

The NIH Record

U.S. Department
of Health
and
Human Services

January 19
1982
Vol. XXXIV
No. 2

National
Institutes
of
Health

Wind-Chill Factor, -44 F°, Recorded Here Jan. 17

According to the National Weather Service, the coldest day in 50 years on Jan. 17 broke a record set in 1934, with temperatures recorded at 5 degrees below zero at National Airport. Northwest winds created a wind-chill effect as low as minus 44° below zero.

In cold weather, some older people may develop accidental hypothermia, a drop in internal body temperature that can be fatal if not detected and treated promptly, according to the National Institute on Aging.

Hypothermia is a condition of below-normal body temperature—typically 95°F (35°C) or under. *Accidental* hypothermia may occur in anyone who is exposed to severe cold without enough protection. However, some older people can develop accidental hypothermia after exposure to relatively mild cold.

The only sure way to detect hypothermia is to use a special low-reading thermometer, available in most hospitals. A regular thermometer will do as long as it is shaken down well. If the temperature is below 95°F (35°C) or does not register, get emergency medical help.

Other signs to look for include: an unusual change in appearance or behavior during cold weather; slow, and sometimes irregular heartbeat; slurred speech; shallow, very slow breathing; sluggishness; and confusion. Treatment consists of re-warming the person under a doctor's supervision, preferably in a hospital.

(See *HYPOTHERMIA*, Page 9)

CC Med. Personnel Assist At 14th St. Bridge Crash

Six physicians and 7 nurses from the Clinical Center were quickly assembled into an emergency medical team, and flown by U.S. Air Force helicopter from the National Naval Medical Center on Jan. 13 to the site of the 14th Street Bridge air crash, after a telephone call was received from HHS Secretary Richard S. Schweiker's office at around 5 p.m.

CC Director Dr. Mortimer B. Lipsett contacted the chiefs of surgery, intensive care, and nursing to organize key personnel and make arrangements for medical supplies. The team worked for two hours treating rescue workers for exposure and pronounced several of the crash victims dead.

40 Senior NIH/NIMH Staff Members Receive Bonuses for Outstanding Performance

Forty Senior Scientific and Senior Executive Service staff members of the National Institutes of Health and National Institute of Mental Health recently received outstanding performance awards ranging from \$4,000 to \$10,000. Bonuses were delivered from HHS Secretary Richard S. Schweiker Dec. 24, along with congratulatory letters to the recipients.

Initiated under the Civil Service Reform Act of 1978, this is the second year the awards have been presented. The SES/SSS started in 1979 with approximately 200 members from NIH/NIMH opting to leave their supergrade-level positions to join the SES and become eligible for these yearly performance bonuses.

Process of Selection Is Thorough

The process for selection of award recipients and determination of the dollar amount of each award is extremely thorough and rigorous. Each SES member in the Department received an initial performance appraisal from his or her supervisor based upon the objectives and standards spelled out in the individual's performance plan.

Members of the SES/SSS are considered for nomination by six performance review boards (PRB's) made up of top-level NIH management officials. The nominations are reviewed by the Director's advisory PRB, which collates the six lists from the first PRB's. Final recommendations were then made to Acting NIH Director, Dr. Thomas E. Malone.

Dr. Malone Is Keynoter at Animal Welfare Meeting

Dr. Thomas E. Malone, Acting NIH Director, delivered the keynote address at the first conference on Scientific Perspectives in Animal Welfare held recently by the Scientists Center for Animal Welfare in Washington, D.C.

The address—Toward Refinement, Replacement and Reduction in Care and Use of Laboratory Animals—reaffirmed the importance of laboratory animals. Dr. Malone noted that virtually every major advance in health care systems was based on research performed on animals.

"After all," he stated, "you have the ultimate responsibility in the proper use of

The 1981 awardees were:

Dr. Richard H. Adamson	NCI
Dr. Julie Axelrod	NIMH
Calvin B. Baldwin, Jr.	OD
Dr. Moses Berman	NCI
Dr. Tibor Borsos	NCI
Dr. William H. Bowen	NIDR
Dr. Roscoe O. Brady	NINCDS
Dr. Philip S. Chen, Jr.	OD
Dr. Martin M. Cummings	NLM
Dr. Manning Feinleib	NHLBI
Dr. Gary Feisenfeld	NIADDK
Dr. D. Carleton Gajdusek	NINCDS
Dr. Martin Geller	NIADDK
Dr. Terrell L. Hill	NIADDK
Dr. William B. Jakoby	NIADDK
Dr. William S. Jordan	NIADDK
Dr. Melvin L. Kohn	NIADDK
Dr. Edward D. Korn	NIAID
Dr. Carl Kupfer	NIMH
Dr. Toshiro Kuwabara	NHLB
Dr. Thomas E. Malone	NEI
Edward H. McManus	OD
Dr. Stephen E. Morgenstern	NEI
Dr. Charles Miller	NIDR
Dr. John A. Moore	NIGMS
Dr. Andrew Morrow	NIEHS
Dr. Jay Moskowitz	NHLBI
Dr. Elizabeth F. Neufeld	NHLBI
Dr. Marshall Nirenberg	NIADDK
Dr. Clifford S. Pataik	NHLBI
Dr. Betty H. Pickett	NIMH
Dr. Martin Rodbell	NICHD
Dr. Bertram Sacktor	NIADDK
Dr. Lester B. Sclans	NIA
Dr. Norman P. Salzman	NIADDK
Dr. Louis Sokoloff	NIAID
Kent A. Smith	NIMH
Dr. Ichiji Taseki	NLM
J. Paul Van Nevel	NIMH
Dr. Henry deF. Webster	NCI
	NINCDS

Last November, Dr. Malone made recommendations to the Assistant Secretary for Health, which were combined with other PHS nominees. After 1 month's departmental review, the final list was approved by the Secretary the week before Christmas. □

animals in experimentation."

He said that the three R's—efforts to *replace* animals in biological testing where feasible; *reduce* their numbers in research and testing; and *refine* their use in science—still remain important goals in finding *in vitro* or other alternatives to animal systems.

However, he noted that as such non-animal systems are sought, the hopes and expectations of scientists must "keep in tune with biological reality. Living systems are extremely complex and our understanding of them is still incomplete."

(See *KEYNOTER*, Page 11)

The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated by request to writers and to researchers in biomedical and related fields. The content is reprintable without permission. Pictures may be available on request.

The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.

NIH Record Office
Bldg. 31 Room 2B-03, Phone 496-2125

Editor
Jerry Gordon

Staff Writers
William B. Reinckens
Joyce F. McCarthy

Staff Correspondents
CC, Barbara Smakula; DCRT, William Hall; DPM, Judy Fouche; DRG, Sue Meadows; DRR, Barbara Menick; DRS, Arthur F. Moore; FIC, Susan P. Stark; NCI, Patricia A. Newman; NEI, Marsha Corbett; NHLBI, Bill Sanders; NIA, Ann Dieffenbach; NIAID, Jeanne Winnick; NIADDK, Barbara Weldon; NICHD, Pamela Driscoll; NIDR, Sally Wilberding; NIEHS, Hugh J. Lee; NIGMS, Wanda Wardell; NIMH, Harry Bell; NINCDS, Diane Striar; NLM, Roger L. Gilkeson.

FAES Sponsors Lecture

The Origin of Life in the Universe, a lecture sponsored by the Foundation for Advanced Education in the Sciences, will be presented by Dr. Cyril Ponnampuram of the University of Maryland.

It will be given on Wednesday, Jan. 27, at 8 p.m. in Masur Auditorium, Bldg. 10. □

Training Tips

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

Communication Skills	Course Starts	Deadline
Writing Workshop	3/1	2/5
Voice and Diction	3/9	2/23
Effective Listening	3/8	2/22
Reading Improvement	3/9	2/23

Supervisory and Management
Quality Circle Concepts and Techniques

3/24 3/2

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

For further information on supervisory and management courses, contact the Executive and Management Development Branch, DPM, 496-6371.

I.R.A.—What It Means for You

R&W is sponsoring a seminar entitled, the New I.R.A.—What It Means for You, to be held on Tuesday, Feb. 16, from noon to 1 p.m., in Conf. Rm. 8, Bldg. 31.

Leon Malnik, broker, will conduct the session which will cover the solution for investing in one's retirement and why I.R.A.'s are wise investments.

Anyone interested may attend. □

Judo and Karate Clubs Kick Open Membership



This is the newly designed Tae Kwon Do NIH Karate Club patch.

Both the NIH Judo and Karate Clubs are accepting applications for the winter beginner's class. The basic judo course involves a series of 10 classes held on each Tuesday, 6 to 7:30 p.m., beginning Jan. 26 and ending Mar. 30. The 12-week karate classes in Tae Kwon Do will meet on Mondays from 6 to 7 p.m. starting Feb. 1. Both clubs conduct classes in the old gymnasium at the Stone Ridge School, at the corner of Cedar Lane and Wisconsin Avenue.

