Monkeys Transferred To Delta Center

NIH has transferred 15 nonhuman primates—owned by a private organization, the Institutes for Behavioral Resources (IBR)—from NIH Animal Center in Poolesville, Md., to the Delta Regional Primate Research Center in Louisiana, outside of New Orleans.

In commenting on the move, Dr. William F. Raub, NIH Deputy Director for Extramural Research and Training, said: "We believe that relocation of the primates to the Delta Center is in the best interest of the animals and responsive to concerns of some members of the Congress and the public. The animals will not be subjected to invasive research procedures and every reasonable effort will be made to resocialize them, including entry into breeding groups. Delta has a well-trained and highly experienced staff, special physical facilities, and climatic conditions that collectively make it superior to the NIH for the long-term care of the primates."

The transfer falls within the provisions of an NIH plan announced on June 9.

Dr. Wyngaarden said that under the plan:

- The 15 monkeys will live out their lives in a primate research center that meets the requirements of the Animal Welfare Act and the Public Health Service.
- The animals will undergo no further invasive procedures for research purposes.
- Efforts will be made to resocialize the animals, including incorporation into breeding groups. The knowledge gained from this process could contribute to better understanding of primate behavior in group situations and thereby advance both animal care and conservation efforts.
- Autopsy will be carried out upon the natural death of each animal. Whenever possible, this will include microscopic examination of the spinal cord, especially for those that were surgically deafferented (removal of sensory nerve fibers).

These particular monkeys were used originally in the research of Dr. Edward Taub, a former NIH-supported investigator at the Institute of Behavioral Research, Inc. (now Institutes for Behavioral Resources, Inc.) in Silver Spring, Md. The goal of the research was to gain new knowledge that would improve the rehabilitation of human victims of spinal cord injury or strokes.

The monkeys were seized in September 1981

First Annual Intramural Research Day
To Be Held at NIH Sept. 25; Register Now

The first annual intramural NIH Research Day is scheduled to take place on the NIH campus on Thursday, Sept. 25. Intramural scientists from all of the NIH will be able to meet and exchange ideas.

It will be a day filled with workshops, poster sessions and symposia focusing on emerging fields and on topics under active investigation in more than one institute.

The day begins with two concurrent morning symposia from 8:30 to 10:30 a.m. Symposium I: Growth Factors and Oncogenes chaired by Dr. Stuart Aaronson, NCI, will be held in Masur Auditorium; Symposium II: Prospects for Gene Therapy chaired by Dr. W. French Anderson, NHLBI, will be held in the ACRF Auditorium.

Poster sessions will take place all day from 9 a.m. to 5 p.m. Senior authors will be present to explain their work from 11 a.m. to 1 p.m. Posters will be displayed in the open public areas on the B1, first, and second floors of the ACRF.

Individual scientists interested in presenting posters should send a short one-paragraph abstract of what they would like to present by July 21 (with the title of the poster, names of authors, and Institute) to the poster session chairman, Dr. Samuel Broder, associate director, Clinical Oncology Program, Division of Cancer Treatment, NCI, Bldg. 10, Rm. 6B15, 496-4251.

Because space is limited and depending on the number of responses received, it may be necessary to make selections. The Foundation for Advanced Education in the Sciences will provide coffee and doughnuts during the poster sessions.

At this time, over 35 NIH scientists are planning to present posters of their work. They are: Drs. Edwin Becker, OD; Roscoe Brady, NINCDS; Bryan Brewer, NHLBI; Samuel Broder, NCI; Giulio Cantoni, NIMH; Bruce Chabner, NCI; Ronald Crystal, NHLBI; David Davies, NIDDK; Igor Dawid, NICHD; Richard J. Feldman, DCRT; Gary Felsenfeld, NIDDK; Michael Frank, NIAID; Carleton Gajdusek, NINCDS; Robert Gallo, NCI; Martin Gellert, NIDDK; Phillip Gorden, NIDDK; Terrell Hill, NIDDK; Irwin Kopin, NINCDS; Edwin Korn, NHLBI; Robert Lazzarini, NINCDS; George Martin, NIDR; Henry Metzger, NIAIMS; Louis Miller, NIAID; John

Dr. Paul Terasaki, NIAID Contractor, Journeyed To Moscow To Help Chernobyl Victims

Dr. Paul I. Terasaki, a long-time contractor of the National Institute of Allergy and Infectious Diseases, was one of several scientists who went to the Soviet Union to aid the victims of the Chernobyl nuclear disaster.

