Dr. J. Kinoshita Becomes NEI’s Scientific Director

Dr. Jin H. Kinoshita, chief of the National Eye Institute’s Laboratory of Vision Research and a pioneer in the biochemical study of cataract, has been named Institute scientific director.

Dr. Kinoshita will be responsible for the scientific management of all basic and clinical research conducted on campus by NEI staff. As head of the LVR, he has been directing the Institute’s basic research programs since 1971.

An internationally recognized authority on ocular biochemistry and the metabolism of the lens, Dr. Kinoshita was one of the first investigators to discover a mechanism of cataract formation.

He and his co-workers showed that the “sugar cataracts” which form in the lenses of diabetic animals arise from the action of an enzyme called aldose reductase.

More recent studies have shown that inhibitors blocking the activity of this enzyme can prevent the development of these cataracts.

Born in San Francisco, Dr. Kinoshita graduated from Columbia University in 1944 and received his Ph.D. in biological chemistry from Harvard University in 1952.

He then joined the faculty of Harvard Medical School, where he held a succession (See DR. KINOSHITA, Page 11).

‘Graduates’ of Dr. Anfinsen’s Laboratories Gather at Symposium Held in His Honor

“Graduates” of Dr. Christian B. Anfinsen’s school—his intramural laboratories—gathered in Masur Auditorium on Mar. 30 and 31 to participate in an International Symposium on the Contributions of Chemical Biology to the Biomedical Sciences.

The meeting was held to honor Dr. Anfinsen, chief of the Laboratory of Chemical Biology, NIAMDD, and his contributions to the development of research in genetics and cell biology, metabolism and endocrinology, immunology, and protein chemistry.

All of the speakers had worked in Dr. Anfinsen’s laboratory, most as research or clinical associates or postdoctoral fellows. Each presented his or her major research work in the context of how it evolved from that experience.

As a result, the lectures had dimensions beyond the usual scientific presentations, namely, the intellectual and personal factors of the evolution of each person’s research career.

Additionally, the talks traced significant aspects of the development of the NIH intramural research program during the past 30 years. Dr. Anfinsen was a founder of the NIH research associate program.

Professional Secretaries Week Begins Apr. 19; Wednesday Highlighted as Special Day

Secretaries continue to make significant contributions to important programs at NIH in management, communications, human relations, modern technology, and domestic and international affairs.

Recognizing the professional role of the secretary, the 6th annual observance of Professional Secretaries Week will be held at NIH Apr. 19-25.

Since 1952, the last full week in April has been proclaimed Professional Secretaries Week, with Wednesday highlighted as Professional Secretaries Day.

The purpose of Professional Secretaries Week is to recognize secretaries and inform the public of their contribution to the educational, professional, and civic growth of the community.

Professional Secretaries International (formerly the National Secretaries Association) cosponsors the program with the U.S. Department of Commerce.

Many activities have been planned for observance of the special week. In appreciation of the NIH secretary and other support staff, the Office Support Staff Coordinating Committee, NIH/NIH, has planned an NIH-wide educational seminar, The Professional Secretary in Government, for Monday, Apr. 20, from 12:30 to 2 p.m. in Wilson Hall, Bldg. 1.

Sally Linn Nichols, CPS, NIAMDD, and Mary E. Dietterle, CPS, OD, will cover professionalism, the certified professional secretary examination (content, eligibility, costs), CPS training and incentive programs offered by government agencies, and other related topics.

In addition, various B/I/D’s have scheduled (See SECRETARIES, Page 8).
Mr. Hayes organized Earth Day in 1970.

Denis Hayes, director of the Solar Energy Research Institute of Golden, Colo., will speak on Solar Technologies for Today and Tomorrow in the Masur Auditorium on Thursday, Apr. 16, at noon.

Mr. Hayes is the author of *Rays of Hope: The Transition to a Post-Petroleum World*, an account of alternative global energy strategies, energy conservation, and environmental issues.

In 1979, he received the Thomas Jefferson Award for outstanding public service by an individual younger than 35. The year before, he received the U.S. Department of Energy’s award for outstanding public service.

Mr. Hayes is a member of the National Petroleum Council and serves on the board of the Federation of American Scientists.

Crisis and Change in Male Mid-Life Subject of Program for Employees

A three-part program on the Male Mid-Life Transition or Crisis is being offered by the Employee Assistance Program of the Occupational Medical Service.

The meetings will be held on Tuesday, Apr. 21, and Mondays, Apr. 27 and May 4, in Bldg. 31, Rm. B2C-07, 12:30 to 1:30 p.m.

How to cope with the psychological stresses and physical changes occurring in the male mid-life is the focus of the program, and both males and females are invited to attend. The Female Mid-Life Transition or Crisis will be held at a later date.

For further information, contact Morris Schapiro at 496-3164. □

Deadline Extended for STEP Module

The application deadline for Module 1, Introduction to the Extramural Programs, has been extended to Apr. 21 by the Staff Training in Extramural Programs Committee.

Orientation Provided

The module, scheduled for May 7–8, provides orientation to mechanisms of support for extramural research and development.

