Dr. Vida Beaven Named NIH Assistant Director

Dr. Vida H. Beaven recently has been named NIH Assistant Director for Program Coordination by NIH Director, Dr. James B. Wyngaarden.

In her new position, Dr. Beaven will provide staff advice on current and future agency policy implications of NIH-wide programs. She will review and coordinate major programmatic issues and studies impacting on the policies, direction, organization and functions of the NIH. In this role, Dr. Beaven serves as liaison with staff of the Office of the Director and Institutes, as well as directs the work of the Office of the NIH Executive Secretariat.

Prior to this appointment, she served as special assistant to NIH Deputy Director, Dr. Thomas E. Malone. Among her many responsibilities, she undertook special projects assigned by Dr. Malone and analyzed research, scientific issues, and problems of concern to the Office of the Director, NIH. She also oversaw the work of the NIH Committee Management Office.

After receiving bachelor’s and master’s degrees from Indiana University, Dr. Beaven studied at the University of London for a year. She joined NIH in 1964 as a predoctoral fellow in the National Heart, Lung, and Blood Institute. She received her Ph.D. degree in 1968, after which she held a 3-year staff fellowship with NHLBI, conducting research in biochemical pharmacology.

Dr. Beaven served as a grants associate with the Division of Research Grants, and subse-

NIAID Funds $100 Million for 14 Centers To Evaluate Drugs in Treatment of AIDS

The National Institute of Allergy and Infectious Diseases has awarded contracts to 14 medical centers to test experimental drugs in persons with AIDS (acquired immune deficiency syndrome).

The total of $100 million will go to the 14 centers over the next 5 years, said Dr. Anthony S. Fauci, NIAID Director, at a press conference held June 30 in Washington, D.C.

Annual funding for each unit ranges from approximately $700,000 to $2 million. Each unit will treat 50 to 150 patients during the initial phases of drug trials.

Dr. Fauci said that as many as 1,000 patients could be enrolled in the AIDS treatment evaluation units within the next 6 months. The patients will receive drugs that have potential for the treatment of AIDS and the various opportunistic infections and cancers that develop in AIDS patients.

AIDS has been diagnosed in more than 22,000 Americans since the first case was reported in 1981. There is no proven, effective treatment for the ailment at present.

NICHD’s Dr. David B. Gray Named Director Of National Institute of Handicapped Research

Dr. David B. Gray has left NIH to become Director of the National Institute of Handicapped Research (NIHR), a component of the Office of Special Education and Rehabilitative Services in the U.S. Department of Education.

An expert on learning disabilities, Dr. Gray was nominated for the position by President Reagan and confirmed by the U.S. Senate. He has been a health scientist administrator in the Human Learning and Behavior Branch of the National Institute of Child Health and Human Development.

NIHR supports grants, contracts and cooperative agreements to states, public and private agencies and other organizations to plan and conduct research, demonstrations or related activities pertinent to the rehabilitation of handicapped individuals. The institute’s budget for fiscal year 1985 was $39 million.

Dr. Gray has had extensive experience in research and service programs related to disabled individuals. He was director of research and development at Rochester State Hospital and director of the Institute Programs for the Mentally Retarded of the Social Adaptation Center in Rochester, Minn. He also worked as supervisor of behavior modification at the Mental Retardation Institute at New York Medical College in Vahalla, N.Y.

In 1966 Dr. Gray received a bachelor’s degree in psychology from Lawrence College in Appleton, Wis. He then went on to earn a master’s degree in that subject in 1970 from Western Michigan University in Kalamazoo, and his Ph.D. in psychology, with a minor in genetics, in 1974 from the University of Minnesota in Minneapolis.
TRAINING TIPS

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

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<td>Introduction to Supervision</td>
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<td>Effective Communications</td>
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Office Skills Career
Development Program 496-6371

Support Staff Training 496-6211

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<td>Introduction to Working at NIH</td>
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<td>Basic IBM Displaywriter</td>
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Centennial

Down Memory Lane at NIH

If you think traffic is bad now leaving the NIH campus, look at how disorganized it was in 1961! Parking was allowed on the right side of Center Dr. and two lanes of traffic merged at the intersection of Bldg. 2 (l) and Wilson Dr. Not much different from today, except now employees park along South Dr. near Metro, but not beyond the merge with Center Dr. Notice that Bldg. 31's A and B wings are under construction (upper left side of photo). If you have anything to contribute towards NIH's Centennial celebration, contact Susan Gerbold, 496-1776, or stop by Bldg. 10, Rm. B1C218.

Renovated Bldg. 8 Opens

More than 500 people attended the festive dedication ceremony for Bldg. 8 held June 10 at which Dr. James B. Wyngaarden, NIH Director, and other NIH officers cut a red ribbon marking the opening of the renovated building. (See picture.)

Over 300 people joined several tours that stopped at the Penthouse on the 5th floor, a triple laboratory on the 4th floor, and another laboratory in Bldg. 8A.

Guides were posted at each of the tour stops to explain various machinery and laboratory equipment. Not scheduled on the tour, but currently under construction and to be finished soon, is a library and conference room on the first floor for employees of Bldgs. 8 and 8A.

By mid-July, almost all laboratory personnel and their equipment will have moved from Bldg. 4 to Bldg. 8. Bldg. 4 is the next building to undergo refurbishing in the "Round Robin" plans for renovating the oldest buildings on campus.

Parent Loss Study Seeks Volunteers

Adult volunteers who lost one or both of their parents between ages 2 and 17 years, are in good physical health, and currently take no medications are needed for an early parental loss study. Subjects will undergo a neuropsychiatric interview and assessment of their cortisol system (via a dexamethasone suppression test). Participants will not be paid. If interested, send your name and address to Dr. Alan Breier, Bg. 10, Rm. 4N214.

The NIH Record

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Nine NIH Publications Get Blue Pencil Awards

Nine NIH publications received Blue Pencil Awards during the National Association of Government Communicators annual banquet held June 3 at the National Press Club.

