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'Dean of Geriatric Medicine' Comes to NIH

Sir Ferguson Anderson, recognized throughout the world as the "Dean of Geriatric Medicine" came to NIH as a Fogarty International Center Scholar-in-Residence early this month.

Sir Ferguson, who retired on Sept. 1 from the University of Glasgow, Scotland, where he held the position of David Cargill Professor of geriatric medicine, has had a long and illustrious career devoted to geriatric medicine and the organization of health services for the elderly in the United Kingdom. His influence has been felt in hospitals around the world because many of their senior staff members have been his students.

While at NIH, Sir Ferguson will work principally with the National Institute on Aging. He will develop position papers for the NIA Director, Dr. Robert N. Butler, on such topics as the present and future status of geriatric medicine in the United States, and will par-

ticipate in a series of videotapes covering management of a variety of diseases that can affect the aging population. These tapes will be available for continuing education programs.

Sir Ferguson's chair of geriatric medicine—the first in the world—was established in 1965, and the first department of geriatric medicine began at the University of Glasgow. Today, there are 13 such chairs in Great Britain.

Sir Ferguson was born in Glasgow and received his M.D. from the University of Glasgow. He describes himself as having had three careers: the first in therapeutic medicine, the second as a senior lecturer in medicine, and the third in geriatrics.

From the beginning of his career, Sir Ferguson has believed that geriatrics must be a branch of general medicine, that geriatric units should be located in general hospitals, and that old people need the same facilities for treatment as people of any age.

Parking Charges in Question, Exception Requested

NIH has requested an exception to the requirement that Federal employees be charged for parking. As *The NIH Record* went to press, this request to HEW Secretary Patricia Roberts Harris was under advisement.

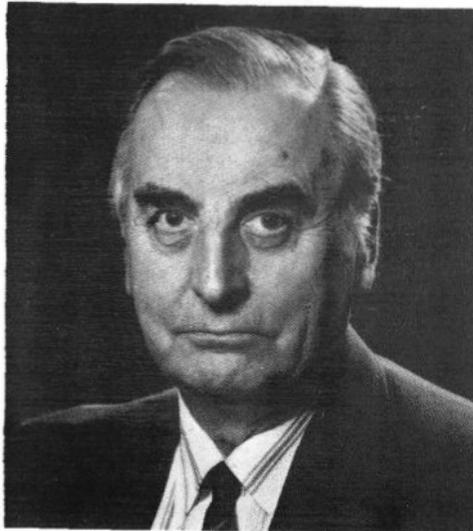
If not approved, NIH is developing contingency plans directing how paid parking will be organized.

As soon as the Administrative Office is notified, it will communicate directly with all NIH employees.

Reminder—Dr. Vaughan To Give Mider Lecture Tomorrow Evening

Dr. Martha Vaughan, chief of the Laboratory of Cellular Metabolism, National Heart, Lung, and Blood Institute, will deliver the G. Burroughs Mider Lecture tomorrow (Wednesday, Oct. 17) at 8:15 p.m. in the Masur Auditorium.

She will speak on the Regulation of Cyclic Nucleotide Metabolism.



The recipient of many awards ranging from knighthood in 1974 to the St. Mungo Prize and Gold Medal—awarded every 3 years "to the person who has done the most to make Glasgow more beautiful, healthy, or honored"—Sir Ferguson brings to NIH the charisma and wealth of knowledge that has succeeded in promoting geriatric medicine to a respected place in the medical community.

(See 'DEAN', Page 10)

Dr. Western Named NIAID Ass't Director For Internat'l Research

Dr. Karl A. Western, noted epidemiologist and infectious diseases specialist, has been named assistant director for International Research, National Institute of Allergy and Infectious Diseases.



Dr. Western's scientific interests include the development of epidemiological surveillance systems; health service research, particularly the strengthening of communicable disease control components of primary health care programs; and disaster epidemiology.

Dr. Western was formerly chief of the Department of Communicable Diseases of the Pan American Health Organization in Washington, D.C.

He will be the Institute's liaison with the Fogarty International Center, Office of International Health, World Health Organization, PAHO, and other international organizations. He also will work with other Institutes at NIH on all matters involving international health.

One of Dr. Western's projects will involve the accelerated tropical disease research program recently undertaken by NIAID in response to a plea by WHO to find new and more effective ways of treating and preventing these diseases. Tropical diseases such as malaria, schistosomiasis, filariasis, trypanosomiasis, leishmaniasis and leprosy are a major threat to the world's population—particularly in the developing countries, although also of

(See DR. WESTERN, Page 9)

The NIH Record

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Overeaters Anonymous To Hold First Meeting Oct. 31

The Occupational Medical Service is sponsoring an Overeaters Anonymous meeting on Wednesday, Oct. 31, in the OMS Conf. Rm. B2B-35, Bldg. 31, at noon, followed by weekly meetings.

Overeaters Anonymous is a self-help fellowship—not a diet group—which offers guidance and support to compulsive overeaters and follows the principles of Alcoholics Anonymous.

If you have any questions, contact Jan, 496-3172, or Rachele, 496-3164.

NIH'ers Invited To Welcome Foreign Visitors

Imagine the problems you would face if tomorrow you packed up your family and moved to a foreign country to work for a year or two. You would have to find housing, get your children into schools, arrange for transportation, and learn where to shop for food and clothes.

The Fogarty International Center has a foreign visitors assistant, Joan Muller, to help foreign visitors to NIH with these and similar problems. She finds, however, that housing and information are not enough. "Social contact with others at NIH and in the community is very important to the visitors, but often elusive," she says.

FIC is therefore starting a volunteer group to provide social contact and support to international scientists and their families. There are approximately 900 foreign scientists at NIH, including visiting associates, fellows, and scientists, Fogarty Scholars, guest workers, and experts.

Volunteers should "basically, be a friend to the newcomers," says Mrs. Muller. "Invite them over for a meal (maybe Thanksgiving dinner), to go sightseeing, or to go shopping. Give the visitors a taste of America outside of the laboratory, and give their families some social contact with Americans."

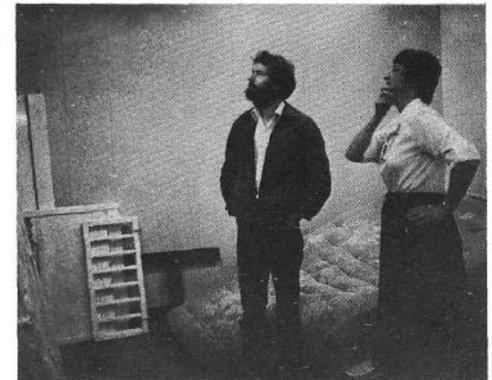
Furniture Needed

FIC also operates a clearinghouse for donated furniture and household furnishings that international visitors can use while they are here. Supplies are depleted now, says Mrs. Muller, so cooking utensils, dishes, tableware, linens, small appliances, lamps, beds, and winter clothing (all in good condition) are needed.

If you are interested in joining the volunteer group or have furnishings to donate, call Mrs. Muller, 496-4335.



Mrs. Muller examines dishes and cooking utensils available for loan to international visitors. Supplies are low; donations from NIH employees are sought.



Mrs. Muller helps Dr. David Mathers, a visiting fellow from Scotland, select household furnishings for his family's use.

New Pay Rates for Federal Employees

The figures below are not official. As "The NIH Record" went to press, regular pay scale figures were not available. Also, it was proposed that the statutory limit on Federal pay be raised to \$50,100, but final action had not yet been taken at presstime. The 7 percent pay raise becomes effective for the first complete pay period beginning after Oct. 1. At NIH this is from Oct. 1 through Oct. 20. NIH employees—except those in special categories—will receive the increase in their paycheck on Oct. 30.