It is designed primarily for NIH health scientist administrators and management staff new to extramural programs concerned with grant and contract programs.

For further information, contact Arlene Bowles, 496-1493. □

No wise man ever wished to be younger.—Jonathan Swift (1667–1745)
Handicapped Employees Advisory Committee Seeks To Remove Physical, Social Barriers

NIH employs 432 handicapped persons, according to Edward S. Condon, chairman of the recently formed NIH Handicapped Employee Advisory Committee. "But that is just the tip of the iceberg," said Mr. Condon. "We know there are probably many more who are reluctant to identify themselves because of the stigma attached to being labeled handicapped."

Mr. Condon knows first-hand the concerns of the handicapped. Injured in a diving accident several years ago, he has become a leading spokesman for the handicapped at NIH.

He has encouraged the handicapped to make their concerns known and convinced many fellow employees to become interested in developing a better program for the handicapped at NIH. "The architectural barriers we can deal with now," said Mr. Condon. "But equally frustrating are the social barriers—people's attitudes."

"When many people meet someone who is handicapped, the first thought that comes to mind is what the handicapped cannot do. Too often they fail to consider how much the handicapped actually can accomplish."

The Handicapped Employee Advisory Committee will help to remove social and architectural barriers at NIH by advising Dr. Donald S. Fredrickson, NIH Director, about the needs of the handicapped and recommending steps that can be taken to inform supervisors, personnel officers, and fellow employees about the capabilities of present and potential handicapped employees.

"The National Institutes of Health has long been concerned about the needs of the handicapped. I believe this committee can help put that concern into action for NIH employees," said Mr. Condon.

The committee will work closely with George Yee, NIH Handicapped Program director for the Division of Equal Opportunity, and Carol Storm, NIH selective placement coordinator in the Division of Personnel Management. Ms. Storm is responsible for helping handicapped employees and potential employees find jobs at NIH.

The NIH committee also coordinates its activities with similar committees at the Public Health Service and the Department of Health and Human Services.

Since the United Nations has designated 1981 as the International Year of Disabled Persons, the NIH, PHS, and HHS handicapped advisory committees are working together to plan activities. Members of the handicapped Employee Advisory Committee are nominated by B/I/D directors and appointed by Dr. Fredrickson for staggered 3-year terms. At least 10 members of the committee must be handicapped NIH employees.

The committee meets on the fourth Thursday of each month. Meetings are open to all NIH employees and their comments and suggestions are welcome.

The current committee membership is listed below:

- chairman, Edward S. Condon, NICHD, 496-1636;
- vice chairman, Evelyn Laten, NIGMS, 496-7253; and
- secretary, W. David Kerr, NINICDS, 496-2575.

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<th>B/I/D Representative</th>
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<td>NCI Louis Hodes</td>
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<td>NLM Arthur Hazes</td>
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<td>NIDR Francis B. Cannon</td>
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<td>NIGMS Evelyn Laten</td>
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NIH Daycare Extension Program Has Space Available

The NIH Daycare extension program has spaces available for children aged 5 through 12, from 7:30 a.m. to 6 p.m. daily, June 23 through Aug. 28.

For more information, please phone 530-5550.

R&W Theater Group Seeks Actors

The R&W Theatre Group is seeking interested thespians who would like to participate in plays, playreadings, and socials.

Meetings are held the first Wednesday of each month at noon, Bldg. 31, Rm. 7D-45. Call R&W, 496-4600.

PHS To Sponsor Open House, Feature Film on Handicapped

In recognition of the International Year for the Disabled Person, the PHS Handicapped Committee will sponsor an Open House on Apr. 21, from 1:30 to 3:30 p.m., in the Parklawn Bldg., Conf. Rm. J.

A 20-minute awareness film, "A Different Approach," will be shown about hiring the handicapped. The movie touches on handicapped persons' contributions to the job market, and the difficulty experienced by them when trying to move into a career ladder.

Following the film will be a committee business meeting—those attending the Open House are invited. The possible RIF now facing the handicapped will also be discussed. Questions from guests will be welcome.

Transportation from NIH to the Parklawn Bldg. can be arranged by calling Evelyn Laten, 496-7253, of the National Institute of General Medical Sciences.

NIH Deputy Director Dr. Thomas E. Malone congratulates Francine Albert, who works at the NIH Visitors Center, for her employee suggestion on how money might be saved by using screw-in fluorescent lights (lower right). Her suggestion will save $3,883 this year—when fully utilized at NIH it could save $12,000 annually.

NIA Advisory Council Gets Two New Members

Vincent Carrozza, a Southwest real estate developer and investor, and Dr. Edith Schoenrich, a specialist in preventive medicine, have been appointed to the National Advisory Council on Aging.

Mr. Carrozza has helped plan cities and communities in the Southwest with a concern for the growing elderly population, particularly emphasizing their increased need for alternative housing.

