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National Institutes of Health

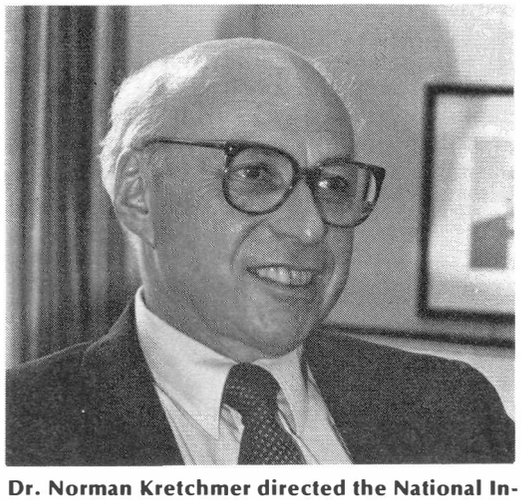
Dr. Kretchmer Will Assume Dual Position In California

Dr. Norman Kretchmer, Director of the National Institute of Child Health and Human Development since 1974, has announced his plans to leave NICHD at the end of September. He will accept a dual assignment at the University of California where his duties will include teaching, patient care, and laboratory research.

Dr. Kretchmer, who had previously announced his departure in a memo to his staff on July 2, will be professor of nutritional sciences at the University of California, Berkeley, and professor of obstetrics and pediatrics at the University of California, San Francisco.

He will also organize and administer a clinical nutrition research center at San Francisco General Hospital in conjunction with the university.

Dr. Betty H. Pickett, NICHD deputy director, has been designated Acting Director.



Dr. Norman Kretchmer directed the National Institute of Child Health and Human Development from 1974 to 1981.

In accepting the Berkeley-San Francisco appointments, Dr. Kretchmer will be returning to the San Francisco Bay area that he had left to become the fourth Director of NICHD. At the time he assumed the directorship from then-Acting Director, Dr. Gilbert L. Woodside, the NICHD conducted and supported research in the areas of population, maternal and child health, and aging.

(See DR. KRETCHMER, Page 8)

Top Summer Employees To Receive Recognition

Over 140 young men and women will receive awards at the 12th Annual Summer Awards Ceremony on Aug. 21 in Masur Auditorium for their outstanding performances while employed at NIH this summer.

In addition, a certificate will be presented to the outstanding NIH supervisor of summer employee participants.

The 1981 NIH Summer Program, coordinated by Mattie Jackson, Recruitment and Employee Benefits Branch, OD, included approximately 1,500 participants working and learning in every area of NIH activity.

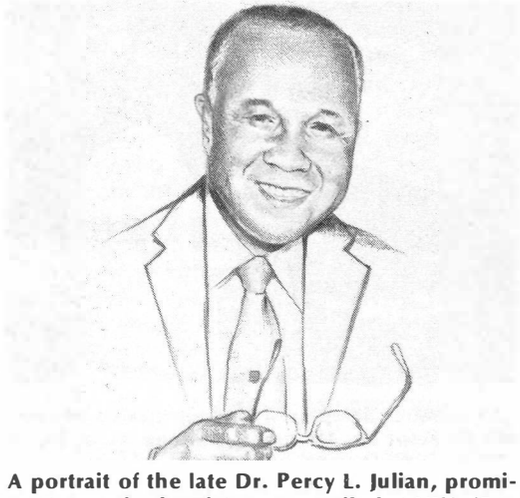
The U.S. Summer Jobs Program, administered by the U.S. Office of Personnel Management, is an all-inclusive activity, designed to provide summer employment in government agencies for young men and women. It also includes opportunities in summer jobs for the handicapped and needy or disadvantaged youths.

Appointments are made without regard to race, color, religion, national origin, sex, or political or personal favoritism.

Acting NIH Director Dr. Thomas E. Malone will be the key speaker at the ceremony. Ms. Cheryl Walker, a first-year medical student from Duke University, will deliver the student response address.

In addition, musical entertainment and a fashion show are scheduled. The fashion show will feature five male and three female models displaying dress and casual wear. The musical segment will be provided by a soloist and an accomplished pianist.

The awards program starts at 10 a.m. All NIH employees are invited to attend. □



A portrait of the late Dr. Percy L. Julian, prominent organic chemist, was unveiled at NIH. (See Page 5.)

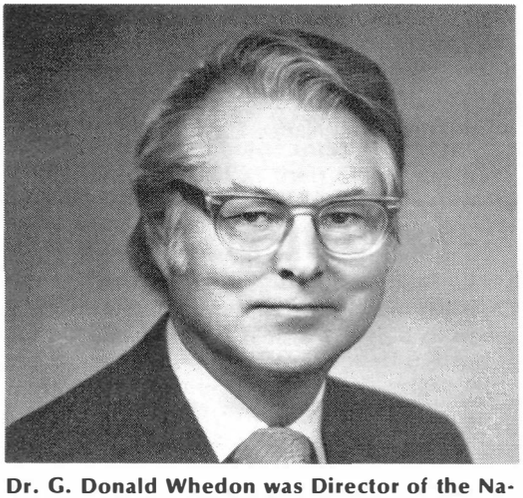
Dr. Whedon To Leave NIADDK Post After 19 Years as Director

Dr. G. Donald Whedon, Director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases since 1962, has announced his resignation as Director, effective Sept. 30.

In a letter to Dr. Thomas E. Malone, Acting NIH Director, Dr. Whedon said, "During the past nearly 19 years, it has been my pleasure to see the Institute undergo considerable growth and reorganization.

"The appropriated budget is now 4½ times the 1962 level, and significant advances in knowledge have been brought about in each of the many categorical and disease areas for which we have responsibility. Though likely at a reduced rate, I am sure that these positive processes will continue."

In announcing his resignation, Dr. Whedon cited his desire to step down after nearly 2 decades in the position of Institute Director, a longer period of service than



Dr. G. Donald Whedon was Director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases from 1962 to 1981.

any Institute Director in the history of NIH. He plans to continue his career-long interest in calcium metabolism and bone diseases. He joined the Institute in 1952 as chief of the Metabolic Diseases Branch, a post he retained until 1965. He was named assistant director in 1956. From 1960 to 1961, he worked half-time with the National Institute of General Medical Sciences to develop the new program of General Clinical Research Centers.

(See DR. WHEDON, Page 10)

The NIH Record

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FAES Holds Open Season On Hospitalization Plan

An "open season" for group hospitalization will be held by the Foundation for Advanced Education in the Sciences from Aug. 17 through Sept. 4.

The Association of Visiting Fellows Group Hospitalization Program includes NIH postdoctoral and visiting fellows, commissioned officers, visiting scientists, associates, experts, consultants, guest workers and full-time temporary civil service employees who have not yet enrolled in the program. New enrollees will be eligible for coverage with certain restrictions because of late joining.

Any current subscriber may change to the high option plan or to family coverage. All changes will be effective Oct. 1.

Applications and premiums are due in the FAES insurance office by Sept. 4. For further information, call Nancy Cassity, 496-5272. □

Training Tips

The following courses, sponsored by the Division of Personnel Management, are given in Bldg. 31 unless otherwise indicated.

Communication Skills	*Course Starts*	*Deadline*
Effective Listening	10/7	9/23
Report Writing*	10/6	9/18
Office Skills		
American Language Shorthand (ALS)	9/15	8/28
Proofreading	9/14	8/29
*Adult Education***	ongoing	

*Given in Westwood Bldg., Conf. Rm. D.
**This can lead to a general education diploma.

To learn more about these and other courses in office and communication skills, contact the Training Assistance Branch, DPM, 496-2146.

CU Alerts Members To Stop Checks Lost in Robbery

On June 2, the NIH Federal Credit Union messenger was robbed of the daily deposit he was carrying to the bank. The deposit consisted entirely of nonnegotiable checks which had been deposited by members through the Credit Union Office.

The Credit Union is now asking the cooperation of the members whose checks were included in this deposit. The detailed contents of the stolen bag have been reconstructed by means of microfilm and all of the members whose personal checks, either written by the member or checks given to the member by another person and endorsed by the member, are being contacted.

The Credit Union is requesting that the individual member see that "stop payment" orders are issued on the stolen check or checks and a replacement check sent to the Credit Union.

The Credit Union is furnishing each member, as well, an indemnification agreement, wherein the Credit Union guarantees to assure that no member will suffer any loss as a result of having a duplicate check issued to the Credit Union. The Union also is prepared to reimburse members for any stop payment charges that are assessed in this connection.

To date, none of these checks have been recovered. Both the FBI and the Montgomery County Police are investigating this robbery and the county police have issued a "Wanted" bulletin with sketches of the two individuals they are seeking in connection with this robbery.

As the Credit Union is a cooperative venture owned by the members, it is imperative that the members fully cooperate in this unfortunate instance. If a member has any question on this matter, Mr. Gerard de Seve should be contacted at 496-2331. □

Monthly Library List Now Entered Into WYLBUR

Beginning Sept. 1, computer terminal users can obtain the NIH Library's monthly list of recent acquisitions by accessing WYLBUR. The new system of retrieving this timely research information is being done to save manpower and provide quicker referral for members of the NIH community.

The new computer format allows the WYLBUR listing to be updated weekly with new items over a 30-day period. A person viewing a new reference will know that on the day it appears on the monitor screen, it has already been placed on the library's shelves for use by any of the hundreds of persons who select research material from its stacks each year.