Grade	Longevity steps									
	1	2	3	4	5	6	7	8	9	10
1	7210	7450	7690	7930	8170	8410	8650	8890	8902	9126
2	8128	8399	8670	8902	9002	9267	9532	9797	10062	10327
3	8952	9250	9548	9846	10144	10442	10740	11038	11336	11634
4	10049	10384	10719	11054	11389	11724	12059	12394	12729	13064
5	11243	11618	11993	12368	12743	13118	13493	13868	14243	14618
6	12531	12949	13367	13785	14203	14621	15039	15457	15875	16293
7	13925	14389	14853	15317	15781	16245	16709	17173	17637	18101
8	15423	15937	16451	16965	17479	17993	18507	19021	19535	20049
9	17035	17603	18171	18739	19307	19875	20443	21011	21579	22147
10	18760	19385	20010	20635	21260	21885	22510	23135	23760	24385
11	20611	21298	21985	22672	23359	24046	24733	25420	26107	26794
12	24703	25526	26349	27172	27995	28818	29641	30464	31287	32110
13	29375	30354	31333	32312	33291	34270	35249	36228	37207	38186
14	34713	35870	37027	38184	39341	40498	41655	42812	43969	45126
15	40832	42193	43554	44915	46276	47637	48998	*50359	*51720	*53081
16	47889	49485	*51081	*52677	*54273	*55869	*57465	*59061	*60657	
17	*56099	*57969	*59839	*61709	*63579					
18	*65750									

* Proposed statutory limit of \$50,100 applicable.

Schedule 'Use or Lose' Leave By Dec. 1

Annual leave in excess of the maximum carry-over balance is normally forfeited if not used by the end of the current leave year. Employees who have not already planned to take those excess hours should discuss their leave with their supervisor now while time remains to schedule it.

The biweekly Earnings and Leave Statement tells employees how much annual leave must be used so that they will not lose it when the leave year ends on Saturday, Jan. 12, 1980.

Plan Early

In spite of planning, circumstances sometimes arise which prevent an employee from taking leave that has been scheduled and approved earlier during the leave year. In such cases, the employee and his supervisor are jointly responsible for ensuring that any "use or lose" leave is rescheduled in writing before the last three biweekly pay periods of the leave year.

This year, "use or lose" leave should be scheduled in writing not later than Saturday, Dec. 1.

CC Budget Officer Retires; Had 40 Years' Fed'l Service

Wilford "Wayne" Finney, Clinical Center budget officer, recently retired after almost 40 years of Federal service.

Mr. Finney began his career with the Social Security Administration in Baltimore as a clerk, then transferred to the Department of Agriculture, in D.C., serving in budgeting and financing areas.

He came to the Clinical Center in 1958 as budget officer, a position he has held for 21 years.

Mr. Finney prepared the CC budget, programmed operating funds, checked expenditures and obligations, and acted as an advisor to its executive and administrative offices.

As to retirement plans, he hasn't decided yet, but he plans to . . . "just play it by ear, take it easy."

R&W Members Urged To Vote in Election For Executive Council

Members of the NIH Recreation & Welfare Association are urged to participate in an election for representatives to the 1980 R&W executive council.

Under the R&W bylaws, each B/I/D is entitled to one representative and one alternate for every 1,000 employees.

Those elected serve as a contact between the members and the R&W board of directors and bring suggestions to their attention. They also keep members informed of R&W activities and benefits.

The election is scheduled for the week of Oct. 22, and members interested in running for office can do so through their B/I/D executive officer or current R&W representative.

New Jersey Man's Life Saved By MEDLINE

Overlook Hospital in Summit, N.J., recently received a 27-year-old man who was unable to walk, his legs paralyzed. The man told examining physicians that he had been getting progressively weaker for months and was no longer able to work, leave his room, or to move about without clinging to furniture for support. He had not seen a doctor because he was afraid of what he might learn.

A hematologist's examination at the 543-bed community teaching hospital showed that the patient had a hereditary blood disorder called thalassemia, a form of anemia that produces abnormal bone development. Additional diagnostic testing and examination by a neurologist disclosed that the patient was suffering from advanced spinal cord compression. A sizable mass pressing on the spine was causing paralysis. A neurosurgeon was consulted about the advisability of surgery.

The Overlook Hospital staff had not previously confronted this rare combination of conditions. They asked their medical librarian to make an immediate poll of the MEDLINE references relating to thalassemia in conjunction with spinal cord compression.

There were several critical questions that the hospital needed to have answered: Were the two abnormal conditions related? Was surgical removal of the mass the best solution to the problem? With the patient's severe blood condition the possibility of complications made surgery risky—what treatment was least dangerous for the patient and most likely to relieve the paralysis?

The MEDLINE's response to Overlook contained a reference that the hospital had in its medical library and within minutes the journal was in the hands of the patient's physician.

The article noted that only eight cases of thalassemia and spinal cord compression were reported in the literature, and that information obtained from surgery or autopsy records had proved that there was a definite connection between the two conditions.

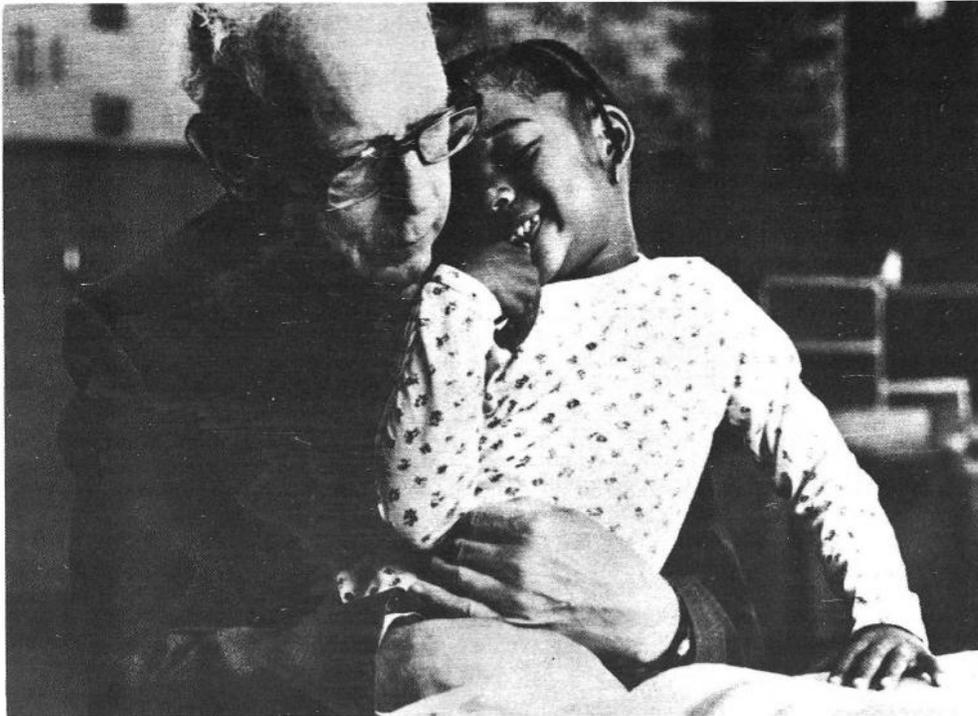
More importantly, experience in those eight cases showed that abnormal blood-forming tissue, rather than a tumor, was the cause of pressure on the spine and the resulting paralysis. The treatment that promised the best hope was radiotherapy.

Overlook's radiologists were consulted, and a course of treatment was prescribed and begun. The results were dramatic; within days the abnormal mass was dissolved. The patient, though still weak, was able to walk again. His recovery was so swift that he was discharged from the hospital 2 weeks later. Now under a doctor's care, he is being treated for the blood disorder.

Overlook Hospital's successful use of MEDLINE to assist physicians in making medical decisions confirms that a computerized literature retrieval system can have a valuable role in patient care.

NLM is interested in learning of other applications of its online data bases in the area of patient care. Information may be sent to the Library's Office of Inquiries and Publications Management, NLM, Bldg. 38, Rm. M-121, Bethesda, Md. 20209, or call 496-6308.

'Be a Good Neighbor'—Give to CFC



"Be a Good Neighbor" is the NIH theme for this year's Combined Federal Campaign, which had its official kickoff yesterday (Oct. 15) at the Clinical Center 14th floor Assembly Hall.

NIH employees have much for which to be thankful. However, some of their neighbors are not as fortunate, and they need our help.

As Dr. Mortimer Lipsett, CC Director and this year's CFC vice-chairman, pointed out at the kickoff ceremonies, the spirit of NIH is tied to its mission of conducting biomedical research to remove suffering.

The CFC gives us the opportunity once a year to translate this spirit into deeds in another meaningful way.

When your keyworker comes by to ask for your help, please give generously. A payroll deduction allows you to spread your donation over the year to the 192 participating voluntary agencies or to any you may select.

Help NIH reach its goal of \$267,000. Be a good neighbor.