Dr. Schoenrich is associate dean of the Johns Hopkins University School of Hygiene and Public Health. Her biomedical research experience, knowledge of preventive medicine, and academic background have enabled her to serve as a consultant for many local, state, and Federal health service organizations.
Cholera Research Center Celebrates 20th Anniversary in Bangladesh

The 20th anniversary of the Cholera Research Laboratory was celebrated recently in Bangladesh at the International Center for Diarrheal Disease Research. Present at the ceremony were the U.S. Ambassador to Bangladesh David T. Schneider, and Dr. W. D. Greenough, director of the center in Dacca.

The laboratory was established at the first SEATO Conference on Cholera as part of its research program to address the problem of cholera in developing nations. The Cholera Research Laboratory was financed by the United States, Pakistan, the United Kingdom, and Australia.

From 1960 to 1979 the National Institutes of Health, through a contractual agreement with the Agency for International Development, was responsible for the facility's scientific direction and administration. Dr. John R. Seal, now NIAID deputy director, was named chairman of the NIH Cholera Advisory Committee and took over the responsibility in NIAID when he came to NIH in 1965. Earlier it had been based in the Office of International Research.

Cholera, a severe diarrheal disease, is transmitted through food or water contaminated by human excrement. If not treated within 4 to 6 hours, death can result from the dehydration brought on by rapid loss of body fluids.

A major accomplishment by laboratory scientists was the demonstration that all but the most severe cases could be treated orally to replace fluid and salts. The oral therapy has brought the treatment within the reach of the poorest countries. It has been adopted by the World Health Organization not only in Bangladesh, but in other areas where the disease is endemic.

In 1979 the Cholera Research Laboratory was internationalized and maintained as a bilateral program between the U.S. Government and Bangladesh, with AID the sole U.S. Government agency providing financial support. This year the center's budget will total over $4 million contributed by six governments and seven organizations.

During the ceremony, Ambassador Schneider recounted the United States' long association with the laboratory and quoted the 1960 laboratory dedication speech of the late Dr. Joseph Smadel. "These things have been accomplished only because many people, professional and lay, were convinced that the control and eventual eradication of cholera are worthy objectives and are not beyond the reach of man."

Dr. Smadel was the NIH Director of Laboratories and Clinics and had been instrumental in locating a site for the laboratory as well as developing its first facilities.

Guests at the third meeting of the International Center for Diarrheal Diseases Board of Trustees included (to r around table): Dr. John Holmgren, Sweden; Dr. J. K. Kostrzewski, Poland; Dr. H. Al-Dabbagh, Saudi Arabia; M.A. Muhit, Bangladesh; Ambassador Schneider; Dr. Greenough, director, ICDDR/B, Bangladesh; Dr. J. Suhanti Saroso, chairman of board of trustees, ICDDR/B, Indonesia; Dr. Clifford A. Pease (AID), U.S.; Dr. Omand Solandti, Canada; and Dr. Gavin Jones, Australia. Two guests, Dr. Pease and Mr. Muhit, were present 20 years ago when the laboratory was established.
Grocery Group Performs in Cafeterias; Highlights Elements of Sound Nutrition

National Nutrition Month came to a close with the appearance of the popular Grocery Group performing in the cafeterias in Bldgs. 1, 10, and 31, as well as the pediatric ward in the Clinical Center. Volunteers from the Audiovisual, News, and Medical Arts and Photography Branches, and Nutrition Coordinating Committee staff, dressed up as fruits and vegetables.

Promoting sound nutrition principles in song and dance, the players distributed copies of Nutrition and Your Health. . . Dietary Guidelines for Americans, published jointly by HHS and the Department of Agriculture, during their performances.

Tent cards and posters—developed by medical arts personnel with the support of NCI, NHLBI, NIAMDD, and OC/OD—decorated the NIH reservation illustrating the theme, Your Nutrition and Your Health. . . Dietary Guidelines for Americans.

Several activities during the month promoted good health along with good nutrition.

- The Fun Runs for Nutrition, sponsored by the NIH Jogging Club, were highlighted by a visit from Glenn Swengros of the President's Council on Physical Fitness and Sports. Prizes for first and second place finishers were donated by the R&W Association.
- Dance Dynamics, a local aerobic group; Gary Plenkowski, a YMCA fitness specialist; and a President's Council film, “Game Plan for Survival,” provided nonrunners with a glimpse of proper exercising.
- The Metropolitan Life Insurance Company loaned an exhibit to display the nutrition-oriented video tape series, “Eat Well, Be Well,” shown throughout the campus. The series was produced by Amram Nowak Associates in consultation with the NCC.

Jane Brody, a New York Times science reporter, called the tapes “an excellent, yet brief, series of up-to-date nutritional messages, illustrated by appropriate recipes and menu suggestions. . . .” Also, the Public Broadcasting Service has decided to make the series available to its satellite stations.

In addition to the above-mentioned groups, the Nutrition Coordinating Committee and NCC Education Subcommittee received a great amount of cooperation from the Chinese Rural Health in the People's Republic of China.

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NIH Metro Station Taking Shape Underground

The Metro construction site located behind the fence along Rockville Pike was toured by several visitors to the uncompleted Red Line station that is scheduled to open in November 1983 or shortly after.

