American and Japanese Scientists Meet July 18-19
To Celebrate 20 Years of Biomedical Cooperation

Twenty years of international biomedical cooperation will be celebrated July 18 and 19 when American and Japanese scientists meet in Washington, D.C. to commemorate the beginning of the U.S.-Japan Cooperative Medical Science Program.

Established by President Lyndon Johnson and Prime Minister Eisaku Sato of Japan, the program was designed to improve the health of the people of Asia through joint research efforts, by scientists in the United States and in Japan. Chairman of the panels of experts will highlight research accomplishments of this unique program over the past two decades.

As part of the celebration, Secretary of State George Schultz will host a reception in the Great Hall of the National Academy of Sciences to honor this successful program.

Originally, six disease categories were chosen for intense study by experts on cholera, leprosy, malnutrition, parasitic diseases, tuberculosis and viral diseases. Since then, panels on environmental mutagenesis and carcinogenesis, hepatitis, and immunity have been added. Each panel includes five biomedical scientists from each country who collaborate in directing the research in each program area.

Operation of the program was initially delegated to the Office of International Research, then to the Office of Research and Resources, of which it is now a part. The group will also study substances involved in relieving pain, and will examine such phenomena as the brain’s tendency to become tolerant of pain-killing substances.

This sentiment is as fitting now as it was then. As the 20th anniversary approaches, Dr. Beck said that the “scientific momentum continues to flourish and intensify as the program continues.” He added: “Many of my associates and I believe this to be one of the most, if not the most, successful of this country’s bilateral international health programs.”
The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated by request to writers and to researchers in biomedical and related fields. The content is reprinted without permission. Pictures may be available on request.

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

NIH Record Office
Bldg. 3T, Room 2B-03, Phone 496-2125

Editor
Hershell Gribbon

Staff Writers
Joyce F. McCarthy
Anne Barber

Editorial Assistant
Marilyn Berman

Staff Correspondents
CC, Richard McManus; OTC, Joan P. Sobel, DPM; Harry Marshall, DRG, Sue Meadows; DRR, Barbara Menick; DRG, Jim Doherty; FC, Susan P. Stark, NCI; Patricia A. Newman, NEI; Marsha Corbett, NHLBI; Larry Bissel, NIA; Claire McCalloough, NIAID; Jeannine Winick, NIAID; Eileen Conroy; NICHD; James Hildby, NIDR; Jody Doyie, NIEHS; Hugh J. Lee, NIDMS; Wanda Ward; NIH; Marilyn Sargent, NINDS; Carol Rowan, NIMH; Roger L. Gilkeson

TRAINING TIPS

The following courses are sponsored by the Division of Personnel Management, Development and Training Operations Branch.

Executive, Management, and Supervisory (call 496-6371)
Course Supervisory (call 496-6371)

Making Time Productive
Communicating for Results
Effective Writing
Effective Communicating
Automation/Computer Training

More Help on Office Automation

Designated office technology coordinators in each BID at NIH are a fifth source of help available to NIH employees on personal computers and related automation technology.

Four others—DCRT's Personal Workstation Office, the Lead Users program, the Users Resource Center, and the NIH Training Center—were outlined in the July 2 issue of the Record.

Each BID's office technology coordinator serves as a central person for coordinating activities and disseminating information on office automation. OTCs are listed in the NIH Telephone and Service Directory yellow pages under "Office Automation." OTC meetings are held the second Wednesday of each month and are open to all NIH employees. These meetings serve as a forum for discussing office automation issues.

The group has compiled a Handbook on Acquisition of Office Automation Equipment to assist organizations in defining and evaluating their office automation needs. An electronic bulletin board, Thought Exchange Network (TEN), is another of its developments.

TEN covers office automation topics such as vendors, maintenance, training, publications literature, and consultants. Both the handbook and TEN will be available by the end of FY85.

NIH Parking Office Seeks New Ridesharing Prospects

The NIH Parking Office is looking for employees who commute to NIH from the Annandale-Springfield-Burke, Va., area (zip codes 22150, 22151, 22152, 22153, 22015, 22003, 22039, 22079), and are interested in ridesharing.

Employees from these areas are requested to contact the NIH Parking Office, Bldg. 31, Rm. B1C19, 496-6851. Employees from any other areas interested in ridesharing are encouraged to contact the NIH Parking Office.

R&W Opens Store at NIEHS in N.C.

Dr. Robert A. Goyer, deputy director, NIEHS, wielded the scissors at the grand opening and ribbon-cutting ceremony for the new NIEHS R&W store at the Bldg. 101 Mall at Research Triangle Park, N.C. Special guests and members of the R&W committee joined Dr. Goyer for the ceremony. L to r are: Judy Edmonds, OAM; Ann Kersey, LG; Arnetta Wicker, OAM; Agnes Richardson, NIH R&W president; Dr. Goyer, Carol Matheny, EP; Randy Schools, NIH R&W general manager; Stacey Ross, NIEHS R&W store manager; Robert Cullen, deputy executive officer; and Nancy Shipp, TRIP.

R&W Opens Store at NIEHS in N.C.

Safety Shoes Will Be Provided To Qualified NIH Employees

Beginning Aug. 14, the Division of Safety will issue safety shoes on the second and fourth Wednesdays of each month between 1 p.m. and 4 p.m. The shoes will be issued from the Lehigh Safety Shoemobile located at Bldg. 13, Platform G. To obtain safety shoes, employees must bring an NIH Form 1980, Request for Safety Footwear, completed and signed by their supervisor.

The program was set up to provide safe footwear to employees whose occupations routinely expose them to possible foot injury. The Lehigh Safety Shoemobile carries a wide selection of shoe styles. Specific shoe styles are determined by job classification and potential hazard as specified by the employee's supervisor.

For further information, contact Bill Dickey, 496-3457, Bldg. 13, Rm. 3K04.

O, P, Q, & R Parking Permits Must Be Renewed in August

General parking permits for NIH employees whose last name begins with O, P, Q, or R must be renewed during August.

Employees may renew parking permits any weekday at the NIH Parking Office, Bldg. 31, Rm. B1C19, between 8:30 a.m. and 3 p.m. Parking permits will also be available as follows:
- Blair Bldg., Wednesday, Aug. 14 to 2 p.m., Conf. Rm. 110
- Westwood Bldg., Wednesday, Aug. 14, 9 to 11 a.m., Conf. Rm. 3
- Federal Bldg., Wednesday Aug. 21, to 2 p.m., Conf. Rm. B119
- Landow Bldg., Wednesday, Aug. 21, 2:30 to 3:30 p.m., Conf. Rm. C

Affected employees will receive a memo about the upcoming renewal providing specific instructions on obtaining replacement permits. Employees with preferential (red) or carpool parking permits whose last name begins with O, P, Q, or R need not obtain new parking permits during August Display of new August general parking permits by Sept. 2.

Attention Motorists!

Effective Monday, July 22, the intersection of South Dr. and Convent Dr. will become a four-way stop intersection. Please exercise caution at this intersection as well as all intersections and pedestrian crosswalks throughout the campus.

Page 2 The NIH Record July 16, 1985
Dr. Griff T. Ross, Eminent Endocrinologist, Respected Longtime NIH Scientist, Dies of Cancer

A noted NIH scientist and physician and respected and admired colleague, Dr. Griff T. Ross, died of cancer in Houston, Tex., July 1. He was 64 years old.

Dr. Ross had a 21-year career with NIH as an endocrinologist for the NCI and NICHD and was deputy director of the Clinical Center when he retired in October 1981. Since then he had been professor and director of the Division of Reproductive Sciences at the University of Texas Medical School in Houston. He was also special assistant to the president of the UT Health Science Center in Houston.

