Viral Cause of Non-A Non-B Hepatitis Found by FDA/NIH Collaborative Work

What is believed to be the cause of the most prevalent type of transfusion-transmitted hepatitis—non-A non-B—has been found by a team of government scientists led by the Food and Drug Administration’s Robert J. Gerety.

The work indicates that a virus in the same general family as the virus associated with AIDS is the cause of this common form of hepatitis—called “non-A non-B” hepatitis—which may cause more than 1,000 deaths a year.

Like hepatitis B, non-A non-B hepatitis can cause serious, chronic liver disease and is generally contracted through blood transfusions or other transfers of body fluids. (Some cases also appear sporadically, without known exposure.)

Symptoms include abdominal discomfort, nausea and vomiting progressing to jaundice in acute cases, but some cases do not produce symptoms that send the infected person to the doctor. About 579,000 cases of all forms of hepatitis occur each year in the United States.

Ninety percent of an estimated 100,000 or more transfusion-associated cases (and 40 percent of sporadic cases) are believed to be non-A non-B. These non-A non-B cases total an estimated 100,000 per year, and about 40 percent become chronic infections. About 1 percent of all cases—or 1,200 cases annually—are fatal.

The FDA and NIH work was published in the Oct. 27 Lancet, a British medical journal. The authors are Drs. Gerety and Belinda Seto of FDA’s Center for Drugs and Biologics; Dr. William G. Coleman Jr. of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases; and Dr. Sten Iwarson of the University of Goteberg, Sweden.

The research team wrote that after a decade of worldwide study of non-A non-B hepatitis, evidence of a retrovirus was detected in four specimens of blood and two plasma-derived products that had transmitted the disease to humans and chimpanzees. Further, evidence of the same retrovirus-type agent was then found in all 12 patients studied with non-A non-B hepatitis—but was seldom found in apparently healthy individuals.

HHS Secretary Heckler hailed their work as “hopefully the beginning of our complete understanding of this serious form of liver infection,” adding: “This discovery could lead to a test to detect this last major hepatitis agent in U.S. blood bank supplies.” (There is already

(See NON-A, NON-B, Page 8)
The NIH Merit Awards Presented to OD Staff

NIH Merit Awards were recently presented to a select number of outstanding employees in the Office of the Director. The recipients, who contributed their ideas, efforts, skills, and attitudes to improving aspects of NIH management, were honored for their superior service and achievement in their respective areas of employment. NIH Director Dr. James B. Wyngaarden made the ceremony’s opening remarks and NIH Deputy Director Dr. Thomas E. Malone presented the awards.

OD Merit Award Recipients (top row, l to r): Carl Fretts, director, Division of Contracts and Grants (Equal Employment Opportunity Special Achievement Award); Dr. Kenneth F. Thibodeau, Division of Management Policy; Dr. Wyngaarden; Dr. Malone; Michael Gotch, Division of Engineering Services, ORS; Lowell D. Peart, Division of Management Policy, Bottom row, (l to r): Edward J. Lynch, Office of Program Planning and Evaluation; Leonore Wagner, Office of Program Planning and Evaluation; Jean G. Oliver, Office of Extramural Research and Training; Claire S. Marwick, Division of Contracts and Grants; Joseph P. Macela, Division of Engineering Services, ORS; Geraldine B. Pollen, Division of Financial Management; Philip H. Welty, Jr., Division of Engineering Services, ORS; and Harry J. Hall, Office of Research Services, ORS.

Cellular Oncogenes, Cancer Subjects of Conference

Significant progress in understanding the structure and function of cellular oncogenes and their mode of activation involved in malignancy has been made in the last 2 years. The cellular function of some oncogenes in normal cell growth (growth factors and their receptors) has been indicated and the molecular biology of cancer coincides in fact with the molecular biology of the cell.

In an effort to integrate current views of various aspects of this development, the Fogarty International Center and the National Cancer Institute are sponsoring a 2½ day international conference on Wednesday, Nov. 14, in the CC Masur Auditorium. The conference will begin at 8:30 a.m.

The five sessions of the conference are entitled: (1) The ras Oncogenes and Malignancy; (2) Growth Factors, Receptors and Oncogenes; (3) Oncogene Activation by Chromosomal Translocation; (4) Steps in Cell Transformation; and (5) Protein Kinases in Normal and Malignant Growth.


The organizing committee (D. Givol, D. Shemin and S. Aaronson) invited many NIH scientists to take part in this conference as discussants. All researchers are welcome to attend; preregistration is required. For additional information and registration contact Ruth Rappaport, 202/955-6073.

Annual Leave: Use It Or You Will 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 bi-weekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 5, 1985.

In spite of planning, circumstances sometimes arise which prevent taking leave that has been scheduled and approved earlier during the leave year. In such cases, the employee and supervisor are jointly responsible for ensuring that any “Use or Lose” leave is rescheduled in writing before the last three bi-weekly pay periods of the leave year. This year, your “Use or Lose” leave must be scheduled in writing not later than Saturday, Nov. 24, 1984.

Brain Study Volunteers Needed

Normal volunteers over 18 years of age without a history of psychiatric illness are needed for a brain metabolism study using the PET scan.

Two appointments are required for this procedure. A 1-to-2 hour appointment involves screening to evaluate suitability. The second appointment for the experimental procedure requires 4-to-5 hours. This procedure involves an injection of radioactive 18-fluorodeoxy glucose, periodic blood sampling, an auditory attention task and the PET scan itself. Volunteers will be paid approximately $100 for the two sessions; call 496-4707.

The NIH Record November 6, 1984
Seventeen NIH Staffers Receive Inventor's Award

Seventeen NIH staff members recently received Inventor's Awards given by the National Technical Information Service (NTIS) of the Department of Commerce. Since invention plays a significant role in the innovation and commercial development process, NTIS is establishing patenting and exclusive licensing as a mechanism for moving technology out of government laboratories and into the private sector.

1984 Inventions

The following is the 1984 list of inventions made by NIH inventors: noninvasive optical assessment of platelet viability by Dr. Robert F. Bonner, Division of Research Services; identification and purification of human lung tumor associated antigens by Drs. James A. Braatz, Kenneth R. McIntire and Gerald L. Princeler, National Cancer Institute; synthesis and antitumor activity of 5,6-dihydro-5-azacytidine (compound for use in treatment of cancer) by Dr. Mohamed M. Abbasi, John A. Beiseler and John S. Driscoll, NCI; multiple sclerosis gel casting and electrophoresis apparatus by Drs. Glen E. Brown, Phillip B. Jewett, and Timothy P. Karpetsky, NCI; hepatitis immune globulin used to inactivate the B virus by Drs. David L. Aronson, Robert J. Gerety and Edward Tabor, National Center for Drugs and Biologies; fiber optic pH probe for tissue measurement by Drs. Victor T. Chen, Seth R. Goldstein and David R. Markle, DRS.