The station, which has been named Medical Center Station, will be the longest line in a single phase to be opened by Metro on a rail system that will eventually run from Dupont Circle to Shady Grove.

When the construction is complete, approximately 3,000 NIH employees will use the station, and many more Montgomery County residents and others will travel by feeder buses through NIH to get to the station’s entrance. Drivers can pickup and leave passengers at any of the “kiss and ride” areas and bus bays.

It is estimated that 23,850 riders will use the station in a 24-hour period—4,200 will arrive by bus. There will be no public parking serving the station. The plan is based on the closing of South Drive to through traffic except for buses between Center Drive and Rockville Pike.

“This will all be landscaped and you won’t see anything,” said David Shilling, the resident engineer and construction supervisor who works for the Bechtel Corporation, as he points to artistic renderings of what the Medical Center Station will look like when it is landscaped. He, along with Cody Phanstiehl, the long-time “voice of Metro,” conducted the tour.

The visitors, members of NIH’s Division of Engineering Services, were given a step-by-step tour of the deep cement-covered cavity that angles down 175 feet where three escalators eventually will be installed.

After hard hats were distributed, the group was led across a narrow bridge, where Mr. Shilling pointed out a space where a specially designed 400-ton beam had been constructed to support the traction power substation which will provide electrical power to the trains.

Last week, he noted, local, Montgomery County, and NIH fire departments toured the construction site to become familiar with the fire and electrical systems there. Additionally, Mr. Shilling observed that the station has complete emergency power capabilities.

Construction Proceeding

The construction is on schedule with bids for the second phase of the project going out at the end of April for interior work to be done. Since 1976 when a rock-boring “mole” crushed its first quartzite, the Medical Station has advanced steadily.

There are two 126-foot deep air shafts located at both ends of the station that come out under Rockville Pike. The first phase of construction was to have the “mole” cut out two tunnels and hollow out 30,500 cubic yards of rock from what is now the main platform area of the station. Dynamite accomplished the removal of the rest of the earth and rock.

Using one’s imagination, a 75-story building could lay on its side below ground in the station. Its 600-foot platform area could be used to store the Washington Monument with room to spare. The area will serve eight-car trains every few minutes pulling in and out. Cars will travel along the rails at 75 m.p.h.

A “floating donut of silence” noted Mr. Phanstiehl has been designed to absorb the vibration of high-speed trains. Engineers have developed a floating concrete slab that sits on donut-shaped vibration isolation pads that distribute vibration evenly throughout the tunnel to reduce noises.

Overhead the once bare rock has now been sealed with a special cement mixture and steel. Additionally, most of the 288 rectangular white cement panels that give each Metro station the distinctive honeycomb look have been installed.

Each curved panel specially formed in

(See METRO, Page 7)
Renovations of patients' quarters on 4 West, an NIMH unit at the Clinical Center, are expected to shed new light, literally as well as figuratively.

In addition to brightening patients' environment, the proposed new lighting fixtures and other improvements should help patients feel better and facilitate studies of environmental influence on mood and behavior.

Head nurse Ann Montgomery said the 4 West unit, which specializes in depressive and manic-depressive disorders, is the logical place for making planned changes and studying their effects on patients. "Current research is being done on the effects of light on humans as related to affective disorders," she explained.

"Nothing structural will be undertaken," said Ms. Montgomery, "and renovations will be limited to the patients' environments. Due to budgetary restrictions, staff offices will remain untouched."

The long, dark, tunnel-like hall which connects patients' quarters and staff offices is the first sight that greets the visitor to 4 West. The hall will receive new neutral-colored carpeting to cover institution-green tiles; white wall coverings and paint to hide dull brown tiling and faded yellow paint; and new lights to brighten it all. Doorways lining either side of the hall will be painted varying shades of yellow and rust, starting with the lightest yellows at either end of the hall, the colors getting darker and more rust-like toward the middle.

Carpentry will be laid in patients' bedrooms and the dining room, and fresh paint will decorate all quarters. The dayroom, where patients spend a good deal of time, will also get new drapes, and plexiglass windows to replace the screens that reduce light 30 percent, noted Ms. Montgomery. New lights also will be installed in the dayroom, dining room, and corridors to brighten these areas, increase clarity of images, and decrease glare.

New fixtures have already been installed in some patients' rooms to increase light intensities, an essential condition for the research conducted by Dr. Alfred Lewy, staff psychiatrist with the NIMH Intramural Clinical Psychobiology Branch. Dr. Lewy is studying the relationship of light to the body's production of the hormone, melatonin, and its implication in affective disorders.

He and fellow scientists, Drs. Thomas Wehr, John Nurnberger, Norman Rosenthal, Leslie Becker, David Newsome, and Fred Goodwin, have found that "manic-depressive patients, in comparison to normal subjects, are supersensitive to light, suppressing twice as much melatonin production at various light intensities," said Dr. Lewy. "In fact, patients suppress hormone production at light intensities ineffective in suppressing production in normal subjects."