A memorial service honoring Dr. Ross was held in the Jack Masur Auditorium of the Clinical Center on July 10. Mrs. Ross attended.

"NIH offers the best opportunity available to do, to be, to become," said Dr. Ross when he retired. "I'm grateful for having been a beneficiary of that kind of opportunity."

Dr. Ross was responsible for several major research advances as an NIH scientist and physician. His studies on reproduction shed light on the complications of normal and abnormal pregnancy, as well as endocrine changes in puberty, the menstrual cycle and its disorders.

Soon after joining NCI, he and his colleagues developed a treatment for choriocarcinoma, a cancer of the placenta occurring as a complication of pregnancy. Determining the efficacy of actinomycin D as an effective treatment doubled the number of women's lives saved from this deadly disease.

Dr. Ross also participated in developing radioimmunoassays as an alternative to biological assays for measuring gonadotropins. This helped to pinpoint and treat malfunctions such as choriocarcinoma and infertility. This discovery increased the sensitivity of the tests approximately 2,000 times, making repeated blood drawing for the tests feasible.

His experiments also resulted in pregnancy diagnosis prior to the first missed menstrual period and determined how hormones affect ovarian function in animals.

His unique understanding and contributions brought him many awards and honors. While at the University of Texas in 1984, a professorship was named for him through an anonymous gift—the Griff T. Ross Professorship in Humanities and Technology in Health.

In 1984 he became a member of the board of directors of the Jones Institute for Reproductive Medicine in Norfolk, Va., and was honored at the Gonadotropin Symposium on the Brain Hormones that Regulate Reproductive Processes held by NICHD.

In April 1981 he was awarded an honorary fellowship from the American College of Obstetrics and Gynecology. He was one of only 14 honorary members of the 14,000-member organization.

Earlier distinctions include the Edward Koch Award in 1977, the highest award given by the Endocrine Society. That same year he delivered the first Carl Gemzell lecture at the University of Uppsala, Sweden on its 500th anniversary, and was given the Ashbell Smith Distinguished Alumnus Award by the University of Texas.

In 1975, he was an invited speaker to the Royal Society of Medicine in London, England and was president of the Endocrine Society in 1977-78. Dr. Ross published about 220 scientific papers.

A native of Mt. Enterprise, Tex., Dr. Ross received his M.D. degree from the University of Texas, Austin. He practiced medicine in his hometown for 7 years before serving as a medical officer in the Air Force during World War II. He then resumed his medical training as a resident at the Mayo Clinic. At the same time he worked on a Ph.D. at the University of Minnesota.

He joined NIH in 1960 as medical officer and senior investigator for the NCI Endocrinology Branch. In 1965 Dr. Ross moved to NICHD where he remained 11 years serving as assistant chief of the Reproduction Research Branch and clinical director of the Institute. He became deputy director of the Clinical Center in 1976.

Dr. Ross is survived by his wife, Ailene; two children, Dr. Griff T. Ross, Jr., and Dr. Jane Ross-Reynolds; three grandchildren; and a brother, Dr. William F. Ross.

Noted for his humor and humility, Dr. Ross once described his career this way: "Science has a way of dictating what you do. My advice is, don't ignore opportunities. When someone offers you a seat in a boat and hands you a paddle, row, darn it!"

SAS Surveys Future Needs For Research Animals, Space

The Small Animal Section (SAS) of the Veterinary Resources Branch, DRS, has begun a survey to determine NIH intramural requirements for SAS services.

SAS is eager to obtain information about future needs for rodents and rabbits produced either by SAS or contractors, and needs for research holding space within the SAS centralized facility in Bldg. 14.

Results of the survey and followup interviews will be used to plan the resources and space to be allocated to small animal production and holding.

Call Aurora Associates, 463-0950 to participate.

Change in Survivor Benefits For Present & Past Spouses

Changes in survivor retirement benefit provisions of the Civil Service Retirement System enacted in 1984 became effective (for most purposes) on May 7, 1985. Among changes made in the Civil Service Retirement Spouse Equity Act of 1984, P.L. 98-915, are:

• If a marriage is dissolved (by divorce) on or after May 7, 1985, survivor benefits may be elected for former spouses at and after retirement of the employee.

• The Office of Personnel Management must comply with any qualifying court order or decree which mandates a survivor annuity to a former spouse who was divorced from the employee or annuitant on or after May 7, 1985.

• Written consent must be obtained from an employee's current spouse if the employee chooses an annuity which provides less than a 55 percent (maximum amount) survivor annuity to the current spouse.

• An employee must notify any current or former spouse from whom he/she was divorced after May 7, 1985 of any plan to apply for a refund of retirement contributions.

• A refund of retirement contributions to an employee will be denied if there is a qualifying court order or decree taking effect after May 7, 1985, that provides for annuity payments to a former spouse.

• Survivor/annuitants may remarry at age 55 (formerly 60) without losing benefits if their spouse died in civil service or after retirement on or after May 7, 1985.

• Widows or widowers are eligible to collect survivor benefits after being married for 9 months (previously 1 year) if an employee dies in service or retires on or after May 7, 1985.

• Married employees in good health at retirement may choose an "insurable interest" survivor annuity, in addition to survivor's annuity for a current or former spouse.

• Federal Employee Health Benefits coverage may be provided to certain former spouses of employees or annuitants.

For further information or explanations, contact your personnel office.
Dr. Edward Evarts, Distinguished Neuroscientist, Dies of Heart Attack at His NIMH Laboratory

Dr. Edward Evarts, 59, who pioneered the method for recording electrical activity of single brain cells widely used by neuroscientists, suffered a fatal heart attack July 2 at his National Institute of Mental Health laboratory.

A member of the National Academy of Sciences and its Institute of Medicine, Dr. Evarts was an authority on how the brain controls such interrelated behaviors as movement, mood and memory. He had been chief of the NIMH Laboratory of Neurophysiology since 1970.

A cum laude graduate of Harvard Medical School, he had served as president of the Society for Neuroscience, which he helped to organize, and as editor-in-chief of the Journal of Neurophysiology. Last year, Dr. Evarts received the Presidential Meritorious Rank Award for his scientific contributions and leadership.

In 1983, he received the American Philosophical Society’s Karl Spencer Lashley Award, given in honor of the man with whom Evarts began his research in 1949 at the Yerkes Primate Laboratory in Florida, where he explored the location of various functions in higher brain centers.

Following a residency in neurology at London’s National Hospital for Nervous Diseases and another in psychiatry at New York’s Payne Whitney Clinic, he joined the NIMH intramural Research Program in 1953. He is credited with recruiting into the Institute Dr. Julius Axelrod, who subsequently won a Nobel prize.

At NIMH, Dr. Evarts investigated the nature of brain activity associated with sleep and the relationship of dreams to hallucinations, including how drugs like LSD alter brain visual systems. He also conducted basic research into the brain’s role in controlling voluntary movement and into the function of the basal ganglia in certain neurological illnesses such as Parkinson’s disease.

In his sleep studies, Dr. Evarts developed the use of microelectrodes to detect the activity of single neurons in a research animal’s brain, a technique now used in research centers throughout the world.

“Dr. Evarts meticulous scientific work has set the standard for a true functional anatomy of the brain,” said NIMH scientific director Dr. Frederick Goodwin. “Equally important has been his broad scientific vision which has been indispensable to the leadership of the NIMH research programs.”

A memorial service was held at 1 p.m. Saturday July 6 at Robert Pumphrey’s Funeral Home, 7557 Wisconsin Ave., Bethesda, Md. A memorial convocation honoring Dr. Evarts will be held Monday, July 29 in the Masur auditorium in Bldg. 10 at 1 p.m. A reception will follow.

Dr. Evarts leaves his wife, Ritva, and a son, Edward, of Bethesda; two daughters, Joan, of Detroit, and Lucy, of New Haven, and a sister, Elizabeth Burr, of Los Angeles.