Recent General Clinical Research Center Medical Advances Reported at Dallas Seminar

Medical professionals in the Dallas area attended a week-long seminar Sept. 10-14, detailing new methods of medical treatment developed through clinical research protocols on the General Clinical Research Center at the University of Texas Health Science Center and Southwestern Medical School.

The seminar was organized by the Southwestern Medical School GCRC, which is one of 75 such centers funded by the Division of Research Resources.

Dr. Charles Y. C. Pak, program director for the Dallas GCRC, explained the purpose of the seminar was not only to report progress in research made possible by the center, but to relate some of the complex aspects of nursing, health management, and the human experience involving the development of new medical techniques and equipment.

Speakers included clinical scientists, health professionals, nurses, and GCRC research volunteer patients.

Dr. William DeCesare, director of DRR's General Clinical Research Center Program, described the goals and highlighted some recent GCRC medical advances.

Other first day presentations included Dr. Charles Mullins, chief executive officer of the Dallas County Hospital District, who discussed the role of the GCRC in the country hospital district; Dr. Andres Goth, chairman of the human research review committee at the UT Health Science Center at Dallas, who gave an update on Federal and state human experimentation regulations; and Elizabeth Westfall, a GCRC patient who described The Patient's Experience in the Clinical Research Center.

A feature of the seminar was the Robert M. Boyar Memorial Lecture, dedicated to a recently deceased University of Texas Health Science Center clinical researcher. Dr. Howard Roffwarg, director of sleep research at the center, delivered the lecture, discussing the relationship between plasma testosterone secretion and the various stages of sleep.

Another major address was given by Dr. Norman Kaplan, who detailed clinical research showing that restricted salt diets can aid hypertensive patients who were also taking diuretic drugs. Dr. Kaplan, professor of internal medicine at the center, and his associates

'Insomniac Tour' in Baltimore Offered by R&W

Join R&W (and the witches and goblins) for this middle-of-the-night "Insomniac Tour," sponsored by Baltimore Rent-A-Tour. Halloween dress is optional, and there will be a prize for the best costume. The tour begins on Friday night/Saturday morning, Oct. 27, at 1:30 a.m. at the Maryland Science Center.

Sunrise will be viewed from Ft. McHenry, overlooking Patapsco River. A gourmet breakfast will be served at the Crease Restaurant in Hopkins Plaza.

The cost of the tour to R&W members is \$25 per person. For reservations and directions, contact the R&W Activities Desk, Bldg. 31, 496-4600.



Drs. DeCesare (l) and Pak are looking at the material displayed in the DRR information center exhibit during the week-long seminar in Dallas.

have shown that moderate sodium restrictions will lower the blood pressure and preserve body electrolyte composition even with diuretic therapy. The undesirable side effect of potassium loss with diuretics can be checked by restricting salt intake.

In another presentation, Dr. Joseph Zerwekh, assistant professor of internal medicine at the center, discussed his clinical research on patients with osteoporosis, osteomalacia, kidney stones, rickets, primary hyperparathyroidism, and growth hormone efficiency.

Working with these patients, Dr. Zerwekh has developed a new test on human blood for the active form of vitamin D that regulates the amount of calcium in the blood. This new test can show physicians where a problem may exist in patients with vitamin D metabolism problems.

Dr. Richard S. A. Tindall, assistant professor of neurology at Southwestern Medical School, talked about a new treatment for antibody-caused disorders, such as myasthenia gravis, Guillain-Barre syndrome, rheumatoid arthritis, and multiple sclerosis. Dr. Tindall described a treatment for cleansing the blood of antibodies through plasmapheresis while slow

acting drugs hinder the making of new cells which produce antibodies.

In another interesting presentation, Dr. Guenther Krejs, a gastroenterologist and associate professor of medicine at Southwestern Medical School, described work on the GCRC to study the recently discovered hormone somatostatin, which seems to play an important role in the regulation of diabetes. Studying a patient with the first clinically diagnosed case of Somatostatinoma syndrome—a disease caused by a tumor producing an excess of the hormone—several major conclusions were reached.

Diabetes investigators found that in the hormone's endocrine functions, somatostatin suppresses both insulin and glucagon, two key hormones in the pathology of the most severe form of diabetes—juvenile-onset diabetes. In addition, studies of the gastrointestinal function of the hormone have enabled researchers to describe a set of symptoms in a patient suffering from a disease of somatostatin excess.

In addition to DRR and the Southwestern Medical School GCRC, the seminar also was sponsored by the National Association of Research Nurses and Dietitians.

U. of Rochester Confers Honorary D.Sc. Degrees On Drs. Krause, Cooper

Dr. Richard M. Krause, Director of the National Institute of Allergy and Infectious Diseases, and Dr. Theodore Cooper, dean of Cornell University Medical College, received honorary doctor of science degrees from the University of Rochester School of Medicine and Dentistry on Sept. 19.

Dr. Krause was cited for his research in pathogenesis and the epidemiology of streptococcal diseases. His laboratory research has led to novel approaches to the study of genetic control of the immune response and the cellular processes that regulate immunity.

Dr. Cooper was recognized for his studies of the ability of the heart to function under

a broad variety of conditions and to respond to drugs. He served as Director of the National Heart, Lung, and Blood Institute from 1968 to 1974 and as HEW Deputy Assistant Secretary for Health from 1974 to 1977.

Convocation Held

The honorary degrees were awarded during a special convocation held to inaugurate Dr. Frank E. Young as dean of the University of Rochester School of Medicine and Dentistry and director of the Medical Center.

Drs. Krause and Cooper also participated in a 2-day symposium following the convocation.

Experts Confer On Diabetes Research

Experts met in Reston, Va., Oct. 9-12, to discuss recent advances in diabetes research and treatment and to assess directions for future activities.

The National Conference on Diabetes: Current Status and Future Directions was sponsored by the Federal National Diabetes Advisory Board.

Conference work groups examined a number of specific issues related to diabetes—bioengineering support systems, cardiovascular complications, central and peripheral nervous system complications, epidemiology and genetics, etiology, hormone action regulation, hormone biosynthesis, hormone secretion, kidney complications, nutrition and obesity, ocular complications, patient education and support systems, pregnancy and fetal development, professional education, transplantation, general research resources and manpower, and treatment.

The diabetes conference also focused on current and future research, treatment, and health education efforts among Federal agencies and private organizations.

Diabetes occurs in two main clinical forms. The most common form is noninsulin-dependent (maturity-onset) diabetes, which frequently can be controlled by dietary therapy alone. The other form consists of insulin-dependent (juvenile-onset) diabetes, which requires lifelong treatment with insulin.

Although the causes of both types of diabetes are not known, each is associated with complications that affect the blood vessels, heart, kidneys, eyes, and nerves.

The 23-member National Diabetes Advisory Board will report its specific recommendations to Congress and to HEW Secretary Patricia Roberts Harris.

2-Volume 'Research Awards Index' Now Available

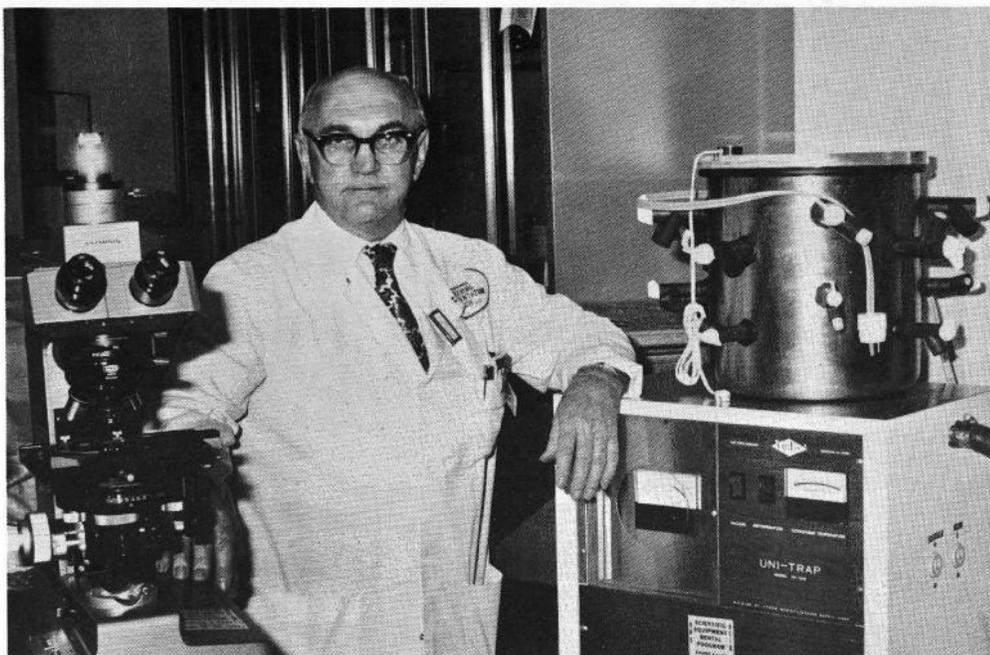
The 18th edition of the *Research Awards Index* is now available.