"By adding light to the patients' environment, which the renovation will enable, we may be able to resynchronize their biological rhythms which appear to be out of phase," said Dr. Lewy.

He also reported that all humans, whether manic-depressive or normal, are much less sensitive to light than are animals. "The biological rhythms of animals, including monkeys, can be manipulated with very dim light; they apparently do not biologically differentiate between artificial and natural light. This implies that humans have adapted to artificial light so that it does not effect hormonal production; yet humans remain biologically sensitive to sunlight."
SECRETARIES
(Continued from Page 1)
uled educational seminars and activities as
follows:
• NIDR will feature Professional Effectiveness
ness conducted by Frankie P. Svenholt,
president of a personnel training and develop-
ment firm, Friday, Apr. 21, 9 a.m. to
noon, Bldg. 31. Persons interested in at-
tending should contact Mary Fisher,
496-3571.
• The Workplace Hustle will be the topic
presented by Kip Potts, a local career man-
agement consultant, at the NIAMDD lunch-
eon Apr. 24.
• NIGMS and DRG offer a course, Moving
Up the Career Ladder, on Apr. 21 and 22
from 11:30 a.m. until 1:30 p.m. each day.
This course is open to other employees as
space is available. Contact Fu Temple,
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Biological Rhythms May Cause, Complicate Common Serious Sleep/Wake Disorders

According to research supported by the National Institute on Aging, biological rhythms may cause or complicate the more common serious sleep/wake disorders. Biological rhythms may also be responsible for deleterious, but easily correctable, changes in sleep patterns.

At Montefiore Hospital's laboratory of chronobiology, Dr. Elliot Weitzman and colleagues allow research subjects to "free run," or establish their own schedules of waking and sleeping in a unique setting which is totally isolated from any temporal cues. What he finds is that his subjects—some of whom are healthy elderly individuals—typically develop a schedule that more nearly approximates a 25- rather than a 24-hour day.

Over the course of 1 month in temporal isolation, subjects slowly "phase delay"—going to bed later and waking later each day. It is possible that this same phenomenon may occur in aged individuals in the community who are isolated from normal social cues—as in an older person who suffers some form of sensory loss, or one who has retired after years of getting up at a certain hour and no longer faces the same demands.

In the general population, the older person tends to go to sleep earlier and to wake up earlier with less sustained sleep during the night. There is a growing suspicion that these changes in sleep patterns may be caused by an age-related change in biological rhythms.

Dr. Weitzman's findings also have important implications for older persons subjected to the sometimes bizarre schedules in chronic care institutions, where the time of lights on, lights out, medication administration, and meals are often dictated by the needs of efficient operation and staff scheduling rather than the needs of the patient.

Looking at the role of biological rhythms in sleep/wake patterns which take their toll on the routine daily activities of millions of American adults.

More Literature Searches Available From NLM

Four additional Literature Searches available from the National Library of Medicine are listed below. A complete compilation of titles is available on request.


Produced through NLM's computer-based system, MEDLARS, the medical topic bibliographies are available without charge from the Literature Search program, Reference Section, NLM, Bethesda, Md. 20209.

(Letting, please include title and number and enclose a self-addressed gummed label.)

Lectureships, Fellowships Abroad Available in 1982

Ten awards for short-term lectureships in the Near East and South Asia and 21 awards for advanced research fellowships in India are available in 1982 to U.S. citizens at postdoctoral or equivalent levels. The awards are made through the Council for International Exchange of Scholars.

The Near East/South Asia lectureships range from 6 weeks to 4 months, and grantees will teach in one or more countries. Round trip airfare and a per diem of up to $125 per day will be provided. Applications are being accepted from individuals in any field.

Applicants who have limited or no experience in India are especially encouraged to apply for the advanced research fellowships there. Twelve 6- to 10-month awards and nine 2- to 3-month awards will be given without restriction to field.

Grantees will receive airfare, per diem of $1,000 to $1,500 per month, and an allowance for books and study/travel in India. Long-term fellows also will receive additional allowances for dependents.

Deadline to apply for both programs is July 1. For further information, contact the Council for International Exchange of Scholars, 11 Dupont Circle, Washington, D.C. 20036; telephone, (202) 833-4978.

Chemical Waste Management Topic Of May 20-21 Safety Symposium

Management of Hazardous Chemical Wastes in Research Institutions is the topic of the May 20-21 research safety symposium sponsored by the Division of Safety.

Reservations are limited. For more information, call (301) 663-7167.

It is not enough that yearly, down this hill, April comes like an idiot, babbling and strewing flowers.—Edna St. Vincent Millay: (Spring)
Arthur Ashe Visits NIH Promoting Heart Disease Education

A Million Americans Have Heart Attacks Every Year. I Was One.

On a recent visit to NIH, Mr. Ashe poses by a poster of himself showing his concern for public education about heart attacks. The Ashe poster is the third in an NHLBI series promoting heart attack prevention. Cardiologists Michael DeBakey and Betty Kennedy have also been featured on the larger-than-life posters, as part of a national campaign.