Awarded and categories were:
- Clementine Sessions and William H. Hall, NIDDK—Second Place, Publication for General Audience (one color): Need & Features From NIH: Special Issue on Digestive Diseases;
- Maya Finis (writer) and Ann Diefenbach (editor and project officer), NIGMS—Second Place, Publication for General Audience (two or three colors): The New Human Genetics;
- Diane Striar (writer), Ray Fleming (editor), NINCHD—Honorable Mention, same category: Headache, Hope Through Research;
- Harriet Page, Nancy Brun and Ardyce J. Asire, NCI—Second Place, Publication for Technical Audience (two or three colors): Cancer Rates and Risks;
- Maureen B. Gardner, NICH—Honorable Mention, News Release: "Two Studies Link IUD With Infertility";
- Leslie Fink, NICH—Honorable Mention, News Release: "Scientists Capture Elusive Reproductive Protein—May Provide Basis for Male Contraceptive;"
- Lynn J. Cave (writer), NINCH—Second Place, Feature Release: "Sea Creatures and the Nerve Cell;"

NAGC was established for the purpose of advancement of communications as an essential professional resource at every level of national, state and local government. The Blue Pencil and Gold Screen Competitions are sponsored annually and recognize excellence in the field of communications throughout the government.

Paperback Books Needed

The Clinical Center's Patient Activities Department needs paperback books in good condition so that patients can read them during the summer.

If you have paperbacks that you've finished reading and don't want to keep, bring them to Bldg. 19, Rm. 1C129.

For more information, call the PAD at 496-2286.

New Test Holds Promise for Dyslexics

A test that can diagnose specific reading disabilities in children and adults has just been released in kit form, according to the National Institute of Child Health and Human Development. The Decoding Skills Test (DST) includes several tests that can measure a person's competence in various "decoding" skills necessary for proficient reading. "Decoding" is the process by which a reader recognizes written letters (t, k, z), letter-sounds (th, sh), and words.

The DST was designed by Dr. Ellis Richardson of the Nathan Kline Research Institute, Orangeburg, N.Y., and Barbara Di Benedetto of City University of New York under a 3-year contract with NICH. Although it was developed primarily as a research tool to bring uniformity in testing dyslexia subjects nationwide, the DST is expected to be used in developing new methods to treat dyslexia as well.

An estimated 5 to 15 percent of American students have dyslexia, which the World Federation of Neurology defines as "difficulty learning to read despite conventional instruction, adequate intelligence and sociocultural opportunity." The economic cost of reduced scholastic achievement and limited employment opportunities has been estimated to run in the billions of dollars a year.

Pinpoint Deficits

"Clinically, the DST will allow teachers, reading counselors and psychologists to pinpoint specific deficits in individuals who have persistent reading problems despite average or better intelligence, and help them develop methods to overcome those difficulties," says Dr. James Kavanaugh, associate director of NICH's Center for Research for Mothers and Children and author of numerous publications on dyslexia and the reading process.

"Equally important, uniform use of the DST by dyslexia researchers across the Nation will for the first time allow our Institute to compare their findings in a meaningful way, and it will help in the development and testing of new hypotheses on dyslexia," says Dr. Kavanaugh, who served as project officer for the DST research contract.

The DST is composed of three subtests, according to Dr. Richardson, who also teaches at the New York University Medical Center.

Subtest I (basal vocabulary) measures a child's ability to read aloud (decode) words that are representative of the reading levels of most beginning reader programs.

Subtest II (phonic patterns) provides a profile of phonic skills. It shows the individual's ability to use vowel, consonant, and syllabic patterns and to transfer these skills to the decoding of unknown words.

Subtest III (oral reading) measures both aspects of decoding (basal vocabulary and phonic skills) in contextual reading and provides a variety of other measures of oral fluency.

The DST was pretested on more than 1,200 elementary school children in Atlanta and New York. 'A unique feature of the test is that it is 'criterion-referenced,' that is, its contents have been derived from a wide variety of classroom materials currently in use in grades one through five," Dr. Kavanaugh says.

"Our Institute has been involved in research related to reading and dyslexia since its inception," says NICH Director Dr. Duane Alexander. In 1985, NICH spent $10.6 million for research and training in dyslexia and related areas. "Nationwide acceptance of the uniform DST will greatly enhance NICH's future search for the causes of dyslexia, its treatment and prevention," says Dr. Alexander.


New Test Holds Promise for Dyslexics
Bone Disease Research Topic Of Science Writers Seminar

Highlights from current bone disease research will be presented at the next NIH Science Writers Seminar. It will be held on Tuesday, July 29 from 9:30 a.m. to 12:30 p.m. in Bldg. 31, Conf. Rm. 6.

Chief of the NIDR Bone Research Branch, Dr. John Termine will moderate the seminar and give an introductory talk on formation, turnover and regulation of bone. He will also discuss the importance of basic research in understanding how bone mechanisms are perturbed by the degenerative disease, osteoporosis.

Dr. Joan Marini, a senior staff fellow, Human Genetics Branch, NICHD, will describe her research with children who have osteogenesis imperfecta, the brittle bone disease. Research has revealed that some forms of the disease are related to defects in the synthesis and structure of collagens—a group of proteins found in bone.

Dr. Stephen Marx, chief of the Mineral Metabolism Section of the Metabolic Diseases Branch, NIDDK, will explain how vitamin D acts directly and indirectly on bone. He will review findings from research on a hereditary disease known as vitamin D-resistant rickets.

It is one type of bone disease that can be cured by appropriate uses of vitamin D. Dr. Marx will also address the unanswered question, "What is the role of vitamin D in different forms of osteoporosis?"

Science Writers Seminars, sponsored by the intramural scientists of NIH and the Division of Public Information, OD, are designed to provide members of the press with background information on various areas of research conducted at NIH.

For additional information, call Bobbi Bennett, 496-1766.

Fogarty and NIAID to Hold Conference on Carbohydrates

The role of complex carbohydrates in cell recognition at the molecular level will be the subject of an international conference sponsored by the Fogarty International Center and the National Institute of Diabetes and Digestive and Kidney Diseases to be held in Conf. Rm. 6, Bldg. 31, Aug. 4-6.

This conference, "Biology of Carbohydrates"—brings together leading investigators in this field. The questions to be addressed have important implications for many branches of biomedical research and clinical medicine.

