LOW TUBAL OVUM TRANSFER



opposite sides of the uterus.

As promising as the results of the NICHD study are, the value of low tubal ovum transfer as a partial alternative to *in vitro* fertilization in women has yet to be determined, Dr. Hodgen noted.

"Even though none of the pregnancies in the study were ectopic, we are still very concerned about the risk of tubal pregnancy in women," he said.

This particular study did not indicate which women with tubal disease would be suitable candidates for low tubal ovum transfer. The monkeys in the study had healthy fallopian tubes which were surgically blocked. Conditions in their tubes did not mimic those in women with tubal disease arising from tubal infection, endometriosis, or ectopic pregnancy.

Further studies in laboratory primates and

eventually trials in women are needed to assess the safety and effectiveness of low tubal ovum transfer and to define its uses and limitations, Dr. Hodgen concluded. □

NIH Fed'I Women's Program Sponsors Training Seminar On Sexual Harassment

A two-part training seminar on Sexual Harassment and Sex Discrimination was sponsored by the NIH Federal Women's Program on Sept. 29 and 30.

Sylvia L. Stewart, acting Federal Women's Program manager, coordinated the 2-day program. Laura Rayburn, director of the Employment/Sex Discrimination Clinic, Georgetown University Law Center, conducted the training for some 30 participants attending the seminar.

This training was held in response to Secretary Harris' Oct. 5, 1979, Directive on Sexual Harassment. Participants were provided with various remedies, knowledge of definitions, and responsibilities of supervisors to take timely, corrective action against sexual harassment.

The EEOC Interim Guidelines, dated Apr. 11, 1980, define sexual harassment as: "Unwelcome sexual advances, requests for sexual favors, and other verbal or physical conduct of a sexual nature when:

- Submission to such conduct is made either explicitly or implicitly a term or condition of an individual's employment;
- Submission to or rejection of such conduct by an individual is used as the basis for employment decisions affecting such individual; or
- Such conduct has the purpose or effect of substantially interfering with an individual's work performance or creating an intimidating, hostile, or offensive work environment."

A summary of the study can be obtained by calling 496-2112. □

Environmental Chemicals and Immune System To Be Discussed at Two-Day Conference

New evidence that exposures to certain environmental chemicals may alter the immune system and make people more susceptible to infectious diseases will be presented at Target Organ Toxicity—Immune System, a symposium sponsored jointly by the Society of Toxicology and the National Institute of Environmental Health Sciences on Oct. 20-21 at the Key Bridge Marriott, Arlington, Va.

The conference will discuss interactions between the immune system and environmental chemicals or drugs and the undesirable effects produced, namely: immunodeficiency, alterations of host defense mechanisms, and allergy or hypersensitivity.

The series—developed by Drs. Robert L. Dixon, chief of the Laboratory of Reproductive and Developmental Toxicology, NIEHS; Joseph Borzelleca, department of pharmacology, Medical College of Virginia; and Perry J. Gehring, Dow Chemical Com-

pany—has covered the liver, kidney, lung, gonad, nervous system, cardiovascular system, intestines, blood and endocrine system as target organs.

The proceedings of each symposium constitute individual volumes of *Environmental Health Perspectives*, the journal published by the NIEHS.

This conference within the Target Organ Toxicity series is being organized by Drs. Albert E. Munson of the Medical College of Virginia, and Jack H. Dean of NIEHS, and the National Toxicology Program.

The conference will qualify participants for professional credit hours in such areas as: category 1 of the AMA Physicians Recognition Award, for continuing education units by the Medical College of Virginia, and two credits under the American Board of Industrial Hygiene Maintenance of Certification Program.

For additional information, contact Vickie Englebright, (919) 541-3334. □

VISITING SCIENTIST PROGRAM PARTICIPANTS

Reported by Fogarty International Center

9/12—**Dr. Monique De Vroede**, Belgium, Neonatal and Pediatric Medicine Branch. Sponsor: Dr. James Sidbury, NICHD, Bg. 10, Rm. 3E68.

9/15—**Dr. Chia-Yung Chu**, China, Division of Bacterial Products. Sponsor: Dr. John B. Robbins, Bureau of Biologics, Bg. 29, Rm. 122.

9/15—**Dr. Bimal C. Ghosh**, India, Clinical Oncology Program. Sponsor: Dr. John MacDonald, NCI, Landow Bg., Rm. 4C-29B.