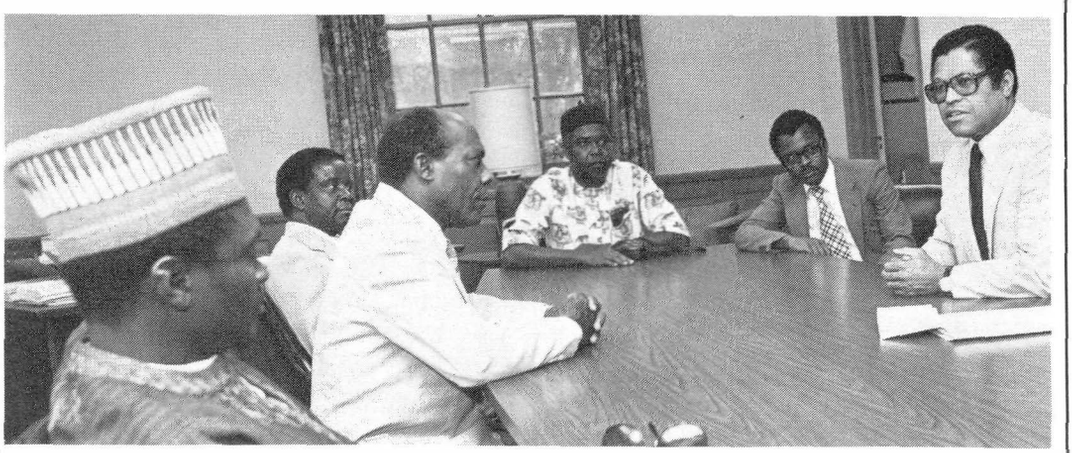
Using the following WYLBUR command, a user can access the monthly listing entitled Recent Additions to the NIH Library:

USE FROM &INQUIRE. LIBRARY BOOKLIST ON CAT

WYLBUR is a text-editing facility used by many secretaries, programmers, scientists, and other computer users at NIH. Letters, manuscripts, and other written materials are produced through its word processing capabilities. NIH scientists and administrators also use WYLBUR to create, document, and maintain computer programs, and to submit computer programs for execution, thus affecting many of NIH's varied activities.

By use of various WYLBUR commands, a user may obtain a hard copy (paper) printout of the booklist or simply view it at their terminal. Approximately, 250 new items of information are acquired by the NIH Library each month. These topically arranged publications include: books, journals, foreign language translations, and articles written by NIH researchers which appear in monographs that have been released within the last 2 years.

The practice of mailing the list of monthly acquisitions to approximately 1,000 addressees will continue. Copies of this listing may also be obtained by contacting the Monographs Processing Unit, 496-2398, in the NIH Library. The library's staff encourages users to make further suggestions for books and journals to be added to its permanent collection. □



A 13-member delegation of the Nigerian Senate Committee on Health recently visited with Acting NIH Director Dr. Thomas E. Malone (r), as part of their U.S. tour to survey American health care systems, and to have an exchange of views regarding legislation and health. While at NIH, they conferred with Office of Program Planning and Evaluation staffers, toured the Clinical Center, and met with a Nigerian visiting scientist currently doing research at NIH.

Mt. Everest Scientific Expedition Begins Climb for New Knowledge

By Carol Florance

After 3 years of extensive planning, Dr. John West, professor of medicine and bioengineering, University of California, San Diego, will lead a 21-member medical expedition on a climb of Mt. Everest, the highest mountain in the world.

The American Medical Research Expedition to Everest (AMREE) is the first Everest climb devoted entirely to medical science. The expedition will study how the body tolerates reduced blood oxygen levels, or hypoxia.

Testing the bicycle ergometer and other equipment are (l to r): climbing leader Dr. Evans; Dr. Steven Boyer; expedition leader Dr. West; and Dr. Robert Schoene. Before the expedition left, all participants had physical examinations which include exercise studies, metabolic measurements, and a series of psychometric tests. Expedition data will be analyzed after the return in November.

The expedition is supported in part by the National Heart, Lung, and Blood Institute.

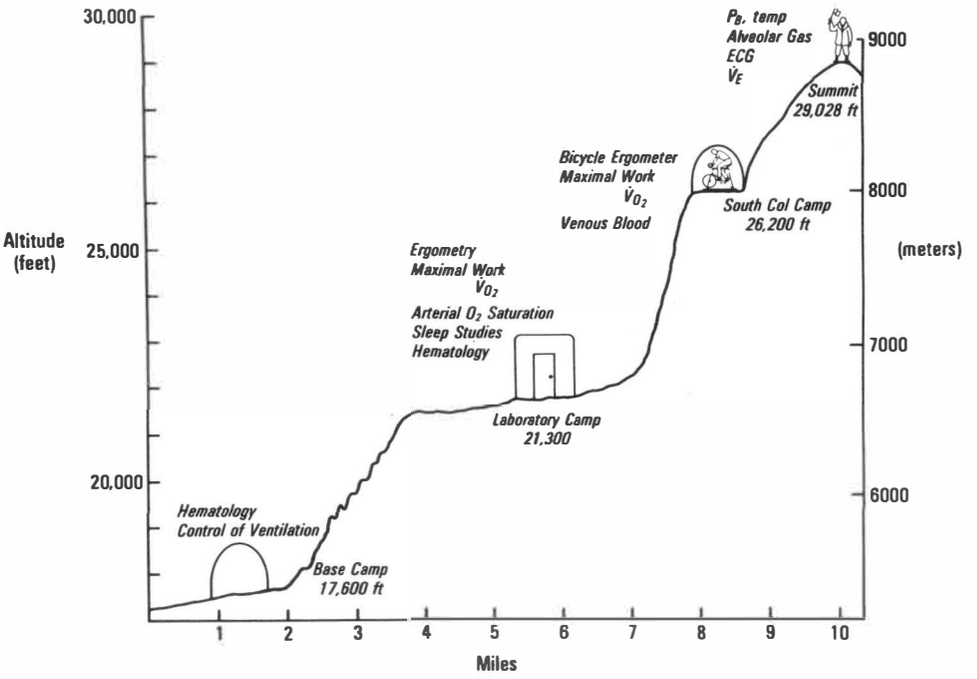
Data on respiratory and cardiac function will be collected at elevations between 24,000 feet and 29,028 feet. At these altitudes, climbers will experience hypoxic states which may share symptoms in common with emphysema, chronic bronchitis, respiratory failure, and myocardial infarction, all of which can result in an inadequate blood oxygen concentration in the organs and tissues.

In addition, cardiopulmonary measurements will be made on acclimatized subjects at 20,000 feet including climbers descending from higher altitudes.

"By studying normal subjects under extreme conditions, we can learn how the body tolerates reduced oxygen levels," reports Dr. West. At 29,028 feet, the Everest summit provides pressures barely adequate to maintain human life for short periods without supplementary oxygen.

Earlier studies of high-altitude physiology were conducted by Dr. West and Sir Edmund Hillary during the 1960–61 Himalayan Scientific and Mountaineering Expedition, but only up to altitudes of 24,400 feet.

The possibility of conducting such physiologic measurements in a low pressure chamber was considered, but has proved not to be feasible, because no facility exists



This graph shows the different scientific tests that will be performed at different altitudes on Mt. Everest. The results of these measurements will be compared to measurements made at various altitudes during the climb.

that will permit the sophisticated scientific tests planned for this expedition. Altering an existing facility or building a new facility that could accommodate such experiments would cost considerably more than the Mt. Everest climb.

AMREE left the United States for Nepal on July 25. In early August, the expedition will begin the 3-week, 170-mile trek to the base camp from Kathmandu, capital of Nepal. If the expedition is on schedule, the actual climb up Mt. Everest will begin Sept. 1. Climbers should reach the summit in October, and return to the U.S. in November.

The expedition will be composed of 6 climbers, 14 medical doctors and scientists, a base camp manager and 40 Sherpa porters. Sir Edmund Hillary serves as expedition advisor.

Among the other AMREE leaders is Dr. John P. Evans, associate director, Colorado Outward Bound School, who will attempt the summit. Also on the expedition is Dr. F. Duane Blume, professor of biology, California State College, Bakersfield.

Base camp will be established at 17,600 feet and will house a small staff of scientific and nonscientific personnel. Here, blood analysis and ventilation control studies will be performed. Duplicates of equipment will also be stored in the event of equipment failure at other elevations.

Camp I, to be established at 21,300 feet, will be the main laboratory camp. Here, the majority of scientific studies will take place, including measurements of intestinal absorption, arterial oxygen saturation during exercise and sleep, and electroencephalograms. The camp will also serve as logistical base for all altitude response measurements.

On the South Col, a saddle-shaped ridge between the adjacent peak of Lhotse and the summit of Everest, another camp will be established at 26,000 feet. A scientific staff will measure maximal work capacity and maximal oxygen consumption using a bicycle ergometer and will draw blood samples before and after exercise for analysis of hemoglobin, lactate and other components.

Since it is from this camp that two or three teams of climbers will attempt the summit, these scientists will also be responsible for equipping the climbers with minirecorders which will record heart rate, ECG, and respiratory frequency and volume during the final push.

At the summit (or the highest elevation they can reach) the climbers will record pressure and temperatures, will collect samples of their expired air for analysis, and will record their maximal ventilation while breathing ambient and/or oxygen-enriched air, as well as their electrocardiograms.

Preparation for the expedition has taken nearly 3 years. To help defray the costs of the 20 tons of food, clothing, medical supplies, and climbing and scientific equipment needed to outfit the expedition, major grants were received from the American Lung Association, National Geographic Society, Servier Laboratories in Paris, the Explorers Club, National Science Foundation, and the U.S. Army Medical Research and Development Command. The NHLBI has provided grant support for the purchase and modification of a portion of the scientific equipment.

Much effort was concentrated on modifying conventional medical and scientific equipment to make it smaller, lighter and more rugged.

On Mammouth Mountain a test of equipment was made in 1981. Power generating equipment and solar panels that will be used to charge batteries at the main laboratory camp were tested. This is the first time that solar panels have been used under these conditions. □

Walnut Creek Study Gives Pill Mixed Review

Health risks to young, healthy, nonsmoking women using oral contraceptives appear to be lower than previously thought, according to the final report of the Walnut Creek Contraceptive Drug Study. Cautions are still warranted for many women, however.