Published in two volumes, the *Index* contains scientific and administrative data on more than 20,000 PHS research grants and contracts. In the first volume are 8,000 scientific subject headings that include identification numbers and titles of pertinent projects. Volume II contains three parts: project identification data which includes the names of investigators, grantee addresses, and project titles; the same information on research contracts; and an alphabetical list of grantee investigators.

The *Index* is available to Federal agencies and biomedical libraries by contacting the Research Documentation Section, Statistics and Analysis Branch, DRG, Westwood Bldg., Rm. 148, 496-7543.

Single copies may be purchased by others from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20242, for \$35.50 domestic postpaid or \$44.38 foreign postpaid. Please refer to *Research Awards Index*, DHEW Publication No. (NIH) 79-200 (stock no. 017-041-00130-1).

Rental Program Meets Researchers' Needs For Scientific Equipment



Mr. Horrell and his staff take pride in delivering calibrated equipment.

To obtain the equipment needed for scientific research quickly and have it set up and working efficiently, many NIH investigators turn to the Scientific Equipment Rental Program.

The rental program, managed by the Division of Research Services' Biomedical Engineering and Instrumentation Branch, provides NIH scientists with a variety of scientific equipment—everything from simple microscopes and water baths to complex blood analyzers and gamma counters.

Renting equipment gives researchers some important advantages. Equipment can be obtained on short notice and can be returned when it is no longer needed. Purchasing equipment can take months, and the cost of buying an instrument that will only be used for a short time can be prohibitive.

The rental program is especially beneficial to visiting scientists, who often arrive to an empty laboratory that would otherwise take months to set up for research. The program frequently can fill a request in as little as a few days.

Starting in 1970 with a pool of surplus used equipment, the rental program was such a success that it began procuring new equipment to meet the needs of NIH scientists. It currently stocks over 1,000 pieces of equipment worth over \$1.68 million. At present, 250 new pieces of equipment are on order, putting the inventory well over \$2 million.

Herbert Horrell, who runs the rental program, takes pride in the condition of the equipment he supplies. Most of the equipment is relatively new, with 65 percent of it less than 2 years old.

"When a piece of rental equipment is installed in a lab," Mr. Horrell says, "it is clean, calibrated, and in good working order. When an instrument can no longer function the way it should, we get rid of it and replace it with a new one." Routine maintenance and

repairs are performed quickly and efficiently by BEIB repair technicians.

Often a scientist has special needs that cannot be met by available standard equipment. When that happens BEIB specialists are often able to modify existing rental equipment to meet the special requirements. In addition, Mr. Horrell will purchase needed equipment for a specific investigator whenever possible.

The cost of renting scientific equipment is another big plus for NIH researchers. The rental program charges 2 percent of the initial purchase cost per month to the user's Institute. Delivery and all maintenance during the rental period are provided at no additional cost.

In many cases, an investigator can rent the equipment he needs on his own authority. Approval of the B/I/D administrative officer is needed if the total estimated cost exceeds \$400, but this can usually be handled with a phone call.

The advantages of the rental program make it popular with the scientists. In 1971, the inventory consisted of 233 pieces of equipment worth \$200,000. By 1981, the rental program expects to have in stock over 2,500 pieces of equipment worth nearly \$5 million.

The Scientific Equipment Rental Program is housed in Bldg. 13, Rm. 3W44. Up-to-date inventory lists of pool equipment are available. Scientists may call 496-4131 for further information.

Toastmasters To Mark 10th Anniversary

The NIH Toastmasters Club #3421 will celebrate its 10th Anniversary on Sunday, Nov. 4, at 7 p.m., at the Christ Lutheran Church, Ruthen Hall, located at 8011 Old Georgetown Rd. A no-charge potluck supper will be served. For further information call Ivadale Ford, 496-1301, or Dr. P. Sarma, 496-9464.

Laboratory and NIH



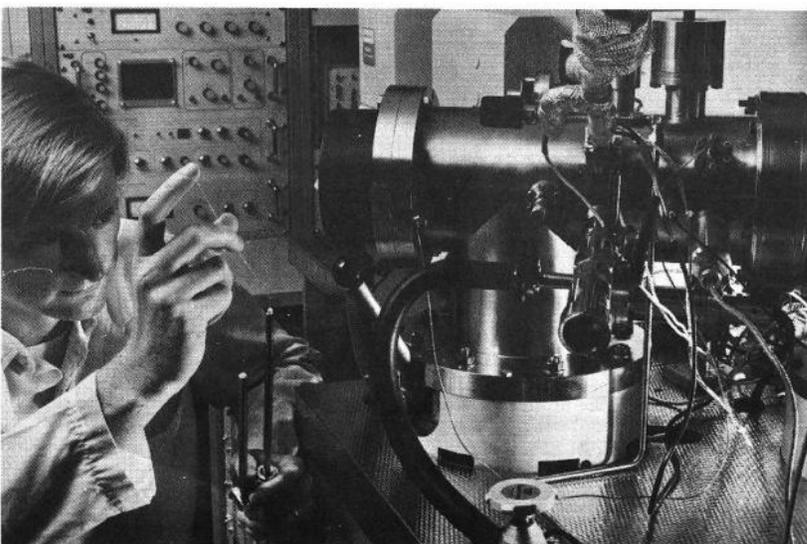
Drs. Daniel Nebert (above) and Ida Owens (below) use inbred strains of mice and certain types of cultured cell lines to study genetic differences in drug metabolism. Researchers in the Developmental Pharmacology Branch, NICHD, study these differences to understand better why some people are more susceptible than others to birth defects, drug toxicities, cancers, and genetic mutations.



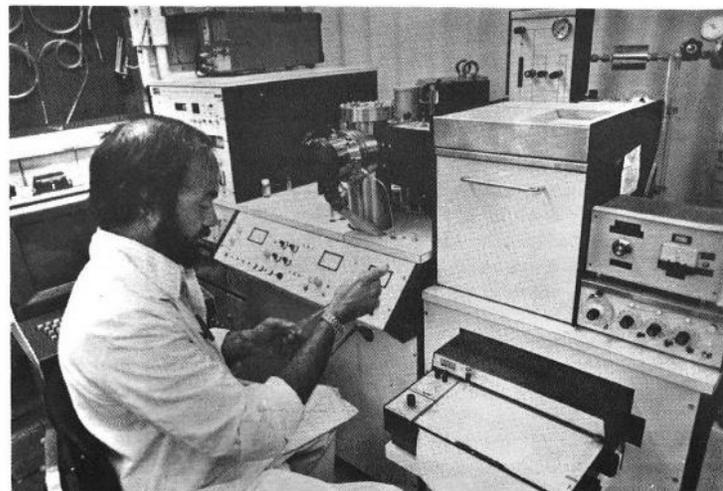
Dr. Esther Chang performs experiments involving the molecular cloning of RNA tumor viruses in NCI's Laboratory of Tumor Virus Genetics. The purpose of the cloning experiments is to characterize the mechanism by which viruses convert cells from the normal to the cancerous state.



Drs. Ira Levin (l) and Fowler Bush stand beside lasers used in experiments at the Laboratory of Chemical Physics, NIAMDD, use the technique to characterize the mechanism by which viruses convert cells from the normal to the cancerous state.