Considered one of the world's foremost experts in tissue typing, he has headed the Tissue Typing Laboratory at the University of California, Los Angeles (UCLA), since it was established in 1964. It is a designated World Health Organization (WHO) reference laboratory.

Dr. Terasaki is also a professor of surgery at UCLA's Medical School. He has, in the past, been a major participant in the NIH Serum Bank and has held contracts to supply the bank with reagents. He currently holds an NIAID contract for a clinical trial of the use of monoclonal antibodies in kidney transplantation.

He was part of the transplant team recruited for service in Moscow by Dr. Robert Gale, a colleague at UCLA and an international expert on bone marrow transplants for radiation and leukemia victims.
TRAINING TIPS

The following courses are sponsored by the Division of Personnel Management, the NIH Training Center.

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<tr>
<th>Course</th>
<th>Start</th>
<th>Deadline</th>
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<tbody>
<tr>
<td>Executive, Management, and Supervisory</td>
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<td>Introduction to Supervision</td>
<td>9/22</td>
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<td>Effective Communications</td>
<td>9/16</td>
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<td>Effective Presentations Skills</td>
<td>9/17</td>
<td>8/29</td>
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<td>Managing Stress &amp; Maximizing Effectiveness</td>
<td>9/10</td>
<td>8/15</td>
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<tr>
<td>Communicating for Results</td>
<td>7/29</td>
<td>6/23</td>
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Office Skills Career Development Program

Support Staff Training 496-6211
Introduction to Working at NIH 7/25 7/14
Introduction to dBase III 7/29 7/9
Basic IBM Displaywriter 10/7 9/16
Training & Development Services Program Orientation 10/21 9/23

Using Animals in Intramural Research 6/30
Guidelines for Investigators
SHARE TRAINING. For first-time users enter: x fr kagslugL.s@sha(enter) on file 37.

Adult Education Program ongoing 496-6211.

OD Savings Bond Canvasser Wins ‘Red’ Parking Permit

Five OD Savings Bond canvassers (of 75 total) achieved the highest level of participation from canvassed OD employees and became eligible for the drawing of a 6-month “red” parking permit. Dr. Thomas E. Malone, NIH Deputy Director, drew the winner’s name. Pictured (l to r) are: Edith Mostow, OD savings bond coordinator, DCG; Carolyn Craig, ADA; Irene Douglas, DP; Dorothy Ford, DCG; Dr. Malone; Judy Vickers, DPM; Eleanor Anderson, DFM (the winner); and Thomas G. Johnson, OD savings bond coordinator, DCG.

“DHHS ‘surpassed every target and set new HHS records across the board,” said Dr. Otis R. Bowen, DHHS Secretary, about this year’s Savings Bond campaign. Approximately 60,000 DHHS employees participate in the savings bonds plan.

Bond participant winners drawn following the NIH campaign were: Dr. Suzanne Hurd, NHLBI, round trip to California, courtesy of US Air; Sheryl Rathke, NIDR, $200 credit towards a trip from Oker-United Travel; Regina Koenig, NIA, $50 R & W gift certificate; and Nancy Wolford, NIAID, $25 R & W gift certificate.

NLM Donors “Cheer” NIH Blood Bank

The National Library of Medicine turned the tables on the NIH Blood Bank by giving it a “shot” in the arm through its generous pledge response to the NLM-sponsored Blood Donor Day, June 11.

Scheduled by the Library as a Sesquicennial event, the campaign brought in 33 new donors out of a total of 52 who gave blood during the day. The success of the campaign more than doubled the yearly contribution to the donor goal established for the Library.

According to Bernice Loiancono, donor recruitment supervisor at the Clinical Center, each NIH building is assigned a goal. If the goal is reached, the building unit will be honored at donor appreciation day the following January.

Ms. Loiancono would also like to remind all potential donors of the need for blood, especially during the summer months when critical shortages develop.

For more information call the blood bank at 496-1048.
Hospital Workers Risk Of AIDS Extremely Low

NIIH scientists have provided new evidence that the risk of transmitting acquired immune deficiency syndrome (AIDS) from patients to hospital workers is extremely low.

A study conducted at the NIH Clinical Center followed 531 health care workers who had contact with AIDS patients. Of these workers, 150 were exposed to the blood or body fluids of AIDS patients through injury by a needle, scalpel, or other sharp object (percutaneous injury); or splashes in the mouth, nose, or eyes (mucous membrane splash).

None developed AIDS or any evidence in the blood of the AIDS virus, HTLV-III. All of these employees were followed for at least 6 months and some as long as 46 months after exposure. The average followup time after exposure was 29 months.