Method of electrofocusing in amphoteric or nonamphoteric buffers by Drs. Andreas Chrambach and N.Y. Nguyen, National Center for Drugs and Biologies; development of monoclonal antibodies which are reactive with human breast cancer by Drs. Faye C. Austin, David M. Colcher, Patricia H. Hand, Marianna Nuti and Jeffrey Schlom, NCI; ethidium oil emulsion for intravenous hepatography by Dunal C. Chatterji, Joseph F. Gallelli, George T. Grimes, Jr., and Mitchell Vermes, CC; inactivation of a lip virus by Drs. Stephen M. Feinstone and Robert H. Purcell, National Institute of Allergy and Infectious Diseases.

Process of using poxviruses for expression of foreign genes and the production of recombinants that express hepatitis B virus surface antigens by Dr. Bernard Moss, NIAID; fiber optic probe for measurement of oxygen partial pressure in tissue by Drs. Raphael V. Fitzgerald and John I. Peterson, DRS; development of monoclonal antibodies which are reactive against non-small cell lung cancer by Drs. James L. MuUishine and John D. Minna, NCI; fiber optic carbon dioxide partial pressure sensor by Dr. Gerald B. Vurek, National Heart, Lung, and Blood Institute.

Montgomery College Comes to NIH

Would you like to organize your work better? Learn principles of computers, career planning, and interpersonal communications? Do you want to improve your math and verbal skills? And would you like the opportunity to earn academic credits from Montgomery College? If you answered “yes” to any of these questions the NIH Training and Development Staff has a program designed for you . . . The Training and Development Services Program or TDSP.

TDSP is a new series of educational opportunities. Employees who need help in these areas. Employees who need help in these areas. Employees who need help in these areas.

The DSC offers refresher courses in Verbal Skills, Spelling, Reading, Math, Grammar, and Study Skills. It is designed for those who need to brush-up in these areas before taking courses in the DSC. Not all employees will need to take advantage of this curriculum.

Adult Education Program (AEP). The AEP is an existing program of the Montgomery County Public School System. It offers refresher courses in Verbal Skills, Spelling, Reading, Math, Grammar, and Study Skills. It is designed for those who need to brush-up in these areas. Employees who need help in these areas. Employees who need help in these areas.

Orientations are planned for December. For a brochure that describes the TDSP and its eligibility criteria and an orientation schedule, call Edith Pruden, Development and Training Operations Branch, DPM, 496-6211.

ATTENTION!

Announcement of the winner of the NIH 100th Anniversary Logo Contest has been postponed until Nov. 20, 1984, issue of the NIH Record.

November 6, 1984

Medical Decisionmaking Meeting To Be Held

The Society for Medical Decisionmaking will hold its annual scientific meeting at NIH Nov. 28-30. The meeting, to be held in the CC Masur Auditorium, is open to all NIH staff. The goal of the international group is to promote research and education in clinical decisionmaking. Recently published work includes guidelines for cancer screening, effect of surgery in asymptomatic gallstones, and emergency room prediction of myocardial infarction.

In addition to scientific presentations, the 3-day meeting will include symposia on decisionmaking, artificial intelligence in medicine, clinical reasoning, and microcomputers in medicine.

Society president Harold Sox welcomes all NIH staff to attend as guests of the society: “As biomedical advances are translated into effective clinical tools, physicians will have to decide how to use them effectively. Our main purpose in holding our meeting at the Clinical Center was to create opportunities for discussion with our NIH colleagues.”

Sesame Street Show Tickets

The all new stage spectacular starring Jim Henson’s Sesame Street Muppets will appear at the D.C. Armory, Nov. 21-25. R&W has tickets for the following dates: Nov. 23, 7:30 p.m.; Nov. 24, 11 a.m. and 3 p.m.; and Nov. 25, 2 p.m. Tickets are $6.50.
The Clinical Center's magnetic resonance imager (MRI) has recently undergone an extensive upgrading process which has shortened patient exam time, increased image quality, and improved research capabilities. After more than 6 weeks of upgrading the unit, patient scanning resumed on Oct. 22.

In addition to doubling the magnetic field force, the renovations have upgraded the display image systems to provide greater image resolution, and added a separate viewing system which allows researchers to view previously made images without interfering with patient scanning.

Since the Diagnostic Radiology Department began operation of MRI this spring, more than 400 scans have been conducted on CC patients. The unit is one of only two presently operating in the Washington, D.C. area. There are only about 50 operating in the United States and 100 worldwide.

MRI is also known as nuclear magnetic resonance (NMR). This new technology provides visualization of the internal structure of the body without the use of x-rays or radioactive isotopes and without the need for invasive procedures such as dye injection or catheter insertion. Instead it uses magnetic fields and radio waves to provide images of the organs and their relationship in the body.

It also offers a number of advantages over existing methods of diagnostic imaging, including computed tomography (CT). Because it doesn't use ionizing radiation, serial images can be taken in a single patient over time, providing a means of followup without the potential danger of cumulative radiation exposure.

In addition, MRI can produce original images of the body from several different angles. CT doesn't have this capability. Viewing the body from different planes permits greater accuracy in detecting and describing abnormalities.

More Differentiation

MRI can also commonly differentiate blood vessels from other soft tissues, whereas CT frequently requires dyes or contrast agents to make this determination.

MRI also distinguishes tissues which may appear similar on CT. Therefore, in some instances it can provide a more accurate description of the size and extent of abnormalities.

These factors have proven MRI to be superior to existing methods of diagnosis and imaging in a number of research studies. MRI technology at the CC is being used to study many central nervous system disorders. Detection of multiple sclerosis lesions is far superior to former imaging techniques. Visualization of the upper spinal cord is also greatly improved, and studies are in progress to evaluate its use in detecting spinal cord abnormalities.

Brain disorders under study include strokes, posterior fossa tumors, white matter diseases, seizures, developmental dyslexia, and brain tumors. It is also effective for detecting vascular abnormalities which are not seen by CT. Early infarction of the brain is more readily detected by MRI because it is more sensitive than other techniques.

"One of the problems we've encountered is that it is exquisitely sensitive to a number of tissue changes," said Dr. Andrew Dwyer of the Diagnostic Radiology Department. "As we are able to see smaller, more subtle abnormalities in greater detail, we risk making normal aging changes in the brain for those of disease. Hence, further study and refinement of diagnostic criteria are in order," he explained.