Dr. Thomas E. Malone, Acting NIH Director, will serve as chief judo instructor, or sensei. He holds the second degree black belt (nidan), and has had extensive experience as an instructor.

Judo students will be exposed to Kodokan judo exercises, methods of breaking falls, and selected throwing and grappling forms.

The principal karate instructor is Dr. W. French Anderson, chief, Laboratory of Molecular Hematology, NHLBI, who is a first-degree black belt. Recently, he was appointed official physician for the U.S. Tae Kwon Do karate team and will accompany them to the Fifth World Tae Kwon Do Championship in Guyaquil, Ecuador, in February.

Karate students will learn such techniques as: front and back stances, rising and side blocks, hand techniques, and front and side kicks.

Both clubs emphasize the teaching of how to control one's body and body awareness. The courses are designed so that upon completion a student would be eligible to continue in advanced courses and be considered for promotion.

The fee for the 10-session judo course is \$35, and a special monthly rate has been established for advance students. Application forms can be obtained from Susan Stewart, Bldg. 31, Rm. 4C-02, or from Dr. Malone, Bldg. 1, Rm. 132. The cost for the 12-session karate class is \$25. The fee for advanced students is \$15. Applications may be obtained from Dr. Anderson by calling 496-5844.

If You've Had 'Shingles,' CC Needs Your Blood

The Clinical Center Blood Bank needs plasma donors who are recovering from herpes zoster "shingles" infection. The plasma from these donors, called zoster immune plasma or ZIP, has a high titer antibody against the herpes zoster virus.

This plasma can be lifesaving when transfused to children with certain malignancies or immune deficiencies who cannot fight this virus in a normal manner. Plasma from donors who are of blood groups A, B, and AB is especially needed.

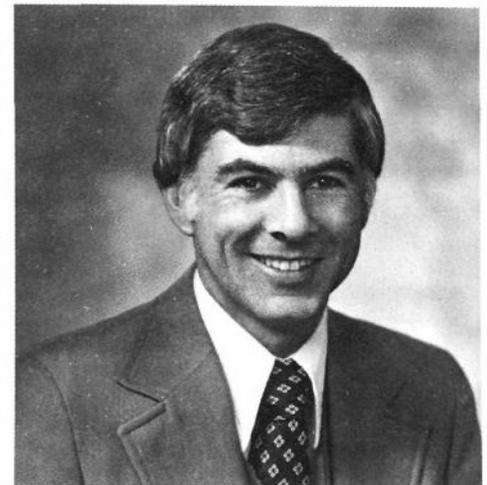
If you know of any persons who have recovered from "shingles" in the past 3 months, ask them to call the CC Blood Bank at 496-4506 for an appointment. □

'Blood Donors Are Quiet Heroes'

January is Voluntary Blood Donor Month, and the CC Blood Bank is sponsoring its fourth annual, month-long blood drive.

The Blood Bank's need for whole blood and blood components for various kinds of operations and patient therapy has greatly increased in the past year. To keep a constant supply, the Blood Bank depends on employees, their families and friends to make these products available for patients.

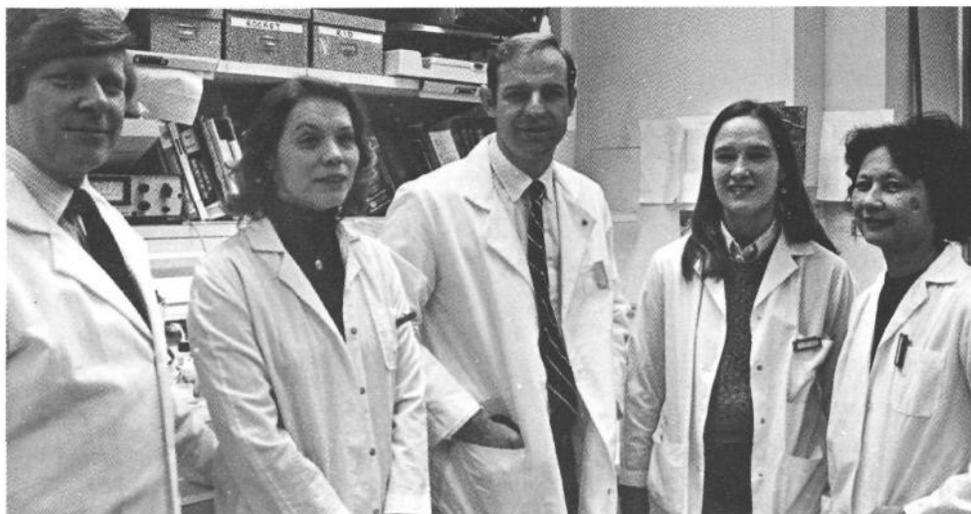
The theme for 1982 is Blood Donors are Quiet Heroes. To become a volunteer blood donor call the CC Blood Bank, 496-1048. □