"Oral contraceptives harbor measurable risks for certain women and their use should be carefully weighed by a woman and her physician," said Dr. Philip Corfman, director of the National Institute of Child Health and Human Development's Center for Population Research, which supported the study.

Walnut Creek and other studies show that oral contraceptive users who smoke, or who are over the age of 30, have increased risks of developing serious side effects, particularly circulatory disorders.

Between 1969 and 1977, the Walnut Creek study followed more than 16,000 women to compare rates of disease and death among current Pill users, past users, and those who never used the Pill. The women, members of a comprehensive health care program at the Kaiser-Permanente Medical Center in Walnut Creek, Calif., were between ages 18–54, and the majority were white, middle class, and healthy.

The study showed that oral contraceptive users do not have an increased risk of death compared with nonusers. In addition, use of the Pill apparently does not lead to breast cancer or benign ovarian tumors, and may even offer protection from fibrocystic breast disease and cancer of the endometrium, or lining of the uterus. The risk of high blood pressure also seems to be lower than previously reported.

Some health risks were detected, however. Heavy smokers in general have an increased risk of developing heart disease and other circulatory disorders, but those who also take the Pill are even more vulnerable.

According to the Walnut Creek researchers, "smoking should be considered a contraindication to oral contraceptive use, or at the very least, women wishing to use oral contraceptives should be strongly urged not to smoke."

The Walnut Creek results reaffirm that women who are more sexually active, as were those on the Pill in this study, are more likely to develop lower urinary tract infections and cancer of the cervix. Because of this known association, the Pill's possible role in these disorders could not be isolated in this study.

A new finding in this study is the apparent increased risk of malignant melanoma, a form of skin cancer. However, the Pill users in the study sunbathed more often, and from the data available it was not possible to separate the effects of the Pill from the effects of exposure to the sun's cancer-causing ultraviolet rays.

Although the study was not primarily designed to monitor relatively uncommon events, states Dr. Corfman, apparent links between oral contraceptives and certain kinds of stroke and blood clots were found. Overall, he emphasizes that the findings of the study "cannot be considered final, and must be weighed with the evidence from other clinical and epidemiological studies." □

Histocompatibility Antigen Loss Protects Tumor Cells

Virus-infected and tumor cells may escape detection by the immune system when they change or lose the histocompatibility antigens in their membranes, according to Dr. Jose Azocar, a National Cancer Institute grantee. Dr. Azocar presented his research findings at a recent meeting of the Federation of American Societies for Experimental Biology.

Dr. Azocar and coworkers Drs. E. Yunis, and M. Essex from Harvard University School of Public Health and Sidney Farber Cancer Institute in Boston, found that cells grown in crowded conditions gradually lose the expression of their histocompatibility antigens. These are special proteins in the body enabling it to detect foreign cells from those that are native.

The investigators speculated that this effect could be mediated through cell-to-cell contact and may provide cancer or virus-infected cells a way of escaping detection and killing by lymphocytes.

Major histocompatibility complex antigens are special proteins expressed in the cell membranes of higher animals, which are characteristic of an individual.

They are so specific that they allow a cell belonging to one person to be picked out of a group of cells belonging to 100 or more other people, even when other cell characteristics are nearly identical.

The histocompatibility antigens are probably the major cell membrane structure which allows lymphocytes to pick out the foreign from the native cells. The major reason for graft rejection is a difference in the histocompatibility antigens between the tissue donor and acceptor.

Scientists believe that many cell functions in which two or more cells interact require that the interacting cells express or share common histocompatibility antigens. One such interaction is that found between certain lymphocytes and malignant or virus-infected cells. In order to destroy these cells, lymphocytes need to "see" common markers on the cell membranes.

In their recent experiments, the Boston investigators grew cells under crowded conditions and when using radioimmunoassay, showed that the crowded cells gradually lost their expression of the histocompatibility antigens. This expression was regained when the cells were regrown under low cell density conditions.

In discussing the significance of their findings, the researchers noted that interferon, a natural biological substance which has been found to be effective against certain viruses and cancers, increases the expression of histocompatibility antigens. □

Administrative Services Chief Retires After 28 Years at CC

Mrs. Mitchell plans to travel in retirement. She hopes to visit Greece and New Zealand next year.

On Aug. 21, Wilda Mitchell, chief of the hospital administrative services, Materiel Handling Department in the Clinical Center, will retire after 28 years at NIH.

After working 2 years for the Navy, she joined the CC in 1953 as a medical records transcriber in the Medical Records Department. She became a forms analyst in the CC Administrative Office in 1962.

Mrs. Mitchell moved to the Materiel Handling Department when it was formed 2 years ago. She was in charge of designing, reordering, and updating all the CC forms.

Last year, she became chief of the hospital administrative services, which is a segment of the new Materiel Handling Department.

Over the years, Mrs. Mitchell has seen many changes at the CC. "When the CC first opened, there were so few employees that everyone knew each other and we all felt like one big happy family," she said.

Her hobbies include all kinds of handwork, such as knitting, sewing and needlepoint. She is also an avid bridge player and belongs to several clubs.

She commented how quickly the 28 years went by, and added, "The most important thing I learned when I first came to the CC was that we are all here for the health care and consideration of the patients." □

Toastmasters Elect New Officers

Nancy Cherry, management analyst and freedom of information officer of the National Heart, Lung, and Blood Institute, has been elected president of the NIH Toastmasters Club.

The other newly elected officers of the public speaking group are Fannie M. Alexander, educational vice president; Norwood Simmons, administrative vice president; John Sloane, secretary; Loren L. Ziller, treasurer; and Dr. Jane Cheng, sergeant at arms.

The NIH Toastmasters Club meets every Friday at noon in Bldg. 31, Rm. B2C–05. Any NIH employee is eligible for membership and is invited to attend the weekly meetings as a guest. □

Dr. Percy L. Julian Portrait Presented to NIH at Recent Ceremony

A portrait of Dr. Percy Lavon Julian (1899–1975), internationally known for his research in organic chemistry, was unveiled in ceremonies held Aug. 4 in Wilson Hall, Bldg. 1. The portrait was painted by Ernest Crichlow, an accomplished black artist from Brooklyn, N.Y., and donated to NIH by the Ciba-Geigy Corporation, a well known pharmaceutical firm.

Dr. Thomas E. Malone, Acting NIH Director, moderated the ceremony. In his remarks he said, "Countless scientists have demonstrated that the capacity to achieve the highest goals reside in no particular body . . . today's ceremony is the best example of that."

Dr. Julian, the grandson of former slaves, graduated Phi Beta Kappa and class valedictorian from DePauw University. He earned his A.M. degree from Harvard University as an Austin Fellow, and while studying for his Ph.D. in Vienna, became interested in soybeans as a source of synthetic drugs.

Mrs. Julian shared her memories of Dr. Julian at the ceremony. She said he loved his flower garden and had a wonderful sense of humor. He often told her he conceived his best ideas about chemistry while tending his roses.

He investigated methods for synthesizing indoles and steroids, and studies on soy proteins and soy phosphatides. In 1935, he synthesized, for the first time, the drug physostigmine from soybeans, used in the treatment of glaucoma.

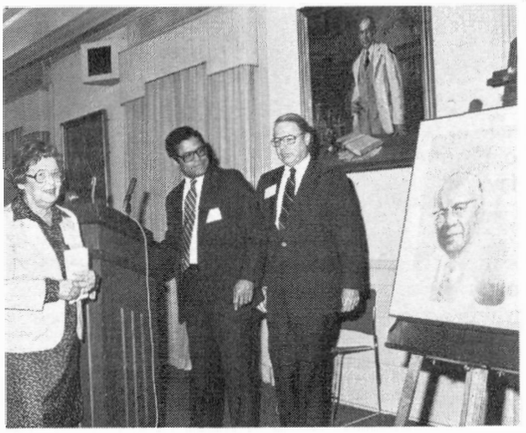
Between fellowships, Dr. Julian served as professor and head of the department of chemistry at Howard University. From 1936 to 1953, he was research director of the Glidden Company, and the following year, founded his own research organization—Julian Laboratories, Inc.

In 1971, Dr. Julian was appointed to the Board of Scientific Counselors of the then National Institute of Arthritis, Metabolism, and Digestive Diseases. In 1974, he was invited to present the NIH Lecture on Some Phases of Oxidative Hydroxylation of Steroids in the Animal Organism.

The NIH Lecture, awarded by the Director, was established in 1953 to recognize outstanding scientific accomplishment and to facilitate the exchange of scientific information.

Among his many accomplishments were the development of a foam used to extinguish gasoline and oil fires which saved numerous lives in World War II, the discovery of a more economical way to extract sterols from soybean oil to produce sex hormones, and the development of a way of producing cortisone synthetically in large quantities at a reasonable cost. Until Dr. Julian's discovery, cortisone was available in limited quantities and extremely expensive.

Dr. Malone and Mr. MacKinnon watch as Mrs. Julian snips the ribbon holding the portrait covering.



The portrait of Dr. Julian, by artist Ernest Crichlow, is unveiled.

Active in Civil Rights

During his lifetime, Dr. Julian received over 17 honorary degrees from teaching institutions, and authored over 170 publications. He held over 100 patents. He was a member of several professional societies, including membership in the National Academy of Sciences.

He received the Spingarn Medal from the NAACP, and the Chemical Pioneer Award. He is survived by his widow, Anna, two children, and other relatives.

Also attending and invited to share their memories of friendship and love with Dr. Julian were Mrs. Julian, also a Ph.D.; Dr. Joseph E. Rall, Acting NIH Deputy Director for Science and NIADDK scientific director; Dr. Bernhard Witkop, chief, Laboratory of Chemistry, NIADDK; Dr. W. Montague Cobb, distinguished professor of anatomy, Howard University; and A.M. MacKinnon, president, Ciba-Geigy. In his presentation Dr. Cobb said, "Dr. Julian is the most outstanding scientist Afro-America has produced. During his career, he was never embittered by the cruelest blows."