Studies on heart morphology are also being conducted using MRI. Other studies using MRI include Hodgkin's disease, pediatric sarcomas, and cancer of the lung, ovaries, esophagus, and pancreas.

The hardware that produces these pictures consists of a large cylindrical magnet large enough to encircle a patient's body. At its center, it has a magnetic strength almost 10,000 times stronger than the earth's magnetic field.

It works by measuring the distribution of water and other hydrogen-rich molecules in the body, and is based on the principle that atoms in the body act like tiny spinning magnets.

When a patient's body is placed inside the MRI unit the nuclei of these atoms line up in a magnetic field. Radio waves are then beamed at the patient at an angle to the magnetic field, bumping the nuclei out of alignment.

When the radio waves are turned off, the nuclei bounce back emitting a radio wave signal. The speed at which the nuclei bounce back is dependent upon the surrounding tissue. By measuring the signal strength while the nuclei are returning to their original positions, researchers can differentiate fat, blood, muscle, and tumor tissue.

MRI scans have been conducted on patients since 1981. To date, extensive studies on its safety show no pathological, developmental, or genetic consequences of exposure to electromagnetic fields.

While the levels of magnetic power produce no known deleterious effects, it does require certain precautions. Mechanical watches, cameras, pacemakers, and bank and credit cards are affected by the magnetic field. In addition, loose metal objects, such as keys, paper clips, and pens, could be pulled into the machine injuring patients.

Personnel entering the MRI area are instructed to leave such objects, including those in shirt pockets, in the control room.

Patients undergoing scans are prohibited from wearing metal jewelry. Scans are not routinely performed on patients with pacemakers, permanent surgical clips on blood vessels, or prosthetic devices.

These devices may be dislodged or their functioning may be altered by the magnet. As a precautionary measure, pregnant patients are not tested by MRI.

While still in its infancy, MRI is providing outstanding advantages to clinical research. The future holds great promise as scientists continue to improve and expand the uses of this new technology.

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Colleen Henrichsen

Improved Lighting on NIH Campus

With the arrival of fall and the end of daylight saving time, many more NIH employees will again find it necessary to arrive at or leave from work during nondaylight hours. As part of a continuing effort to improve exterior lighting for the convenience and safety of NIH employees, the following actions have been or are being taken by the Division of Engineering Services.

- Over the last several months, additional lighting has been installed along the path between Bldg. 34 and parking lot 41B, along the closed section of South Dr. south of the Cancer Research Center, at the parking lot in front of Bldg. 60 (Convent), and around Bldg. 82 (Bloch Bldg.).
- Additional lighting is being installed on the top level of MLP-6 and along a new walkway southwest of the Metro Station.
- A study was undertaken near Bldg. 20 to determine the value of replacing mercury vapor lamps with high pressure sodium lamps. The latter lamps provide twice as much light as the mercury vapor type with lower power consumption.

As a result, it has been concluded that all existing mercury vapor lamps should be replaced with high pressure sodium lamps. The new lamps have been ordered and will be installed this fall.

Additional lighting is under design for the following locations: Northeast of Bldg. 6; south of Bldg. 10 cafeteria/library exits; north side of Center Dr. to Wisconsin Ave.; Center Dr. to Wisconsin Ave., diagonal walkway; north side of Lincoln Dr. from Bldg. 36 to Old Georgetown Rd.; Bldg. 37 to South Dr., and north and south ends of Bldg. 1.

Employees who note areas that have lights not working, or are not on when it is dark, are encouraged to call 496-6284.
NIDR Announces Two Senior Staff Changes

Dr. Marie U. Nylen has been named associate director for the NIDR Extramural Program, succeeding Dr. John F. Goggins who has accepted the deanship at Marquette University School of Dentistry in Milwaukee, Wis. Dr. Abner L. Notkins, chief of the Laboratory of Oral Medicine has been appointed acting director for the Intramural Research Program, replacing Dr. Nylen. Dr. Notkins will also retain his position as chief of the Laboratory of Oral Medicine.

For the past 7 years, Dr. Nylen has directed the Institute's diverse intramural research programs.

In her new position, Dr. Nylen will administer the Institute's Extramural Program. This component consists of three categorical branches which fund research in periodontal and soft tissue diseases, craniofacial anomalies, pain control and behavior, and caries and restorative materials.

Oral Disease Prevention

The unit also has a Scientific Review Branch, a Grants Management Section, and a Contract Management Section. Each of the program areas supports a full range of research and research training from basic studies to clinical projects related to treatment and prevention of oral disease and disorders.

A native of Denmark, Dr. Nylen received her dental degree from the Royal Dental College of the University of Copenhagen in 1947. She came to NIDR in 1949 as a guest worker and postdoctoral fellow but returned to Denmark in 1951 to serve as assistant professor in the Department of Oral Diagnosis at the Royal Dental College. She resumed her NIDR career in 1955 as a biologist in the Laboratory of Histology and Pathology and was named chief of that laboratory in 1969. In 1977 she became the first woman to head an Intramural Program at NIH when she was named intramural director, NIDR. Throughout her distinguished career, Dr. Nylen's research interests have centered on the development and structure of mineralized tissues, the morphology of teeth, and the effect of tetracycline on developing bones and teeth. She is internationally recognized for her contributions in these research areas and is also noted for her work in electron microscopy as an aid in dental research.

Dr. Notkins

She has received both national and international awards, including an honorary degree of Doctor Odontologicae from the Royal College in Denmark, the Isaac Schour Memorial Award, the International Association for Dental Research Award for Basic Research in Biological Mineralization, the Federal Women's Award, the DHEW Distinguished Service Award, and an honorary degree of Doctor of Science from Georgetown University.

She is a fellow of the American College of Dentists and has served as president for both the American Association for Dental Research and the International Association for Dental Research.

Dr. Abner Louis Notkins began his NIH career in 1953 after receiving a B.A. from Yale, an M.D. degree from New York University and then serving an internship and residency in internal medicine at Johns Hopkins Hospital. From 1960-61 he served as a research associate at the National Cancer Institute. The following year he joined the Dental Institute as a principal investigator in the Laboratory of Microbiology. When the intramural laboratories were reorganized in 1973, Dr. Notkins was named chief of the then newly established Laboratory of Oral Medicine.

Diabetes Research

Dr. Notkins is internationally known for his research in diabetes and specifically for his work relating viruses to beta cell damage. He is also an authority on viral immunology and immunopathology.