The study was reported in the Annals of Internal Medicine, May 1986, by Dr. David Henderson of the Clinical Center, Dr. Alfred J. Saah of the National Institute of Allergy and Infectious Diseases, and colleagues.

The Clinical Center was considered an ideal site for the study because of its large AIDS patient population. More than 400 AIDS patients have participated in research studies at the Clinical Center since June 1981. The study was conducted because transmission has been a concern for health care workers since AIDS was found to be caused by a transmissible agent.

Dr. Henderson stressed that these data support the concept that the risk of AIDS transmission to health care workers is very small, and suggest that the current precautions outlined by the Centers for Disease Control for both clinical and laboratory personnel are adequate to prevent AIDS transmission.

Other NIH researchers conducting the study were Barbara Zak, CC; Drs. Richard A. Kaslow, H. Clifford Lane, Thomas Folks, and William C. Blackwelder of NIAID; Dr. James Schmitt of the NIH Division of Safety; Deborah J. LaCamera and Dr. Henry Masur, CC; and Dr. Anthony S. Fauci, NIAID.

Jamie, the Asthma ‘Poster Kid,’ Visits NIH

Jamie Noland, the 9-year-old 1986 Poster Kid for the Asthma & Allergy Foundation of America (AAFA), has severe asthma. He must take medication several times a day. Because of self-management techniques, however, Jamie is in the mainstream of events for a typical 9-year-old. An A student, he has won several academic honors at his school in Fort Collins, Colo., where he also does community little theater work with the Peanut Butter Players. He also loves sports, computers, and inventing.

Recently, Jamie met Dr. Joseph E. Rall, NIH Deputy Director for Intramural Research, and at the conclusion of their visit, Dr. Rall showed Jamie the glass-enclosed campus model in the lobby of Bldg. 1 after which Jamie spread on top of the model various stickers and buttons, and proceeded carefully to select the appropriate ones for Dr. Rall.

Jamie and his parents next visited National Institute of Allergy and Infectious Diseases Director, Dr. Anthony S. Fauci. NIAID funding contributed to the research and development of the Asthma Care Training program (now administered by AAFA), a self-management plan under which children learn about asthma, medicines and decisionmaking. Little drivers' licenses are given upon successful completion.

Jamie completed the program last year.

While visiting with NIAID allergist and director of the Immunology, Allergic and Immunologic Diseases Program, Dr. Sheldon Cohen, Jamie gave him a "I Love My Allergist" button.

Since further NIH funding for asthma self-management programs comes from the National Heart, Lung, and Blood Institute, Division of Lung Diseases, Jamie also visited Dr. Sydney Parker, chief of the Division's Prevention, Education and Manpower Branch, who showed Jamie and his parents newly developed asthma self-management material. The Division has several such programs which have been tested and found effective, and is working with AAFA to make these available to inner city minority populations.

Jamie gave Dr. Parker a selection of his treasures, among them balloons which said, "I Love My Allergist." Along with the balloons came a message from Dr. Cohen to Dr. Parker. Dr. Cohen had bet Jamie that Dr. Parker couldn't blow up the balloon. She did.—Dinah Bertran

NIMH Seeks Volunteers

Healthy female volunteers between the ages of 18 and 35 are needed for research studies at the National Institute of Mental Health. Subjects must be unmedicated (including birth control pills) and free of medical and psychiatric illness. All subjects selected for participation will be financially compensated.

For further information contact Dr. Michael Lesem, (301) 496-1891.

FAES Graduate School Announces Fall Classes

The FAES Graduate School has announced its fall semester schedule of classes on the NIH campus.

Courses are offered in biochemistry, biology, genetics, chemistry, physics, mathematics, medicine, pharmacology, toxicology, physiology, immunology, microbiology, psychology, psychiatry, statistics, languages, administration and others of general interest.

Tuition is $40 per hour, and courses may be taken for credit or audit. Courses that qualify for Institute support as training should be cleared with supervisors and administrative officers as soon as possible.

Classes will begin Sept. 15; registration will be held Sept. 3-9. Schedules are available in the Graduate School office in the Clinical Center, Rm. 2C207A, and in the Foundation Bookstore, Rm. B1L101. To have one sent, call 496-7977.
Two Cancer Awardees Funded by NIH Grants

Two of the three winners of the General Motors Cancer Foundation Research Awards are presently or have previously received funding from NIH.