Preregistration is required for attendees. For further information please contact Nancy Shapiro, 496-2517.

CC Director Recovering From April Heart Attack

CC Director Dr. John Decker is at home now, continuing his recovery from a heart attack in April. He visits the hospital only for rehabilitation and to keep an eye on progress made during his absence.

Dr. Decker left 2 West on June 6 after spending 45 days as a CC patient and begun convalescing at home, just across Cedar Ln. from the hospital.

Before leaving the CC, he was feted at a party in his room. Steve Galen, associate hospital administrator, presented him with a lab coat festooned with patches from various CC departments.

"The lab coat was more brilliant than Joseph's coat of many colors," quipped Dr. Saul Rosen, who is filling in as acting director.

Dr. Decker expects to return to work on a part-time basis at the beginning of September.

Randy Schools, R&W Manager, Given Presidential Citation

Randy Schools, general manager of the NIH's R&W Association recently was awarded a Presidential Citation for Private Sector Initiatives for 1986.

Mr. Schools accepts his Presidential Citation from Mr. Taylor, chairman of the awards committee (1) and Frederick J. Ryan Jr., (r) Deputy Assistant to the President and Director of Private Sector Initiatives.

Mr. Schools was selected to receive one of the 70 Presidential Citations awarded for excellence in community service by the President's Citation Program for Private Sector Initiatives.

In a letter notifying Mr. Schools of his selection, R. William Taylor, chairman of the awards committee, stated, "The Awards Committee was greatly impressed by your organization's commitment to extending a helping hand to your community, selecting your entry from more than 1,500 that were received."

President Reagan along with Vice President Bush congratulated the winners at a ceremony in the Rose Garden, June 18.

In his speech, President Reagan said, "Doing these good things directly humanizes our society, and makes us all more compassionate."

All the winners received "C" flags signifying "We can, we care."

Mr. Schools has been general manager of NIH's R&W Association since 1977.
Mrs. Frances Howard, NLM, Addresses Med. Library Assn.

Frances Humphrey Howard, NLM special assistant to the associate director for extramural programs, recently delivered the opening address at the Medical Library Association’s 86th annual meeting in Minneapolis.

Mrs. Howard, a Minnesota native, reminisced about the extraordinary contribution of her brother, Hubert Humphrey, to biomedical information progress in the United States. Through the force of his conviction and enthusiasm, Sen. Humphrey was able to persuade the Federal Executive Branch to organize itself to deal with the coming information revolution, long before most scientists had acknowledged the need to upgrade science communications.

Sen. Humphrey was an early pioneer of the Information Age, who advised the health workers “in the trenches” that “information will help you win the battles you are now fighting, whether it is cancer, Asian flu, or the birth of deformed children.”

At another event, Mrs. Howard and Mme. Helene de Margerie, wife of the French Ambas-

Hospital Patients in Acute Pain Receive Insufficient Pain Killers, Panel Concludes

Hospitalized patients suffering from acute pain are usually undermedicated with doses of narcotic analgesics that are too low and too infrequent to control pain adequately. This was concluded by a panel of experts gathered for an NIH Consensus Development Conference on “The Integrated Approach to the Management of Pain” held in Masur Auditorium, May 19-21.

Presentations indicated that pain is the most frequent cause of suffering and disability and seriously impairs the quality of life for millions of people throughout the world. Evidence also indicates that pain is not properly managed in a significant number or patients suffering pain from surgery, trauma, burns, and disease.

The panel concluded that low and infrequent doses of pain medication is the result of incorrect assessment and a lack of understanding of prescribed drugs by caregivers.

The panel also suggested that many physicians, nurses, and patients are unnecessarily concerned about the risk of narcotic addiction and respiratory depression in patients with short-term pain.

“Many physicians use a cookie-cutter approach to prescribing medications,” said Dr. Ronald J. Dougherty, a panel member who is medical director of Pelion, Inc., a chronic pain outpatient clinic and administrative service chief of the Chemical Abuse Recovery Service at Benjamin Rush Center, Syracuse, N.Y.

“They prescribe according to set-standards instead of the individualized needs of the patient,” he said.

The panel recommended more education and sensitization of health care providers in the use of analgesic narcotics. They also recommended a greater consideration of new techniques such as patient-controlled analgesia, a technique that allows patients to self-administer drugs within the limits of dose and frequency established by a physician.

On the other hand, panel members indicated that narcotics are almost never safe for the treatment of chronic pain. The panel recommended more exploration of nonpharmacological agents for the treatment of chronic pain, including acupuncture, biofeedback, transcutaneous electrical nerve stimulation (TENS), and behavioral approaches such as relaxation.

The panel also recommended that new means be developed to adequately assess pain in children. Presentations indicated that there are many myths concerning pain in children, including the misconceptions that children can’t feel pain, or that active children are not in pain. These ideas have probably developed because children often lack the ability to communicate effectively.

The conference was sponsored by the NIH Clinical Center, NCI, NINCDS, NIDR, and the Office of Medical Applications of Research. It brought together biomedical investigators, internists, surgeons, nurses, epidemiologists and public representatives to address the following questions: How should pain be assessed? How should pharmacological and nonpharmacological agents be used in an integrated approach to pain management? What is the role of the nurse in the integrated approach to pain management? And what are the directions for the future research in pain management?

The panel was chaired by Dr. Laurel Archer Copp, dean and professor of the University of North Carolina School of Nursing, Chapel Hill, N.C.