He is the author of numerous scientific articles, has delivered a number of honorary lectures and is the recipient of the DHEW Meritorious Service Medal, the David Rumbaugh Scientific Award of the Juvenile Diabetes Foundation, and the DHHS Distinguished Service Medal. Dr. Notkins is also an elected member of the Association of American Physicians.

Dr. John F. Goggins retired from the USPHS Commissioned Corps on Oct. 1, 1984, having served as associate director for the Extramural Program for the past 2 years. Dr. Goggins also served as NIDR deputy director sharing responsibility with the Director in establishing and carrying out Institute programs.

Acid Precipitation Subject Of Nov. 15-16 Conference

Health effects of acid precipitation (rain, snow, sleet, dew, etc.)—especially its relationship to toxic heavy metals and their availability in the environment—will be the subject of an international conference on Nov. 15-16 at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C.

The conference will be held in the NIEHS Building 101 Conference Center in four sessions devoted to specific topics of concern.

Scientists from major universities in the U.S., Sweden, Canada, England, and Scotland will make presentations.

Session I will consider possible health effects of acid precursor pollutants; Session II will look at acid precipitation as it relates to the availability of metals to human subjects, and Session III will focus on the change in form or availability of toxic metals as a consequence of acid precipitation.

Session IV will be a forum for summarizing the first three sessions and discussing research needs.

Dr. Robert A. Goyer, NIEHS Deputy Director and NIEHS host for the conference, explained that a workshop on acid precipitation was convened in January 1984 at the request of the House Committee on Appropriations.

"The January workshop was made up of governmental and nongovernmental scientists who recommended that a global conference be held to fully explore the complex issues associated with the acid precipitation problem," he said. This conference is in response to that recommendation.

Those who want to attend the conference should contact Mary Hogan, NIEHS (B2-05), P.O. Box 12233, Research Triangle Park, N.C. 27709, or call (919) 541-7620, or FTS 629-7620. Attendance will be by reservation only and will be limited by the capacity of the NIEHS conference room.

Tom Knowles (L) and Bob Silverman will appear in Harvey, a delightful comedy about a droll eccentric gentleman who has an imaginary 6-foot rabbit for a companion. The show will be presented by the NIH R&W Theatre Group on Nov. 9, 10, 11, 16 and 17 in the Jack Masur Auditorium in the Clinical Center.

Tickets are $4.50, $2.50 for children 12 and under, and may be purchased in advance from R&W. For more information call 496-4600, or 598-5668.
Dr. Thos. Necheles, NCI, Dies Of Heart Attack at Age 51

Dr. Thomas F. Necheles, acting chief of the Clinical Trials Section in the Biological Response Modifiers Program, NCI, died of a heart attack on Sept. 5. He was 51. Before joining NCI in January 1984, he had been chairman of the Infectious Disease Control Committee and was Infectious Disease Control Officer at Kennedy Memorial Hospital in Brighton, Mass.

Dr. Necheles was an outstanding pediatric hematologist and cancer scientist. For a number of years, he was a close associate of the world renowned hematologist Dr. William Dameshek, with whom he coauthored several papers.

Dr. Necheles' work focused on defects of hemoglobin synthesis and on congenital anemia. His contributions include published studies on clinical observations of diseases such as sickle cell anemia, malignant melanoma, and neuroblastoma. Dr. Necheles earned his BA, BS, and MS from the University of Chicago. He received his M.D. and Ph.D. from that institution in 1961, and his MPH from Boston University in 1981. After an internship at the New England Medical Center Hospital, he completed his medical residency training at Boston City Hospital in 1963.

His academic honors included election to Sigma Xi, first prize in an essay contest sponsored by the American Diabetic Association, a Meade Johnson scholarship, and a USPHS Medical Traineeship. He was a member of several societies, including the American Society of Hematology, the American Society of Clinical Oncology, and the American Society of Pediatric Hematology/Oncology. He was the author, coauthor, or editor of more than 85 scientific papers and books.

FIC Budget Officer Retires After 40 Years’ Service

Thomas C. Leffingwell, Fogarty International Center budget officer, retired at the end of the fiscal year with 40 years of government service.

He began his career at the War Department and went from there to the National Bureau of Standards, in the Department of Commerce. In 1956—after serving as principal administrative officer for LaRoe Instruments—he came to the National Institutes of Health, where he has worked in various administrative capacities.

In 1961, he was administrative officer for the President's Conference on Aging, which made recommendations for the establishment of the National Institute on Aging and the establishment of Medicare. In the following years, Mr. Leffingwell held a number of management positions within the Department. In 1968, he transferred to the newly established Fogarty International Center, where he has been ever since.

Known for his administrative and managerial ability, as well as his good nature and unfailing courtesy, he has been the recipient of many tributes throughout the years. He has also received special recognition for his work with the Combined Federal Campaign.

In 1973, Mr. Leffingwell submitted the

GUILLAIN-BARRE

(Continued from Page 1)

no effective therapy for the condition other than supportive medical care. In plasmapheresis, physicians remove the body's blood plasma and replace it with an artificial fluid.

Dr. McKhann said that GBS results from a decreased ability of nerves to carry the electrical impulses that permit movement. This in turn probably is as a result of damage to the myelin sheath—the insulating material that surrounds the nerves and permits electrical conduction.

This damage, Dr. McKhann hypothesizes, may result from an attack upon the myelin by the patient's own defenses, when, for unknown reasons, the patient makes antibodies against his own myelin.

Antibodies are proteins that ordinarily cling to the surfaces of substances foreign to the body. They serve as markers, tagging the unwanted substances for identification and later destruction by the body's defenses.

120 Patients Placed on Therapy

In GBS, antibodies cling to the myelin and disturb the electrical impulses necessary for nerve function. Plasmapheresis probably works because it dispose of much of the plasma—which contains the antibodies—and replaces it with an antibody-free fluid.

In the study, the investigators placed 120 patients with severe cases of GBS on plasmapheresis therapy and compared them with a group of patients that received intensive conventional therapy.

Of those patients so ill they were unable to walk, plasmapheresis restored mobility in 53 days, compared to 85 days for the untreated patients. The plasmapheresis patients who required a respirator regained their ability to breath unaided in 29 days, compared to 40 days for the other group.

According to Dr. McKhann, the patients on respirators were the sickest. Of this group, those receiving the plasmapheresis treatment regained the ability to walk in 97 days, compared to 170 days for the nonplasmapheresis patients.

Thirty percent of the patients, however, did not benefit from the treatment.