The winners of the award were Drs. Harald zur Hausen of the German Cancer Center in Heidelberg, Germany; Phillip Allen Sharp of the Massachusetts Institute of Technology in Cambridge, Mass.; and Donald Pinkel of the University of Texas M.D. Anderson Hospital and Tumor Institute at Houston.

The three doctors were awarded gold medals and $130,000 each for making outstanding contributions to cancer research.

Dr. Sharp, received his first award from NIH in 1957 and presently has four active projects and three pending from NCI and NIGMS. His areas of study include mRNA (messenger RNA) processing regulation, RNA precursors regulation and oncogenes (cancer genes) regulation.

Director at the Center for Cancer Research, MIT, he was honored for his discovery of RNA splicing and nonsense segments in genes. His research has allowed for a new understanding of how genes are regulated during normal cell development, maturation and malignant transformation. Dr. Sharp was the recipient of the 1986 Alfred P. Sloan Jr. Prize.

Dr. Pinkel was first awarded a grant from NIH in 1957 and has received support on 13 previous projects. He has no active current grants, but has recently applied for one. His last support from NIH was in 1980. His major areas of study are cancer chemotherapy and childhood leukemia. He has received most of his funding from NCI, DRS, and NLM.

He is director of the pediatric leukemia research program, University of Texas System Cancer Center, M.D. Anderson Hospital and Tumor Institute. He was honored for pioneering clinical research and devising a combined chemical and radiation therapy which has led to cures for more than half the children afflicted with acute lymphocytic leukemia. Dr. Pinkel received the Charles F. Kettering Prize in 1986.

Dr. zur Hausen, is chairman of the executive board, professor and scientific director of the German Cancer Center in Heidelberg, Germany. He was honored for discovering the viruses that are an important part of the complex which appears to cause cervical cancer and may be involved in the etiology of other tumors. He received the 1986 Charles S. Mott Prize.

The three awardees presented lectures, June 11 in the Clinical Center’s Masur Auditorium.

Woman Army General Urges NIH Women To Seize Every Opportunity to Excel

Brig. Gen. Sherian G. Cadoria, U.S. Army, director for manpower and personnel in the organization of the Joint Chiefs of Staff, was the featured speaker at the recent NIH Women's History Observance.

In her discussion of “Today’s Women Making History,” Gen. Cadoria highlighted the accomplishments of many women. She emphasized the need for women to identify and be guided by role models.

The general advised women to seize every available opportunity to excel. Referring to her own experiences, she indicated that even a problem situation can provide an occasion to prove oneself. She quoted Phaedra as saying, “Once lost, Jupiter himself cannot bring back... opportunity.”

She pointed out the importance of being ambitious, prepared, and optimistic, while constantly striving for success. Underscoring the value of self confidence and self worth, she stated that it is crucial for each of us to believe that what we do matters and to realize that no one can make us feel inferior without our consent.

Acknowledging that women still have to run faster and work harder to advance, Gen. Cadoria stressed the need for men to recognize the abilities of women and not stand in the way of opportunities for them to excel.

Jessalyn L. Pendarvis, director of the Division of Equal Opportunity, welcomed Gen. Cadoria and the audience to the observance.

Gen. Cadoria was introduced by NIH Director Dr. James B. Wyngaarden. Following her address she conversed individually with many members of the audience and visited the NIH exhibit which recognizes some of the many women making history today.

Construction Begins on NMR Research Center

Marking the recent ground breaking for the new NIH In Vivo Nuclear Magnetic Resonance (NMR) Research Center are (l to r): Dr. Murray Eden (Biomedical Engineering and Instrumentation Branch, DRS), Dr. John Doppman (Department of Radiology, CC), Mrs. Michael Judge (Consort Construction Co.), Dr. Edwin D. Bicker (Office of Research Services, OD), Dr. Cherie Risk (Office of Research Services, OD), Steven Thornton (Division of Contracts and Grants, OD), and Lynn Mertz (Medical Systems Group, General Electric Co.). The new one-story facility, scheduled for completion in December, will be located adjacent to the O- Wing of Bldg. 10 at the B-1 level, and will provide extensive instrumentation for the development of NMR techniques and applications to living systems.
NIDDK Conferees Weigh Causes and Cures For Male Impotence, Other Sexual Dysfunctions

Impotence, failure of erection in the male, was the main focus of a conference held June 4-6 in Baltimore by the National Institute of Diabetes and Digestive and Kidney Diseases in association with the National Kidney Foundation.