VISITING PROGRAM

6/13 Dr. Alberto Villacara, Italy. Sponsor: Dr. Maria Spatz, Laboratory of Neuropathology and Neuroanatomical Sciences, NINCDS, Bg. 36, Rm. 4B22.
6/16 Dr. Robin Dewar, Guyana. Sponsor: Dr. Norman Salman, Laboratory of Biology of Viruses, NIAID, Bg. 5, Rm. 335.
6/16 Dr. Shoji Fukuta, Japan. Sponsor: Dr. Victor Ginsburg, Laboratory of Structural Biology, NIDDK, Bg. 4, Rm. 327.
6/18 Dr. Srikantam Vasantha, India. Sponsor: Dr. Michael Frank, Laboratory of Clinical Investigation, NIAID, Bg. 10, Rm. 11N228.
6/20 Dr. Hideo Moril, Japan. Sponsor: Dr. Stanley Rapoport, Laboratory of Neurosciences, NIA, Bg. 10, Rm. 6C103.
6/25 Dr. Alison McBride, United Kingdom. Sponsor: Dr. Peter Howley, Laboratory of Tumor Virus Biology, NCI, Bg. 41, Rm. 2D01.
6/26 Dr. Mihoko Daito, Japan. Sponsor: Dr. Christy Ludlow, Medical Neurology Branch, NINCDS, Federal Bg., Rm. 1C15.
7/1 Dr. Isabella Heuser, Germany. Sponsor: Dr. Thomas Chase, Experimental Therapeutics Branch, NINCDS, Bg. 10, Rm. 5C103.
7/1 Dr. Tomoyoshi Kondo, Japan. Sponsor: Dr. Irwin Kopin, Neuroimmunology Branch, NINCDS, Bg. 10, Rm. 2DS2.
7/1 Dr. Brian Lawlor, Ireland. Sponsor: Dr. Dennis Murphy, Laboratory of Clinical Science, NIMH, Bg. 10, Rm. 3D41.
7/1 Dr. Murday Stein, Canada. Sponsor: Dr. Thomas Uhde, Biological Psychiatry Branch, NIMH, Bg. 10, Rm. 3S239.

I'm not afraid to die. I just don't want to be there when it happens.—Woody Allen
Lucille Nestler Retires From NIGMS

Lucille (Lou) Nestler retired recently after 16 years of Federal service, 14 of which were spent with the National Institute of General Medical Sciences. She was a grants technical assistant in the grants operations section of the Office of the Associate Director for Program Activities.

Mrs. Nestler began her Federal career in 1970 in the Office of the Director, NIH, where she typed research contracts. In 1972, she joined NIGMS in the training grants section. Eventually, training and research grant operations were merged, and for the last 12 years she has processed both types of grants. Her supervisor, Rossie Fitzgerald, described Mrs. Nestler's departure as "a great loss...Lou has such a wonderful disposition and nothing seems to faze her; [she is] the most beautiful person since my own mother."

Mrs. Nestler was the recipient of several group awards and two individual cash awards.

At a retirement party, 85 of Mrs. Nestler's coworkers and friends gathered to honor her and present her with a photo album of NIGMS staff and money to buy a VCR.

When asked what her future plans are, Mrs. Nestler said that she expects to do volunteer work part-time with a group for people like herself who have hearing impairments. She also plans to do a lot of gardening. "For years, I've wanted to learn more about growing herbs and spices; I figure I'll have plenty of time to fool around with that now," she said.

Mrs. Nestler has been a resident of the same house in Wheaton for 35 years. The mother of two children and grandmother of three, she hopes to spend time with her family and also to become a "surrogate grandmother" in the neighborhood.

Dr. J. Piatigorsky Receives Vision Research Award

Dr. Joram Piatigorsky, is the 1986 winner of the Friedenwald Award, the most prestigious honor in vision research. This award is given annually by the trustees of the Association for Research in Vision and Ophthalmology (ARVO) in recognition of distinguished scientific achievement.

Dr. Piatigorsky, who has been at NIH since 1967, is chief of the NEI's Laboratory of Molecular and Developmental Biology, a unique research laboratory devoted primarily to the molecular biology of the lens. Before joining NEI, he worked in NINCDS and NICHD laboratories.

In his Friedenwald Memorial Lecture before the ARVO membership, he spoke about research on gene expression and its control in the crystallin lens of the eye.

The family of crystallins comprises almost 90 percent of the soluble proteins in the lens. Modifications in the structure of protein, like those associated with aging and cataract formation, are of critical interest to vision researchers studying lens transparency.

Dr. Piatigorsky began his research by studying cell differentiation using chick lens epithelium—a tissue without blood or nerves which synthesizes crystallin proteins.

Now, after nearly two decades of work, he says, "Molecular genetic investigations in vision and ophthalmology have advanced our knowledge of the evolution, organization, and expression of genes in general, and the basis of hereditary defects in the visual system in particular. Also, it may be within reason to anticipate the time when defective genes will be compensated for or repaired by treatment with normal genes."

In 1978, Dr. Piatigorsky received the NIH Director's Award for outstanding work, and in 1985 was the recipient of an award for vision research from the Alcon Research Institute.

He is a graduate of Harvard College and the California Institute of Technology, where he earned his Ph.D. in developmental biology.

Dr. Piatigorsky's participation in the scientific community includes work for the Foundation for Advanced Education in the Sciences; editorial positions on the journals Experimental Eye Research, Lens Research, and Molecular Biology Reports, and membership in numerous societies.

He is the author of more than 100 articles on developmental biology and molecular genetics.

NINCDS Publishes Creutzfeldt-Jakob Fact Sheet

Creutzfeldt-Jakob disease, a rare, fatal brain disorder caused by an unusual virus-like agent, is the subject of a new fact sheet now available from the National Institute of Neurological and Communicative Disorders and Stroke.

The fact sheet briefly describes the symptoms, prevalence, and modes of transmission of the disease, which afflicts both men and women, usually people 50 to 75 years old. Also discussed are coping strategies and resources for patients, tests of antiviral drugs as possible treatments, and NINCDS-sponsored research aimed at isolating and characterizing the exclusive agent that causes the disease.

Creutzfeldt-Jakob disease is caused by a transmissible agent—perhaps a slow or unconventional virus—that incubates for up to 3 years or longer before symptoms appear. Symptoms include mental deterioration, involuntary movements, lack of coordination, and vision loss; death usually occurs within a year after symptoms develop.

Although person-to-person transmission is rare, the disease has been transmitted to healthy people during certain medical procedures, such as cornea transplants and treatment with contaminated human growth hormone.

Scientists recommend that health professionals take certain precautions, listed in the new fact sheet, when handling blood or spinal fluid from Creutzfeldt-Jakob patients.