Dr. Richard Carter, NIAID, Awarded Chalmers Medal

Dr. Richard Carter of NIAID’s Laboratory of Parasitic Diseases (LPD), has received the 1985 Chalmers Medal for his outstanding work in the field of malaria research.

The medal is given annually by the Royal Society of Tropical Medicine in honor of Dr. Albert John Chalmers, a distinguished tropical disease specialist who began his career in Ghana. Following his untimely death in 1921, his widow endowed the society with funds for this award. It is given to a distinguished scientist, under age 45 specializing in tropical disease research.

The award ceremony was held in London during the society’s annual meeting.

Malaria Parasites

Dr. Carter, a native of Australia, studied in Scotland, earning his B.Sc. and his Ph.D. in biochemistry genetics, at the University of Edinburgh. With Professor Geoffrey Beale and Dr. David Walliker at the Institute of Animal Genetics in Edinburgh, he helped establish basic genetic studies on malaria parasites.

Dr. Carter joined NIAID in 1974, working with Dr. Louis Miller, head of the Malaria Section, and with Dr. Robert Gwadz. He began his studies on the sexual stages of the parasites—the stages which transmit the parasites from the blood of an infected host to the mosquito.

He collaborated with Dr. Gwadz in demonstrating that immunization of a host with the sexual stages of malaria parasites produces a form of immunity which blocks the transmission of the parasites from the host to the mosquito carrier. Because this form of immunity could be used to suppress malaria transmission in human populations, they called it “transmission blocking immunity.”

Monoclonal Antibodies

Currently, Dr. Carter and his colleagues in the LPD are using monoclonal antibodies and human malaria parasites grown in culture to identify target antigens of antibodies that mediate transmission blocking immunity against the most dangerous and prevalent of the human malarias, Plasmodium falciparum. This pathogen affects millions of people in tropical regions and causes the deaths of hundreds of thousands of children each year.

Dr. Carter and his fellow scientists are now cloning genes of P. falciparum that code for the target antigens of this form of immunity. They hope, ultimately, to develop an anti-P. falciparum transmission blocking vaccine. □

Dr. Carter

Dr. Richard Carter of NIAID’s Laboratory of Parasitic Diseases (LPD), has received the 1985 Chalmers Medal for his outstanding work in the field of malaria research.

The medal is given annually by the Royal Society of Tropical Medicine in honor of Dr. Albert John Chalmers, a distinguished tropical disease specialist who began his career in Ghana. Following his untimely death in 1921, his widow endowed the society with funds for this award. It is given to a distinguished scientist, under age 45 specializing in tropical disease research.

The award ceremony was held in London during the society’s annual meeting.

Malaria Parasites

Dr. Carter, a native of Australia, studied in Scotland, earning his B.Sc. and his Ph.D. in biochemistry genetics, at the University of Edinburgh. With Professor Geoffrey Beale and Dr. David Walliker at the Institute of Animal Genetics in Edinburgh, he helped establish basic genetic studies on malaria parasites.

Dr. Carter joined NIAID in 1974, working with Dr. Louis Miller, head of the Malaria Section, and with Dr. Robert Gwadz. He began his studies on the sexual stages of the parasites—the stages which transmit the parasites from the blood of an infected host to the mosquito.

He collaborated with Dr. Gwadz in demonstrating that immunization of a host with the sexual stages of malaria parasites produces a form of immunity which blocks the transmission of the parasites from the host to the mosquito carrier. Because this form of immunity could be used to suppress malaria transmission in human populations, they called it “transmission blocking immunity.”

Monoclonal Antibodies

Currently, Dr. Carter and his colleagues in the LPD are using monoclonal antibodies and human malaria parasites grown in culture to identify target antigens of antibodies that mediate transmission blocking immunity against the most dangerous and prevalent of the human malarias, Plasmodium falciparum. This pathogen affects millions of people in tropical regions and causes the deaths of hundreds of thousands of children each year.

Dr. Carter and his fellow scientists are now cloning genes of P. falciparum that code for the target antigens of this form of immunity. They hope, ultimately, to develop an anti-P. falciparum transmission blocking vaccine. □

Dr. Carter

Dr. Richard Carter of NIAID’s Laboratory of Parasitic Diseases (LPD), has received the 1985 Chalmers Medal for his outstanding work in the field of malaria research.

The medal is given annually by the Royal Society of Tropical Medicine in honor of Dr. Albert John Chalmers, a distinguished tropical disease specialist who began his career in Ghana. Following his untimely death in 1921, his widow endowed the society with funds for this award. It is given to a distinguished scientist, under age 45 specializing in tropical disease research.

The award ceremony was held in London during the society’s annual meeting.

Malaria Parasites

Dr. Carter, a native of Australia, studied in Scotland, earning his B.Sc. and his Ph.D. in biochemistry genetics, at the University of Edinburgh. With Professor Geoffrey Beale and Dr. David Walliker at the Institute of Animal Genetics in Edinburgh, he helped establish basic genetic studies on malaria parasites.

Dr. Carter joined NIAID in 1974, working with Dr. Louis Miller, head of the Malaria Section, and with Dr. Robert Gwadz. He began his studies on the sexual stages of the parasites—the stages which transmit the parasites from the blood of an infected host to the mosquito.

He collaborated with Dr. Gwadz in demonstrating that immunization of a host with the sexual stages of malaria parasites produces a form of immunity which blocks the transmission of the parasites from the host to the mosquito carrier. Because this form of immunity could be used to suppress malaria transmission in human populations, they called it “transmission blocking immunity.”

Monoclonal Antibodies

Currently, Dr. Carter and his colleagues in the LPD are using monoclonal antibodies and human malaria parasites grown in culture to identify target antigens of antibodies that mediate transmission blocking immunity against the most dangerous and prevalent of the human malarias, Plasmodium falciparum. This pathogen affects millions of people in tropical regions and causes the deaths of hundreds of thousands of children each year.

Dr. Carter and his fellow scientists are now cloning genes of P. falciparum that code for the target antigens of this form of immunity. They hope, ultimately, to develop an anti-P. falciparum transmission blocking vaccine. □

Dr. Carter

Dr. Richard Carter of NIAID’s Laboratory of Parasitic Diseases (LPD), has received the 1985 Chalmers Medal for his outstanding work in the field of malaria research.

The medal is given annually by the Royal Society of Tropical Medicine in honor of Dr. Albert John Chalmers, a distinguished tropical disease specialist who began his career in Ghana. Following his untimely death in 1921, his widow endowed the society with funds for this award. It is given to a distinguished scientist, under age 45 specializing in tropical disease research.

The award ceremony was held in London during the society’s annual meeting.

Malaria Parasites

Dr. Carter, a native of Australia, studied in Scotland, earning his B.Sc. and his Ph.D. in biochemistry genetics, at the University of Edinburgh. With Professor Geoffrey Beale and Dr. David Walliker at the Institute of Animal Genetics in Edinburgh, he helped establish basic genetic studies on malaria parasites.

Dr. Carter joined NIAID in 1974, working with Dr. Louis Miller, head of the Malaria Section, and with Dr. Robert Gwadz. He began his studies on the sexual stages of the parasites—the stages which transmit the parasites from the blood of an infected host to the mosquito.

He collaborated with Dr. Gwadz in demonstrating that immunization of a host with the sexual stages of malaria parasites produces a form of immunity which blocks the transmission of the parasites from the host to the mosquito carrier. Because this form of immunity could be used to suppress malaria transmission in human populations, they called it “transmission blocking immunity.”