The "Conference on the Scientific Basis of Sexual Dysfunction" was attended by more than 100 urologists, endocrinologists, physiologists, pathologists, pharmacologists, psychologists and other scientists and clinicians from across the U.S. and Europe. Topics discussed were anatomy, physiology, and endocrinology of the male reproductive system, erectile pathology in systemic disease, neural control in male and female sexual behavior, and clinical assessment and management of sexual dysfunction in men and women.

Calling impotence "a scourge on society," Dr. Stanley G. Korenman, of the Veterans Administration Medical Center, Sepulveda, Calif., chairman of the meeting, said that the prevalence of the disorder is difficult to establish because there are no outstanding studies of its epidemiology.

In various studies in recent years, however, the problem has been reported to be present in 7 to 17 percent of men. In the famous report of Alfred Kinsey and his associates, Sexual Behavior in the Human Male (1948), the prevalence of impotence was found to increase with age from 18.6 percent of 60-year-old men to 27 percent at age 70, to 55 percent at age 75, and 75 percent of men were afflicted by age 80.

Organic Causes

Dr. John Morley also of the VA in Sepulveda reported a survey of five large studies indicating that psychogenic factors are of far less importance as a cause of impotence than was previously believed, ranging from 14 to 51 percent. "Contrary to popular belief," he said, "it appears that most impotence is organic in origin."

The most common organic causes appear to be endocrine disorders and diabetes mellitus. Of the endocrine causes, hypogonadism (decreased functioning of the testes) and thyroid dysfunction are most common, said Dr. Morley. Impotence has also been found to be associated with vascular, neurologic, urologic, and systemic disorders. Drugs were another major cause of impotence, including diuretics, antihypertensive agents, and alcohol.

"Medications have been considered to be responsible for impotence in up to 25 percent of cases," said Dr. Morley. "Sixteen of the top 200 prescription drugs in America have been associated with impotence. Diuretics and antihypertensive agents represent the commonest medication-related cause of impotence. Patients who develop impotence on one antihypertensive medication, will not necessarily be impotent on another medication even though it may be associated with impotence."

Psychological Causes

Dr. Joseph LoPiccolo, department of psychology, Texas A&M University, spoke on psychological issues in erectile failure. "The basic elements of a psychotherapeutic program are to ensure that the patients do not overreact to erectile problems and create a self-perpetuating vicious cycle," he said. "Elimination of performance anxiety is addressed by initially forbidding attempts at intercourse, but focusing instead on adequate stimulation of the penis in the absence of any performance demands."

Numerous speakers paid tribute to the pioneering research in the field of sexual dysfunction by Dr. William H. Masters, a participant at the meeting, and codirector of the National Kidney Foundation in St. Louis, Mo.

Dr. Masters praised the advances in diagnosis of and surgery for organic impotence described at the meeting, but he warned that there is not yet any absolute instrument for screening out organic or psychogenic impotence. "What I am most impressed with in this meeting is the fact that our diagnostic equipment is being improved almost on a daily basis," Dr. Masters declared. "I am particularly delighted to see that."—Jim Fordham
For the Division of Computer Research and Technology?

Kim Regan was recently appointed executive officer for the Division of Computer Research and Technology. Before joining DCRT she headed the Program Analysis and Management Office, Cancer Therapy Evaluation Program, NCI. Ms. Regan has received the NCI EEO Honorable Recognition Award, the Department’s Special Achievement Award in 1981, and an NIH Merit Award in 1982.

**Experienced Mothers Needed To Assist New Mothers-To-Be**

Are you the mother of a second or later-born baby (less than 2 months old)? Would you like to help mothers who are expecting their first child feel more comfortable about becoming a parent?

Your participation in an NICHD study will help first-time mothers prepare for their baby while helping researchers develop a new prenatal care program from which other parents may benefit.

Participation would require a 1-hour visit to NIH with your baby (when he or she is 2 months old). Volunteers will be paid. Further information call Dr. Gunhild Kestermann, (301) 496-8632.

**Thyroid Study Needs Volunteers**

Male, white volunteers between the ages of 18 and 30 are needed to participate as normal controls in a standard thyroid study being conducted at NIH. Volunteers must be free of medical illnesses and currently taking no medication, and have no family history of psychiatric illness or alcoholism.

Subjects will spend 3 nights and 1 morning at the Institute over a period of several weeks. They will be paid according to time spent and procedure of each visit.

For further information, call Skip Orem at (301) 496-6981, Monday through Friday, 9 a.m. to 5 p.m.