Arthur Ashe, former tennis champion, current captain of the Davis Cup team, and the 1981 American Heart Association campaign chairman, visited NIH recently.

Appointed to the Advisory Council of the National Heart, Lung, and Blood Institute for a 4-year term, Mr. Ashe viewed an introduction to NIH in the Little Theater of the NIH Visitors Center, and attended a briefing given by Dr. Robert I. Levy, NHLBI Director, and other staff members.

He posed for photographs in the corridor of Bldg. 31 in front of a large poster of himself which is being used to promote the free NIH Medicine for the Layman booklet, Heart Attacks. Recently he made television and radio spots as part of this national campaign.

The purpose of the routine NHLBI briefings is to give new council members a better understanding of the Institute and NIH, as well as the opportunity to meet key Institute staff and explain current and proposed areas of NHLBI research.

Mr. Ashe, 37 years old, was stricken with a heart attack in 1979 and since then has become active in public health education regarding the disorder.

He has been ranked as number one tennis player in the world on two occasions. He ranked among the top five U.S. tennis players for 13 consecutive years. He won the singles championship at Wimbledon in 1975 and the Australian Open in 1977. Among his other championships are the U.S. Clay Court Open and the World Championship of Tennis.

A member of the U.S. Davis Cup team for a record-breaking 10 years, he is now captain, though he no longer plays tennis because of a recent heart operation. The New York Times reported recently that Mr. Ashe considers the captaincy a fitting last challenge in his tennis career. He is also actively involved in the National Junior Tennis League, of which he was cofounder.

DR. ANFINSEN

(Continued from Page 1)

Heart, Lung, and Blood Institute. During that time, the work of many of his colleagues and students focused on lipoproteins, hormone structure, and the control of cellular metabolism.

During the late 1950's and early 1960's, Dr. Anfinsen was also instrumental in bringing the concepts and techniques of protein chemistry into the study of antigens and antibodies. Six symposium lectures reflected this influence on the development of immunology.

Dr. Anfinsen joined the National Institute of Arthritis and Metabolic Diseases, as it was then known, in 1963. His more recent colleagues cited their contributions to genetics and cell biology, including the laboratory's current work on interferon.

Throughout Dr. Anfinsen's career, his work has focused on protein chemistry.

He won the Nobel Prize in 1972 for his demonstration of one of the most important simplifying concepts of molecular biology, that the three-dimensional conformation of a protein is determined by its amino acid sequence. His influence in this field was reflected in many papers in the symposium by present and former associates.

The symposium was organized by Drs. Ann Dean and Alan W. Schechter of NIAMDD's Laboratory of Chemical Biology and Dr. Robert F. Goldberger, NIH Deputy Director for Science. Drs. Schechter and Goldberger joined NIH as research associates in Dr. Anfinsen's laboratory.

The symposium was sponsored by NIAMDD, NHLBI, NIMH, NIAID, DRR, and FIC. Proceedings will be published early next year.

Blood Flow and Tomography

Topics of Clinical Conference

Visualizing Local Cerebral Function: Positron Emission Tomography, Blood Flow, and Electroencephalographic Tomography will be the topic of a combined clinical staff conference.

Dr. William E. Bunney, chief of NIMH's Biological Psychiatry Branch, will moderate the meeting scheduled for Thursday, Apr. 16, at 3:30 p.m. in Masur Auditorium.

Participants Noted

Program participants include: Dr. David Ingvar, University of Lund, Sweden, who will speak on Blood Flow in Chronic Schizophrenia; and Dr. Louis Sokoloff, NIMH, who will discuss Theoretical and Practical Considerations in Metabolic Mapping in the CNS.

Dr. Robert Kessler, CC, will address Methods of Positron Tomography; and Dr. Monte Buchsbaum, NIMH, will discuss Positron Tomography With Deoxyglucose and Electroencephalography in Schizophrenia.

Dr. Robert De La Paz, NINCDS, will cover Positron Emission Tomography in Gliomas and Epilepsy; and Dr. Stanley Rapoport, Gerontology Research Center, will talk about the Aging Brain and Local Glucose Use.

Dr. Charles L. Goodrick Dies; Former NIA Psychologist

Dr. Charles L. Goodrick, a research psychologist at the National Institute on Aging Gerontology Research Center, recently died of cancer.

"He absolutely dominated his field of animal behavior and aging," said Dr. Bernard T. Engel, a colleague and chief of the NIA Laboratory of Behavioral Sciences.

Dr. Nathan W. Shock, NIH scientist emeritus who first hired Dr. Goodrick in 1962, remembers him as a man who took nothing for granted. "He didn't believe anything, even if it was in the literature of some 20 years' standing," explained Dr. Shock.

Dr. Shock pointed out that the GRC owes a debt to Dr. Goodrick not only for his contributions to the knowledge about aging and animal behavior, but also for his efforts which helped establish GRC's reputation.

"Of the results published from his laboratory, nothing ever had to be retracted," Dr. Shock added.