Single copies of the fact sheet are available without charge from the Office of Scientific and Health Reports, NINCDS, Bldg. 31, Rm. 8A16, Bethesda, MD 20892; telephone (301) 496-5751.
In Memoriam

Dr. Karl Sollner:
1903-1986

Dr. Karl Sollner, NIH scientist emeritus, internationally known physical chemist and past chief of the section on electrochemistry and colloid physics, National Institute of Diabetes and Digestive and Kidney Diseases, died June 14 at his home in Chevy Chase, Md., 2 years after sustaining a severe stroke. He was 83.

Born in Vienna, Austria, he received his Ph.D. in chemistry from the University of Vienna in 1926. In 1927, he began his career in physical and colloid chemistry with Prof. Herbert Freundlich (foremost authority in colloid chemistry) in Prof. Fritz Haber’s famous Kaiser-Wilhelm-Institut fur Physikalische Chemie und Elektrochemie, Berlin-Dahlem, Germany.

In the years from 1927 to 1933, Dr. Sollner’s research involved the elucidation of the mechanism of unsolved electrochemical membrane effects, electrodialysis and anomalous osmosis and the electrolyte permeability properties of mosaic membranes.

In 1933, when Hitler came to power, it was only through personal intervention by Professors Nernst, Planck, and Haber with the Ministry of Education that he was awarded the very selective, highly covered promotion to “Privat Dozent” (the necessary first step to an academic career). However, he was not allowed to give lectures at the University of Berlin.

Dr. Sollner secretly left Germany in the summer of 1933 with Prof. Freundlich to accept the invitation of Prof. F.G. Donnan to join his laboratory at the University College, London, England. During his stay in England, he was exclusively involved in research on the action of ultrasonics in colloidal solutions and served as consultant to industrial groups.

Dr. Sollner came to the United States in 1937 and became a naturalized citizen in 1943. After 1 year in the department of agronomy at Cornell University, Ithaca, N.Y., he joined the University of Minnesota Medical School, Minneapolis, in the department of physiology, where he returned to membrane research. During World War II, while at the University of Minnesota, he co-invented the “belly still,” a vacuum still device that made it possible for sailors and fliers lost at sea to convert sea water into drinking water by distillation through body heat.

He came to NIDDK’s Laboratory of Chemical Physics in 1947 from the University of Minnesota Medical School where he had been full professor of physiological chemistry for 6 years.

During his 26 years at NIDDK, Dr. Sollner’s research focused on the preparation and use of artificial membranes. He was the first to construct practical membranes that could serve as models for biological systems. These model membrane systems have helped in the understanding of the flow of ions, other solutes, and water through living membranes.

He pioneered a new era by introducing “permselective membranes” (a term he coined)—porous membranes allowing water to pass through, but retaining a high degree of specificity allowing the transport of only cations or only anions. This research has aided in the development of specific membrane electrodes, in electrodialytic desalination of salt water, and in artificial kidney membrane research.

After his retirement from Federal service in 1973, Dr. Sollner was given the honored title of NIH scientist emeritus and continued to work regularly in his office at NIH. His important role in physiochemical membrane research for nearly 50 years led to his decision to write a book on the history of this important area of electrochemistry. He leaves a basically completed manuscript, “The History of the Physical Chemistry of Membranes,” which will be completed and published by a colleague in Scotland.

He was a member of the American Chemical Society, Society of General Physiologists, American Institute of Chemists, and the New York Academy of Sciences. He is listed in numerous books for outstanding recognition in scientific research. Among his many outstanding scientific contributions, he organized the first physical biochemistry seminars at NIH. He is the author of more than 130 scientific articles.

Persons wishing to make contributions in his memory may send their donations to: The Linus Pauling Institute of Science and Medicine, 440 Page Mill Rd., Palo Alto, CA 94306.

Dr. Sollner is survived by his wife of 52 years, Helen (Herta) Rosenberg Sollner of Chevy Chase; a daughter, Barbara Sollner-Webb; a son-in-law, Denis C. Webb, and a granddaughter, Lisa Webb, all of College Park; and a sister, Hilda Bauer of Sweden.

NIH Training Center Offers Executive Potential Program

The Office of Personnel Management’s new Executive Potential Program for high potential mid-level employees is a career enhancement program that is coordinated by the NIH Training Center. It provides training and developmental experience to prepare them for future opportunities as Federal managers and executives.

Participants are nominated by their departments as having demonstrated managerial potential. Nominated and selected for the 1986 OPM Executive Potential Program are:

Dona R. Lenkin, management analyst, DMP; Thomas C. Cloutier, environmental engineer, DS; and Kevin P. Murphy, personnel specialist, DRG.

The participants will spend 12 months, March 1986 through March 1987, in development work assignments, classroom training courses and cluster group participation.

Training is designed around the management excellence framework (MEF) and provides an understanding and working knowledge of, and development in OPM’s management competency-based model of effective performance for federal managers.

Micro Centrifuge: Danger Alert

The Occupational Safety and Health Branch has been advised that the Model 5415 Eppendorf Micro Centrifuge has a manufacturing defect which may allow the rotor to separate from the shaft during operation. Personal injury or severe equipment damage or both could result.

Persons who have this model centrifuge should immediately remove the equipment from service and call the Safety Operations Section, Occupational Safety and Health Branch (496-2346), for instructions on how to get a free replacement rotor.
Savings Bond Campaign: One of Most Successful

NIH recently concluded one of its most successful Savings Bond Campaigns, reaching 65 percent of its goal for new bond purchasers and 155 percent of its goal for increased allotments.

Robert Namovicz and Jack Nance, coordinators for NIH, attribute this year’s success to those BID coordinators and canvassers who dedicated themselves to learning about the advantages of Savings Bonds and passing this knowledge on to their fellow workers.

To further stimulate interest in the campaign, attractive incentives were offered for bond purchasers and canvassers. John Mahoney, the new NIH Associate Director for Administration, selected the winning tickets in the raffle for bond purchasers on May 21. Winner of the free round trip to California on US Air was Dr. Suzanne Hurd (NHLBI); Sheryl Rathke (NIDR) won the $200 certificate toward travel arranged by Ober Travel; Regina Koenig (NIA) won an R&W gift certificate for $50 and Dr. Nancy Wolford (NIAID) a certificate for $25. In a separate drawing for PHS Bond Canvassers, John Slowikosky (CC) won a Burberry raincoat.