**Over $1.9 Million Awarded To Three Minority Colleges**

More than $1.9 million has recently been competitively awarded to three predominantly minority colleges or universities through the Research Centers in Minority Institutions Program, administered for the Office of the Director, NIH, by the Division of Research Resources. Coupled with its initial awards last October, the RCMI program has now awarded nearly $6.6 million to 10 institutions.

The recent grants went to: Morehouse School of Medicine, Atlanta, Ga. ($843,340); Charles R. Drew Postgraduate Medical School, Los Angeles, Calif. ($586,456); and Tennessee State University, Nashville, Tenn. ($505,855).

Although the money is earmarked to cover support for only 1 year, each school’s grant has been approved for a 5-year period; dollar levels, however, are renegotiated annually depending on the availability of funds.

According to the program’s director, Dr. Sidney A. McNairy Jr., RCMI grants will significantly strengthen and augment each school in ways that not only will allow them to conduct better biomedical research, but will also enable them to be more competitive in securing additional research funding.

Among other things, says Dr. McNairy, of the program which has an operating budget of $9.8 million for fiscal year 1986, the awards will help schools foster faculty enrichment and expansion, improve physical facilities, renovate laboratories and purchase new or replace outmoded research equipment.

To become eligible for a grant, an institution must have more than 50 percent minority enrollment, and award M.D., D.D.S., D.V.M., or other doctoral degrees in the health professions, or a Ph.D. in the health sciences; and the school must be within the United States or its territories.

**CHERNOBYL**

(Continued from Page 1)

Dr. Gale also offered to the Soviet Union the services of the International Bone Marrow Registry. This registry contains data on bone marrow transplants provided by transplant teams from approximately 60 nations. Dr. Terasaki’s skills were needed to perform the critically important tissue typing between marrow donors and recipients.

Radiation exposure such as that suffered by the workers at the Chernobyl nuclear reactor can destroy the bone marrow, the source of the body’s blood and immune defense cells. The actual bone marrow transplant operation is considered a relatively simple procedure. A small amount of bone marrow is taken by syringe from the pelvic bone of the donor. The recipient is given the marrow, much like a blood transfusion, by injection into a vein. If the transplant is successful, the donor marrow will begin to replenish the body’s blood-producing cells.

The success of a transplant—whether it is accepted or rejected—depends on suppressing the body’s natural tendency to get rid of “foreign” tissue. To minimize the risk of rejection, the tissues of the donor and recipient should be as similar as possible.

Similarity is measured by blood tests to determine human leukocyte antigen (HLA) markers on body cells which are, in turn, determined by the genetic relationship of the two individuals being matched. Exact matches are found only in identical twins. Siblings or other close relatives are the next best matches.

**NIAID Supported**

With NIAID support, a highly specific tissue typing technique called the microcytotoxicity test has been developed. This test, adopted by NIH in 1970, is universally accepted as the standard test for HLA antigen determination.

Using sophisticated equipment that had been airlifted from nations around the world, Dr. Terasaki trained Soviet technicians to use the microcytotoxicity test. The technicians had some experience in tissue typing, and they were able to refine their skills based on Dr. Terasaki’s demonstrations. Working together, the Soviet scientists and Dr. Terasaki determined tissue types of the prospective donors and recipients prior to the transplant procedures.

While the transplant team was in the Soviet Union, Dr. Jane Schulz, the project officer for the Bone Marrow Registry, was contacted by a reporter for the Soviet news agency, Tass. He questioned her extensively about the international registry to which transplant teams in the Soviet Union did not belong at that time. However, since this accident, they have become members.

When Soviet leader Mikhail Gorbachev later addressed the nation on the nuclear accident, he personally thanked both Dr. Gale and Dr. Terasaki.

In recalling his unique experience, Dr. Terasaki said, "I am glad that I was able in some small way to help the victims of the Chernobyl accident. This collaborative effort with our Soviet colleagues focused the need for an international pool of typed bone-marrow donors who would be available in case such emergency should arise again. I am hopeful that the relationship we established with our Soviet hosts during this crisis will continue to grow in the future."
Authority on Dementia Speaks at NIA Seminar

Dr. Alexander S. Henderson, director of the WHO Collaborating Center for the Epidemiology of Mental Disorders, warns of a coming epidemic of dementia. His contention is based on the predicted surge of older people who will rise from 8 to over 12 percent of the world population by the year 2020. "Not only are people living longer, but those who develop dementia are surviving longer, posing great challenges to the medical and research communities," he said.

At a seminar sponsored by the National Institute on Aging, Dr. Henderson stressed the need for epidemiological research to determine the true prevalence and incidence of Alzheimer disease and other forms of dementia. Various countries have developed and are using numerous testing instruments and sampling techniques to determine the extent of dementia in their native populations. However, no standard set of diagnostic criteria has yet been accepted by the scientific community as suitable for cross-cultural studies.