Dr. Goodrick's first laboratory was located on the grounds of the Baltimore City Hospital. He worked in an old dairy barn where the wild field mice outnumbered the caged research animals. Fellow workers admired his courage in working under these conditions.

Dr. Goodrick is survived by his wife, Dr. Teena Wax.

Dr. Goodrick

Dr. Shock

Teena Wax.
Continuous Ambulatory Peritoneal Dialysis Allows Greater Patient Motility

In the future, a growing number of people with kidney failure may be treated using a relatively simple technical innovation known as continuous ambulatory peritoneal dialysis. The new and effective dialysis technique allows a much greater degree of freedom for the patient than other forms of dialysis therapy permit.

Conventional peritoneal dialysis, from which CAPD evolved, traditionally has been a useful alternative to hemodialysis for removal of body wastes from the blood. The peritoneum, a membrane that surrounds the intestines and other abdominal organs, contains many small blood vessels from which wastes are filtered when dialysate is introduced slowly into the abdomen during the dialysis process.

Peritoneal dialysis does not require the blood to be circulated and purified outside of the body as in hemodialysis. The procedure, in fact, requires no electricity, machinery blood-thinning drugs, technicians, or other complexities associated with hemodialysis.

Wastes filtered from the blood by a machine in hemodialysis are instead removed using the thin lining of the patient's own peritoneum as the filtering membrane. In order to make this cavity accessible, a cut is made into the abdomen just below the navel. A permanent catheter is implanted through the opening.

A patient on CAPD can change the dialysis solution through use of a small plastic bag attached to the tube leading out of the abdominal cavity. The bag is usually empty and worn neatly folded under the patient's clothing.

CAPD, a portable and potentially less expensive form of peritoneal dialysis developed in recent years, frees the patient from frequent trips to a dialysis center for long, tiring treatment sessions.

Patients maintain about 2 quarts of dialysis solution in their peritoneal cavities. Several times during the day, the dialysis fluid is drained and replaced with fresh solution.

CAPD enables patients to walk around, perform everyday tasks, and even go to work while their blood is being cleansed.

At present, only a small percentage of dialysis patients in the U.S. use CAPD. The proportion is likely to increase as the procedure becomes safer and as greater experience reduces the principal hazard of the therapy, peritonitis (infection of the peritoneum). Peritonitis risk is reduced when patients carefully handle the connectors for the bags of fluid.

Despite CAPD's proven benefits, nephrologists have been concerned that recurrent episodes of peritonitis and constant contact with dialysis solutions might result in loss of peritoneal permeability, decreasing effective clearance of waste products.

Recently, however, NIAMDD research contractors Dr. Karl Nolph, of the University of Missouri Medical Center, and Dr. Carmelo Giordano, of the University of Naples in Italy, have shown that peritoneal clearance of uremic wastes remains remarkably stable in patients on CAPD, even in episodes of peritonitis. CAPD appears capable of permitting effective blood purification for several years, particularly with reduced peritonitis rates.

These factors, combined with potential economies, make CAPD a promising new approach to maintenance treatment. NIAMDD has supported pioneering efforts in development of this therapy, and continues support of investigations as CAPD becomes more widespread.

This research will help define ways to individualize CAPD treatment for patients, and to determine long-term effects and possible complications.

For further information about CAPD treatment, patients and their physicians may contact Dr. Nolph at the CAPD Information Center, University of Missouri, 807 Stadium Road, Columbia, Mo. 65201.

CPR Instructor Course Planned

The Occupational Medical Service is offering a CPR instructor course—a current CPR card is required—which consists of four sessions, on the following dates: Wednesday, Apr. 29, 6-10 p.m.; Wednesday, May 6, 6-10 p.m.; Saturday, May 9, 9 a.m. to 5 p.m.; Wednesday, May 13, 6-10 p.m.

For further information call the Emergency Medical Service coordinator, 496-4111.

1980 Medical ‘Thesaurus' Available

The 1980 Medical and Health Related Sciences Thesaurus is available in limited supply. The Thesaurus is the subject heading authority list for the Research Awards Index, a classified index of research projects supported by the PHS.

Copies of the Thesaurus and Index, as well as data from CRISP, are available from the Research Documentation Section, SAB, DRG, Westwood Bldg., Rm. 148, Bethesda, Md. 20205, telephone 496-7543.

Dr. Kinoshita is chairman of the scientific advisory committee of the National Foundation for Eye Research, vice president of the International Society for Eye Research, and chairman of the scientific advisory committee at Oakland University in Rochester, Mich.
Conferees Encourage Increased Research Efforts Into End-Stage Renal Disorders

Human suffering, as well as the economic costs of Medicare treatments for end-stage renal disease—projected at more than $1.5 billion per 68,200 patients in 1982—were cited by Dr. Nancy B. Cummings as reasons for encouraging new research efforts.

Dr. Cummings, NIAMDD associate director, told American and foreign scientists at the Second Annual Chronic Renal Disease Conference, Mar. 5-6, that the cost to the government of dialysis and transplantation is expected to escalate to about $2.7 billion for more than 83,000 patients by 1985.