Others Noted

Other institutions participating in the study were: Toronto General Hospital, University of Western Ontario, University of Texas at Dallas, Duke University Medical Center, Montreal General Hospital, University of Michigan Hospital, University of California San Francisco, and Children's Hospital of San Francisco.

Also University of Calgary, Medical College of Wisconsin, University of Pennsylvania, Emory University School of Medicine, Brigham and Women's Hospital, Tuft's New England/University of Vermont, Walter Reed Army Hospital, the University Hospitals of Cleveland, Columbia Neurological Institute and the University of Rochester.

Leona Mitchell Tickets Available

R&W has tickets to see Leona Mitchell at the Kennedy Center Concert Hall, Dec. 7, at 8:30 p.m. Leona Mitchell, Metropolitan Opera soprano, will be performing a program of Handel, Mozart, Meyerbeer and Verdi arias, Lieder and spirituals. R&W discount ticket price is $14.25 including service charge.

Civilization can only be understood by those who are civilized.—Alfred Whitehead
'WE CAN DO IT' Was Theme of Employ the Handicapped Week

The NIH Handicapped Employees Committee and the Division of Equal Opportunity thank the employees of NIH for the opportunity to demonstrate to them that "We Can Do It." The program was held at NIH on Oct. 10, 11, and 12 during the National 'Employ the Handicapped' Week.

If you are interested in employing the handicapped an invitation is extended for you to attend any meeting of the committee which is held on the fourth Thursday of each month in Conf. Rm. 4 at 2 p.m. If you have any questions regarding employment of the handicapped, call 496-2906 or 496-2403.

Remember the disabled are able to work.

Jack Kelly of NCI shows his hearing ear dog.

Harold J. Russell is chairman, President’s Committee on Employment of the Handicapped.

MAPB Reorganization Announced

The Medical Arts and Photography Branch, DRS, has been reorganized into four sections, MAPB chief Ron Winterrowd has announced.

These sections are Design, Graphics, Photography and Medical Illustration

Also, motion picture services and special events have been combined under the office of the chief. This new unit will include cinematography, sound recordings, editing and related laboratory services, and all special events including poster presentations, slide shows, exhibits, congressional and VIP presentations, Medicine for the Layman lectures, signage system design and production and any other special requests.

Elaine Hamilton will serve as acting chief of the Motion Picture and Special Events Unit. Her phone number is 496-6960 for service requests.

"Talking Hands" from Gallaudet College

"Beep Ball" players visit from the Northern Virginia League.

Successful Middle Management Course Being Offered

Successful middle managers at NIH have 12 characteristics in common. The 12 characteristics, or competencies, were identified in research performed by staff in the Development and Training Operations Branch, DPM. In a series of three courses, NIH managers can learn about these competencies and how to use them.

The first course, "Successful Middle Management at NIH" was held in October. Participants give the course an overall rating of 4.8 on a 5 point scale.

In an effort to develop courses that reflect management realities of NIH, a study was conducted to determine what competencies were key to superior managerial performance. Twenty-four middle managers were asked to discuss three critical events in their management experience—two of which they considered successes and one failure. Interviews were taped and later analyzed for competency themes.

Six of the 12 competencies identified clearly separated superior from average managers. Each competency describes behaviors that are important to effective management at NIH. For example, some managers are more successful in producing significant changes in their organization.

Research shows that "strategic orientation" is one key competency underlying accomplishing changes. Individuals demonstrating this competency identify key actors figuring in the change, then sell their ideas to them, thus building coalitions. Subsequent steps involve developing plans to achieve their goals and staying involved in the change process once plans are under way.

Based on the study NIH training staff is developing a middle management curriculum. In the October course, managers GS 12–14 were introduced to the 12 competencies through presentations, group discussions, and case studies illustrating actual NIH situations.

Successive courses planned in the management curriculum will focus on two other issues. The first course stresses how to develop and carry out change projects that cut across organizational lines. The second course focuses on managerial negotiation and influence.

"Successful Middle Management at NIH" is next scheduled for Dec. 11–13. The two support courses will be offered in the spring. Further information is available from Dr. Gary Combs, program manager, 496-2496.
The Second Annual 1985 Combined Federal Campaign was launched on Oct. 15, with more than 100 spirited runners and an equal number of walkers and spectators. The front of Bldg. 1 was the scene of the event with balloons given out by clowns, George Gaines and Joyce Pilcher.

Ben Fulton, master of ceremonies, welcomed the spirited crowd and kept the brief kickoff ceremony lively as speeches were made and remarks given by Dr. John Marshall, Director, National Center for Health Services Research, Public Health Service, and PHS Combined Federal Campaign Vice-Chairman. Roy Jefferson, staff representative for the NFL Players Association and former Redskins' player, commended the large number of participants and spectators who used their lunch hour to demonstrate their desire to help millions of their neighbors in the National Capital Area. Roy started the race and also presented the trophies to the winners at the completion of the 5 kilometer run.

Dr. Marc Lippman, NCI research scientist and president of Health's Angels, gave the instructions to the runners and to people who participated in a 2 kilometer walk.

The winners in the male under 40 category:

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<td>2nd</td>
<td>Jerry E. Moore</td>
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<td>3rd</td>
<td>Gregory T. Kitten</td>
<td>18:11</td>
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</tbody>
</table>

The winners in the male over 40 category:

<table>
<thead>
<tr>
<th>Place</th>
<th>Runner</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Al Yergey</td>
<td>18:44</td>
</tr>
<tr>
<td>2nd</td>
<td>Rick Davey</td>
<td>18:55</td>
</tr>
<tr>
<td>3rd</td>
<td>Audry J. Shawver Jr.</td>
<td>19:47</td>
</tr>
</tbody>
</table>

The winners in the female under 40 category:

<table>
<thead>
<tr>
<th>Place</th>
<th>Runner</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Allison Wichman</td>
<td>19:54</td>
</tr>
<tr>
<td>2nd</td>
<td>Jo White</td>
<td>20:56</td>
</tr>
<tr>
<td>3rd</td>
<td>Maureen Fagan Ruel</td>
<td>21:40</td>
</tr>
</tbody>
</table>

The winners in the female over 40 category:

<table>
<thead>
<tr>
<th>Place</th>
<th>Runner</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>1st</td>
<td>Patricia Turner</td>
<td>22:13</td>
</tr>
<tr>
<td>2nd</td>
<td>Chris Keenan</td>
<td>23:43</td>
</tr>
<tr>
<td>3rd</td>
<td>Connie Lowe</td>
<td>24:40</td>
</tr>
</tbody>
</table>

The walkers were presented certificates of accomplishment, and the 12 winners of the run were presented trophies for first place, silver medals for second place, and bronze medals for third place. One hundred and eight walkers completed the course, and 82 runners completed their course.