9/21—**Dr. Ateeq Ahmad**, India, Laboratory of Neurochemistry. Sponsor: Dr. David Neville, Jr., NIMH, Bg. 36, Rm. 3D30.

9/21—**Dr. Uri Liberman**, Israel, Laboratory of Chemical Physics. Sponsor: Dr. G. D. Aurbach, NIAMDD, Bg. 10, Rm. 9D20.

9/21—**Dr. Kazutaka Toyonaga**, Japan, Medical Neurology Branch. Sponsor: Dr. W. King Engel, NINCDS, Bg. 10, Rm. 10D18.

9/22—**Dr. Shinichi Inada**, Japan, Laboratory of Clinical Investigation. Sponsor: Dr. Michael Frank, NIAID, Bg. 10, Rm. 11N232.

9/23—**Dr. Takayuki Sato**, Japan, Laboratory of Neuropsychology. Sponsor: Dr. Mortimer Mishkin, NIMH, Bg. 9, Rm. 1N107.

9/25—**Dr. Seiichi Hashimoto**, Japan, Laboratory of Developmental Neurobiology. Sponsor: Dr. Gordon Guroff, NICHD, Bg. 6, Rm. 1A08.

9/26—**Dr. Yoshio Moriya**, Japan, Surgical Neurology Branch. Sponsor: Dr. Paul L. Kornblith, NINCDS, Bg. 10A, Rm. 3E68.

9/29—**Dr. Altaf Ahmed Lal**, India, Laboratory of Cell Biology. Sponsor: Dr. Edward D. Korn, NHLBI, Bg. 3, Rm. B1-20.

9/29—**Dr. Regina Maydl**, West Germany, Laboratory of Reproductive and Developmental Toxicology. Sponsor: Dr. John A. McLachlan, NIEHS, Research Triangle Park, N.C.

9/29—**Dr. Akio Mitsuoka**, Japan, Laboratory of Immunobiology. Sponsor: Dr. Sarkis Ohanian, NCI, Bg. 37, Rm. 2B23.

9/30—**Dr. Giulio Alessandri**, Italy, Laboratory of Pathophysiology. Sponsor: Dr. Pietro Gullino, NCI, Bg. 10, Rm. 5B36.

10/1—**Dr. Vera Bongertz**, Germany/Brazil, Laboratory of Parasitic Diseases. Sponsor: Dr. James A. Dvorak, NIAID, Bg. 5, Rm. 134.

10/1—**Dr. Philippe P. Bougnoux**, France, Laboratory of Immunodiagnosis. Sponsor: Dr. Thomas Hoffman, NCI, Bg. 10, Rm. 8B03.

10/1—**Dr. Yuan Kiang Chou**, China, Laboratory of Microbiology and Immunology. Sponsor: Dr. Joost Oppenheim, NIDR, Bg. 30, Rm. 322.

10/1—**Dr. Eliezer Gorelik**, Israel, Laboratory of Immunodiagnosis. Sponsor: Dr. Ronald Herberman, NCI, Bg. 10, Rm. 8B06.

10/1—**Dr. Bor-Chian Lin**, Taiwan, Laboratory of Infectious Diseases. Sponsor: Dr. Robert M. Chanock, NIAID, Bg. 7, Rm. 301.

10/1—**Dr. Peter Martin**, Canada, Laboratory of Clinical Studies. Sponsor: Dr. Michael Ebert, NIAAA, Bg. 10, Rm. 2S243.

10/1—**Dr. Kohei Matsuda**, Japan, Laboratory of Microbiology and Immunology. Sponsor: Dr. Sharon Wahl, NIDR, Bg. 30, Rm. 304.

10/1—**Dr. Ariella Oppenheim**, Israel, Laboratory of Molecular Biology. Sponsor: Dr. Max Gottesman, NCI, Bg. 37, Rm. 4B03.

10/1—**Dr. Edgar Pick**, Israel, Laboratory of Immunodiagnosis. Sponsor: Dr. Ronald B. Herberman, NCI, Bg. 10, Rm. 8B04.

10/1—**Dr. Maurizio Pocchiari**, Italy, Laboratory of Central Nervous System Studies. Sponsor: Dr. Clarence Gibbs, NINCDS, Bg. 36, Rm. 4A17.

10/1—**Dr. Tuomo Timonen**, Finland, Laboratory of Immunodiagnosis. Sponsor: Dr. Ronald Herberman, NCI, Bg. 10, Rm. 8B04.