Monoclonal Antibodies

Currently, Dr. Carter and his colleagues in the LPD are using monoclonal antibodies and human malaria parasites grown in culture to identify target antigens of antibodies that mediate transmission blocking immunity against the most dangerous and prevalent of the human malarias, Plasmodium falciparum. This pathogen affects millions of people in tropical regions and causes the deaths of hundreds of thousands of children each year.

Dr. Carter and his fellow scientists are now cloning genes of P. falciparum that code for the target antigens of this form of immunity. They hope, ultimately, to develop an anti-P. falciparum transmission blocking vaccine. □
The Armenian Assembly of America sponsors American-Armenian college students for unpaid Washington, D.C. summer internships in diverse organizations such as congressional offices on Capitol Hill, the U.S. State Department, the U.S. Dept. of Justice, the Carnegie Endowment for International Peace and the National Council on International Health. These science majors, who are preparing for careers in the health field, represent the fourth group to assume laboratory positions at NIH. From (I to r) they are: Mary Davidian (Tufts U.), NICHD; Robert Wood (Columbia U.), NCI; Robert Janigian (Brown Medical), NCI; Mark Kolligian (Emory U.), NCI; Binky Armaganian (U. of Wisconsin), NIMH; Sylvie Khorenian (Boston College), NICHD; Robert Hasserjian (Yale U.), NIMH and John M. Aljian (Boston College), NCI.

Nine New Members Appointed to Diabetes Advisory Board

Nine new members have been appointed to the National Diabetes Advisory board. They are: Dr. Charles M. Clark Jr., Paul L. Lacy, Joseph Larner, Simeon Margolis, J. Wallace McMeel, Roger H. Unger, Mr. S. Douglass Dodd, Mrs. Jean Schneider and Mr. C. William Steeler.

The National Diabetes Advisory Board was established in 1976 to advise Congress and the Secretary of Health and Human Services on the implementation of the Long-Range Plan to Combat Diabetes.

Dr. Clark, director of the diabetes research and training center at Indiana University Medical Center in Indianapolis, is a leader in diabetes research and is a member of the boards of directors of the American Diabetes Association (ADA) and its Indiana affiliate.

Dr. Lacy, professor and chairman of the department of pathology at Washington University School of Medicine in St. Louis, Mo., is internationally recognized for his outstanding contributions to diabetes research.

Cell Biology

Dr. Larner, professor and chairman of the department of pharmacology at the University of Virginia School of Medicine in Charlottesville, is internationally recognized for fundamental contributions to research in cell biology, and has served on the scientific advisory boards of both the American Diabetes Association and the Juvenile Diabetes Foundation.

Dr. Margolis, associate dean for academic affairs at Johns Hopkins University in Baltimore, Md., is widely recognized for both his clinical expertise and for his contributions to biomedical research related to the cardiovascular complications of diabetes mellitus.

Dr. McMeel, surgeon in ophthalmology at the Massachusetts Eye and Ear Infirmary in Boston, is a leader in the field of ophthalmology and is recognized for both his clinical expertise and contributions to biomedical research in the area of diabetic retinopathy.

Diabetes-Related Research

Dr. Unger, professor of internal medicine at the University of Texas Health Science Center Southwestern Medical School in Dallas, is internationally known for his many contributions to diabetes-related research, which have been recognized by awards from the Texas Diabetes Foundation and the European Association for the Study of Diabetes, among others.

Mr. Dodd, a former broadcast journalist, is a practicing attorney in Tulsa, Okla. He currently serves as secretary of the American Diabetes Association and is a member of the ADA board of directors.

Mrs. Schneider, a member of the board of directors of the Juvenile Diabetes Foundation International, has made significant contributions in public service to the diabetes community and is an active supporter of the Juvenile Diabetes Foundation. She is founder and first president of the St. Louis chapter of the JDF and was president of the JDF International from 1981 to 1983.

Mr. Steeler, chairman of health and human services, Cherokee National of Oklahoma in Tahlequah, has made significant contributions in promoting improved public health practices within the native American community. He received his master's degree in health services administration from the University of Michigan in Ann Arbor in 1976.

Four NIH Staffers Received PHS Awards

Four NIH staff members not previously listed were among a group of U.S. Public Health Service employees presented the PHS Special Recognition Award at NIH May 30 during the Honor Awards Ceremony.

Those NIH staff members, included in the PHS Task Force on Women's Health Issues, were Dr. Duane F. Alexander, NICHD; Dr. Ruth L. Kirschstein, NIGMS; Dr. Doris H. Merritt, OD; and Dr. Mortimer B. Lipsett, NIADDK.

The group received the award from Dr. James O. Mason, Acting Assistant Secretary for Health. The group was recognized for "proven dedication and commitment to the completion of tasks necessary to comprehensively assess the status of women's health in the United States."

USPHS Invites Applications For Epidemiology Training

The U.S. Public Health Service invites applications for a planned extension of a training program in medical epidemiology.

Up to 11 persons per year, who already have an M.D., a doctorate in an allied health profession, or Ph.D. in a biomedical or behavioral science, or equivalent, may be accepted as service fellows of the USPHS (a nontenured, junior professional classification under civil service) for up to a 3-year period of duty.

Applications received by Sept. 10, 1985, may be considered for service to begin between July 1 and Sept. 1, 1986.

Basic requirements for application to the program are:

- M.D., doctorate in an allied health profession, or Ph.D. in a biomedical or behavioral science, or equivalent, and 1 year of postdoctoral training or experience (by July 1, 1985).
- U.S. citizenship at time of application.
- Acceptability to an accredited university offering an M.P.H. or equivalent, or more advanced public health degree.

To obtain further program details and application forms, send a postcard only, with printed name and home mailing address to: Dr. Robert S. Gordon, Chairman, Steering Committee, NIH, Bldg. 1, Rm. 238, Bethesda, MD 20205.
The five Grand Award winners of the Montgomery County Science Fair, invited by the NIH Chapter of the Order of the Sons of Italy in recognition of their achievement, toured the National Institutes of Health recently. The awardees are (l to r) front row: Ahsan Arozullah, Daniel Kraft, Taro Akiyama, Andres Ransom, and Rob Sullivan. Back row: hosts, Dr. George J. Galasso, Associate Director for Extramural Affairs, NIH, (president, NIH Chapter, OSI), and Dr. Philip S. Chen, Associate Director for Intramural Affairs, NIH.