She pointed out that "the only possibility for reducing these expenditures significantly in the future and for improving the quality of life for these patients is through research leading to the arrest, cure or prevention of diseases that lead to kidney failure."

The conference also addressed the problems of the child with chronic renal disease, featuring a panel discussion on Ethical Issues in the Management of Young Children With Chronic Renal Failure.

Dr. John C. Fletcher, assistant for bioethics at the Clinical Center, noted that "the major moral problem in the management of children with chronic renal failure is in choices about selection for transplantation or dialysis in children who are profoundly brain-damaged by disease in the first year of life."

Linking this problem of children with the larger question of how adults are selected for treatment of end-stage renal disease, Dr. Fletcher discussed the nature of "normal" and "ethical" issues, and described the kinds of dilemmas now confronting physicians in diagnosing and treating renal failure.

"I believe that the supreme moral dilemma in medicine in the near future," he said, "will be the influence of cost considerations on the quality of treatment in borderline cases." He indicated that society will not be able to afford much longer "the luxury of not having to bring to closure some of the most controversial ethical debates in medicine."

Dr. Cummings pointed to new research possibilities and frontiers in the fields of glomerulonephritis and cystic diseases of the kidney, disorders that together cause up to 75 percent of chronic renal failure. Other major topics featured in the program were control of treatment morbidity and uremic toxicity with hemodialysis and hemofiltration therapy.

Dr. Ian Winberg of the Karolinska Institute, Stockholm, described a spectrum of research concerning urinary tract infection, emphasizing the relationship between development of pyelonephritis and delay in therapy.

Len Aberbach, Electronic Wizard and Ham, Retires After 30 Years of Federal Service

Leonard Aberbach, an instrument maker whose unique technical skills have been called upon repeatedly for scientific projects during the past 19 years while he worked in the Biomedical Engineering and Instrumentation Branch, DRS, recently retired with 30 years of government service.

Mr. Aberbach’s voice while at NIH has also literally been heard around the world as a result of his long association with the NIH Radio Amateur Club, where he aided many fledgling “hams” in the pursuit of their common interest.

During his career, he has been called upon to be a teacher. Prior to his retirement he assisted in the training of Egyptian engineers in electronic skills.

In 1968, his teaching ability was recognized when he was presented with an HEW Superior Performance Award for implementing a 30-week in-house training program on instrumentation electricity.

The Bureau of Biologics thanked Mr. Aberbach in June 1979, for fabricating a 24-channel programmable scanning recorder that was used in connection with animal experiments relating to pharmacological development for the U.S. Food and Drug Administration.

Two years earlier, he assisted Dr. John Bacher of the Veterinary Resources Branch, DRS, by developing the telemetric instrumentation for an experiment involving a rhesus monkey. A peanut-sized FM radio transmitter, which had been surgically implanted, sent a continuous electrocardiographic signal to monitoring equipment so that several biomedical protocols could be done.

The long-range transmission of EKG signals have also interested Mr. Aberbach. Several years ago, he and other radio club members set up a communications link between a mobile ambulance in New York City where an EKG was being administered, and an amateur radio satellite that sent the signal to NIH where it was recorded.

For the last decade, Mr. Aberbach has been president of the NIH Radio Amateur Club. His expertise in electronics was particularly appreciated during Hurricane Camille, when the radio club used its equipment at the direction of the Department to release stockpiled disaster relief supplies to areas affected by the storm in Louisiana and Texas.

Amateur radio also allowed him to follow the high seas sailing adventure of Dr. Karl Frank during his trans-Atlantic crossing in 1972. Daily weather forecasts were transmitted to the vessel. Ham radio operation has been his form of "armchair world travel."

During his career numerous letters of appreciation were sent to Mr. Aberbach. NHLBI scientists cited him as an employee "who never hesitated, dropped everything, and came to our aid" in designing an oscillographic recorder interface, while they were working on modifications of a mass spectrometer.

Prior to coming to NIH, he held a variety of government positions including an 11-year stint with the U.S. Navy. During World War II, he worked at the Brooklyn Navy Yard in ship construction.

Summing up his NIH career, Mr. Aberbach noted that he enjoyed the challenge of working on a variety of interesting scientific projects and the independence in developing electronics equipment not commercially available.

In retirement, he plans to do electronic consulting, work at his electronics laboratory in his Wheaton home, and stay active as a "ham."

Dr. Winberg (l), Cummings (c), and Vernier chat outside of Wilson Hall during a break at the conference.

His presentation moved from an epidemiologic study identifying young children at risk to laboratory investigations in which endometrial cell receptors for E. coli fibrillae have been identified.

Conference organizers were Drs. Cummings; Robert J. Wineman, program director of the Chronic Renal Disease Program; and Antonia C. Novello, former medical officer of the Chronic Renal Disease Program.

Symposia chairmen were Drs. Kenneth D. Gardner, Jr., University of New Mexico; Richard J. Glasscock, UCLA/Harbor General Hospital, Torrance, Calif.; Frank A. Gotch, Franklin Hospital, San Francisco; and Robert L. Vernier, University of Minnesota.