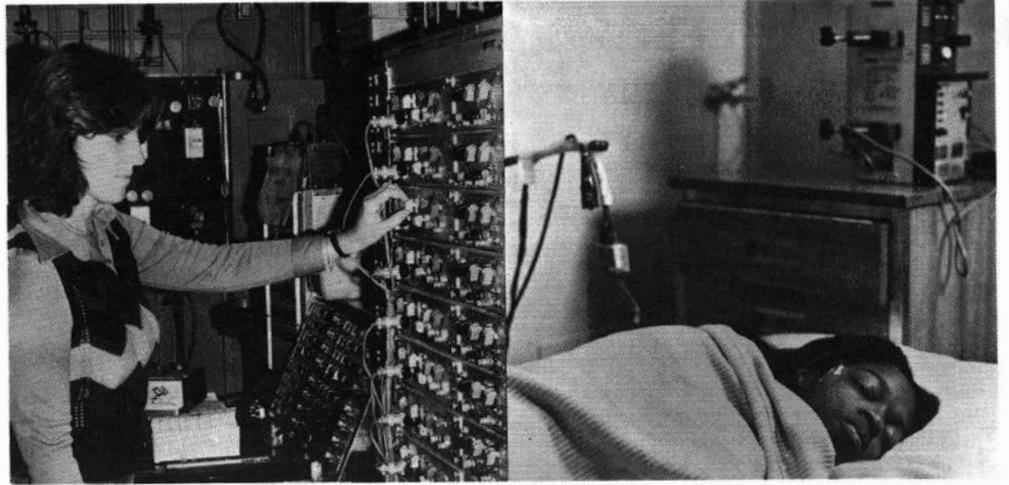


Noel Whittaker, a chemist in the Laboratory of Chemistry, NIAMDD, prepares a sample of organic material for analysis of its molecular weight in a gas chromatograph-mass spectrometer.



Robert Chames prepares a sample to inject into a gas chromatograph-mass spectrometer at the Laboratory of Chemical Physics, NIAMDD, use the instrument to determine the amino acid sequences of microorganism antigens. The antigens were taken from a member of an inbred strain of rabbits. The amino acid sequence of the antigens is possible. Researchers use the rabbits to study histocompatibility and

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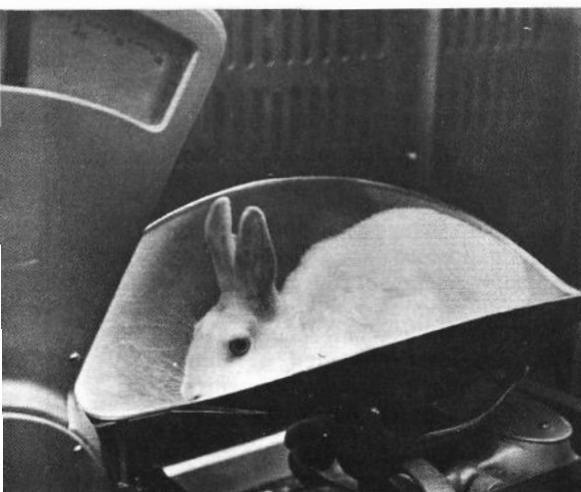
Angela Moore (l) monitors a polygraph which is recording the brain waves, eye movements, and muscle tone of a volunteer asleep in the Unit on Sleep Studies, Biological Psychiatry Branch, NIMH. Researchers use this information to understand the basic physiology and function of sleep in health and disease.



in Raman spectroscopy. Investigators in the Laboratory characterize the structure and dynamics of membranes.



Scientists in the Experimental Therapeutics Branch, NINCDS, are developing animal models to test drugs for treating Huntington's disease. Dr. Ellen Silbergeld harnesses a rat before placing him in a chamber that measures rotation in animals. By studying the ability of drugs to make animals turn in circles, researchers can examine their compensatory effects.



ectrometer. Scientists in the Laboratory of Immunogenetics, m amounts of biological materials, in this case transplantation its—the only strain for which skin transplantation between igens and the genes that encode them.



Pat Spinella, Laboratory of Immunogenetics, NIAID, adds reagents to bottles in a protein sequencer. The machine is used to determine the primary structure of transplantation antigens.



Blood Bank technologist Andrea Casper cross-matches a Clinical Center patient's sera and a donor's red blood cells to see if they are compatible.

Use of Cytotoxin Reported Effective In Treatment of Severe Vasculitis

Dramatic results in the treatment of severe systemic necrotizing vasculitis by use of the cytotoxic drug cyclophosphamide in patients unresponsive to steroids alone have been reported by scientists of the National Institute of Allergy and Infectious Diseases.

Complete remission was achieved in all of the 17 patients with this highly lethal form of vasculitis who were studied at the Clinical Center over the past 11 years. No relapses were observed during cyclophosphamide therapy, and the supplementary dosages of steroids could be reduced or eliminated.

This work was conducted by Drs. Anthony S. Fauci, Paul Katz, Barton F. Hynes, and Sheldon M. Wolff at NIAID's Laboratory of Clinical Investigation. Dr. Wolff is now at Tufts University.

The four investigators reported their findings in the Aug. 2, 1979, edition of the *New England Journal of Medicine*.

The vasculitis syndrome is characterized by inflammation of the blood vessel wall and damage (necrosis) of the tissues within or

function of these organs.

If left untreated, the 5-year survival rate is about 15 percent. Treatment with steroids improves the 5-year survival to 43 percent but does not always halt the ultimate progression of the disease.

All patients in the NIH study had severe disease with involvement of multiple organs. In several patients, extremely high doses of steroids had produced incapacitating side effects but failed to control the vasculitis.

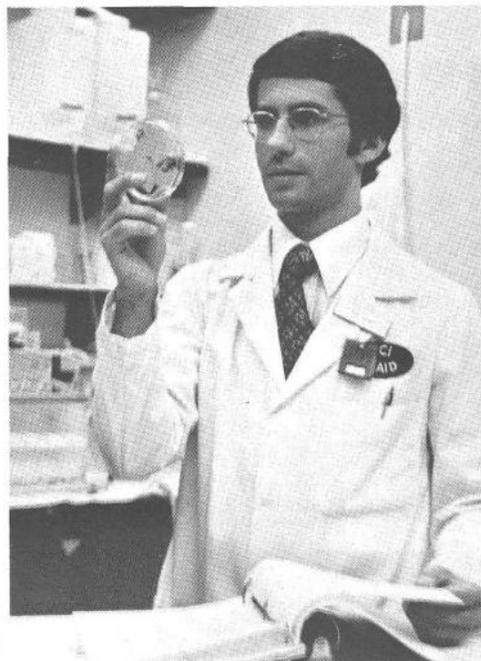
Initially, all patients in the study were treated with a standard dose of cyclophosphamide (2 milligrams of drug per kilogram of body weight per day). After remission was achieved, lower maintenance doses were adjusted to individual patient requirements. In most cases, remission was evident within 2 to 3 weeks of the start of cyclophosphamide therapy. The average remission time was 22 months, although the range was 2 to 61 months.

Remission was defined as the reversal of vessel or organ impairment caused by previ-

ously uncontrolled vasculitis or the cessation of further organ involvement, especially in advanced cases, after the initiation of cyclophosphamide treatment. Most remissions were of the first type.

The large variation in remission time was not related to patient responsiveness. Instead, it was tied to the fact that individual patients entered the study at different points within the 11-year period and had subsequent differences in length of followup time.

Three patients died during the study, two of causes unrelated to vasculitis. All three were in remission. Only one died of the late complications of his original disease, which had reached advanced stages before his entry into the study.



In addition to his clinical work, Dr. Fauci is concerned with basic research. He is examining a plate from an assay system which is used to detect response patterns of certain groups of immunologically active cells.

surrounding the vessel. Any size or type of blood vessel may be affected, and serious illness results when vasculitis afflicts the vessels serving vital organs such as the kidneys.

Vessel damage is believed to be caused by the misdirected activity of the body's immune system. In this regard, cyclophosphamide suppresses the overactive immune system.

Serious vasculitis, although uncommon, usually is present in a variety of clinical forms. Severe systemic necrotizing vasculitis is a particularly serious form of vasculitis which involves the blood vessels of vital organs and often leads to irreversible impairment of the

Norma Golumbic, NCI Science Editor, Retires After 32 Years of Federal Service

Norma Golumbic, National Cancer Institute senior science editor, has retired after 32 years with the Federal Government. This service includes 24 years at NIH as editor, writer, and public information specialist.

During Mrs. Golumbic's distinguished career, she has received many citations. Among them are a 1977 NIH Director's Award and a Blue Pencil Award from the Federal Editors Association.