VISITING SCIENTISTS

5/23 Dr. Morio Umeno, Japan. Sponsor: Dr. Frank Gonzalez, Laboratory of Molecular Carcinogenesis, NCI, Bg. 10, Rm. 6C208.
5/28 Dr. Hisayoshi Nakazawa, Japan. Sponsor: Dr. Dennis Hoop, Laboratory of Cellular Carcinogenesis and Tumor Promotion, NCI, Bg. 37, Rm. 3B24.
6/3 Dr. Adriana Albini, Italy. Sponsor: Dr. George R. Martin, Laboratory of Developmental Biology and Anomalies, NIDR, Bg. 30, Rm. 416.
6/10 Dr. Janice F. Lees, United Kingdom. Sponsor: Dr. Robert A Lazzarini, Laboratory of Molecular Genetics, NINCDS, Bg. 36, Rm. 4A05.
6/14 Dr. Yasuo Ishida, Japan. Sponsor: Dr. Thomas Chused, Laboratory of Microbial Immunity, NIAID, Bg. 5, Rm. 228.
6/16 Dr. Anna L. Sugden, United Kingdom. Sponsor: Dr. David C. Klein, Laboratory of Developmental Neurology, NICHD, Bg. 10, Rm. 8D51.
6/21 Dr. Aaron Gazon-Aburbeh, Spain. Sponsor: Dr. James Craddock, Pharmaceutical Resources Branch, NICD, Bg. 19, Rm. 8D12.
6/23 Dr. Indu S. Ambudkar, India. Sponsor: Dr. Bruce J. Baum, Clinical Investigations and Patient Care Branch, NIDR, Bg. 10, Rm. 2B01.
6/23 Dr. David B. Jones, United Kingdom. Sponsor: Dr. E. A. Jones, Digestive Diseases Branch, NIAID, Bg. 10, Rm. 4D62.
6/23 Dr. Emmanuel Van Obbergen, Belgium. Sponsor: Dr. Robert Lazzarini, Laboratory of Molecular Genetics, NINCDS, Bg. 36, Rm. 4A05.
6/26 Dr. Takeo Kuribayashi, Japan. Sponsor: Dr. Harvey Pollard, Laboratory of Cell Biology and Genetics, NICHD, Bg. 4, Rm. 312.
6/25 Dr. Nafees Ahmad, India. Sponsor: Dr. S. Venkatesan, Laboratory of Biology of Viruses, NIAID, FCRF, Bg. 50, Rm. 207, Frederick, Md.
6/26 Dr. Takeshi Ichikawa, Japan. Sponsor: Dr. Masahiko Negishi, Laboratory of Pharmacology, NIEHS, Research Triangle Park, N.C.
7/1 Dr. Francisco J. Barriga, Chile. Sponsor: Dr. Ernest Hamel, Laboratory of Medicinal Chemistry and Biology, NCI, Bg. 37, Rm. 5C02.
7/1 Dr. Masaki Kurihara, Japan. Sponsor: Dr. William Potter, Laboratory of Clinical Science, NIMH, Bg. 10, Rm. 4S244.
7/1 Dr. William F. Lestini, United States. Sponsor: Dr. Henry Metzger, Arthritis and Rheumatism Branch, NICD, Bg. 10, Rm. 4D37.
7/1 Dr. Hiroshi Miki, Japan. Sponsor: Dr. Ursula Heine, Laboratory of Comparative Carcinogenesis, NCI, FCRF, Ft. Detrick, Md.
7/1 Dr. Maso Miyashita, Japan. Sponsor: Dr. Curtis Harris, Laboratory of Human Carcinogenesis, NCI, Bg. 37, Rm. 2C07.
7/1 Dr. Marina Nissim, Italy. Sponsor: Dr. Bruce Weintraub, Cellular and Nutritional Endocrinology Branch, NICD, Bg. 10, Rm. 8D11.
7/1 Dr. Lindsey Panton, United Kingdom. Sponsor: Dr. Louis Miller, Laboratory of Parasitic Diseases, NIAID, Bg. 5, Rm. 5.
7/1 Dr. Pilar Santisteban, Spain. Sponsor: Dr. Leonard Kohn, Laboratory of Biochemistry and Metabolism, NICD, Bg. 10, Rm. 9B13.
7/1 Dr. Oreste Segatto, Italy. Sponsor: Dr. S.A. Aaronson, Laboratory of Cellular and Molecular Biology, NICD, Bg. 37, Rm. 1A07.
7/1 Dr. Kazuhide Sugiyama, Japan. Sponsor: Dr. Philip Nelson, Laboratory of Developmental Neurobiology, NICHD, Bg. 36, Rm. 2A21.
7/1 Dr. Antonella Surbone, Italy. Sponsor: Dr. Robert C. Young, Medicine Branch, NCI, Bg. 10, Rm. 12N226.
7/1 Dr. Rakesh Vinayek, India. Sponsor: Dr. Jerry Gardner, Digestive Diseases Branch, NICD, Bg. 10, Rm. 9C103.
7/1 Dr. Gertraud Wasner, Austria. Sponsor: Dr. David Johnson, Laboratory of Chemistry, NICD, Bg. 4, Rm. 132.
7/1 Dr. Zhu Rong-xin, China. Sponsor: Dr. Thressa C. Stadtmann, Laboratory of Biochemistry, NHLBI, Bg. 3, Rm. 103.
7/1 Dr. Moshe Zilberstein, Israel. Sponsor: Dr. Kevin J. Catl, Endocrinology and Reproduction Branch, NICHD, Bg. 10, Rm. SC404.
7/1 Dr. Isaac Meller, Israel. Sponsor: Dr. Bertram Sacktor, Laboratory of Molecular Aging, NIA, GRC, Baltimore, Md.
7/1 Dr. R. James Turner, Canada. Sponsor: Dr. Bruce J. Baum, Clinical Investigations and Patient Care Branch, NIDR, Bg. 10, Rm. 1A06.

Strenuous Exercise Doesn’t Hurt Young Knees—in Chickens

Each year an estimated 4 million children participate in organized sports in the U.S. As more of these children engage in strenuous and competitive programs such as long-distance running, the long-term effect on growing bones and joints becomes a concern.

Using an animal model, Dr. A. Pedrini-Mille and associates at the University of Iowa, Iowa City, recently completed a study to determine the effects of strenuous exercise on young knees.

Researchers chose the chicken as the model to be studied because it is two-legged and a willing runner, and its oxygen consumption can easily be determined and used to measure work intensity. In addition, a chicken’s menisci (shock absorbing tissues within the knee) are similar to the menisci of humans.

Starting at 4 weeks of age, white male leg­horn chickens were run on a treadmill 5 days a week for 6 weeks. Exercise intensity was increased weekly as the animals adopted, so that oxygen consumption stayed the same over the study period.

Menisci of the animals and their sedentary controls were measured at 8, 12, and 14 weeks of age. Changes of the tissues caused by age and exercise were followed by light and electron microscopy and proteoglycan (PG) (biochemical components that determine structural properties) studies. Water and collagen content were also measured.

After 6 weeks of strenuous exercise, re­searchers found no ill effect on the menisci of the growing chickens, and no significant difference between the runners and the nonrunners.

Research Awards Index Now Available From GPO

The 24th edition of the Research Awards Index is now available. Published in two volumes, the index contains scientific and administrative data on more than 20,000 Public Health Service grants, contracts, and cooperative agreements awarded during Fiscal Year 1984.

The first volume contains approximately 7,000 scientific subject headings under which appear identification numbers and titles of pertinent projects.

Volume II contains project identification data including names of principal investigators, their addresses and project titles; a separate section on research contracts, and an alphabetical list of principal investigators.

A limited quantity of this edition has been distributed without charge to Federal agencies and biomedical libraries (including the NIH Library and the National Library of Medicine) by the Research Documentation Section, Statistics and Analysis Branch, Division of Research Grants, Westwood Blvd., Rm. 148, (301) 496-7543.

No Magic Cure for Aging Process in Sight, Says NIA Deputy Director Edward Schneider

American consumers are spending about $10 billion “for ineffective, expensive and sometimes harmful products” which purportedly “cure arthritis, cancer and other diseases as well as delay or reverse aging and the visible signs of aging,” Dr. Edward L. Schneider, deputy director of the National Institute on Aging, told a recent press conference. “Most of these victims of health care fraud are older persons,” Dr. Schneider said.

The aging expert reviewed several of the most popular health practices which allegedly increase longevity at the press briefing. The briefing followed publication of an article in the New England Journal of Medicine that reviewed what scientists know about the experimental manipulation of the human lifespan.

The article was prepared by Dr. Schneider with the assistance of John Reed Jr., a Johns Hopkins medical student who extensively reviewed the literature on the subject. Some of Dr. Schneider’s views follow:

Life Expectancy and Lifespan: Dr. Schneider began his briefing with definitions of life expectancy and lifespan, two terms often confused. Life expectancy is the average number of years a person may expect to live at a certain age. Lifespan is the maximum attainable age for a member of a species.

While life expectancy in the U.S. has been increasing since the 1920s—current life expectancy at birth is 71 years for men and 78 years for women—no inroads have been made into extending the human lifespan. The maximum lifespan for humans is estimated at 115 years.