The Second Annual Kickoff Walk/Run event was sponsored jointly by the NIH Health’s Angels, NIH Recreation and Welfare Association, and the NIH-CFC Coordinating Committee.

R&W General Manager Randy Schools coordinated the drawing of the prizes donated by the R&W Association.

**NON-A, NON-B**

(Continued from Page 1)

a test for hepatitis B, which also can be transmitted in blood. Less serious hepatitis A is primarily transmitted via fecally contaminated foods.)

"It also may open the door to possible development of a vaccine to prevent the non-A non-B disease entirely," Secretary Heckler said. Such a vaccine was approved in 1981 for hepatitis B.

The retrovirus itself has not yet been isolated but was detected by a test the Gerety team devised for blood analysis. The test detects a "tracer" enzyme called reverse transcriptase or RT. While RT was found in all the infected plasma tested, it was found in only two samples from 49 healthy plasma donors and lab workers.

Additional studies are under way to specifically identify the virus—but in the meantime, RT appears to provide an effective test for non-A non-B in patients and blood products. Indeed, although not reported in the *Lancet* article, a U.S. patent has been issued to FDA scientists for non-A non-B test reagents.

Non-A non-B hepatitis is only the second human disease of major proportions in the United States to be linked to the family of viruses called retroviruses. The retrovirus HTLV-III was recently linked to AIDS by NIH researchers. Previously, retroviruses had been thought to be implicated primarily in animal diseases.

Non-A non-B hepatitis clinically resembles other forms of hepatitis, but its cause has eluded scientists despite years of intensive research.

When hepatitis B virus was identified in 1970 and a test for blood supplies was subsequently developed, public health officials at first thought that the problem of transfusion-associated hepatitis was solved. But cases continued to occur, leading scientists to search for yet another hepatitis virus. □
NCI's Radiation Oncology Branch Dedicated to Dr. Henry Kaplan

Scientists in the NCI Radiation Oncology Branch recently dedicated their new facilities, located in an underground wing of the Clinical Center, to the late Dr. Henry S. Kaplan. NCI Director Dr. Vincent T. DeVita, Jr., and Dr. Eli Glatstein, chief of the branch, spoke at the opening ceremony, Oct. 10.

In his opening remarks, Dr. Glatstein reviewed Dr. Kaplan's many achievements and contributions to cancer research. Dr. Kaplan was a pioneer in developing radiation treatment for cancer. He was a radiologist with the NCI from 1947 to 1948, then became a professor of radiology at Stanford University, Calif., where he remained until his death last February.

Dr. Kaplan served on many international medical advisory panels and was a mentor to radiotherapists and cancer specialists around the world. He was known especially for his work with malignant lymphomas and Hodgkin's disease, and as co-inventor of the linear accelerator. "He was a colossus; a master oncologist," said Dr. Glatstein. The linear accelerator is still used as the standard of treatment in cancer radiation therapy.

Dr. DeVita also spoke of Dr. Kaplan's contributions, not just as a respected scientist and dedicated member of many cancer advisory boards, but also as a teacher and friend. "The Radiation Oncology Branch is almost an extension of Dr. Kaplan, not just because he had such a guiding hand in developing the department, but because his influence remains in the quality of his students directing and manning the lab," said Dr. DeVita.

Representing the Kaplan family was Dr. Kaplan's son, Paul, who said his father knew before he died that the department would be dedicated to him. That pleased Dr. Kaplan, Paul said, because he was so impressed with the work being done in the department.

About 150 radiation therapists and researchers from around the country attended the dedication, held in the Clinical Center. A plaque honoring Dr. Kaplan will be placed in the department.

Nancy Brun Named Chief, NCI Graphics and Audiovisual Section

Nancy Brun has been named chief of the Graphics and Audiovisual Section of the NCI Office of Cancer Communications. As chief, Ms. Brun is responsible for many diverse services. She and her staff manage the production of all NCI publications, including photography, design and printing; process Freedom of Information requests; handle public information materials clearance; gather news clippings for the NCI administration; develop exhibits for professional conferences, and coordinate the NCI speakers bureau.

Dr. DeVita Presents Awards to NCI Employees

Twenty-four NCI employees received special awards Thursday, Oct. 18, at the Institute's annual ceremony in Wilson Hall. Dr. Vincent T. DeVita, Jr., NCI Director, honored the employees for their "contributions to the overall excellence of the NCI and its programs."

The awards included: the PHS Outstanding Service Medal, the PHS Outstanding Unit Citation, NCI Awards of Merit, EEO Special Achievement Awards, and length of service awards.

Larry M. Kleinman, head of the Clinical Products Section of the Pharmaceutical Resources Branch, Division of Cancer Treatment (DCT), received the PHS Outstanding Service Medal "for his sustained performance in managing chemotherapy drug contracts."

The PHS Outstanding Unit Citation recognized the Medicine Branch, DCT. The award went to the nine senior personnel responsible for initiating and completing a clinical trial of chemotherapy that doubles the cure rate of patients with advanced diffuse lymphomas.

Dr. Richard J. Fisher, former branch senior investigator, now chief, hematology-oncology section, Loyola University, Chicago; Dr. Dan L. Longo, head, Experimental Immunology Section; Dr. Marc E. Lippman, head, Medical Breast Cancer Section; Dr. Robert F. Ozols, senior investigator, Medicine Branch; Dr. Charles E. Myers, chief, Clinical Pharmacology Branch; Dr. Robert C. Young, chief, Medicine Branch; Dr. Bruce A. Chabner, DCT director; Susan M. Hubbard, director, International Cancer Information Center; and Dr. DeVita.

NIH Team Wins ICAAC Run

NIH entered a team in the 4th Annual ICAAC 5 Kilometer Fun Run during the 24th Interscience Conference of Antimicrobial Agents and Chemotherapy (ICAAC) Conference held in October at the Sheraton Washington Hotel.

The winners were decided by a team's combined lowest time for its first three finishers. Out of approximately 300 runners, NIH's team came in first place.