Paints Children's Portraits

Ernest Crichlow, the artist who painted Dr. Julian's portrait, is best known for his portraits of children. He teaches at the Art Students League in New York, and was a founder of the Cinque Gallery, which exhibits work done by young artists from disadvantaged backgrounds.

In April 1980, former President Carter awarded a special prize to Mr. Crichlow, together with nine other black artists at a White House reception for the National Conference of Artists.

The Ciba-Geigy Corporation, donators of the painting to NIH, used it as part of the Exceptional Black Scientists Poster Series which the company started in 1980 in an effort to encourage more young blacks to enter careers in science and medicine by providing role models for them to emulate. The company distributes the posters free to schools and libraries.

Along with Dr. Julian, physicians Charles Drew and Jane Wright were honored with posters in the first series. In 1981, three new posters were commissioned honoring Dr. Shirley Jackson, a theoretical physicist; Dr. Ernest Everett Just, a biological researcher; and Dr. Cobb, a medical educator, editor and artist.

Mrs. Julian said, "Of all the honors Percy received, there would be none more meaningful to him than this one today, for he so admired NIH." Dr. Malone said the portrait will be displayed in a prominent place to serve as an inspiration.

Drs. Cobb and Geraldine Woods enjoy refreshments after the ceremony sponsored by the Ciba-Geigy Corporation.

Play Ball!

The official major league baseball season resumed for the Baltimore Orioles Aug. 10 after the long strike. R&W has been appointed an official ticket agent for the second half of the season.

All teams resumed competition on an even basis. Winners of the two "half seasons" will compete in playoffs to determine the respective pennant winners.

Orioles tickets may be ordered at the R&W Activities Desk, Bldg. 31, Rm. 1A-18, or at the Westwood R&W Gift Shop. For further information, call 496-4600.□

Girl's Nation Representative Visits NIH

Gina Love, a 1981 Girl's Nation representative, was here last month to present a plaque of appreciation to NIH for allowing her and other program representatives to come each year to learn about biomedical research and to assume the duties of "NIH Director" for a day.

Ms. Love, a high school junior from Gahanna, Ohio, who hopes some day to be a pediatrician, was one of 100 young women selected from around the country to participate in this year's citizenship program sponsored by the American Legion Auxiliary, and held annually in Washington, D.C.

As part of her week's stay at American University, Ms. Love and other representatives took part in a moot legislative body, modeled after the U.S. Senate, and had the opportunity to visit different government agencies that have a career interest for them.

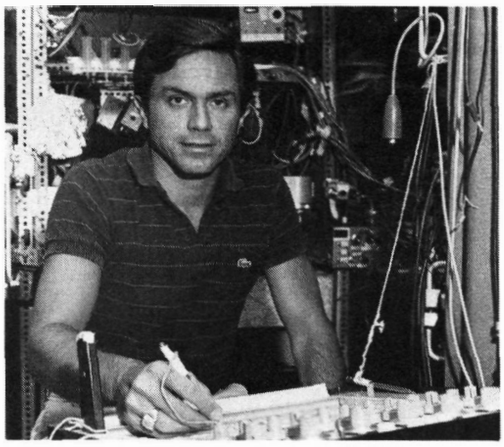
While on her NIH tour, Acting NIH Director Dr. Thomas E. Malone invited Ms. Love to take part in a meeting of the NIH Executive Committee for Civil Rights Activities, where plans were discussed about how NIH scientists might serve the needs of minority educational institutions. □

Dr. Malone accepts a plaque of appreciation from Ms. Love in the lobby of Bldg. 1.

Dr. Barker Named Chief of Neurophysiology Lab

Dr. Jeffery L. Barker, a National Institute of Neurological and Communicative Disorders and Stroke neuroscientist, known for his research on the basis of chemical excitability of nerve cells, has been named chief of the Institute's Laboratory of Neurophysiology.

Dr. Barker describes the laboratory he will be heading as "a basic science laboratory concerned with understanding the mechanisms of membrane excitability and their elementary basis."



Dr. Barker is currently on the editorial boards of the *Journal of Neuroscience Methods, Neuropeptides,* and *Drugs of Abuse*. He is also a consultant reviewer for several other scientific journals.

Receiving his M.D. and a tour of surgical internship at the Boston University School of Medicine, he joined NINCDS in 1969. He has since authored or coauthored over 130 papers focused largely on chemically mediated communication in the central nervous system.

His papers actually cover two related areas of neurobiological research: 1) how different transmitter substances endogenous to the CNS mediate chemically excitable membrane events in central neurons, and 2) how clinically important drugs affect excitable membrane processes in the CNS.

"There is considerable overlap in the way which endogenous substances from the CNS, and exogenous drugs act on the excitability of nerve cells," he said. "Some classes of drugs may act therapeutically to alter cellular excitability by mimicking physiological junctions of transmitter substances."

Dr. Barker has been extremely active in the neuroscience research field. His past activities include serving as an expert consultant on the FDA subcommittee on clinical trials of peptides; program committee chairman of the annual meeting of the Society of Neuroscience; and cochairman of an NIH symposium on the Role of Peptides in Neuronal Functions.

As chief of the laboratory, he plans "to continue to do science at the workbench as well as work with my scientific staff at Bldg. 36." □

NHLBI Publication Available on USSR-USA Symposium

The National Heart, Lung, and Blood Institute has a new publication available, *Circulatory Assistance and the Artificial Heart: USA-USSR Joint Symposium*—NIH Publication No. 80–2032.

The publication contains the 9 American and 11 Soviet papers presented at the symposium on two major topic areas: artificial heart and circulatory assistance.

The subjects included are the fabrication and implantation in calves of circulatory devices; studies of biomaterials; investigations of the physiochemical events occuring at the blood/material interface; and the clinical evaluation of intra-aortic balloons, left ventricular assist devices, and other cardiac assist devices.

Single free copies of the 244-page publication may be obtained by writing the Office of International Programs, NHLBI, Bldg. 31, Rm. 4A–10, Bethesda, Md. 20205. □

Senior Speech Writer Dies After Long Illness

Eugene J. Mullaghy, a retired senior speech writer at NIH, and World War II veteran, died of cancer recently after a prolonged illness.

A lieutenant colonel in the U.S. Army, he served as chief of the Technical Liaison Office of the Army Surgeon General.

Following his retirement from the Army, Mr. Mullaghy joined NIH in December 1962, serving in the then Public Information Section of the Office of Research Information, OD, under Guy W. Moore. The office was later renamed the NIH News Branch, Office of Communications, OD.

During his NIH service, Mr. Mullaghy wrote speeches for the late Rep. John E. Fogarty (for whom the Fogarty International Center is named), and NIH Directors, including Drs. James A. Shannon, Robert Q. Marston, Robert S. Stone, and Donald S. Fredrickson.

Among his other writing assignments was the preparation of the NIH annual report that appeared each year in *U.S. Medicine*.

Mr. Mullaghy retired from NIH in December 1978. He was born in Scranton, Pa., in 1910, and was a graduate of Catholic University.

He is survived by his widow, Hazel, and brother, James F., of Venice, Fla. A memorial service was held Aug. 3 at Our Lady of Lourdes Catholic Church in Bethesda.

New 'Research Awards Index' Now Available From DRG

The 20th edition of the *Research Awards Index* is now available. Published in two volumes, the *Index* contains scientific and administrative data on more than 20,000 Public Health Service research grants and contracts.

The first volume contains 7,000 scientific subject headings under which appear 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 without charge to Federal agencies and biomedical libraries by contacting the Research Documentation Section, Statistics and Analysis Branch, DRG, Westwood Bldg., Rm. 148, 301/496-7543.

Single copies of the *Research Awards Index,* NIH Publication No. 81–200 (stock no. 017–041–00133–5), may be purchased for $24 domestic postpaid or $30 foreign postpaid from the Superintendent of Documents, U.S. Government Printing Office, Washington, D.C. 20402. □

Noah Was an Amateur!

The next meeting of the NIH Sailing Association will be on Thursday, Aug. 27, at 8 p.m., in Bldg. 30, Rm. 117.

The program will include a film entitled *Noah Was an Amateur,* dealing with modern sail and power boat production methods. A speaker from the boating industry will be present to answer any questions. □

NIH Locksmiths Are Key to Security and Safety

Think about it! Just about every place you are, with the exception of the wilderness, there is something that has a lock attached to it. NIH is no exception. It has approximately 100,000 door locks of all different shapes, sizes, types and ages that constantly need to be adjusted or changed by the six professional locksmiths working in the Key Control Unit, Protection and Security Management Branch, DAS.

More and more locks are arriving each day with the final construction of the new Ambulatory Care Research Facility and the opening last year of the Lister Hill Center.

In July, the Key Control Unit received 600 work requests, ranging from new lock installations to work involving electromagnetic security mechanisms. In addition, the unit received 880 requests for keys to be made, and 121 orders for locks to be repaired. Besides these average monthly requests, the unit has the duty of unlocking and locking office equipment anchor pads each time a machine is relocated or installed.

Once a week, usually on a Monday morning, the locksmiths—five men and one woman—meet with their supervisor, Nelson W. Stalker, to discuss the security needs of NIH. They are responsible for the 54 buildings on campus as well as all NIH buildings off campus.

Who are these people who literally have to "pick" their way through life? One was once a plumber, another an electrician, a cross-trained exterminator, a former NIH police officer and a woman who began her locksmithing career by starting in a hardware store's lockshop.

Many calls that the NIH locksmiths get are for routine assignments; for instance, when an employee has broken a key off in an office door, a cabinet lock is stuck, or when individuals could not get into their desk.