10/1—**Dr. Thirukanangudi V. Viswanathan**, India, Laboratory of Microbiology and Immunology. Sponsor: Dr. Reuben Siraganian, NIDR, Bg. 10, Rm. 2B12.

10/1—**Dr. Toshihiko Yamamoto**, Japan, Laboratory of Cellular Metabolism. Sponsor: Dr. Vincent Manganiello, NHLBI, Bg. 10, Rm. 5N321.

Two Students Complete Fellowships in Rocky Mt. Lab

Janell Holden and Greg Roeben, Montana high school students, recently completed American Cancer Society fellowships at NIAID's Rocky Mountain Laboratory in Hamilton, Mont.

The fellowship program, sponsored by the Montana Division of ACS, is designed to attract exceptional high school students to careers in medicine through exposure to active research programs in cancer and other biological fields.

Miss Holden, of Absarokee High School, conducted research studies on leukemia in mice under the sponsorship of Dr. William Britt.

Mr. Roeben, of Capital High School in Helena, worked on a project involving the whooping cough organism under the guidance of Dr. Mark Pepler.



Two high school students pose with their sponsors. L to r are: Miss Holden, Dr. Britt, Mr. Roeben, Dr. Pepler, and Mrs. Pete Miller, president of the Ravalli County Chapter of the American Cancer Society.

Endoscopy Can Identify Lesion Sites In Acute Upper GI Bleeding

A 10-member panel of nongovernmental experts recently agreed at a consensus conference that for acute upper gastrointestinal bleeding, expertly performed endoscopy is, in most instances, the best method for identifying the site of a bleeding lesion.

However, the technology may not be applicable when bleeding is massive and requires immediate surgery.

The consensus meeting was sponsored by the National Institute of Arthritis, Metabolism, and Digestive Diseases assisted by the Office for Medical Applications of Research in conjunction with the National Center for Health Care Technology.

Upper GI bleeding is a common and serious medical problem in the U.S. Each year approximately 250,000 new hospital admissions occur from these bleeding episodes.

Moreover, the 10 percent mortality rate from the disease has not decreased substantially over the past years despite improvement in diagnostic accuracy and innovations in therapy.

Management of upper GI bleeding presents complex problems. When initially evaluated, the severity of a bleeding episode must be estimated, and the diagnostic procedures presenting the least risk must be selected for location of bleeding source and assessment of clinical status.

The panel noted that the diagnostic accuracy of endoscopy in GI bleeding is dependent upon the skill and experience of the endoscopist and the adequacy of facilities, equipment, and supportive personnel.

In the case of several bleeding lesions in a patient, the well-trained endoscopist can usually locate these lesions and identify the one responsible for most of the bleeding.

The panel noted that endoscopy is an excellent tool for differential diagnosis, although its use has not resulted in a reduction of overall mortality.

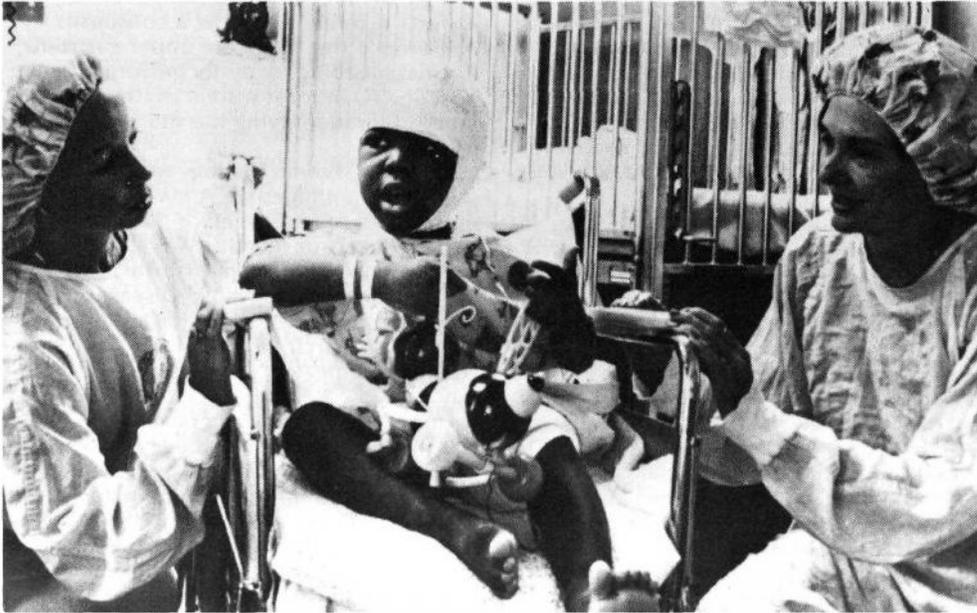
They predicted that the diagnostic information obtained by endoscopy will stimulate the development of newer therapies for treatment of the different lesions causing upper GI bleeding.