Running for NIH were Dr. Keith Joiner, NIAID; Lou Mocca, FDA; Douglas Ward, NCI; Mike Smeller, NIEHS; Dr. Cheryl Jo White, NIAID; Dr. Dick Sveum, NIAID; and Dr. Philip Pizzo, NCI. Dr. White, in the overall race, placed second among the women.
Dr. Martin Rodbell Wins Gairdner Award

Dr. Martin Rodbell, chief of the Section on Membrane Regulation of the Laboratory of Cellular and Developmental Biology, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, was recently named recipient of one of eight 1984 Gairdner Foundation Awards for outstanding contributions in the field of medical sciences. Each recipient received a $15,000 prize in addition to a sculpture (Le Coeur) by Donald Liardi.

Dr. Rodbell was cited for his discovery of cyclic AMP, one of several "second-messengers" of hormone action. Their role in the field of medical sciences. Each recipient was the first to postulate the existence of a variety of hormones and neurotransmitters. He was the first to postulate the existence of a family of proteins that are responsible for transmitting information from hormone receptors located at the outer surface of cells to processes within the cell that are responsible for altering cellular function.

Dr. Rodbell won the Gairdner Award for his work on the mechanism by which peptide hormones act across cell membranes to influence cell function.

At NCI's Pediatric Branch and the American Cancer Society invite you to attend the I CAN COPE program, designed for patients and their families, to provide an opportunity to learn and share concerns that occur in living with cancer.

The program will be held in the Little Theatre in Bldg. 10, on Tuesdays at 2 p.m. beginning Nov. 13.

NIDR Investigator Suggests Possible Lung Cancer Cause

Dr. John Mulvihill, associate professor at the University of North Carolina. Dr. Terisio Pignatti, Director of the American Cancer Society, will discuss normal anatomy and general information about childhood cancer; its cause, diagnosis, treatment modalities, prognosis, and progress in pediatric cancer research.

Nov. 13—Living with Cancer and Learning More About Cancer. Dr. Philip A. Pizzo, chief, Pediatric Branch, will discuss concerns about cancer incidence in families, including known causes, trends, and prevention; and will differentiate between "fact and fiction" about cancer.

Nov. 20—Living with Cancer and Learning More About Cancer. Dr. John Mulvihill, chief, Clinical Genetics Branch, will discuss concerns about cancer incidence in families, including known causes, trends, and prevention; and will differentiate between "fact and fiction" about cancer.

Nov. 27—Dealing with Daily Health. Jane McCalla, clinical nurse specialist, will discuss side effects of therapy and how parents can alleviate them. Jane Peters, pediatric dietician, will discuss food for children in treatment and how to encourage eating.

Dec. 4—Enhancing Self Esteem. Dr. Daniel Cowell, psychiatrist, director, medical education, will discuss creating positive attitudes in children with cancer, self esteem and the developing sexuality of young teenagers. Focus on communication, developmental age of child, and importance of body image.

Dec. 11—Life at School, Home and in the Hospital. Martha Dowd, director, NIH Children's School, will discuss reasonable expectations for the child with cancer and brothers and sisters in school; how parents can help the school prepare classmates for the ill child's return. Andrew Tartler, Pediatric Branch social worker, will discuss how the medical social worker can help with the same issues.

Dec. 18—Identifying Support Systems for the Family. Dr. Daniel Cowell, psychiatrist, director, medical education, will discuss the needs of the family—brothers, sisters, Mom, Dad, the patient—how to find and use resources that will help, how to ask for help, and understanding your emotions during the holidays.

Macrophages—white blood cells originating in the bone marrow—rather than lung cancer cells may be the cause of a particularly insidious form of lung cancer, according to Dr. Michael R. Ruff, a National Institute of Dental Research investigator.

In an article published in Science Sept. 7, Drs. Ruff and Pert explained the results of their experiments designed to test the idea that SCCL cells are transformed macrophages.

Using monoclonal antibody techniques, the researchers determined that four surface proteins previously found only on macrophages are also present on the surfaces of SCCL cells.

Their presence suggests that lung cancer cells come from macrophage precursors in bone marrow, the point from which all macrophages originate.

Dr. Ruff, who works in the NIDR Laboratory of Microbiology and Immunology, said the lung cancer study was a natural extension of the laboratory's research on macrophages in connection with inflammatory oral diseases and immunological mechanisms. He thinks that SCCL arises because a normal repair response in the body's immune system goes awry.

Tissue damage in the lungs caused by long-term heavy smoking activates macrophages to swarm to the site of injury to help restore tissue growth. According to Dr. Ruff, these macrophages then are constantly surrounded by, and are constantly ingesting, carcinogens present in the lungs from the smoke.

He believes that over a period of time, the constant repair process, tissue renewal, and recruitment of new macrophages into the lung provides a susceptible environment for transformation of these cells into cancer cells.

This theory could explain why SCCL spreads so rapidly, because macrophages travel extensively throughout the body and populate many of the tissues where metastases normally are found, such as bone marrow, liver, lymph nodes, and the brain.
Old Rats Teach NIEHS Scientist-Researcher Some New ‘Tricks’ on Environmental Hazards

Old rats are teaching scientists a few new tricks as the source of experimental data on how age changes the animals’ abilities to handle environmental agents.

Dr. Linda S. Birnbaum at the National Institute of Environmental Health Sciences at Research Triangle Park, N.C. has been working for more than 5 years on determining how older animals differ from younger ones in uptake, metabolism, storage and excretion of chemicals in their food and water.

Although scientists don’t use laboratory animal results as a direct analogy to the human situation, the animals do provide an important model for learning the kinds of differences between young and older animals.

This is important to environmental health sciences since many human exposures to environmental agents that induce chronic diseases involve long-term, low-dose exposures. In some cases, there may be long latency periods of 20, 30 or more years between exposure and appearance of the disease.

Substantial victories of medicine over infectious diseases have made it possible for many more people to reach maturity. By extending life expectancy, these advances have also prolonged exposure of people to environmental agents that occur as natural or synthetic substances that have entered the environment in ever-increasing numbers and amounts.

Thus it is critical to understand the relationship between environmental agents and health, and between aging and effects of environmental agents.

In several studies, Dr. Birnbaum has compared older rats—near their mean lifespan at 23 or 24 months of age—with younger animals in their abilities to excrete doses of chemicals. In one study, two closely related forms of the chemical hexachlorobiphenyl (HCB) were traced to see how quickly they were excreted. The old animals excreted both kinds of HCB more slowly than the young ones.

Dr. Birnbaum commented, “This condition is consistent with both increased tissue fat and decreased tissue blood flow in old animals.” She also noted that these results may reflect a general age-related change in chemical disposition that needs consideration.

In another study, comparable liver cells from older rats and mice were compared to those from younger animals for their ability to produce certain metabolites—chemicals produced in the body—associated with the development of cancers. Liver tissue from the older animals showed greater production of these mutagenic metabolites.