Results of the campaign by BID are as follows:

<table>
<thead>
<tr>
<th>BID</th>
<th>New Bond Purchases</th>
<th>Increased Allotments</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>Goal</td>
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<td>BID</td>
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<td>FIC</td>
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<tr>
<td>Total</td>
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</table>

Six Hundred NIHers Attend Software Fair

Six hundred NIH employees attended the first NIH PC Software Fair recently held by and for NIH employees.

The fair gave a glimpse of some of the ways PCs are used at NIH:

- "BLOSSOM" developed by the Data Management Branch, DCRT, eliminates the need for many Lotus 1-2-3 users to transfer their data to statistical analysis programs. The package is a set of automatic, easy-to-use statistical procedures for use with 1-2-3.
- NICL's Laboratory of Tumor Virus Biology has improved its inventory of tissue culture cell lines using dBASEIII software. The inventory reduces time spent searching with vials, increases accuracy of cell histories, and more fully utilizes existing cell lines.
- DisplayWrite 3 word processing software has made it easier for the NLM personnel office to prepare standard letters and NIH forms 52 and 402. The form letter feature is also used to create personalized performance plans for employees in the same job position.
- PC-Plot software is used with the IBM personal computer to emulate a Textronics 4010 graphics terminal. This emulation capability reduces the need for multiple equipment in cramped work areas.
- Unlike other PC software demonstrations, NIH employees—not vendors—showed how they use specific software applications in their jobs to save time, increase productivity, improve quality and decrease costs.
- Employees were also given the opportunity to have specific questions answered such as: When will this product be available? What is the cost? Would this be useful in my job? How difficult is it to learn? Is training available?
- For more information on these applications or questions on other supported software, call the User Resource Center 496-5025 or the Personal Workstation Office 496-2282.

Dr. Nancy Cummings Gets Jacob Ehreneller Award

Dr. Nancy Boucot Cummings, associate director for research and assessment, National Institute of Diabetes and Digestive and Kidney Diseases, recently received the Jacob Ehreneller Award "in recognition and appreciation of her outstanding achievements and service in medicine."

This annual award, presented by the Ex-Residents Association of Pennsylvania Hospital, was established in 1962 to honor the Nation's first intern, Jacob Ehreneller. In 1773, at the age of 16, Ehreneller was apprenticed to the Pennsylvania Hospital as an apothecary for 5 years.

Because of the American Revolution, the College of Philadelphia Medical School ceased to exist and no bachelor's or M.D. degrees were given. Although Ehreneller never obtained an M.D. or bachelor's degree, he did receive a certificate of qualification to practice medicine that enabled him to attain the commission of an assistant surgeon.

Dr. Cummings was honored as the first woman intern at Pennsylvania Hospital in May 16 ceremonies. In accepting the award, Dr. Cummings called her internship at Pennsylvania Hospital—the oldest hospital in the country, founded in 1751—"one of the highlights of my medical career."

She related anecdotes about her internship such as the time she was on hospital rounds and an 82-year-old patient gave her a bag of fruit saying "Here, nurse, this is because you do such good doctor work for me."

Dr. Cummings joined NIDDK (then NIAMD) in 1972 as program officer of the Kidney Disease Collaborative Program. In 1976, she was appointed associate director for kidney, urologic and blood diseases, a position that she held until 1984 when she was appointed to her current position.
John Smart Retires After 32 Years at NIH

John Smart, executive officer of the Division of Research Services since 1980, has retired after 32 years of service at NIH. Mr. Smart served previously as an administrative officer of both the NICHD Intramural Research Program (1969–80) and as an administrative officer in the Office of the Director, NINCDS (1964–69). He has held intramural administrative positions in the Neurology Institute since 1961.

He began his NIH career in 1954 as a neurophysiologist in the National Institute of Neurological Diseases and Blindness, working on spinal nerve regeneration research. Much of his time between 1956 and 1961 was spent in this work at the Laboratory of Perinatal Physiology, located in San Juan, Puerto Rico. There he was asked to undertake many administrative responsibilities in addition to his research work. The experience spurred his interest in full-time intramural administration.

After a 6-month training program, Mr. Smart joined the administrative staff of the Neurology Institute intramural program in 1961.

Three of his most obvious qualities as an administrator received particular attention from the speakers at his farewell luncheon: his effective support of intramural research, his excellent work relationships, and his concern for the welfare of others.

NICHD Director Dr. Duane Alexander said that Mr. Smart’s “can do” approach typifies the best in NIH intramural administration. Dr. Joe R. Held, former DRS Director (in a letter read at the luncheon), praised his ability to get along with others, get people to work together, and bring out the best in his associates. DRS Director Dr. Robert A. Whitney, Jr., summed up his approach as “management by the golden rule.”

In his remarks at the luncheon, Mr. Smart said, “My involvement in the NIH programs these last 32 years has allowed me not only to work in the research laboratory but also to serve the intramural program as an administrative and executive officer—including participating in the clinical programs by working with the Institute scientific director on development of research facilities. I’ve also participated in clinical protocols as a patient.

“NIH represents to me the ultimate in biomedical research institutions because of the commitment to excellence demonstrated daily at all levels of the very diversified staff. I feel privileged to have been associated with such an outstanding organization.”

He received the NIH Meritorious Service Award in 1977 and the NIH-EOO Special Achievement Award in 1976. He also received four quality increases during his career. A native of Ashton, Illinois, he received his B.S. in biology from Arizona State University and did graduate work in zoology and neurology.

Retirement should afford Mr. Smart and his wife Mary Lee more time for a great interest of theirs: travel in their well-equipped van. He is also looking forward to spending more time with his four grandchildren to broaden their education in areas such as kite flying and fishing. While at home, he can also devote more time to a special interest of his: tender loving care and restoration of 1965 Mustangs.

Summer Shapeup
At NIH Fitness Center

The summer shapeup at the NIH Fitness Center is now under way but you can still join. Fees are $2 per class per session, NIHFC member; $2.50 per class per session, nonmember; and $3 per class drop-in.