For the last 5 years Mrs. Golumbic has played a key role in the preparation of the annual NCI Director's report. She also wrote statements, testimonies, and speeches for NCI Directors and senior staff.

J. Paul Van Nevel, associate director of Cancer Communications, who has considerable praise for her, said, "Norma has a unique perspective. She sees things in their broadest aspects and always takes a straightforward approach."

Mrs. Golumbic's reputation as a fine science writer is due at least in part to her scientific accomplishments. After earning an M.S. degree in chemistry from the University of Iowa, she began Government service in 1947 as a research chemist for the Department of the Interior's Bureau of Mines. There she wrote several research articles and coauthored a book on the development of synthetic liquid fuels, entitled *The Fischer-Tropsch and Related Syntheses*.

"I've always liked straight science writing best," Mrs. Golumbic admitted. "And I've always felt that a broad foundation in the sciences and a good awareness of your audience's limitations are the key to doing it successfully," she added.

Later, Mrs. Golumbic joined the Department of Agriculture as an information specialist. She came to NCI in 1955 as a



Mrs. Golumbic plans to continue her science writing.

science writer, and became section head and assistant chief in the Research Information Branch.

After leaving NCI in 1969, Mrs. Golumbic became information officer for the Bureau of Health Manpower Education's Division of Nursing, then part of NIH. She returned to NCI in 1974 as senior science editor.

Mrs. Golumbic started her retirement vacationing in northern Italy with her husband, Calvin—a Ph.D. chemist with the Department of Agriculture, and her 10-year-old granddaughter, Jennifer.

She plans to "do some part-time science writing and take things a little easier." She hopes to spend more time cooking, one of her favorite hobbies, and also do more traveling.

Chinese Microbiologists Visit NIAID, Learn About Mutual Scientific Concerns



During the Chinese scientists' tour, NIAID biotechnician Stanley Nagle (l) demonstrates an automatic pipetting device used in microbiological experiments.

A delegation of scientists from the People's Republic of China visited the National Institute of Allergy and Infectious Diseases on Sept. 24 and 25 as part of a month-long tour of scientific institutions in the U.S.

The delegation is sponsored by the Chinese Academy of Sciences.

Eight of China's foremost leaders in microbiology, led by Professor Xue Yu-gu, deputy director, Institute of Microbiology, Beijing, met with NIAID and other NIH scientists, and toured several laboratories. They were accompanied by Dr. Edward Hou, Miles Laboratory, who served as their interpreter; Dr. John Spizizen, University of Arizona School of Medicine; and Chinese embassy representatives.

The delegation was greeted by NIAID Director Dr. Richard M. Krause, who welcomed them to NIH, explaining the structure of a "typical" institute as well as NIAID's role in supporting and conducting research in microbiology and immunology. Dr. John R. Seal, NIAID deputy director, further outlined scientific extramural programs of mutual interest such as research on tropical diseases.

The group expressed an interest in applying recombinant DNA technology to modern microbiological research. Dr. Bernard Talbot, Special Assistant to the Director, NIH, reviewed NIH activities in recombinant DNA research, while Dr. Malcolm Martin explained results from the initial risk assessment experiments he and other NIAID scientists had conducted.

In addition, an NIAID scientist from the Laboratory of Infectious Diseases, Dr. Ching-Juh Lai, discussed the possibility of creating more effective influenza vaccines through recombinant DNA technology.

On the second day of their visit, Dr. John Nutter, Office of Specialized Research and Facilities, NIAID, arranged for the group to visit NIAID's maximum physical containment laboratory located at the Frederick Cancer Research Center in Frederick, Md.

In addition, the Chinese visitors were given demonstrations of, and an opportunity to operate, automated equipment and devices used routinely by American scientists in conducting microbiological experiments.

At the FCRC, the Chinese guests also visited with scientists of the Cancer Biology Program, the Fermentation Pilot Plant, and the Animal Production Facilities—all operated by Litton Bionetics for the National Cancer Institute.

Before arriving here, the group visited the American Type Culture Collection and the American Society for Microbiology. The next few stops on their tour include several universities and some pharmaceutical companies.

DR. WESTERN

(Continued from Page 1)

growing concern to the U.S. population.

From 1967 to 1974, while with the Epidemiology Program of the Center for Disease Control, Atlanta, Dr. Western served on several short-term international assignments—in northeastern Brazil with the Malaria Eradication Programs; in Nigeria as area medical adviser to the Nigerian Red Cross/International Committee of the Red Cross Joint Relief Operation; and as a medical member of the U.S. State Department's Mission to Biafra, where his disaster relief activities earned him the DHEW Meritorious Service Award in 1970.

Subsequently, Dr. Western served as a visiting investigator with PAHO at the INCAP (Central American Nutritional Institute) in Guatemala City; as a medical team leader for the U.S. Flood Relief Mission to Pakistan; and as a PAHO advisor on epidemiological surveillance at the Caribbean Epidemiology Centre in Port of Spain, Trinidad.

He earned B.A. and M.D. degrees from Georgetown University and a diploma in tropical public health from the Ross Institute of Tropical Hygiene, University of London's School of Hygiene and Tropical Medicine.

Learn How To Apply for a Job Through Self-Instruction

The Training Assistance Branch, DPM, has revised and expanded its self-instructional learning program, *How to Apply for a Job*.

The program is designed to assist NIH employees to present themselves as accurately and completely as possible when applying for another government job.

Topics covered are: vacancy announcements, the application process, the SF 171, and interviewing.

The program consists of a 25-minute audit cassette tape and workbook. The Individual Learning Center, Bldg. 31, Rm. B2C-25, has a supply of materials.

A written version of the audio tape is available at the center for hearing-impaired employees. The program may also be borrowed from personnel and EEO coordinator offices.

Volunteers Are Needed To Serve as Friendly Visitors

Many Montgomery County citizens are homebound and in need of a special friend. The Centralized Friendly Visitors Program, sponsored by the Mental Health Association of Montgomery County, trains volunteers interested in serving as Friendly Visitors to these lonely people.

Volunteers must be at least 18 years of age and willing to spend a minimum of 5 hours a month for 1 year as a Friendly Visitor.

Daytime and evening training sessions are being offered three times a month through November. To obtain an application or for more information, call 949-1255 weekdays between 9 a.m. and 4:30 p.m.

TRAINING TIPS

The following courses are offered in the next 2 months:

Office Skills

Proofreading	Nov. 6-Dec. 6
Travel Orders and Vouchers	Nov. 13-16
Basic Mag Card II	Nov. 26
Advanced Mag Card II	Nov. 27
Memory Typewriter	Nov. 28

(User's Seminar)

Small Purchase Procedures	Nov. 28 and 29
Basic Time and Attendance	Nov. 28 and 29

Communication Skills

How to Plan and Conduct a Meeting	Nov. 15 and 16
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Freedom of Information and Privacy Act

Privacy Act Workshop (An Introduction)	Nov. 14
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Supervisory Courses

Alternative Management Approaches for the 80's	Nov. 14-16
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For further information on supervisory and management courses, contact the Executive Management Branch, 496-6371. To learn more about courses in office skills, communication, privacy act, and freedom of information act, contact the Training Assistance Branch, 496-2146.

VISITING SCIENTIST PROGRAM PARTICIPANTS

9/1—**Dr. Baruch Velan**, Israel, Laboratory of Molecular Genetics. Sponsor: Dr. Jonathan Seidman, NICHD, Bg. 6, Rm. 324.

9/5—**Dr. Yujiro Ishikawa**, Japan, Laboratory of Vision Research. Sponsor: Dr. Toichiro Kuwabara, NEI, Bg. 6, Rm. 211.

9/5—**Dr. Margareta Ringqvist**, Sweden, Laboratory of Neural Control. Sponsor: Dr. Robert Burke, NINCDS, Bg. 36, Rm. 5A29.

9/9—**Dr. Okihide Hikosaka**, Japan, Laboratory of Sensorimotor Research. Sponsor: Dr. Robert Wurtz, NEI, Bg. 36, Rm. 1D12.

9/10—**Dr. Jacques Haiech**, France, Laboratory of Biochemistry. Sponsor: Dr. Claude Klee, NCI, Bg. 37, Rm. 4A09.

9/10—**Dr. Latika Joshi**, India, Section on Molecular Endocrinology. Sponsor: Dr. Maria Dufau, NICHD, Bg. 10, Rm. 12N216.