Limiting Calories: Caloric restriction was the first intervention discussed and the one that may offer the most promise. Scientific studies of undernutrition in rodents consistently show a slowing of age-associated decline in the immune system and prolonged life. It has, in some cases, reduced the incidence of certain chronic diseases, including cancer. This intervention has extended life in rats when begun as late as midlife. But as there have been no studies on dietary restriction in humans, the relevance of these findings for humans is questionable.

Exercise: In recent years, exercise has been touted as a means of improving health and extending life. While regular exercise started early and continued throughout life increases life expectancy and lifespan in laboratory rodents, too few long-term studies have been done in man to generalize these results. Regular exercise does improve heart and lung performance, strengthen bones, and help protect against cardiovascular disease. However, the effect of exercise on longevity is unknown.

Antioxidants and Aging: The “free radical” theory of aging urges the use of dietary antioxidants to prevent aging. Proponents of this theory suggest that free radicals, highly unstable particles produced during normal metabolism, are responsible for cellular damage and aging. Such antioxidants, which superoxide dismutase (SOD), it has been suggested, interrupt free radical chain reactions. SOD and other enzymes naturally present in the body detoxify free radicals. However, SOD supplements taken orally do not enter the bloodstream and are therefore of questionable value.

To illustrate a point, Dr. Schneider noted, “Every day people consume antioxidants such as BHT (butylated hydroxytoluene) in many preserved foods. But we have no evidence, to date, that it extends life.”

Vitamins A, E, and C also work to eliminate free radicals from the body. Animals treated with antioxidants live longer, but they also lose weight. How much the unintended weight loss contributes to the increased longevity is unknown.

Optimal Diets for Elderly: Little is known about optimal dietary requirements for older people. Dr. Schneider noted that current RDA (recommended dietary allowances) levels of nutrients were based on the needs of a younger, more homogeneous population and have not been substantiated for the aged. Because elderly persons have different—and varied—physiological responses to drugs, they may also have variable nutritional needs as well, he explained.

NIA is currently working with the Food and Nutrition Board of the National Academy of Sciences to establish minimum dietary standards for the aged.

NIA is also supporting research on the diets of different ethnic groups to see how they relate to patterns of disease and aging. While the health-promoting properties of vitamins and minerals do deserve further investigation, scientists caution that the use of large doses of dietary supplements can be harmful.

Gerovital and Other Drugs: Other interventions hailed for their life-extending potential include Gerovital, a mild antidepressant available only in Romania; centrophenoxine, a drug popular among Europeans for its removal of lipofuscin—or so-called age pigments; Levodopa, a treatment for Parkinson’s disease which, when given to mice at very high dosages, increases survival; and dehydroepiandrosterone (DHEA), a steroid produced by the adrenal gland which decreases with aging. Supplementation of DHEA delays tumor growth in tumor-susceptible mice, but its effect on longevity in normal animals and humans is unknown.

Hormones and Aging: An alternate approach to extending life in laboratory animals calls for the removal of certain hormones postulated to play a role in aging. Through hypophysectomy, the pituitary gland, a major source of what has been erroneously called “death hormones,” is removed. Rats whose pituitary has been removed early in life and are given cortisone supplements have shown a substantial increase in longevity. Such animals have slower aging of collagen, the kidneys and the immune system, as well as decreased vascular (blood vessel) disease. However, these animals weigh 30 to 40 percent less than control animals, another indication that weight loss may be the common factor responsible for their longer life.

Immunological Interventions: Some promising inroads are being made in the area of immunology, particularly on the role of thymic hormones in aging. One such hormone, interleukin-2, has successfully restored certain immune functions in mice. If immunological interventions can delay the susceptibility of older people to infections and chronic diseases, they may offer hope of increasing the length as well as the quality of life.

Dr. Schneider said basic research at the molecular level is one way to elucidate mechanisms of aging which will lead to such interventions.

No “Magic Bullets”

Scientists increasingly believe that no one agent holds the answer to improved health and longevity. According to Dr. Schneider, the idea of a “magic bullet” that will cure aging is “extraordinarily unlikely because aging is an extremely complex biological phenomenon. It is the sum total of events occurring at the level of molecules, cells, and organs.” Instead, he foresees the development of segmental interventions to arrest or reverse the declines in function that frequently accompany aging.

Successful prevention and treatment of age-dependent diseases will come from all scientific disciplines including molecular biology, immunology, nutrition, endocrinology, exercise physiology and the neurosciences, he indicated. Their collective contribution to research on such chronic disabling diseases as arthritis, osteoporosis, adult-onset diabetes, Alzheimer disease and other dementias may eliminate or greatly minimize the effects of these diseases. Such developments will go far in removing negative attitudes toward aging and will help make the later years a healthy and productive stage of life.

The main goal of NIA is to improve the quality of life through the elimination of age-related disease and disability. But, at present, there are no known treatments, drugs, or supplements that slow aging or extend life.—Claire McCullough

Welcome Stipends

Welcome Stipends—special funds administered by the Foundation for Advanced Education in the Sciences—are for postdoctoral level guest workers at NIH, not graduate and undergraduate students as stated in the July 2 issue of The NIH Record.
DES Employees Get Cash for Suggested Improvements

Several employees in the Division of Engineering Services recently received cash awards through the Employee Suggestion Program. They were:

- William Dodson, Grounds Maintenance and Landscaping Branch. GMLB uses a tractor/sweeper during snow removal operations to clear light snow from the roadways and sidewalks. Mr. Dodson designed and constructed a manifold-type heater for the cab of this unit which provided adequate warmth for the operator to keep the sweeper in use for longer periods of time during cold weather, thus increasing productivity.

- Andrew Anderson, Design and Construction Branch, suggested the installation of side panels on the trash compactor located behind Bldg. 10. These panels served to keep the trash from blowing out into the driveway as it was being dumped into the compactor. Man-hours were saved in cleaning up the driveway area and an unsightly nuisance was eliminated.

- Paul Darrow, Elevator Section, Maintenance Engineering Branch, found that users of the AMSCAR system in the ACFR were not always getting the cars returned in time for battery recharging. As a result, the cars were stopping in mid-route and creating problems for mechanics who had to carry an exchange set of batteries to each vehicle and restart the cars in the field.

Mr. Darrow devised a change in the electronics module controlling the car which programmed the car to return automatically for recharging of the batteries prior to failure. Savings in mechanics' time and better battery care resulted from this suggestion.

Tineke Haase Wins Press Awards

Tineke Bodde Haase, a writer-editor with the National Institute of Child Health and Human Development, has received two awards in the 1984/85 communications contest of Capital Press Women, the Washington, D.C. affiliate of the 5,000-member National Federation of Press Women.

Ms. Haase won first place in the magazine feature category for her article, "Where There's Smoke, There's Harm," which appeared in Lamaze Parents Magazine, published by the American Society for Psychoprophylaxis in Obstetrics, in Arlington, Va. The article warned pregnant women of the dangers of smoking to their unborn baby.

She also won first place for news reporting—internal publication, for her article, "Tetanus Shot to Mother Immunizes Unborn Baby," which appeared last year in The NIH Record and News and Features from NIH, at NIH.

Ms. Haase has been a medical writer at NICHD since 1982. Before joining NIH, she was a reporter for The Montgomery Journal, then a news and feature editor for BioScience Magazine. She is also a director on the board of the American Medical Writers Association, and serves on the community relations committee of the Montgomery County Human Relations Commission.

Ms. Haase writes under the name of Tineke Bodde, the byline under which her NIH Record article was published.

NLM MEDLINE Basics Course

"MEDLINE for the Health Professional," a 6-hour course of the basics of searching the MEDLINE files, is provided for NIH staff by the NIH Library. The next series will begin in September. The course is open to persons who have an NIH Library barcode on their NIH ID.