Class sessions are as follows:

**Quick Fit:** MWF: noon to 12:45 p.m.; 5:15 to 6 p.m.
**Alive:** MWF 6 to 7 p.m.; Tu/Th: 5 to 6 p.m.
**Abominable Abdominals:** Tu/Th: 11:30 a.m.-noon.
**EZ-Action:** Tu/Th: noon to 12:45 p.m.
**Spot Stretch:** MWF 7:30 to 8:15 a.m.

You can register for all classes at the Fitness Center (Bldg. T-39) or the R&W Activities Office, Bldg. 31, Rm. B1W30.

For further information call 496-TRIM.
Belgian Prince and Princess Visit

A number of Belgian scientists now working at NIH are shown with Prince Albert and Princess Paola of Belgium and Dr. James B. Wyngaarden, NIH Director, at a June 11 coffee in the conference room of Stone House for Belgian scientists at NIH. Shown (l to r) are: Dr. Thierry Vely, Dr. Marie Anne Lahaye, Dr. Jean Pierre Kinet; Belgian Ambassador Herman Debenin; Mrs. Debenin; Prince Albert, Princess Paola, Dr. Wyngaarden, Dr. Jean Joris, Dr. Jacques Gielen, Dr. Mariel Moser and Dr. Jan Balzarini.

AIDS CENTERS

(Continued from Page 1)

Immunomodulators, or agents designed to enhance the immune system, may be tested alone or in combination with other drugs or therapies.

Agents likely to be tested in the first year of the study include ribavirin, azidothymidine (AZT), interferon alpha, foscarnet, HPA-23 and possibly dideoxycytidine. With the exception of dideoxycytidine, which is still undergoing studies in animals, all of these drugs have been studied previously in humans.

Initial studies will focus on determining safe dosages and establishing therapeutic value that is sufficient to warrant further trials. Relative risks and potential benefits to each individual will be weighed carefully and fully explained before the patient enters treatment, Dr. Fauci said.

The drugs will be tested for safety and effectiveness in persons with fully developed AIDS, and those with AIDS related complex (ARC). Drugs shown to be safe and effective can be tested eventually in persons with antibody to the virus but without symptoms. Outpatients as well as inpatients will participate in the studies.

The complexity of the disease complicates the search for effective treatment strategies. Drugs are needed to inhibit growth of the AIDS virus, which attacks the body's immune system. Also needed are ways to restore and revitalize the weakened immune system.

Treatment is also needed to fight the host of opportunistic infections and malignancies to which AIDS patients are vulnerable. Patients with AIDS fall prey to Pneumocystis carinii pneumonia and other opportunistic infections such as candidiasis, and severe herpes simplex, cytomegalovirus and toxoplasma infections. They also develop Kaposi's sarcoma and B cell lymphomas, which are forms of cancer.

"Everyone in the scientific community who works in AIDS research shares the sense of urgency that is felt throughout the country, and now the world, as we face a rapidly growing public health problem, and as we see the toll AIDS is taking in the lives of men, women and children," Dr. Fauci said. "We believe that this new effort should greatly enhance our research capabilities and bring us closer to the answers we seek."

Institutions which will receive contracts for the treatment evaluation units and the principal investigators involved in the studies follow:

<table>
<thead>
<tr>
<th>AIDS Treatment Evaluation Units</th>
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<tr>
<td>Institutions</td>
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<tr>
<td>Harvard University</td>
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<tr>
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<tr>
<td>Memorial Sloan-Kettering</td>
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<td>New York University</td>
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<td>Stanford University</td>
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<td>University of Southern</td>
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<td>National Institutes</td>
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</table>

Fun-for-One Club for Singles

R&W will sponsor a social mixer on July 30 at 5 p.m. in the FAES House (corner of Old Georgetown and Ceder Lane) to introduce its newest club, the Fun-For-One Club. The Fun-For-One Club, designed to help employees meet new people and meet new friends, will specialize in social activities geared toward single adults. Attend the social mixer on July 30 to learn more about the Fun-For-One Club and get to know your fellow employees here at NIH.

CORRECTION

Dr. Gunhild Kestermann's phone number for prospective experienced mother volunteers to call is (301) 496-6832, not 8632 as was given in the July 1 Record.

He wholaughs, lasts.—Anonymous

DR. GRAY

(Continued from Page 1)

Last year Dr. Gray received the Public Health Service "Outstanding Handicapped Employee Award" for "inspiring physically disabled and able-bodied individuals alike to achieve their utmost potential and to serve their communities unselfishly."

Recently Dr. Gray co-edited Biobehavioral Measures of Dyslexia with Dr. James F. Kavanagh, associate director of NICHD's Center for Research for Mothers and Children.
Putting Their Heads Together Two Scientists Link
Brain Hormone to Depression, Anorexia Nervosa

By Leslie Fink

Back-to-back reports in the May 22 New England Journal of Medicine implicate a brain hormone called corticotropin-releasing hormone, or CRH, as a key player in the biology of psychiatric depression and the eating disorder, anorexia nervosa.

Combining knowledge of both brain disorders and the hormone system, researchers from NIMH and NICHD report in tandem articles that an abnormality in or near a CRH-producing region of the brain known as the hypothalamus may cause patients with depression and anorexia nervosa to overproduce this hormone. This may in turn trigger the behavioral changes these patients experience.

Led by NIMH's Dr. Philip Gold and NICHD's Dr. George Chrousos, the researchers used a new "CRH test" to stimulate the hormone systems of depressed or anorexic patients. They also used the CRH test to study patients with Cushing's disease—a hormone disorder that in its early stages is often difficult to distinguish from depression.

For almost two decades doctors have known that patients with depression, anorexia nervosa, or Cushing's disease secrete abnormally high blood levels of the so-called "stress hormone," cortisol. But locating the defect that causes this has been difficult because cortisol secretion lies at the bottom of a hormonal cascade beginning in the brain.

There hormonal signals travel from the hypothalamus to the pituitary gland, at the base of the brain, and from there to the adrenal glands, located just above the kidneys. In the past, researchers looking for the defect have pointed a finger at each step in the cascade.