9/10—**Dr. Lata Ramanathan**, India, Laboratory of Cell Biology. Sponsor: Dr. Ettore Appella, NCI, Bg. 8, Rm. 200.

9/10—**Dr. Susana Serrate**, Argentina, Laboratory of Immunodiagnosis. Sponsor: Dr. James L. McCoy, NCI, Bg. 10, Rm. 8B07.

9/11—**Dr. Silvia Marsoni**, Italy, Investigational Drug Branch. Sponsor: Dr. Vincent Bono, NCI, Bg. 37, Rm. 6E22.

9/13—**Dr. Joseph Even**, Luxembourg, Viral Pathology Section. Sponsor: Dr. Charles Sherr, NCI, Bg. 37, Rm. 1B22.

9/13—**Dr. Setsuko Katoh**, Japan, Laboratory of Neurochemistry. Sponsor: Dr. Seymour Kaufman, NIMH, Bg. 36, Rm. 3D30.

9/13 **Dr. Maria Tsokos**, Greece, Laboratory of Pathology. Sponsor: Dr. Kusum Kalavar, NCI, Bg. 10, Rm. 1A24.

9/14—**Dr. Kamal Abeywickrama**, Sri Lanka, Biometry Branch. Sponsor: Dr. David Hoel, NIEHS, Research Triangle Park, N.C.

9/14—**Dr. Jan Filipksi**, Poland, Laboratory of Molecular Pharmacology. Sponsor: Dr. Kurt Kohn, NCI, Bg. 37, Rm. 5D19.

9/17—**Dr. Kazuo Yonaha**, Japan, Biochemistry Branch. Sponsor: Dr. Darrell Liu, Bureau of Biologics, Bg. 29, Rm. 425.

9/20—**Dr. Richard Chenery**, United Kingdom, Laboratory of Chemical Pharmacology. Sponsor: Dr. James Gillette, NHLBI, Bg. 10, Rm. 8N105.

9/23—**Dr. Russell Howard**, Australia, Laboratory of Parasitic Diseases. Sponsor: Dr. Louis Miller, NIAID, Bg. 8, Rm. 326.

9/24—**Dr. Anna Bartocci**, Italy, Laboratory of Chemical Pharmacology. Sponsor: Dr. Michael Chirigos, NCI, Bg. 37, Rm. 1D19.

9/24—**Dr. Jan Gheuens**, Belgium, Neuroimmunology Branch. Sponsor: Dr. Dale McFarlin, NINCDS, Bg. 36, Rm. 5D12.

9/24—**Dr. Maureen Howard**, Australia, Laboratory of Immunology. Sponsor: Dr. William Paul, NIAID, Bg. 10, Rm. 11N309.

9/25—**Dr. Mario Salinas-Carmona**, Mexico, Clinical Branch. Sponsor: Dr. Robert B. Nussenblatt, NEI, Bg. 10, Rm. 10D09.

Major Field Study Will Determine Prevalence Of Dental Diseases Among U.S. Children

More than 40,000 students, in classes ranging from kindergarten through high school, will participate in a major field study to determine the prevalence of dental disease among American children and the treatments needed. Tooth decay is the most common childhood disease.

When announcing the study, the National Institute of Dental Research said that it was to be completed by June 1980.

Dr. David B. Scott, NIDR Director, said, "There have been previous studies of the extent of tooth decay, but this one will include a much larger sample of school children drawn from the full range of income levels and representative of both rural and urban groups.

"Now that methods to prevent tooth decay are being widely used, we must have a reliable reference against which to measure public health effects, as well as to identify segments of the population that need special programs."

Under contract with the Institute, WESTAT Inc. of Rockville, Md., will conduct the survey in at least 1,820 classrooms in public, private, and parochial schools in seven geographic regions of the continental United States.

The survey team of eight dentists attended a 3-day training course conducted by the Institute in July, and started visiting schools to

conduct the dental examination in September.

All the children will have identical examinations:

- A check for tooth decay or fillings on the surface of every primary and permanent tooth, or missing teeth.
- An examination to record the degree and location of gum inflammation and the need for instruction in personal oral hygiene or professional tooth cleaning.
- Following categories established by the World Health Organization, a determination of the treatments needed to correct or restore each child's dental health.
- A count of the number of children who have had previous orthodontic treatment or who are under treatment at the time of examination.

On forms granting permission for each child's participation, parents will be asked to supply information on age, sex, race, and family income.

The Institute, using the present study as a baseline, plans to repeat the survey at intervals to detect changes in the incidence of tooth decay in any region, to target special emphasis programs toward high-risk age groups, and to measure how effectively new preventive measures have reduced dental decay.

Consensus Conferees To Discuss Role Of 'Intelligent' Machines In Patient Care

The Role of "Intelligent" Microprocessor-Based Machines in Patient Care will be the subject of a consensus development conference sponsored by the Division of Research Services, Oct. 17-19, at the Sheraton Inn in Silver Spring, Md.

Dr. Harry S. Eden, assistant to the chief of the DRS Biomedical Engineering and Instrumentation Branch, is program chairman.

Questions to be considered include: Would intelligent machines be more reliable or cost effective than manual methods? Can it be determined that functions performed by these devices are those—and only those—sought by the user? What ethical-legal issues can arise in the development, testing, and marketing of these devices? What long-term adverse consequences might occur, and can they be avoided? When might clinically useful devices of this type first appear?

Sessions will begin at 7:30 p.m. tomorrow (Wednesday, Oct. 17) with general discussions of the applications and limitations of the technology of "artificial intelligence."

On Thursday at 8:30 a.m., several specific computer applications—including a micro-computer controlled artificial arm and an automated anesthesia machine—will be considered.

At 11 a.m. on Thursday, a panel will convene to discuss use of computers to gather medical histories, diagnosis, and treatment.

'DEAN'

(Continued from Page 1)

In 1952 he assumed the position of adviser in diseases of old age and chronic sickness to the Western Regional Hospital Board in Glasgow. In this capacity he organized geriatric service for Glasgow, completely transforming the city's system of care for the elderly.

Advocates Treatment Units

Sir Ferguson states, "Many countries in the world have got specialized hospitals and this is a pattern which is completely unacceptable. I believe that there have got to be continuing treatment units for the old . . ."

He feels that the basic tenets of good geriatric care are: "good general practice of medicine, an alert health care team, early diagnosis, and preventive care."

Student Council Holds Election Assembly

The Student Government Council of the Career Education Center (formerly Upward Mobility College) will have an election assembly on Friday, Oct. 26, from 11 a.m. to 1 p.m., at the Masur Auditorium.

There will be gymnastics entertainment, ID photos, elections, and refreshments. Everyone is invited to attend.

Release time is granted for students.



Members of the Youth Goodwill Mission of the Republic of China presented a program of music and dance to CC patients on Sept. 15. Prior to their performance, the group visited the wards. The mission is comprised of visiting students and professors from Taiwan. The well-attended event was sponsored by the Asian American Cultural Committee and the Division of Equal Opportunity.



Lens Implants for Cataract Patients Discussed at Consensus Meeting

Participants in an NIH consensus development conference agreed on broad general guidelines for implantation of intraocular lenses (IOL's) in patients undergoing cataract surgery and recommended additional studies to answer unresolved questions regarding the risks and benefits of IOL's, preoperative evaluation of patients, surgical techniques, and lens design and manufacture.

Panel members agreed that in general intraocular lens implants should be restricted to the elderly, they should be implanted in the eyes of slightly younger patients only when contact lenses or spectacles are not likely to provide adequate visual function, and at least initially they should be implanted only in one eye except under unusual circumstances.

In addition, the panelists acknowledged other possible special indications for IOL implantation. They include:

- patients whose occupation may rule out contact lens wear following cataract surgery;
- elderly patients with an advanced cataract in one eye and visual acuity of 20/40 to 20/60 in the other eye, or exceptional patients whose activities are severely impeded by cataract even when better vision is present in the other eye;
- slightly younger people with physical or mental infirmities who are poor candidates for contact lenses; and
- elderly patients with disabling cataracts in both eyes. Here, an intraocular lens may be indicated for one eye and, perhaps, the other eye if the patient cannot function adequately with good vision in only one eye. A reasonable time period should, however, elapse before the second operation.

Patients with macular degeneration in both eyes also are possible candidates for intraocular lenses if they have dense lens

opacities which would be expected to reduce their vision to less than 20/200.