Crisis-Oriented Business

"People don't tell us before something happens, it is always after," said Mr. Stalker, about the crisis-oriented business that has been part of his life since 1939 when he, his father, and uncle ran a commercial locksmithing business.

"We are a close unit. I use the specialty of each of these people," observed senior locksmith Timothy Malloy, who worked for 4 years as a locksmith at the U.S. House of Representatives. Some of the NIH locksmiths have received specialized training in locksmithing in New York, California and Florida and have taken correspondence courses. "You have to keep up with the information in your field, because every day a new lock is being made."

Mr. Malloy turns to James B. Powell, Jr., when he has a question about electric circuitry. Mr. Powell, an apprentice locksmith who joined the shop last November, was an electrician at NIH for 5 years. He decided to switch careers and to learn a new field in which it usually takes 4 years to develop a mastery.

O. Henry would have been proud of how a modern day Jimmy Valentine, or safecracker, in the form of senior locksmith Clarence Bruce, Jr., handled himself not long ago. He received an emergency call that someone was locked behind the steel vault door in the Pharmacology Unit in the Clinical Center. "It took a while but we got him out," said Mr. Bruce.

Key Control Unit staffers are (l to r): Mr. Stalker, Elizabeth Gibson, Ruth Ramo, Mr. Bruce, and Charles Wilson. (Rear l to r): Philip C. Previti, Mr. Powell, and Mr. Malloy.

Another incident involving Mr. Bruce occurred last summer when he was summoned to open the armored car that picks up and delivers money to the NIH Credit Union in Bldg. 31. "The guards had left the keys inside the truck," he said, noting that "the most difficult part of the job was getting permission from the company to open the truck."

Monkeys have even had an influence on Mr. Bruce's locksmithing career. He was called to the NIH Animal Center in Poolesville by staffers who complained that the quick and intelligent animals had figured out how to raise the latches on their cages, and were letting themselves out, and even opening other cages.

Apparently, the monkeys had learned the behavior from their keepers. The latches have been outfitted with padlocks, says Mr. Bruce, but now the Key Control Unit is trying to figure out which type of lock might be corrossive resistant to monkey urine.

Safety and Security Always Considered

Besides possessing knowledge about mechanical locks, NIH locksmiths also have to understand the complexities of new electromagnetic security mechanisms. They also have to keep abreast of new changes in fire codes so that the areas they work in will be safe as well as secure.

The NIH locksmiths never know when or where they might be called; they work a normal work week but take turns working standby if an emergency should occur at night or on a weekend.

The Key Control Unit secretary has the responsibility and herculean task of keeping track of each and every key issued at NIH. This amounts to almost half-a-million names being kept on file and cross-referenced four different ways, so that they know who is responsible for a particular key.

Their job is made even more difficult by retiring and transfering employees who give their keys to their secretary and don't turn them in to the Key Control Unit, or those who fail to return their signature card when a key is issued. "It is essential that we have this information in case there is a theft or an emergency," Mr. Stalker said, noting that each year 1,000 keys are misplaced by NIH employees.

Problems Encountered

Other problems locksmiths encounter are when the employees who decide to change the settings or combinations on their office or laboratory door locks. In addition, pins, tapes and other devices are used to bypass the locking mechanisms. "Some people are concerned more with convenience than with security," observed Mr. Stalker.

"There is even a doctor at NIH who removes his office door from its hinges and takes it with him each time he moves, so that he won't have to wait to get a new key," said Mr. Stalker. Normally, it is a week to 10 days before a key is issued.

The mountain of paperwork involved in tracking down keys to locks, locks to locations, and eventually identifying the individuals may be made easier soon with the use of a computer. Talks are going on now to find a suitable program to meet the needs of the Key Control Unit.

"Our job is to help people to help themselves," declares Mr. Stalker summing up his feelings about the service occupation that he and his staff provide to NIH. □

Dental Care Is Offered To Commissioned Officers

The Commissioned Officers Dental Clinic in Bldg. 31, Rm. B2B-34 provides complete dental care to PHS Commissioned Officers.

For an appointment, call 496-2484 from 8:15 a.m. to 4 p.m., Monday through Friday. □

DR. KRETCHMER

(Continued from Page 1)

In 1974, aging became the focus of a separate Institute; and for a year, until July 1975, Dr. Kretchmer held the dual posts of Acting Director of the newly established National Institute on Aging and NICHD Director. As such, he was responsible for the development of the research program of the new NIA and for its initial administrative structure and organization.

One of his first acts as NICHD Director was to implement a major reorganization of the Institute that resulted in the creation of the Center for Research for Mothers and Children. CRMC was made administratively parallel to the already existing Center for Population Research.

The CRMC is now the focal point in the Federal Government for research and research training on the special health problems of mothers and children.

To strengthen further the Institute's program in maternal and child health, Dr. Kretchmer initiated, with congressional approval, the major research programs. Most projects in this program concern the prenatal or perinatal periods: several focus on the problem of diabetes in pregnancy.

As a result of the reorganization he directed, an increased emphasis was placed on behavioral science research within the Institute. A new behavioral and social sciences research branch, and a branch on human learning and behavior were created, and grant and contract support for research in the behavioral sciences was augmented.

With grant and contract mechanisms available to support cohesive, interdisciplinary research and research training both CRMC and CPR, Dr. Kretchmer sought to systematize and strengthen the scientific review and evaluation process for contracts and research centers, program project grants, and institutional research training grants.

As part of this effort and to increase managerial efficiency in the Institute, he established the Office of the Associate Director for Scientific Review within NICHD.

Dr. Kretchmer is also responsible for initiating a planning process which will culminate with the publication of a 5-year research plan for the Institute, the first in its history.

Prior to heading NICHD, he had been Harold K. Faber professor of pediatrics and chairman of the program in human biology at Stanford University, where he had served in varying positions on the university and hospital staffs since 1959.

Dr. Kretchmer was born in New York City, and received his Ph.D. from the University of Minnesota in 1947 and his M.D. from the State University of New York College of Medicine in 1952. He has also received honorary degrees from the Medical College of Ohio at Toledo and from the University of Bern in Switzerland.

His research interests are in developmental biochemistry and perinatal biology, especially as they relate to nutrition and the ability of the individual to adapt to his environment. He has published extensively in these areas.

He has served as consultant to the NIH and many other advisory bodies, both government and private. He is currently advisor to the World Health Organization, and on the boards of the USA-Israel Science Foundation; the Children's Nutrition Research Center, Baylor University; Heart International Foundation; and the National Board, Ben Gurion University of the Negev.

Dr. Kretchmer expanded the NICHD's involvement in international activities. He was a member of U.S. delegations to China, Poland, and India and helped orchestrate closer health and scientific ties with those countries. His other international activities have included memberships on editorial boards of foreign journals, foreign professional societies and a visiting professorship at the University of Lagos.

He is a fellow of the American Academy of Pediatrics and the American Association for the Advancement of Science, a member of the Society for Research in Child Development, and president of the International Organization for the Study of Human Development. In 1978 he was president of the American Pediatric Society.

Among Dr. Kretchmer's awards and fellowships are the Borden Award from the American Academy of Pediatrics, the Guggenheim Fellowship in Human Development, and the PHS Superior Service Award. □

Mrs. Hitz Retires; Worked With Three New Institutes

In January 1958, after 20 years as a homemaker and "feeling like Rip Van Winkle in the office world," Virginia M. Hitz started work as a clerk-typist at National Institute of Neurological Diseases and Blindness. Now, after 23 years at NIH, she has retired.

Mrs. Hitz is quite proud to have been part of the beginnings of three Institutes while at

In retirement, Mrs. Hitz and her husband plan to divide their time between their family home in Olney and their working farm in Littlestown, Pa.

NIH. In November 1958, she became a secretary to Mrs. Ethel Q. Wills in the newly formed Division of General Medical Sciences.

While at DGMS, which later became the National Institute of General Medical Sciences, she received an award for successfully managing the Division's first National Advisory Health Council meeting.

In 1962, Mrs. Hitz joined the new National Institute of Child Health and Human Development as a secretary to Dr. Norman F. Gerrie, chief of the Communications Section.

Four years later she moved to the Adult Development and Aging Branch of NICHD as a secretary to Dr. Leroy E. Duncan, Jr. When this branch evolved into the National Institute on Aging in 1974, she continued as secretary to Dr. Duncan in NIA's office of the director.

After Mrs. Hitz started working at NIH, she decided to push her independence further and became a world traveler. Since her husband preferred to stay at home, she traveled on her own with the Club Americana. She has visited Africa, China, Japan, Australia, New Zealand, France, England, Ireland, the Fiji Islands, the Virgin Islands, and many other countries.

She was also an active member of the NIH Toastmasters Club. □

Credit Union Provides a Freebie!

Did you know that the NIH Federal Credit Union offers a free $2,000 life insurance policy? It is one of the automatic benefits carried on each share account.

NIHFCU will match each insurable dollar on deposit with a dollar of life insurance up to $2,000.

A sliding scale, dependent upon age, determines coverage benefit. For more information, call 496-2332. □

Dr. Linell Murphy, Radiologist, Dies of 'Lou Gehrig's Disease'

Dr. W. Linell Murphy, 49, died July 24 at Bethesda Naval Hospital of amyotrophic lateral sclerosis, also known as Lou Gehrig's disease. She was a staff radiologist in the Diagnostic Radiology Department in the Clinical Center for the past 2 years.

A native Washingtonian, she completed her undergraduate work at Skidmore College in Sarasota Springs, N.Y. She received a master's degree in physiology from Mount Holyoke College in South Hadley, Mass., and an M.D. from Howard University College of Medicine in 1964.

In 1968, Dr. Murphy completed her residency at the Public Health Service Hospital in Baltimore and became a clinical associate there.