It covers the basics of MEDLINE:

- author searching
- textword searching
- use of NLM's Medical Subject Headings (MeSH) to prepare subject searches
- printing searches, including abstracts

The course prepares participants to perform MEDLINE searches on their own terminals. Participants include both holders of a MEDLINE code/password and persons who intend to apply to the National Library of Medicine for one.

Interested NIH staff members should leave name, affiliation, and phone number with Ms. Adelaide Rinis, Reference and Bibliographic Services, NIH Library, 496-1156.

In early August the schedule and other information about the 1985-86 series of classes will be mailed to those who are interested.

The course is usually given monthly except during the summer. About 10 persons can be accommodated in each class.

No person who is enthusiastic about his work has anything to fear from life.—Samuel Goldwyn
Forum on Malpractice Issues in Childbirth; Dr. Roger O. Egeberg, Keynote Speaker

Dr. Roger O. Egeberg, senior scholar in residence at the National Academy of Sciences and former Assistant Secretary for Health, will be the keynote speaker at a forum on malpractice issues that will bring together representatives from major national organizations in medicine, midwifery, nursing, health policy, and government, the legal profession, third-party insurance carriers, malpractice underwriters and childbirth and consumer health groups.

The forum will be chaired by Diony Young, International Children's Education Association public policy liaison and chair of the ICEA Task Force on Malpractice Issues in Obstetrics. The conference will be held July 22-23 at NIH's Masur Auditorium. Registration will begin at 8 a.m. on July 22.

Further information is available from the Office of Research Reporting, NICHD, Bldg. 31, Room 2A32, Bethesda, MD 20205; telephone (301) 496-3155.

Significant increases in the frequency and severity of malpractice claims and dramatic increases in professional liability premiums for obstetricians and other maternal health providers are driving many practitioners away from providing clinical services, restricting access of pregnant women to quality maternity care, changing obstetric practice and increasing health care costs.

In an effort to come up with recommendations or proposals that will help counter this trend, the ICEA, the National Institute of Child Health and Human Development, and the HHS Division of Maternal and Child Health are sponsoring this meeting on malpractice issues in childbirth.

The major objectives of the forum are to examine the current malpractice situation as it relates to childbirth and to develop constructive recommendations concerning the following issues:
- How to prevent childbirth-related injury.
- How to reduce the adverse effects of malpractice claims through the action of maternal health care providers, the public, the government, third-party insurance carriers and malpractice underwriters, and through changes in the legal system.
- How to reduce the effect of malpractice fears on the providers use of obstetric procedures and the availability of choices in childbirth.

Dr. James Gilliam Jr. Retires From NIGMS; Program Administrator in Pharmacological Sciences

James Gilliam, Jr., retired June 28 after 26 years with the Federal Government, the last 4 years as a program administrator with NIGMS Pharmacological Sciences Program.

An anesthesiologist, pharmacologist, and commissioned officer, Dr. Gilliam administered a portfolio of grants in the areas of pharmacology, clinical pharmacology, and anesthesiology.

"I'm really going to miss the people and the everyday interaction with the NIH community," he said. "NIGMS has given me an appreciation and insight into health policy, administration, and training."

After receiving his B.S. in chemistry from Hampton Institute (now Hampton University) in 1955, Dr. Gilliam entered the U.S. Army as a commissioned officer. He served on active duty for 7 years.

He received his M.D. in 1969 from Howard University College of Medicine. His Ph.D., which he also received from Howard University, was earned in 1973 while completing the requirements of an anesthesiology residency program at the PHS Hospital in Staten Island, N.Y.

During 1971 and 1972, he served as a consultant anesthesiologist for Freedmen's Hospital in Washington, D.C.

In retirement, Dr. Gilliam plans to remain involved in the work being done in anesthesiology, biomedical research and training. He would also like to help create innovative programs for high school students that would stimulate, motivate, and continue to advance their interest in science.

He already has become involved with the Maryland State Science Teachers Annual Career Day in Baltimore. "I'm really excited about the possibilities and I want to make science exciting to students before they enter college." He feels that young people are not sufficiently aware of the opportunities available to them and thus too few are presently entering scientific fields.

Dr. Gilliam served from 1977 to 1980 as a consultant to the staff task force of the U.S. House of Representatives Select Committee on Narcotics Abuse and Control, a committee concerned with finding ways to influence the behavior of young people before they become addicted to drugs.

Dr. Gilliam and his family plan to remain in the Washington-Baltimore area.

Dr. Joseph F. Albright Named NIAID Branch Chief

Dr. Joseph F. Albright has been appointed chief of the Immunobiology and Immunochemistry Branch of the National Institute of Allergy and Infectious Diseases. His appointment was recently announced by Dr. Anthony S. Fauci, NIAID Director.

Born in New Tazewell, Tenn., Dr. Albright earned a B.S. degree from Southwestern University, Georgetown, Tex., in 1949 and a Ph.D. degree from the Indiana University School of Medicine, Bloomington, in 1956.

As chief of the IIB in NIAID's immunology, allergic and immunologic diseases program, Dr. Albright will serve as principal staff advisor to the director of the program. He will participate in overall planning, policy formulation, and program coordination, as well as directing and administering the Institute's extramural programs in basic immunology.

In addition, he will act as the Institute's liaison with grantees, applicants and appropriate departments of universities and other institutions with particular emphasis on those involved in immunologic, immunochemical and related research.

Previous Positions

Before joining the Institute, Dr. Albright was professor in the department of life sciences at Indiana State University, Terre Haute, and professor of microbiology at Indiana's School of Medicine.

His previous positions included senior immunologist with Smith, Kline & French Laboratories in Philadelphia, and program director of the cellular physiology program of the National Science Foundation.

Dr. Albright's research interests include basic immunology, immunoparasitology, and the immune system in aging, areas in which he has conducted original investigations and published extensively.

FEPA To Hold Meeting On Science Management

On Thursday, July 25, Dr. Carl Lamanna will address members of the NIH community at an open meeting of the NIH Federal Executive and Professional Association (FEPA). The topic of his lecture will be "Can research be managed?" Dr. Lamanna will explore the role of professional managers in laboratory administration and the need for a "bill of rights" for scientists.

Recently retired, Dr. Lamanna has held staff positions at the highest level of the Department of the Army and the Food and Drug Administration where he both conducted and directed scientific research. He is internationally recognized for contributions in the fields of biochemistry, toxicology and medical microbiology/immunology.

The meeting will be held in the ACRF Amphitheatre from 12 noon until 1 p.m. All interested employees are invited to attend and share their views on the subject.
continuously exposed. The scientists will investigate the role tolerance may have in causing or abetting drug dependency.

Although the collective goal is to determine the mechanisms of pain, each investigator in this program will pursue a subproject based on his or her expertise.

**Pain-Blocking Neurons**

Dr. Fields is an expert in the area of the brain called the medulla. This short cone of neural tissue sits atop the spinal cord and contains nerve cells that selectively block pathways of pain. Fields and his UCSF colleagues have shown that the activity of two types of pain-blocking neurons changes just before an animal reacts to a painful stimulus; one type pauses and the other accelerates. Morphine causes a marked increase in the activity of the neurons that pause, and Dr. Fields suggests it is these neurons that suppress pain. He will study how the cells that pause differ chemically and physiologically from the cells that accelerate, and how both interact to heighten or abate pain sensations.

The research Dr. Ralston will undertake involves the thalamus, another part of the brain involved in the sensation of pain. “Pain is not necessarily inherent in damage to the body,” he says. “It is a response which the brain creates to some types of stimulation.

Dr. Ralston will determine how nerve cells in the thalamus differ from one another in structure and function. He will group the nerve cells into those which respond to painful stimuli and those which respond to other stimuli such as brushing and pressure.