As a result, cross-cultural comparisons are difficult to obtain, despite some very provocative findings. For instance, while Alzheimer disease (AD) accounts for the majority of dementia cases in this country, multi-infarct dementia (MID)—a condition caused by vascular brain disease—is the most common dementia in Japanese populations.

Diagnostic Criteria Needed

Although no prevalence studies have been carried out in Third World countries, few cases of dementia are reported there. No cases of dementia have been observed in the Nigerian community, although American blacks of African descent do develop AD. These findings may indicate AD is a phenomenon of western civilization; they may also represent a result of inappropriate assessment techniques. In order for rates of dementia to be determined through large-scale field studies, we need to establish a set of valid and reliable diagnostic criteria, Dr. Henderson indicated.

NIA and the WHO are working together to encourage the development of more sensitive diagnostic tools for Alzheimer disease. Staffs of NIMH and NICDS also participate in these efforts.

The task includes drafting a new set of research diagnostic criteria for dementia to be included in the 10th revision of the International Classification of Diseases. This work is part of a broader NIA mandate to promote research in the general area of health assessment technologies for geriatric patients.

RESEARCH DAY
(Continued from Page 1)

Minna, NCI; Daniel Nebert, NICHD; Arthur Nienhuis, NHLBI; Marshall Nirenberg, NHLBI; Abner Notkins, NIDR; Adrian Parsegian, NIDDK; Ira Pastan, NCI; William Paul, NIAID; Candace Pert, NIMH; Michael Potter, NCI; Steven Rosenberg, NCI; Jesse Roth, NIDDK; Louis Sokoloff, NIMH; Earl Stadtman, NHLBI; Jun-Ichi Tomizawa, NIDDK; and Martha Vaughn, NHLBI.

Twenty workshops will be held from 2 to 5 p.m. in conference rooms throughout NIH. The workshops are designed primarily for people actively involved in research. Anyone interested in participating in a particular workshop (listed below) should send a short abstract indicating how his or her work relates to the title of the workshop (with name, address, and telephone number) by July 21 to the chairman of the particular workshop. Each workshop will last from 2 to 3 hours, and will be limited to 20-25 people. Workshop topics and chairmen are as follows:

(1) Transgenic mice and molecular biology of development
   H. Westphal (NICHD), and I. Davidi (NICHD)

(2) Growth factors and oncogenes
   M. Sporn (NCI)

(3) Activation of differentiation of thymus-derived T lymphocytes
   R. Schwartz (NIAID)

(4) Molecular virology
   P. Howley (NCI)

(5) Transcription and protein-DNA interaction
   G. Felsenfeld (NIDDK) and G. Klouy (NCI)

(6) Bacteria and yeast: selected topics
   M. Yarmolinsky (NCI)

(7) Multi-drug resistance: molecular and clinical aspects
   M. Gottesman (NCI)

(8) Invasion and metastasis
   L. Liotta (NCI)

(9) Curative intervention in advanced malignancies
   B. Chabner (NCI)

(10) AIDS
    F. Wong-Staal (NCI)

(11) The molecular biology of the immune response
    W. J. Leonard (NICHD)

(12) Autoimmunity
    A. Steinberg (NIAMS)

(13) Transplantation
    D. Sachs (NCI)

(14) Cell motility
    R. Adelstein (NHLBI)

(15) CA++ as an intracellular messenger
    C. Klee (NCI)

(16) Endocytosis, exocytosis and organelle biology
    R. Klausner (NICHD)

(17) Neuropeptides and neuropeptides
    S. Paul (NIMH)

(18) Cellular neurobiology
    P. Nelson (NICHD)

(19) Biological basis of human neurologic diseases
    R. Lazzarini (NINCDS)

(20) Future direction of biomedical science
    H. S. Sr. Jr. (FIC)

NIH Research Day chairman is Dr. Abner Notkins, scientific director, NIDR. Committee members are: Drs. Samuel Broder, associate director, Clinical Oncology Program, NCI; Robert Burke, chief, Laboratory of Neural Control, NINCDS; Richard Klausner, chief, Cell Biology and Metabolism Branch, NICHD; Henry Metzger, acting scientific director, NIAMS; Alan Rabson, director, Division of Cancer Biology and Diagnosis, NIC; Edward Rall, Deputy Director for Intramural Research, NIH; and DeWitt Stetten Jr., Scientist Emeritus, FIC. Dr. Notkins says that "because of the size of NIH, people working for years in the same general area but in different Institutes, often do not know each other. NIH Research Day is an attempt to remedy this situation and to give colleagues in the extramural program on the NIH campus an opportunity to keep up with current intramural research advances."
Dr. Antonia Novello Named NICHD Deputy Director

Dr. Antonia C. Novello, a pediatric nephrologist, has been named deputy director of the National Institute of Child Health and Human Development.