Elderly persons who wear a contact lens in one eye after previous cataract surgery may be considered for intraocular lens implantation in the second eye if cataract extraction is required.

In addition to listing some indications for lens implants, consensus panel members spelled out some contraindications. Among these are: the patient's desire not to have an implant; axial myopia (near-sightedness) greater than 7 diopters (a unit of measurement for refractive power of the eye); and a poor result from an implant or cataract extraction alone in the first eye.

They also discussed a patient with only one eye with potentially good vision, a relatively young patient, and individuals with certain degenerative eye conditions without dense cataracts in both eyes.

Other contraindications included patients with certain corneal problems, certain retinal problems related to diabetes or uncontrolled glaucoma; previous retinal detachment in either eye; congenital cataracts and cataracts associated with certain other ocular abnormalities; and significant complications during the cataract extraction procedure.

Consensus panel members agreed that for those who are to undergo lens implantation, careful slit lamp eye examination is imperative to rule out abnormalities that may contraindicate IOL implantation.

Another recommendation which emerged from the meeting was that there be industry-wide adoption of uniform physical and chemical standards for the manufacture of intraocular lenses. At the same time, panel members concluded that presently available fabrication techniques are satisfactory provided that strict quality control is main-

tained. Members also said that currently used lens materials, with the exception of metal loops, are generally satisfactory, although they may contain substances which affect acceptance by the eye.

At the IOL meeting, speakers from the floor expressed concern about use of the lenses in patients for whom they are not indicated, the adequacy of information given to patients about the risks and benefits of IOL's, the quality of data on lens safety, long-term complication rates, and quality control over lens manufacture. Audience comments are incorporated in a summary report after each conference.

The consensus development meeting, which was held Sept. 10-11, was sponsored by the National Eye Institute and assisted by the Office for Medical Applications of Research, NIH.

Barbershop Quartets To Sing At Clinical Center

"Down by the old mill stream where I first met you, with your eyes of blue, dressed in gingham too."

This is one of many familiar refrains the Capitol Chorus and its three Barbershop Quartets will be singing Thursday, Oct. 18, in the 14th floor Assembly of the Clinical Center.

The chorus director will blow his pitch pipe at 8 p.m., and patients, their guests, and NIH'ers are cordially invited to attend.

Retirement Planning Program Offered

A Retirement Planning Program for NIH Employees is being offered on Dec. 4-5 by the Employee Relations and Recognition Branch, DPM.

A personnel bulletin will be distributed desk-to-desk giving more detailed information.

Medicine for Layman Series: Environmental Hazards, Skin Disorders on Agenda

Tonight's lecture, Environment and Disease, will be presented by NIEHS Director Dr. David P. Rall as part of the 12-week Medicine for the Layman series sponsored by the Clinical Center.

The lecture will highlight environmental health hazards and current efforts to correct these hazards. Dr. Rall will also discuss how studying the effect of environmental agents on animals can help solve chemical effects on humans.

Next Tuesday, Oct. 23, Dr. Gary Peck will speak on Acne, Psoriasis, and Skin Cancer. His lecture will touch on such topics as clinical appearances, experimental treatments, diagnosis, and the causes of these disorders.

Every lecture has been filled to "standing room only." They are held every Tuesday evening at 8 in the Masur Auditorium. For more information or a schedule, call the CC Office of Clinical Reports and Inquiries, 496-2563.



Dr. Stanier Receives Bergey Award at NIH

Dr. Roger Y. Stanier, renowned microbiologist and a former Fogarty Scholar-in-Residence, received the first Bergey Award at NIH Oct. 3 during a conference on the Origins of Chloroplasts.

The award was presented by Drs. R. G. E. Murray and Arnold Ravin, members of the board of trustees of the *Bergey's Manual* Trust, in honor of Dr. Stanier's outstanding contributions to bacterial taxonomy, or classification.

Dr. Jerome Schiff, who co-organized the meeting with Dr. Stanier, outlines some of his colleague's major accomplishments:

- He discovered simultaneous adaptation, a physiological feature of bacteria.
- He showed that the formation of photosynthetic apparatus in organotrophs is regulated by oxygen.
- He showed that the blue green algae are really bacteria (Cyanobacteria).
- He convinced microbiologists that the methods for classifying eukaryotes are not appropriate for prokaryotic taxonomy; as a result, the number of genera and species in *Bergey's Manual* was reduced.
- He has done a lot of work with the Gliding bacteria, a group of microorganisms closely related to the Cyanobacteria.
- He is coauthor of a textbook, *The Microbial World*, and a member of the editorial board of *Bergey's Manual of Determinative Bacteriology*.

"To sum him up, Dr. Stanier has a remark-



Dr. Stanier pauses after reading his award citation.

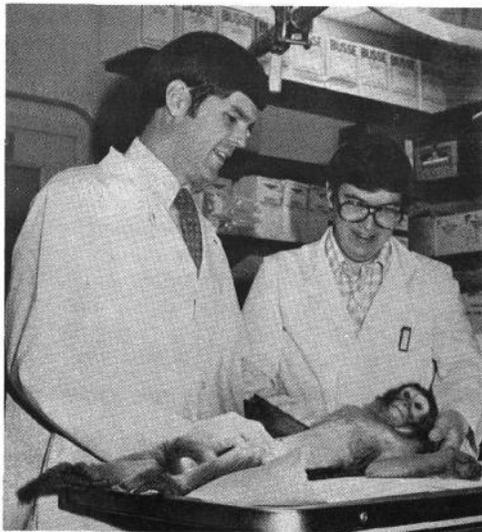
able ability to pull together work from many fields and synthesize it to determine the relationships of organisms, their functions, and their evolution," says Dr. Schiff, who is director of the Institute of Photobiology at Brandeis University.

Dr. Stanier is currently researching the taxonomy of Cyanobacteria at the Pasteur Institute, where his wife, Dr. Germaine Cohen-Bazire Stanier, also does research. He recently published three papers in the *Journal of Microbiology* that provide a groundbreaking in the modern classification of Cyanobacteria.

Canadian Society Honors diZerega, Williams For Primate Fertility Research

Drs. Gere diZerega and Robert Williams of the National Institute of Child Health and Human Development's Pregnancy Research Branch were recently honored by the Society for the Study of Reproduction at the annual meeting in Quebec, Canada.

They were cited through the SSR Young Investigator Award Program for papers pre-



Drs. diZerega (l) and Williams administer hCG to a female monkey.

sented at the meeting. The awards, for individuals who have not exceeded 2 years of postdoctoral experience, are based on the scientific merit of the research and on the quality of the presentation.

Dr. diZerega received first prize for his presentation on research relating to development of the egg contained by the follicle within the ovary. Female monkeys were studied because the follicle growth in primates is similar to that in the human menstrual cycle.

Dr. diZerega found that when fluorescein labeled hCG, a fertility hormone, is incorporated into ovarian tissue it binds to the cells surrounding the follicle that will ovulate. This can be observed by the seventh day of the menstrual cycle using fluorescent microscopy.

His finding aids in understanding how a single follicle is selected for maturation and ovulation from among the thousands that are present in the two ovaries.

Dr. Williams received honorable mention for his presentation on research concerning the effects of the hormone hCG on the function of the ovary. He found that under normal conditions hCG given in midcycle to female monkeys induces ovulation, but if given earlier in the cycle, the less-developed follicle is inhibited from ovulating. A period of infertility results that can last up to 6 weeks.

These findings show the potential risks of

administering hCG too early in the induced menstrual cycle when causing ovulation in infertile women.

The research of Drs. diZerega and Williams is part of a larger effort directed at understanding human ovarian function. Dr. Gary Hodgen, acting chief of the PRB and collaborator, explained that current studies are aimed at determining how a single follicle ovulates in the normal menstrual cycle and why, in some case, infertility occurs.

Results of these studies could lead to new approaches to contraception and advances in solving the problem of inducing ovulation without causing multiple ovulations and the resulting risks of multiple pregnancies and births.

Telephones In Masur Auditorium Now Available

Telephone service is now available to B/I/D's holding conferences in the Masur Auditorium. A portable bank of four phones—one incoming and three outgoing lines—will be located outside the auditorium for use by guests and members of the press.

The group sponsoring the meeting will be expected to designate an individual to receive incoming calls. Arrangements can be made by calling the CC Special Events Office, 496-3475.

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