A standardized coding system to improve diagnostic services was recommended. In spite of the increased diagnostic accuracy of endoscopy, the panel felt that its high cost was an impediment which is hampering the abandonment of contrast radiography, the conventional mode of investigation for upper GI hemorrhage.

A copy of the consensus statement can be obtained by writing to Dr. Harold P. Roth, associate director for Digestive Diseases and Nutrition, NIAMDD, Bldg. 31, Rm. 9A-29, Bethesda, Md. 20205. □

Although many wince when approached for contributions, you can be assured your dollars are being well-spent when you give to the Combined Federal Campaign.

Reaching people who need you —that's what CFC is all about



What Is the CFC?

The Combined Federal Campaign of the National Capital Area is a once-a-year solicitation of Federal Government employees for the support of voluntary health and social service agencies in the United Way of the National Capital Area (including the agencies of the United Black Fund, a campaign partner in the United Way), National Health Agencies, International Service Agencies, National Service Agencies, and Local Non-Affiliated Agencies.

It is most practical for Federal employees to contribute to all these agencies with a once-a-year donation.

This year's 17th annual campaign—which started at NIH yesterday (Oct. 14) and ends Nov. 7—will support 212 voluntary organizations, 20 more than last year. □

"Charity begins at home," and have you ever thought how close to home the Combined Federal Campaign really is?

Last year over 80 percent of the CFC contributions helped to support local organizations such as the Girl Scouts, Boy Scouts, YMCA, American Red Cross, and American Cancer Society, etc., in fact, almost every prominent charitable organization which involves helping people.

This year over 90 percent of CFC funds will go to organizations in the Washington metropolitan area, so it is easy to see how your gift can touch your life and those who are close to you.

The campaign allows you to determine how your gift is to be used. You may either give to all of the 212 organizations which are supported by CFC or you may designate specific organizations or locations such as Frederick County which can be funded by your gift.

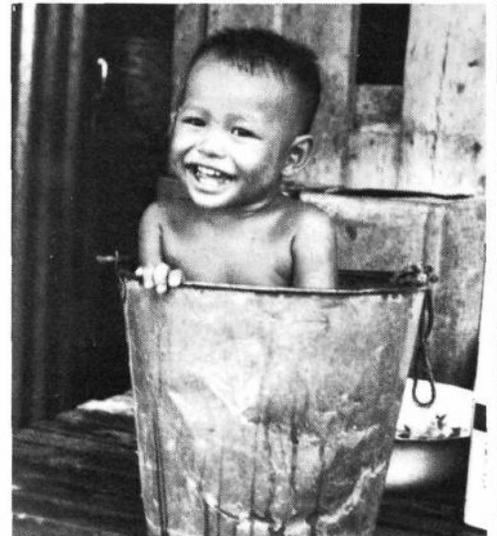
New rule changes in this year's campaign guarantee that your designated gift will go only to the organization you specify.

With all the good that the campaign goes to support, it is interesting that the administrative costs of last year's campaign was only 3.5 percent. This means that less than 4 cents out of every dollar went to paying for the campaign, which is extremely low when compared to other charitable campaigns.

Your once a year gift to the CFC either by cash or payroll deduction is the easiest and most efficient way of giving. Payroll deduction offers a further advantage because it allows an employee to budget the donation over the year.

This year's campaign asks only that you try to place things in perspective, reflecting on good fortune both past and present, and remembering that everyone does not share this experience.

Your support of CFC enriches the lives of those who so desperately need help. Your contribution is a small price to pay in relation to the quality of our own lives.



"People who need people" is more than the lyric to a song. It's one out of every three citizens in the Metropolitan Washington area. It's like "BUS," Betterment for United Seniors. This Combined Federal Campaign agency, with over 4,000 members, works for the special needs of the elderly. People helping people is the only way.



First to sign their pledge cards for the 1981 Combined Federal Campaign are NIH Director Dr. Donald S. Fredrickson (l), CFC chairman at NIH, and DRS Director Dr. Joe R. Held, vice-chairman.

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