Using the new test, Drs. Gold and Chrousos gave CRH to their patients and measured how the patients' hormone system responded. In depressed or anorexic patients receiving CRH, blood levels of pituitary and adrenal gland hormones were similar to each other but clearly different from samples taken from Cushing's patients. This showed that a biological defect linked to high cortisol levels in patients with depression and anorexia nervosa is indeed different from the underlying high cortisol levels in Cushing's patients.

Thus, the CRH test can quickly point doctors toward the Cushing's defect—a microscopic hormone-producing tumor of the pituitary gland that can be removed by surgery.

In depressed or anorexic patients, though, the CRH test shows that the pituitary gland and other parts of the hormone system located outside the brain are normal. The biological roots of depression or anorexia nervosa, Drs. Chrousos and Gold say, appear to lie within the brain where the role of natural CRH is only now being understood.

Studies in animals have hinted that CRH in the brain is important in both depression and anorexia nervosa. Higher-than-normal levels of CRH injected into the brains of laboratory animals cause physiological as well as behavioral changes. Like depressed people, the animals overproduce cortisol, become anxious or lethargic, develop poor appetites, and lose interest in sex.

Based on animal studies and their patient studies using the CRH test, the researchers began to suspect strongly that natural CRH in the brain played a key role in the biology of human depression. In preliminary studies of fluid surrounding the brain and spinal cord, Drs. Gold and Chrousos found that depressed or anorexic patients had abnormal levels of brain CRH.

To learn how high levels of CRH might produce depression, Drs. Chrousos and Gold are looking at the feedback system that keeps the body's hormone levels in check. The hypothalamus—the main CRH-producing site in the brain—is wired to both the pituitary gland and to the brain's limbic system, the seat of emotion.

Under "normal" stress, the excess cortisol a person produces tells the hypothalamus to stop secreting CRH, and mood and behavior changes resulting from the stress return to normal. But in people prone to depression or ano-

Dr. Peter Scheidt, NICHD, Awarded PHS Commendation

Dr. Duane F. Alexander, NICHD Director (r), presents the PHS Commendation Award to Dr. Scheidt.

Dr. Peter C. Scheidt of the National Institute of Child Health and Human Development's Human Learning and Behavior Branch has received the Public Health Service Commendation Medal for exemplary performance as Team Leader of HRSA's Disaster Medical Assistance Team (DMAT) 1 of the National Disaster Medical System.
Dr. S. Nomura, NCI, Dies Following Accident

Dr. Shigeko Nomura, a microbiologist in the Laboratory of Molecular Virology, National Cancer Institute, was struck by a car in the crosswalk between Bldg. 36 and the parking garage Thursday, June 12. She died at Suburban Hospital June 15.

For the past 6 months, she was working on assignment with Dr. Gordon Hager of the NCI Laboratory of Experimental Carcinogenesis on the regulation of genes transferred into tissues with retrovirus vectors.

Dr. Nomura had worked for NCI since 1967. She joined the Viral Biology Branch that year and worked with Dr. Sarah Stewart as a research biologist. In 1971, she moved to the Viral Leukemia and Lymphoma Branch, and worked for the next 10 years with Dr. Peter Fischinger. The branch was reorganized as the Laboratory of Viral Carcinogenesis in 1975.

Dr. Nomura made a number of important contributions in the field of retroviruses. She elucidated the mechanism of defectiveness of oncogene-containing viruses, and was the first to show that reversion could occur from a tumor state to normalcy in cells transformed with viral oncogenes.

She was a part of the team that discovered recombinant mouse retroviruses which are thought to play an integral role in mouse leukemias. As the field became more molecular, she was an integral part of the first cloning of oncogenes in bacteria by recombinant DNA technology.

In 1981, Dr. Nomura began work in the Laboratory of Molecular Virology, under Dr. George Khoury, and was the first to identify the agnogene product encoded for by simian virus 40 (SV40).

Prior to joining NCI, she worked at Flow Laboratories in Rockville, as a research associate in the department of environmental health at Johns Hopkins University, and as a visiting associate in the Laboratory of Biology of Viruses in NIAID.

During her career, Dr. Nomura also worked on poliovirus and respiratory syncytial virus.

Dr. Shigeko Nomura

She earned her M.D. in 1950 at Toho Women's College of Medicine in Tokyo. She completed her internship in medicine at Tokyo University Hospital in 1951, passed the national examination to become a medical doctor in Japan the same year, and worked as a resident in the department of internal medicine at Tokyo Sumida Hospital from 1951-1953. In 1960 she earned a D.Sc. in virology at Yamaguchi University School of Medicine in Yamaguchi, Japan, and worked as a research fellow at the National Institute of Health in Tokyo from 1953-1961, when she moved to the United States.

Dr. Nomura's body was cremated and her ashes flown to Japan for burial. Her closest surviving relatives are her mother, Mrs. Tomi Nomura, of Tokyo; a sister and brother-in-law, Mr. and Mrs. Sohei Ohata of Saitama-Ken, Japan, and their son, Hachiro Ohata of Kawasaki-Shi, Japan. Her father, a physician, died when she was very young.

Business Cards Available

While it is illegal to print business cards at government expense, the Printing Procurement Section (P&RB) has made arrangements to provide this service at considerable savings to NIH staffers. An introductory price of $8.50 for 500 cards has been negotiated for several months. For further information call the Printing Procurement Section, 496-6077. □

Walkers and Drivers: Take Care at Crossings

Traffic laws governing the NIH campus require a driver to yield the right-of-way to a pedestrian crossing the street in a marked crosswalk or at an intersection. Pedestrians also have a responsibility to proceed cautiously and should not walk or run into the path of a vehicle that is so close that it is impossible for the driver to yield.

A recent Automobile Association of America survey of the Metropolitan/DC area reports that every 3 hours and 15 minutes a pedestrian is injured as a result of a vehicular/pedestrian accident, and every 4 days a pedestrian dies as the result of a vehicular/pedestrian accident.

The fatal pedestrian accident that occurred at NIH last month reminds us that we are not immune to the risks usually associated with more congested metropolitan streets.

Pedestrian and driver safety is a two-way street. It requires the cooperation and concentration of all who travel through the NIH campus. When approaching the crosswalk, both drivers and walkers need to use care, to slow down and yield the right-of-way according to the law. □