Dr. Edward J. Roccella, deputy chief of the Health Education Branch in NHLBI's Office of Prevention, Education and Control has been announced as president-elect of the Society for Public Health Education. He will coordinate NHLBI's program to educate the public about the hazards of smoking and to encourage industry, physicians and other groups to adopt an antismoking program. He will also be involved in the control of other cardiovascular risk factors.

Space is limited in both beginner's courses. Interested persons should return the completed form immediately to assure a place in the class. Those accepted will be notified. □

Dr. Schaefer Presented Irving H. Page Arteriosclerosis Research Award at AHA Meeting



Dr. Schaefer's (c) investigation of the disease was carried out in collaboration with Dr. H. Bryan Brewer, Jr., chief, Molecular Disease Branch, NHLBI (l), and Dr. William Heaton of Florence, Ala. (not shown). Chemists Elizabeth A. Rubalcaba (second from l), Leslie L. Jenkins (second from r), and Lila Tamm also were involved.

Dr. Ernst J. Schaefer, senior investigator, Molecular Disease Branch, NHLBI, has been awarded the Irvine H. Page Arteriosclerosis Research Award by the American Heart Association.

The annual \$1,500 award is given to encourage young scientists to continue careers in arteriosclerosis research. Dr. Schaefer received the recognition for his work in describing a new genetic blood lipid disease entity called apolipoprotein A-1 absence.

This disease was discovered in a patient with severe premature coronary artery disease, a marked deficiency of plasma high density lipoproteins (HDL), and undetectable plasma apolipoprotein A-1, the major protein of HDL.

Decreased HDL levels have been associated with an increased risk for coronary artery disease, and it has been postulated that HDL may be important in removing cholesterol from the arterial wall or preventing its deposition.

The disease described by Dr. Schaefer supports this concept, and points to a primary role for HDL in protection from arteriosclerosis.

Narrowing and blockage of arteries due to buildup of cholesterol and scar tissue causes stroke, heart attack, and peripheral vascular disease, and is the major cause of illness and death in the United States.

HDL is only one of the factors involved in causing arterial disease. Smoking and high blood pressure predispose to the development of arterial disease by causing damage and scarring of the inner lining of the arteries.

Cholesterol, carried on particles in the blood called low density lipoproteins (LDL), appears to be deposited selectively at these sites of damage, causing buildup of cholesterol and scar tissue, and narrowing of the inside of the artery.

Populations consuming diets high in cholesterol and saturated fat have higher LDL levels and significantly more premature arterial disease than do populations consuming low fat diets.

Genetic factors also play an important role not only in determining blood LDL levels, but also those of HDL. Subjects with decreased HDL levels are at increased risk for premature arterial disease, while those with increased levels appear to experience enhanced longevity. Large scale population studies clearly indicate that increased LDL levels and decreased HDL levels are important independent risk factors for coronary artery disease.

HDL levels frequently are increased in women and lean and physically active individuals, and often decreased in men and obese and sedentary subjects. Dr. Schaefer's research has centered on factors which affect blood concentrations of LDL and HDL.

Dr. Schaefer is a native of Old Lyme, Conn., a graduate of Harvard College, Dartmouth Medical School, and the Mount Sinai School of Medicine. He received his internal medicine training at the Mount Sinai Hospital in New York, served as guest investigator at Rockefeller University, and received training in endocrinology and metabolism at NIH. He is the author or coauthor of more than 35 scientific papers. □

NIH Pilots Now Forming Group for Enthusiasts

Airplane pilots working at NIH who want to discuss flying can join a club now being formed. Flyers can contact Dr. Fred Bruner, NINCDS, an aviator with 13 years' experience.

He and a half dozen or so enthusiasts at NIH are interested in contacting others who like to fly or just "hangar fly" during lunch. He may be reached on 496-9223. □

Dr. Jay R. Shapiro Named CC Deputy Director



Within the past few years, Dr. Shapiro was awarded the PHS Commendation Medal for his performance, and also received an EEO award for his efforts in recruiting minority applicants for the clinical and research associate program.

Dr. Jay R. Shapiro, former Clinical Center associate director, has recently been appointed CC Deputy Director.