As deputy director, she will have direct responsibility for operation of the Extramural Research Programs of the NICHD and will officially represent the Institute in NIH and PHS activities related to the Institute's maternal and child health and population research programs.

Prior to her appointment, Dr. Novello was executive secretary of the General Medicine B Study Section in the Scientific Review Branch of the DRG. She joined NIH in 1978, as a commissioned officer in the Public Health Service and served as a project officer in the Artificial Kidney/Chronic Uremia Program in what is now the National Institute of Diabetes and Digestive and Kidney Diseases. From 1979 to 1981, she was staff physician and program administrator in the same Institute in the Chronic Renal Disease Program.

Born in Puerto Rico, she received her medical degree at the University of Puerto Rico Tropical School of Medicine in 1970. She then served a pediatric residency at the University of Michigan Medical School in Ann Arbor, where she was named Intern of the Year in 1971.

Pediatrics Professor

After completing a combined pediatric and adult nephrology fellowship at Ann Arbor, and a pediatric nephrology fellowship at Georgetown University Hospital in 1975, Dr. Novello became an instructor in pediatrics at Georgetown. She is the author of numerous papers and book chapters, most of which relate to pediatric and adult nephrology. She has continued her teaching and clinical affiliation with Georgetown University, and most recently was promoted to clinical professor of pediatrics.

In 1982, she was awarded a master's degree in health science administration from Johns Hopkins University School of Hygiene.

From October 1982 to December 1983, Dr. Novello served on detail as a legislative fellow with a health staff of the U.S. Senate Committee on Labor and Human Resources, chaired by Senator Orrin Hatch. Her work there, particularly in development of two principal pieces of legislation, the Smoking Prevention Education Act of 1983 and the Organ Procurement and Transplantation Act of 1983 (S2048), earned her the Department of Health and Human Services, USPHS Citation Award. She also received the USPHS Commendation Medal in 1983 and in 1984 she received an exceptional capability promotion to captain.

Revised Guidelines Available On Recombinant DNA Research

Recently revised Guidelines for Research Involving Recombinant DNA Molecules are now available, the executive secretary of the NIH Biosafety Committee has announced.

The revision includes changes in appendix C-1 which exempts certain experiments involving use of eukaryotic viral sequences. Investigators may obtain a copy of the revised guidelines by calling 496-2960.

5 NIDDK Scientists Elected to NAS

The National Academy of Sciences recently announced the election of membership of two scientists from the Division of Intramural Research, National Institute of Diabetes and Digestive and Kidney Diseases and three Institute grantees. The scientists were selected in recognition of their distinguished and continuing achievements in original research.

The NIDDK intramural scientists receiving this honor are Dr. Gerald D. Aurbach, chief, Metabolic Diseases Branch, and Dr. Martin F. Gellert, chief, Section on Metabolic Enzymes, Laboratory of Molecular Biology. The NIDDK grant-supported scientists are: Dr. William H. Daughaday, professor of medicine, Washington University School of Medicine, St. Louis, Mo.; Dr. Yuet Wai Kan, professor, department of medicine, laboratory of medicine and biochemistry and biophysics, University of California, San Francisco; and Dr. Roger H. Unger, professor of internal medicine, University of Texas Southwestern Medical School, Dallas.

MONKEYS

(Continued from Page 1)

by Montgomery County (Md.) police in a raid on the IBR facilities and were placed soon thereafter in the care and custody of NIH by the Montgomery County Circuit Court. NIH suspended and ultimately terminated the grant to IBR upon determining that IBR had failed to comply fully with animal welfare requirements of the U.S. Public Health Service.

Still pending before the U.S. Court of Appeals for the Fourth Circuit in Richmond is a lawsuit brought against IBR and the U.S. Department of Health and Human Services by the International Primate Protection League, People for the Ethical Treatment of Animals, and others. This lawsuit seeks to have the plaintiffs appointed as guardians of the IBR primates and to deny any further research with them.

NIH will continue as custodian while the litigation is in progress and will abide by decisions of the court with respect to arrangements for the care of the animals.