**Natural Painkillers**

Determinations of the amount and activity of the brain's natural painkilling compounds will comprise Dr. Lee's contribution to this NINCDS-funded program.

She will measure beta-endorphin, enkephalin and dynorphin, which together make up the body's principal resistance to pain. Dr. Lee's measurements will determine if imbalances in the levels of these brain chemicals can affect tolerance and drug dependence.

Dr. Basbaum has attempted to map the "circuitry of pain," the anatomical and biochemical network that transmits perceptions of pain from the brain to various areas of the body. He will continue his work in this area by studying the chemical transmitters of pain in the medulla and spinal cord. A detailed map of this neural circuitry could pave the way for drugs that would circumvent reactions of addiction and tolerance.

The University of California, San Francisco, is a referral center for patients with severe pain and has a strong reputation as a pain research center.

Dr. Fields has been instrumental in coordinating a group of clinical investigators who are dedicated to the treatment of pain. He began studying pain in 1973, when he received a research career development award from NINCDS. Since then his research has been funded by both NINCDS and the National Institute on Drug Abuse. —Lynn Cave
Three NIH Institute Directors were recently elected to the National Academy of Sciences Institute of Medicine: Dr. Vincent T. DeVita Jr., National Cancer Institute; Dr. A. B. Lindberg, National Library of Medicine, and Dr. Harald Loe, National Institute of Dental Research. Their terms began July 1.

He and his colleagues were also the first to show that combination chemotherapy treatment of the common non-Hodgkin's lymphoma, referred to as diffuse histiocytic lymphoma, could cure that disease in over half the cases. Their current protocol is able to cure the disease in over 60 percent of cases.

Drs. Vincent DeVita, A.B. Lindberg and Harald Loe Elected To National Academy of Sciences Institute of Medicine

Drs. Vincent DeVita, A.B. Lindberg and Harald Loe Elected To National Academy of Sciences Institute of Medicine

Three NIH Institute Directors were recently elected to the National Academy of Sciences Institute of Medicine: Dr. Vincent T. DeVita Jr., National Cancer Institute; Dr. A. B. Lindberg, National Library of Medicine, and Dr. Harald Loe, National Institute of Dental Research. Their terms began July 1.

He and his colleagues were also the first to show that combination chemotherapy treatment of the common non-Hodgkin's lymphoma, referred to as diffuse histiocytic lymphoma, could cure that disease in over half the cases. Their current protocol is able to cure the disease in over 60 percent of cases.

Three NIH Institute Directors were recently elected to the National Academy of Sciences Institute of Medicine: Dr. Vincent T. DeVita Jr., National Cancer Institute; Dr. A. B. Lindberg, National Library of Medicine, and Dr. Harald Loe, National Institute of Dental Research. Their terms began July 1.

He and his colleagues were also the first to show that combination chemotherapy treatment of the common non-Hodgkin's lymphoma, referred to as diffuse histiocytic lymphoma, could cure that disease in over half the cases. Their current protocol is able to cure the disease in over 60 percent of cases.
Federal Agencies Adopt New Statement of Principles on Humane Use and Care of Experimental Animals

Federal government agencies which either use or require the use of experimental animals have committed themselves to a statement of principles governing the use and care of these animals, the Public Health Service has announced. A revised guide including the new principles will be distributed to scientific institutions shortly.

"This is the first government-wide agreement on what constitutes humane care and use of animals in laboratories," said Dr. Robert A. Whitney Jr., chief veterinary officer of the Public Health Service and chairman of the Interagency Research Animal Committee (IRAC), which drafted the principles.

The IRAC member agencies are the Department of Health and Human Services, the Department of Agriculture, the Department of Defense, the Department of State, the Department of the Interior, the Environmental Protection Agency, the National Science Foundation and the Veterans Administration. The government-wide principles are now incorporated into their animal use policies.

The new "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training" were made effective June 1.

"For many years, the Public Health Service has required that institutions conducting research supported by the National Institutes of Health or other PHS agencies adhere to PHS principles regarding the use of laboratory animals," Dr. Whitney said. "The new consensus principles are based on those PHS principles, but are somewhat broader. For example, they more clearly address complex issues such as the definition of pain and the selection of appropriate species and numbers of animals for use."

Nine principles included in the agreement cover the areas of proper transportation, care and use of animals in accord with relevant laws and policies; good design and performances of worthwhile projects; use of appropriate species, quality and number of animals; avoidance of discomfort, distress and pain when consistent with sound scientific practice; use of sedation, analgesia or anesthesia when appropriate; euthanasia to avoid severe or chronic pain; proper living conditions and veterinary care; use of qualified animal care personnel; and procedures for seeking any exception needed for scientific reasons.

"The government-wide principles are also based on a recent comparable statement by the Council for International Organizations of Medical Science," said Dr. Whitney, who is also Acting Director of the Division of Research Resources. "We are seeking the widest possible consensus among the sponsors of animal experimentation on humane conduct of these activities so essential to human welfare."

The Public Health Service established the IRAC in 1983 and invited participation of the other Federal agencies involved with the use of animals in research and testing. NIH was given administrative responsibility for the committee, which also includes other PHS component agencies performing or requiring animal experimentation.

The Office of Science and Technology Policy (OSTP) announced the agencies' adoption of the principles in the May 20 Federal Register. IRAC drafted them at OSTP's request and revised them after obtaining and considering public comments.

The U.S. Government Principles will also appear as an appendix to the revised edition of the Guide for the Care and Use of Laboratory Animals, prepared by the Institute of Laboratory Animal Resources, National Research Council.

The revised guide, accepted as the primary reference on standards of animal care in scientific institutions, will be distributed in June by NIH to its grantees institutions that use animals.

The recently revised PHS Policy on Humane Care and Use of Laboratory Animals by Awardee Institutions, to become effective in December, also endorses the new government-wide principles and states that it is intended to implement and supplement them.

The PHS policy determines how awardee institutions assure the NIH Office of Protection from Research Risks that they are abiding by PHS requirements in that regard.

First Annual Awards Day Scheduled July 25 by BIG

Blacks in Government (BIG) extend an invitation to all NIHers to attend their first Annual Awards and Recognition Day Program.

Candie Shannon of Radio Station WKYS will be the mistress of ceremony at the July 25, 12 noon program on the grounds of Stone House. James Rogers, national president of BIG, will be the keynote speaker.

For more information contact Zita Givens, 496-5781 or Louella Thomas, 496-5986, co-chairs, Program and Planning Committee.

U.S. GOVERNMENT PRINTING OFFICE 1985—461-310-10021

Richard E. Clark, chief of NHLBI's Surgery Branch, was elected president-elect of the Association for the Advancement of Medical Instrumentation (AAMI) in May. He had previously been elected vice president of the Southern Thoracic Surgical Association in November 1984.

AAMI is a nonprofit international association of more than 5,000 members—physicians, engineers, hospital personnel, education researchers and industry and government representatives—who are furthering advances in medical instruments, devices and systems and their safe use.

Dr. Clark assumed his present position as surgery branch chief in September 1983. He earned his bachelor's degree in chemical engineering at Princeton and his doctorate from Cornell Medical College. His major interest has been the application of engineering principles and technology to various surgical problems.

His research has included pathophysiologic studies of cardiopulmonary bypass, application of "clean room" technology, electrical safety and computers to operating rooms, development of a synthetic trileaflet heart valve and studies of biomaterials for small-diameter vascular prostheses.

Dr. Clark has had previous major responsibilities in AAMI with the program, standards, membership and finance committees. He also served as chairman or member of committees for the American Association of Thoracic Surgeons; American College of Chest Physicians; American College of Surgeons; and American Heart Association.