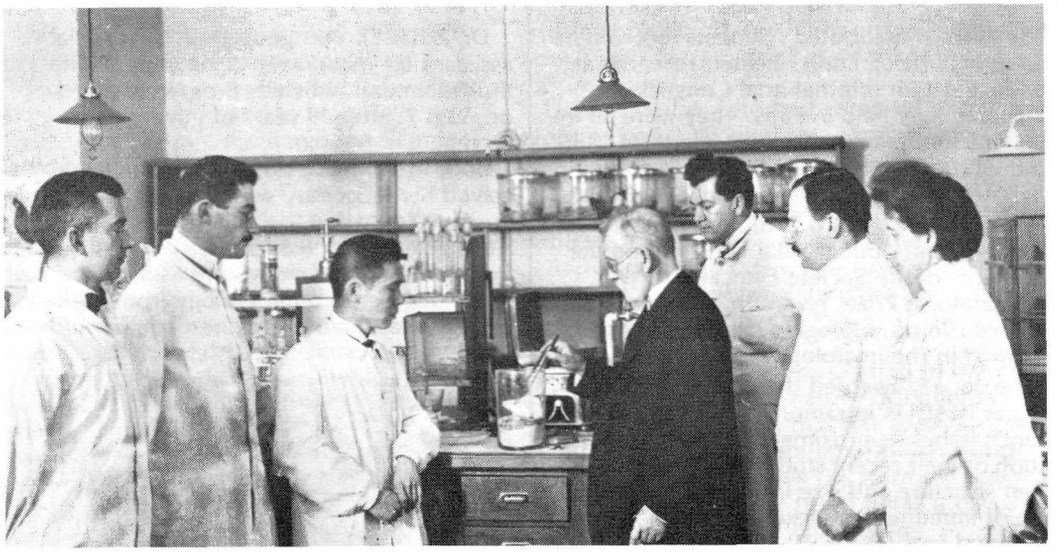
By 1969, she moved up to deputy chief of radiology at the PHS Hospital, and in 1971, she became chief of radiology.

Dr. Murphy was transferred to the Bureau of Radiological Health at the Food and Drug Administration in June 1980. The PHS transferred her again in September 1980, this time to the CC at NIH, where she was still on active duty at the time of her death.

She is survived by daughters, Lori, of San Jose, Calif., Shari and Cristina; husband, Charles; and mother, Ora Logan.

Training is everything: the peach was once a bitter almond; cauliflower is nothing but cabbage with a college education.—*Mark Twain* □

Nobel Prize, Science Topics of Swedish Symposium



"Descendants" of Paul Ehrlich (c) at NIH have included the late Hugo Bauer (second from l), (1874–1968), who worked in NIADDK's Laboratory of Biochemical Pharmacology from 1938 until his death 30 years later. Dr. Bauer synthesized many new organic arsenicals in Dr. Ehrlich's laboratory before World War I.

Dr. Bernhard Witkop, chief, Laboratory of Chemistry, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, will be a guest speaker at a symposium commemorating the 80th anniversary of the commencement of the annual Nobel Prize awards.

Sponsored by the Nobel Foundation, the meeting will be held at Alfred Nobel's home in Bjorkborn, Karlskoga, Sweden, Aug. 18–21.

Dr. Witkop and 34 eminent scientists, historians, philosophers, and sociologists will meet to discuss Science, Technology, and Society in the Time of Alfred Nobel. They will concentrate on the impact of the rapid growth of science and technology on society through the years 1860 to 1914, and examine the civilizing and educational functions of science in our time.

Candidacy Evidence

In a lecture entitled Paul Ehrlich: His Ideas and His Legacy, Dr. Witkop will for the first time, present documents from the Nobel Archives showing that the late Dr. Ehrlich was a candidate for the first Nobel Prize in Medicine, although awarded to Dr. Emil von Behring for his (anti-)diphtheria serum.

Dr. Ehrlich originated the concept of "receptors" which later triggered research on a vast scale. Dr. Witkop's own studies on the utilization of naturally occurring toxins for mapping receptors will provide the background and proper perspective.

Dr. Ehrlich (1854–1915) generally is regarded as the founder of chemotherapy. He is most widely known for the discovery of the "magic bullet" or salvarsan (arsphenamine), the first drug found to selectively destroy the organism causing syphilis, *Spirocheta pallida*.

Salvarsan was later found to be a complicated mixture of linear and cyclic polyarsenic molecules. According to Dr. Witkop, it no longer is a "magic bullet" but resembles "magic buckshot." In 1908, Dr. Ehrlich shared the Nobel Prize in Physiology or Medicine with Dr. Elie Metchnikoff for their studies on immunity.

Dr. Witkop will present new evidence, based on a letter written in 1910 by Nobel Laureate Emil Theodor Kocher, that Dr. Ehrlich was a candidate for a second Nobel Prize in Chemistry for his discovery of salvarsan.

Proceedings Will Be Published

Proceedings of the Nobel symposium will be published in English and available within a year. Dr. DeWitt S. Stetten, scientist emeritus, is editing a publication dealing with the history of science, in which this symposium will be described.

Dr. Witkop, German-born, came to NIH in 1950 after serving several years as instructor and lecturer in chemistry at Harvard University. He received his Ph.D. in 1940 from the University of Munich.

In 1980, the President of the Federal Republic of Germany appointed Dr. Witkop to a 6-year term on the Council of the Paul Ehrlich Foundation, Frankfurt. The council nominates candidates for the prestigious Paul Ehrlich Prize, an award of 80,000 DM (approximately $40,000). It was established in 1929 by Hedwig Ehrlich, his widow, to honor outstanding biomedical scholars.

The prize was discontinued in 1934 and reinstituted in 1952. Many Ehrlich Prize winners have subsequently been awarded the Nobel Prize. At NIH, Dr. Wallace P. Rowe, NIAID, received the Ehrlich Prize in 1979.□

Exercise Regularly

Almost everyone can benefit from exercise—and there's some form of exercise almost everyone can do. (If you have any doubt, check with your doctor.) Usually, as little as 15 to 30 minutes of vigorous exercise three times a week will help you have a healthier heart, eliminate excess weight, tone up sagging muscles, and sleep better. Think how much difference all these improvements could make in the way you feel!—*Health Style*-PHS 8150155□

National Conference Held On Computers and Nursing

The First National Conference of Computer Technology and Nursing was hosted by the Clinical Center Nursing Department on June 24 in Masur Auditorium.

Because the CC is in the forefront of hospitals using complex computer systems in its Nursing Department, this conference grew out of the need for CC nurses to share their experiences in planning and implementing a computer medical information system and in designing unique nursing materials.

Over 200 Requests Received

In 1980, the CC Nursing Department received over 200 requests for information related to the impact of the CC's computerized medical information system on nursing.

The conference was cosponsored by the CC Nursing Department; the Army Nurse Consultant Team, Tri-Service Medical Information System; and the Division of Nursing, Health Resources Administration/Bureau of Health Professions, HHS.

Nursing experts in this new area of computers and nursing spoke on how computers influence nursing activities in hospital and community health settings; the administrative planning, implementation and data base development required to use a computer system; and the problems and challenges of system evaluation.

The more than 700 conference participants represented deans of collegiate schools of nursing, program planners of university and community hospitals, and high level administrators from computer and health care industries all across the nation.

According to the moderator, Ruth Carlsen, chief of nursing education, CC, the impact of computer technology on nursing is very great and there exists a great need to prepare nurses for working with computers. In general, the health care profession is struggling to catch up.

Nurses use computers in documenting patient care, record-keeping, planning, ordering supplies, developing staffing patterns, and fulfilling doctor's orders.

Due to the overwhelming response to this conference, Ms. Carlsen said that future conferences on this topic are needed to help those involved in the nursing profession to work with computers in the health care settings. □

Along the Boardwalk In Atlantic City

R&W is planning a trip to the Playboy Hotel and Casino in Atlantic City on Friday Aug. 28. The $22 per person includes round-trip transportation in the new double-decker Playboy Club motor coach. Smoking and nonsmoking sections, hostess and bar service on each deck and other gratuities will be included.

Buses will leave Bldg. 31C at 8 a.m. sharp and leave Atlantic City at 6 p.m.

Sign up at the Activities Desk, Bldg. 31, Rm. 1A–18. Full payment is due at time of booking and no refunds will be given. Reservations are limited. □

DR. WHEDON

(Continued from Page 1)

In 1962, Surgeon General Luther L. Terry appointed Dr. Whedon to succeed Dr. Floyd S. Doft as Director of the Institute.

Since that time, the National Institute of Arthritis and Metabolic Diseases, as it was then known, has expanded its purview to include research on a wide range of diseases, including:

Arthritis and connective tissue diseases; skin diseases; diseases of the bone and musculoskeletal system; diabetes, cystic fibrosis, and other metabolic and endocrine disorders; digestive diseases; nutritional disorders; diseases of the kidney and urinary tract; and blood diseases.

Dr. Whedon's research has focused on the metabolic and physiological aspects of convalescence and immobilization; metabolism and respiratory physiology in paralytic poliomyelitis; metabolic and kinetic studies of disorders of bone, including osteoporosis; human energy metabolism; clinical nutrition; and space medicine, particularly musculoskeletal metabolism.

He has been a consultant to the Office of Life Sciences, NASA, and the recipient of that agency's Exceptional Scientific Achievement Award (1974).

Dr. Whedon received the Tuttle Award of the Aerospace Medical Association (1978) for his supervision of metabolism studies during the Skylab flights. These studies showed that there is a loss of calcium from bones in weightlessness.

For several years he was the chairman of NASA's Life Sciences Advisory Committee and a member of its Space Program Advisory Council.

Dr. Whedon received his A.B. from Hobart College in 1936 and his M.D. from the University of Rochester School of Medicine in 1941. He has also been awarded honorary doctor of science degrees from both institutions.

He interned at the Mary Imogene Bassett Hospital, Cooperstown, N.Y., and was later associated with the Strong Memorial Hospital in Rochester, the Cornell University Medical College, and the New York Hospital.

