

3. *History*

NIH intramural research activities extend in an unbroken tradition from the one-room bacteriological laboratory established by the PHS at the Staten Island Marine Hospital in 1887. This Laboratory, subsequently designated as the Hygienic Laboratory, was moved to Washington in 1904. There, it expanded into a small but renowned in-house research organization with separate divisions for chemistry, bacteriology, pathology, zoology, and pharmacology. It was concerned mainly with control of communicable and infectious diseases, but emphasized fundamental investigations also. After 1930, when the Hygienic Laboratory became the National Institutes of Health, its research activities retained their former scope and character for some years.

Passage of the National Cancer Act in 1937 (Public Law 75-244)—and through it the creation of the National Cancer Institute (NCI)—marked two important beginnings for NIH: Though, for the moment, NCI remained independent of NIH, its creation marked a new research emphasis on the chronic and degenerative diseases, which increasingly were revealed as the main killers against which NIH had to organize its research efforts; it also marked the beginning of the extramural component which now represents 80 percent of total NIH program. By this Act, NCI was directed not only to conduct research, but to assist and to steer similar research activities by other agencies, public and private; and to this end, the Surgeon General was authorized to make grants-in-aid for research projects in the field of cancer. In the other major event immediately prior to World War II, NIH and NCI moved, in 1938 and 1939, into newly constructed facilities at a donated site in Bethesda which NIH now occupies.

Organizational structure.—With the war's end, the development of NIH toward its present organizational pattern was rapid. Broadened research authorities in the Public Health Service Act of 1944 (Public Law 78-410) provided the basis for this expansion. (Under this act, the Surgeon General was given broad power to support research into the "diseases and impairments of man," and specifically to make grants-in-aid for research projects recommended by the Advisory Councils.) Subsequent to that enactment, in the period 1946-55, five categorical Institutes plus NIMH were added as (in effect) divisions of a National Institute of Health. The additions:

1948: The National Heart Institute (NHI). Authority: National Heart Act (Public Law 80-655). This same act pluralized the NIH title to "National Institutes of Health."

1948: The National Institute of Dental Research (NIDR). Authority: National Dental Research Act (Public Law 80-755).

1948: The National Institute of Mental Health (NIMH). Authority: National Mental Health Act of 1946 (Public Law 79-487).

1950: The National Institute of Neurological Diseases and Blindness (NINDB); the National Institute of Arthritis and Metabolic Diseases (NIAMD). Both established under authority of Omnibus Medical Research Act of 1950 (Public Law 81-692).

1955: The National Institute of Allergy and Infectious Diseases (NIAID) was established from its predecessor, the National Microbiological Institute. Authority: Public Law 81-692.