One problem with animal studies on aging is that animal suppliers don’t regularly offer adult laboratory animals. Dr. Birnbaum had to track down animals, and when found, they were evaluated as somewhat uneven in their general health. The inbreeding required to create a uniform genetic stock often produces animals prone to particular disease processes as they age.

Dr. Birnbaum has overcome the difficulty in obtaining older animals through a special arrangement with a contractor who maintains a colony for mature animals. This provides an adequate supply, so that animals which develop diseases they are genetically predisposed to as they age, can be removed from the experimental data.

The focus of Dr. Birnbaum’s work is not to illustrate the inevitable decline of bodily processes as the body ages. Rather, by determining the precise biological mechanisms that become vulnerable with age, scientists will be in a better position to suggest ways humans can be protected from the consequences of environmental hazards as they grow older. With this improved understanding, they can better avoid or treat various chronic diseases.—Tom Hawkins

Discount Tickets Available For Bullets and Capitals

The R&W and the Capital Center have joined together to offer you some of the best basketball and hockey tickets available at special discounts. Bullets tickets regularly priced at $11.50 are $9 for the Boston game, Nov. 10, and Los Angeles, Dec. 8.

Capitals tickets regularly priced at $13.50 are $11 for Edmonton, Nov. 9, and New York Rangers, Dec. 15.

Tickets are available from the R&W Activities Office, Bldg. 31, Rm. B1W30. All prices include service charge.

Spend Weekend in Atlantic City And See Washington Redskins Game

Journey with the R&W highrollers for a weekend in Atlantic City, and on your return trip attend the Redskins/Eagles’ game at Philadelphia’s Veteran Stadium. The trip will take place on Nov. 17-18 and will include the following: deluxe roundtrip motor coach transportation, 1-night stay in Atlantic City, casino rebate, all taxes and baggage handling, and reserved ticket to the game.

Bus will depart NIH, Bldg. 31C at 10 a.m., Nov. 17. Sign up now at the R&W Activities Desk, Bldg. 31, Rm. B1W30.

During the NIDR Annual Honor Awards Ceremony held recently in Wilson Hall, NIDR Director Dr. Harold Loe joined his staff in extending congratulations to the Institute’s 1984 award recipients.

Three NIH Merit Awards were among the 61 presented. The Merit Awards went to nurse specialist Peggy Wirdzek (l), secretary Dorothy M. Hardesty (c), and executive officer John P. Patterson, for exemplary service to their individual program areas as well as to the Institute. A reception for the awardees, guests, and staff followed in Wilson Hall.
Director, DRS and Chief Veterinary Officer
Dr. Joe R. Held Retires After 29 Years

Dr. Joe R. Held, Director of the Division of Research Services and Chief Veterinary Officer of the Public Health Service, retired Nov. 1 from active PHS duty to assume the directorship of the Pan American Zoonoses Center in Buenos Aires, Argentina. He served 29 years in the Commissioned Corps, 27 of them on active duty.

The center is operated by the Pan American Health Organization (PAHO), the regional office for the Americas of the World Health Organization. Dr. Held had previously served there for 2 years (1967-1969) on a detail from the PHS.

Zoonoses are diseases transmitted from animals to humans, such as rabies, brucellosis, bovine tuberculosis, and many food-borne and parasitic diseases.

Commenting on his new position, Dr. Held said, "We in developed countries have a responsibility to contribute to international health. Control of infectious diseases has been a special interest of mine since I began my PHS career in the Epidemic Intelligence Service of the Centers for Disease Control."

Dr. Held had served as DRS Director since 1972, having served previously as head of the Veterinary Resources Branch.

Dr. Held became an Assistant Surgeon General and Chief Veterinary Officer of the PHS in 1975. That same year he was selected by the Assistant Secretary for Health to chair the new Interagency Primate Steering Committee (IPSC). The committee was expanded in 1983 into the Interagency Research Animal Committee (IRAC), also chaired by Dr. Held.

The IPSC was established to coordinate efforts by Federal agencies to ensure the availability and conservation of nonhuman primates needed for biomedical research and testing.

Primates were becoming increasingly unavailable from the wild, and rhesus monkeys soon became totally unavailable except from domestic breeding. The IPSC developed a National Primate Plan and a number of projects that have contributed much to preserving these irreplaceable resources.

IPSC was expanded into the Interagency Research Animal Committee with representation of the Federal agencies most involved in animal use issues. IRAC recently drafted "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training," at the request of the Office of Science and Technology Policy.

Dr. Held has been deeply involved in many other national and international activities to ensure an adequate supply and proper use of animals in research, especially nonhuman primates.

He is chairman of the International Scientific Advisory Board for the Institute of Primate Research, National Museums of Kenya, and he recently chaired the committee of the Council for International Organizations of Medical Sciences (CIOMS) responsible for drafting CIOMS's "International Guiding Principles for Biomedical Research Involving Animals."

Dr. Held joined the PHS Commissioned Corps in 1955 and was assigned to the Communicable Disease Center (now the Centers for Disease Control). In 1962 he transferred to NIH, first as administrator of the Primate Centers Program, DRR, then as a research parasitologist in NIARD, 1964-1967. Following his detail to the Pan American Zoonoses Center, he became chief of the Veterinary Resources Branch, DRS, in 1969.

Dr. Held received his D.V.M. in 1955 from the University of California, Davis, and the M.P.H. in 1959 from Tulane University.

Dr. Robert A. Whitney, Jr., chief of the Veterinary Resources Branch, DRS, is serving as Acting DRS Director.

Hepatitis B Won't Wait!

Two Clinical Center employees—a nurse and a laboratory worker—have recently been infected with the hepatitis B virus, says Dr. Charles Henderson, hospital epidemiologist. He said both employees worked in high risk occupational settings where they had frequent contact with patient blood and body fluids. Neither employee was vaccinated with the hepatitis B vaccine, which would have prevented the infections.

Dr. Henderson added: "If you work with blood or other body fluids from Clinical Center patients you are at an increased risk for acquiring hepatitis B, which can be a serious and sometimes fatal acute disease with several chronic complications, including cirrhosis and liver cell cancer."

Vaccine Available

Many CC patients harbor the virus even though they do not have symptoms of hepatitis, and their blood and other body fluids present a risk of infection to health care workers.

There is now a safe and effective vaccine that prevents hepatitis B infection. It is available free to all NIH employees from the Occupational Medical Service.

If you have any questions or need more information, call the Hospital Epidemiology Service at 496-2209. Don't delay your decision regarding this important vaccine.