Dr. Whedon is the author of 80 scientific publications and a member of many medical and scientific societies. He also has been a member of the editorial boards of the *Journal of Clinical Endocrinology and Metabolism* and *Calcified Tissue Research*. □

Food Allergy Volunteers Wanted

The Laboratory of Clinical Investigation, NIAID, is seeking volunteers for an ongoing study on the diagnosis of food allergy.

Any person, male or female, from 18 to 55 years of age, who suffers reactions within 12 hours after eating could qualify as a subject.

The reactions could be manifested as hives, asthma, nausea or vomiting, and anaphylaxis (dizziness, shortness of breath, or loss of consciousness).

For further information on this volunteer program, call Dr. Dean Metcalfe, 496-2165. □

Rheumatology Researchers Receive Awards in Paris

Seven NIH-associated scientists received international recognition for their research at the recent 15th International Congress of Rheumatology held in Paris. They were all intramural and grant-supported scientists affiliated with the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Drs. Paul Plotz, David Finbloom, Daniel Magilavy, and Abdulla Rifai were named the recipients of the Societe Francaise de Rhumatologie Prize, given for unpublished original clinical, biological, or experimental research in rheumatology.

The society awarded the present and former NIADDK intramural scientists 10,000 French francs (approximately $2,000) in recognition of their recent studies showing that antigen structure and size influence the deposition of immune complexes at specific sites (reported in the June 23, 1981, issue of *The NIH Record*).

Dr. Plotz, a senior investigator in the Arthritis and Rheumatism Branch, is currently on sabbatical leave at the Kennedy Institute for Rheumatology in London. Dr. Finbloom is an ARB clinical associate; Dr. Magilavy (former NIADDK scientist) is currently assistant professor of pediatrics at the National Children's Hospital in Washington, D.C.; and Dr. Rifai (a former NIADDK scientist) is a research associate at the University of Washington, Seattle.

Three grantees shared the prestigious International Geigy Rheumatism Prize. Established by the Ciba-Geigy Corporation of Basel, Switzerland, the award is given every 4 years at the congress for outstanding research in the field of arthritis and related disorders. A maximum of three prizes are awarded, totaling 50,000 Swiss francs ($24,250).

The Geigy First Prize was awarded to Dr. Daniel J. McCarty, professor and chairman, department of medicine at the Medical College of Wisconsin, and research director of the NIADDK-funded multipurpose arthritis center at MCW. He was recognized for ongoing work, begun in the 1960's, on the role of microcrystals in gout, pseudogout, and the "Milwaukee shoulder syndrome."

The Geigy Second Prize was awarded jointly to Drs. C. William Castor and David S. Howell.

Dr. Castor is professor of medicine and acting chief of the arthritis division of the University of Michigan School of Medicine, Ann Arbor. He was awarded the prize for his research on how peptides and other substances stimulate fibroblastic cells to make ground substances, proteoglycans, and other agents thought to play a role in the connective tissue activation of rheumatic diseases.

Dr. Howell, professor of medicine and director of the arthritis division of the University of Miami Medical School, was a member of the intramural research staff of the National Heart Institute, 1951 to 1954. He was honored for his studies on the production of pyrophosphate in chondrocalcinosis, for the characterization of cartilage neutral proteases and their role in the destruction of articular cartilage in osteoarthritis, and for investigations on regulators of mineral deposits in growth plates. □

Dr. Bourgeois Leaves NIAID; Aided Minority Students

Dr. Louis D. Bourgeois, NIAID's special assistant for manpower development with the Extramural Activities Program, retired on Aug. 7, after 19 years of government service.

Born in Trinidad, West Indies, he received his secondary education at the Progressive Education Institute, Port of Spain. He later earned a B.S. degree in chemistry from Howard University, and M.S. and Ph.D. degrees in microbiology from the George Washington and the Catholic Universities.

At a farewell luncheon, Dr. Bourgeois was praised for his work in bringing new vitality to the Institute's training program.

Dr. Bourgeois began his career as a medical technologist with Children's Hospital in Washington, D.C., in 1953. He joined the National Institutes of Health in 1962 as a supervisory microbiologist with the Clinical Center's Pathology Department.

In 1969 he left NIH to teach for 1 year at the Washington Technical Institute in Washington, D.C. He rejoined NIH as program officer for the Division of Allied Health Manpower and was appointed training officer for NIAID's Extramural Programs in 1974.

A member of the NIAID-EEO Advisory Committee, Dr. Bourgeois was also the Institute's contract compliance coordinator.

In 1973 he was the recipient of the Federal Special Achievement Award, and most recently was honored with one of the 1980 NIAID-EEO Special Achievement Awards "for his special efforts in establishing mechanisms to assist minority students and faculty through the Minority Access to Research Careers program."

Dr. Bourgeois's wife, Dr. Marie J., has joined him in retirement. On July 28 she left her position as administrator of the Training Grants and Fellowship Program, Division of Nursing, Health Resources Administration. Together with their son Jerrick they are looking forward to their move to Cape Cod. □

The difference between winning and losing any contest begins long before the game starts. The winners expect to win; the losers just hope.—*Will Rogers* □

Intensive Epilepsy Monitoring Provides New Help for Patients

By Diane Striar

After 14 years of uncontrolled epilepsy, Marcy Key's seizures are disappearing.

"That's the best news I've had," says the young woman, who used to have daily seizures. Since Marcy's discharge last September from a study of intensive epilepsy monitoring at the NIH Clinical Center, she has had only two or three seizures a month.

Marcy is 1 of approximately 100 patients who participated in a research project of intractable epilepsy conducted by the National Institute of Neurological and Communicative Disorders and Stroke since 1975.

The therapeutic technique that has helped control Marcy's and other patients' epilepsy is a detailed video information system which simultaneously films seizures and records their electrical activity as measured by an electroencephalogram. The system also includes frequent blood tests to determine how the patient metabolizes the drugs used in treatment.

Seizures are filmed by two television cameras—one providing a full shot of the patient, the other a close-up view. Both images are displayed simultaneously on a video screen along with the patient's EEG recording.

The EEG is obtained from a radio telemetry transmitter contained in a plastic headband worn by the patient. The transmitter carries the brain wave signal to the television screen from eight electrodes placed on the patient's scalp.

The four epilepsy patients currently in the study are monitored twice a week for 6 hours at a time. By studying the resulting videotapes, NINCDS neurologists are able to differentiate the types of seizures that these patients have.

Identifying the seizure type is the most important step in determining which anticonvulsant drug to prescribe, according to Dr. Roger J. Porter, chief of the Epilepsy Branch of NINCDS's Neurological Disorders Program.

Seizure classification—combined with a neurological examination, thorough study of the patient's history and an analysis of the level of antiepileptic drugs in the patient's blood—allows NINCDS physicians to revise the treatment plan as needed. The physician might prescribe a different drug, for example, or might increase or decrease the dosage of a drug that failed to control seizures in the past.

Intractable Epilepsy Patients Only

Most people with epilepsy do not require the battery of tests and film sessions involved in intensive monitoring. About 80 percent of all epileptic seizures are completely or partially controlled with medication. Marcy's case, however, is typical of the over 200,000 epileptic patients who have not been helped by conventional drug therapy.

She was on various combinations of carbamazepine, phenobarbital, mesantoin, and chlorpromazine before coming to NIH. After 2 months of intensive monitoring, she was placed on a more effective dosage of carbamazepine. The result: greater control and fewer side effects. "I'm not as drowsy now," says Marcy, "and my concentration has improved."

Unlike Marcy, who had three different types of epileptic seizures, some patents diagnosed as having intractable epilepsy actually do not have the disorder. Intensive monitoring indicates that the EEG's of these patients are normal during seizure activity—proof that their seizures are psychogenic, not epileptic, in nature.

Getting a Handle on Seizure Types

The need to film seizures is tied to the intermittent and diverse nature of epilepsy. "One of the problems that has always plagued the study of epilepsy is that symptoms are episodic," says Dr. Porter. "You can look at the patient three times a day and see nothing. With continuous videotape recording, we can get a handle on seizure activity."

Research is also made difficult by the heterogenous nature of epilepsy. The International Classification of Epileptic Seizures lists 20 different types.

A Treatment Revolution

According to Dr. Porter, intensive monitoring is revolutionizing the treatment of severe epilepsy in this country. An increasing number of doctors are referring their "intractable" cases to some 30 intensive monitoring units around the country. Six of these projects are located at NINCDS-supported Comprehensive Epilepsy Research Programs.

Evidence of the new technique's effectiveness can be found in a recent 2-year followup study of 74 of the 100 CC patients who were monitored between 1976 and 1980. The average amount of time spent in the hospital was 12½ weeks.

When discharged, 67 percent of the patients had fewer seizures, 73 percent had decreased drug side effects, and 30 percent had improved their personal or work situations.

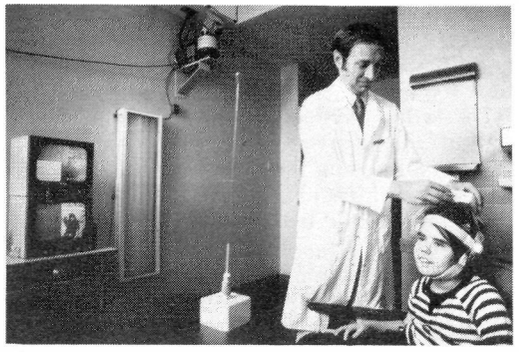
Two years later, followup evaluations showed that a majority of the patients still had fewer seizures and reduced drug side effects. An even greater number of patients (41 percent) had improved their job status or personal relationships.

Even if a patient is seizure-free while being monitored at the CC, staff doctors can measure blood levels of medication, altering the dosage or the drug—or both.

One patient who falls into this category is 24-year-old Anna Bezilli from Long Island. Although she has been at NIH since last January, she has had very few seizures while hospitalized at 5-West, CC—even when taking previously ineffective drugs. Her seizures increase, however, when she goes home to visit, a phenomenon she attributes to stress.

The Clinical Center Family

While the doctors continue to alter Anna's medication to control her seizures at home, the thin, brown-haired woman is enjoying "a nice little break."



Dr. Porter adjusts equipment worn by an epileptic child. The EEG is broadcast to the antenna (c) and fed into the equipment, correlating tracings with the patient's camera-recorded movement. Telemetering permits the patients to move normally while scientists study actions of various experimental drugs.

Anna's days at the CC are spent working on arts and crafts and answering the phone in patient activities. All of the epilepsy patients are visited by a social worker and some participate in occupational or physical therapy. Anna views the time spent at NIH as an education. "When I came here, it was the first time I ever saw someone have a seizure," she says.

Anna, like Marcy and another former patient Sharon Drake, describes the patients and staff on 5-West as a "little family."

"There's definitely a family atmosphere," concurs Dr. Porter, who recalls that two patients met on the ward, fell in love, and married.

Former inpatient Sharon, who was Marcy's roommate on 5-West, says: "If I had any problem, I could call on a nurse just to talk."

Sharon could also count on Marcy, who came to NIH equipped with a medical dictionary, to explain medical jargon. "I helped Sharon out at NIH and she helped me," says Marcy who considers the friendship that began at the CC very special.

The two women continued their mutual support when Marcy moved into Sharon's Rockville, Md., house. Marcy, who rarely has seizures, now helps Sharon—making sure she doesn't injure herself during a seizure. Sharon still has frequent seizures, but she is experiencing fewer drug side effects.

Information obtained during intensive monitoring, in conjunction with the results of a PET (position emission tomography) scan, indicates that Sharon is a likely candidate for surgery.

"Right now, I feel as if I'm in a holding pattern." says Sharon, who is waiting to take some final diagnostic tests which will confirm whether surgery is a practical step.

While Sharon awaits further testing, housemate Marcy is exploring job and school opportunities. She wants to attend night school to "build up my math and reading."

Anna, who is still on the ward, would like to go home soon, but she values her NIH experience. "I have more hope now," she says, "and that's what makes you a person."

Note: Names of patients in this article have been changed.□

New Method for Oral Cancer Detection Developed

A new procedure for detection of early mouth cancers has been developed by a grantee of the National Institute of Dental Research.

Dr. Arthur Mashberg, Veterans Administration Hospital, East Orange, N.J., has found that rinsing the mouth with toluidine blue dye will disclose cancer areas previously undetected by clinical observation. Such a test may serve as an adjunct to thorough clinical examinations and to help determine the need for biopsies to detect oral cancer.

Clinicians now depend upon visual recognition of suspicious lesions. However, small early lesions, with slight surface changes but no obvious symptoms, vary widely in appearance and size and may escape detection by routine clinical examination.

Because toluidine blue rinse may stain irritated areas as well as early cancerous lesions, some time must be allowed for noncancerous lesions to heal after a positive stain to avoid a false-positive reaction.

This method may be especially helpful for less experienced clinicians who might not recognize an early or subtle cancerous change in the tissue, and for rapid mass screening of individuals at high risk for oral cancer.

Because early mouth cancers are painless and may be overlooked by both patient and doctor, the rinse method should facilitate detection at an earlier stage when treatment is more successful.

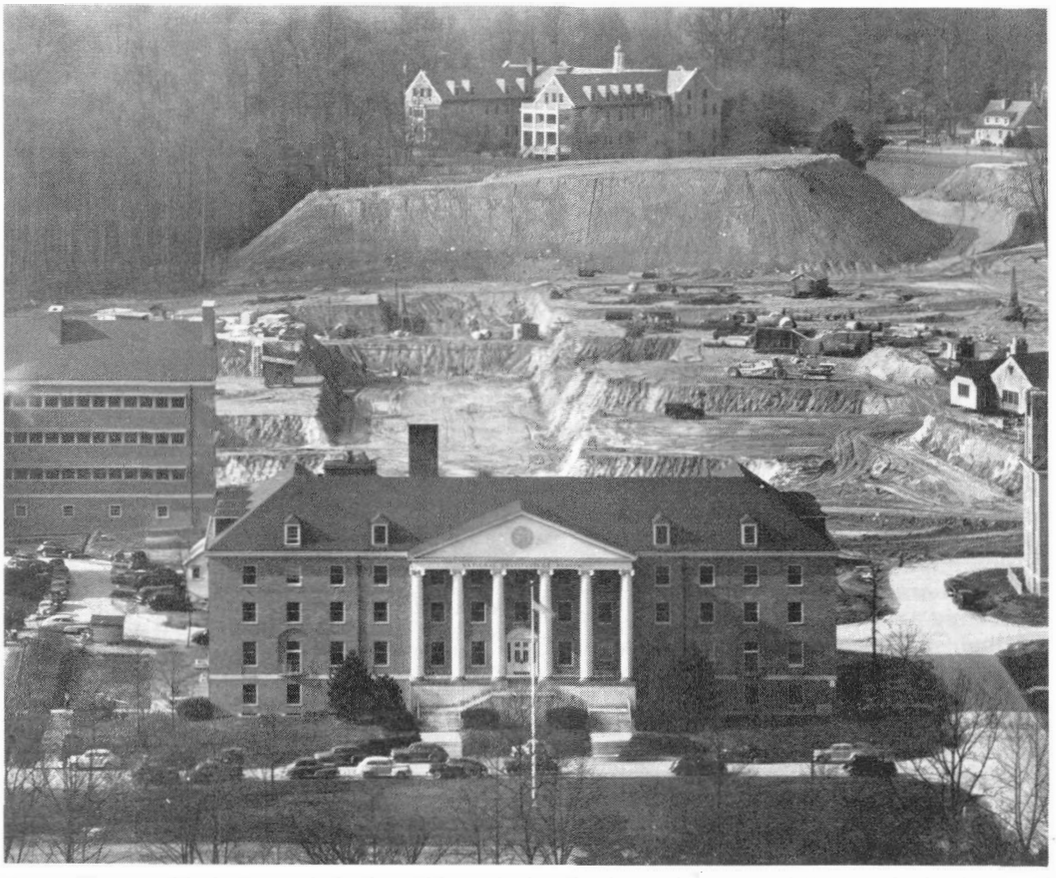
The patient rinses first with a weak acetic acid solution followed by water to remove saliva. A solution of 1 percent toluidine blue is then used as a rinse and gargle; this is followed by a second acetic acid rinse and a final water rinse. Areas staining dark blue after such a procedure are suspected of being cancerous.

After a 2-week wait to allow time for noncancerous lesions to heal, toluidine blue is then applied to the same area by the swab method. If the tissue again stains blue, biopsy is indicated.

A comparison of the swabbing and rinsing methods as applied to 105 persistent lesions confirmed that both methods are reliable for detecting the 51 cancerous lesions. False-negative results for swabs were 2 percent, and for rinses, 9.3 percent. False-positive results for swabs were 9.3 percent and for rinses, 7.4 percent. However, the rinses disclosed four additional, previously unidentified cancers as proved by biopsy later.

Dr. Mashberg points out that rinsing with toluidine blue is a quick, simple office procedure for screening high-risk persons (heavy drinkers, and smokers). It may also prove useful in diagnosing cancer of other lining membranes of the body. He suggests that if an area stains blue with a properly applied rinse, and restains when swabbed with toluidine blue 2 weeks later, a biopsy specimen should be taken for final diagnosis by a pathologist.

Dr. Mashberg's research was reported in a recent issue of the *Journal of the American Medical Association*. □



A rare 32-year-old photograph depicts Bldg. 1 during the formative years of NIH. In the background is the preliminary excavation for what is now the Clinical Center. In the far background is the convent home of the Sisters of the Visitation, who sold 50.2 acres of their property to the government in 1949.

Rena Murtha Appointed CC Nursing Dept. Chief

Rena Murtha, formerly vice-president for nursing affairs at Baystate Medical Center in Massachusetts, became chief of the Clinical Center's Nursing Department on July 13.

Prior to her position at Baystate Medical Center, she was the associate hospital administrator for nursing service and education at Westchester County Medical Center in Valhalla, N.Y., for 3 years.

From 1973 to 1975, Ms. Murtha served as director of nursing of the prison health services in the New York City Health Department. While director there, she helped establish a prison nursing advisory council, a continuing education program in suicidology, and the creation of nurse practitioner and cotherapist roles.

Ms. Murtha anticipates many new experiences while working at the Clinical Center. Although she has had years of experience in nursing administration, this is her first position in a biomedical research setting.

A native New Yorker, Ms. Murtha has also worked as a staff nurse at the Fordham Hospital, and as head nurse and supervisor at the Bronx Municipal Hospital, both in New York.

She received her B.S. and M.A. degrees in nursing administration from Teacher's College, Columbia University. Several professional organizations in which she has been active include Deans and Directors of Nursing of Greater New York, and the Task Force for Massachusetts Society of Nursing Service Administrators.

Ms. Murtha has written for the *American Journal of Nursing*, the *American Nurse*, and the *Journal of Social Work and Health Care*.

In her free time, she enjoys attending the opera, ballet, and theater, and staying at her house on the water in Rhode Island. □

Artists To Exhibit Their Work

R&W is sponsoring an art show and sale, featuring two artists, on Tuesday and Wednesday, Aug. 18 and 19, in the patio area of Bldg. 31, from 10 a.m. to 3 p.m.

Gary Greene has exhibited his art at the Ecole De Paris Gallery, Chevy Chase Gallerie, and several others. He was influenced by the impressionists and his professional artist mother, and has developed a technique of his own.

Mary Gooch—a 78-year-old self-taught artist, writer, and pianist—will display her oil paintings of country scenes. □

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