Previously, he served as clinical associate in the Mineral Metabolism Branch, NIADDK, from 1962 through 1964. He then left to further pursue his interests in patient care and medical education.

He rejoined NIH in 1978 as CC associate director. Since then he has participated in CC management and directed recruiting for the Medical Staff Fellowship Program.

Will Develop Plans & Policies

Dr. Shapiro's responsibilities as deputy director include support to the Director, by providing professional assistance in scientific and medical matters, including the development of plans and policies to enable the CC to meet new and continuing demands in clinical care and research.

His specific interests will include CC departmental activities, quality assurance, medical education, and other issues related to CC and Institute involvement in patient care. □

Freeze-Drying Seminar To Be Held January 28

The NIH Scientific Equipment Services of the Biomedical Engineering and Instrumentation Branch, DRS, will present a lecture and lab session dealing with the proper use and operation of freeze-drying equipment.

The seminar is scheduled for Thursday, Jan. 28, from 9:30 a.m. to 12:30 p.m., in Bldg. 13, Rm. 3W-54. Contact Mrs. Fuller at 496-4656 to register. □

The truth, however dreadful it is, is not so dreadful as uncertainty.—Anton Tcheklov □

Career Education Center Offers Degree Program for NIH Registered Nurses



In response to nursing needs and requests, the NIH Career Education Center in collaboration with the University of the District of Columbia has established an on-site program for nurses to earn the Bachelor of Science in Nursing degree.

Nurses at NIH are among the increasing number of nurses nationwide seeking this degree. This has been motivated by the American Nurses' Association position statement of 1980, which established the basic educational preparation for professional nursing as the BSN, which is to be achieved by all nurses by 1985.

NIH nurses have requested that additional educational opportunities be offered on the NIH campus as time, commuting distance to other schools, and cost have hindered their attempts in achieving this goal.

Program Is 2 Years Old

Ruth Carlsen, chief, Nursing Education, has aided in establishing and formalizing the present 2-year-old program. By her meeting with nurses, helping them to define their needs, and working with CEC, the present program originated and continues to grow.

Currently, 75 nurses are enrolled at various educational levels, whose numbers are steadily increasing each semester. Class schedules are designed to accommodate the variable work patterns unique to the nursing career.

For instance, some courses are offered 1 day per week for 7 weeks enabling a student to earn 6 credits in half the usual time. Other courses are offered in the morning, late afternoon and evening. Nurses are free to move between day and evening classes within each semester.

Challenge examinations for some courses are offered, thereby eliminating redundancies in education if a passing grade is attained. Review workshops are

given in preparation for the exams. The tests are practical, timesaving, and useful for the experienced nurse who has gained the same knowledge from actual working practice.

Since January 1981, at the beginning of the NIH program, there have been no drop-outs, making the student success rate 100 percent.

Costs Subsidized by CEC

To be eligible, a student must be a registered nurse and an NIH employee. Educational costs are subsidized by the CEC. There are no tuition, registration, book, or laboratory fees for the student. All nurses who do not have a baccalaureate degree are invited to enroll in the continuing education program.

Registration for the current spring semester will be accepted through the close of business Jan. 19. The summer session will be held for 8 weeks beginning May 24 through July 16. Registration for the summer session will begin in early May.

A schedule of spring semester classes and more information may be obtained by calling the Career Education Center office, 496-5025. Interested nurses may also visit the CEC office located in Bldg. 31, Rm. 4B-03. □

Dan Greenberg Will Speak at Forum

Daniel S. Greenberg, syndicated columnist and editor and publisher of *Science and Government Report*, will speak at the Staff Training in Extramural Programs Forum on Tuesday, Feb. 23, 2-4 p.m., Wilson Hall, Bldg. 1. He will discuss the new politics of science.

The STEP Forum is open to all NIH employees. For further information, call Arlene Bowles, 496-1493. □

'Atypical Diabetes' Is Topic Of Nursing Conference

A 1-day nursing conference entitled *Atypical Diabetes: Life in the Present, Hope for the Future* will be presented by the CC Arthritis and Metabolic Disease and the Eye Nursing Services on Wednesday, Jan. 27, in the Masur Auditorium at 8:15 a.m.

The morning session will feature Dr. Judith Oehler, assistant professor of psychiatric nursing at the University of Wisconsin, who will speak on the Psychosocial Issues Related to Chronic Disease.

Dr. Oehler has extensive experience with the complications of diabetes. She is the author of 12 scientific papers, and has made a number of presentations nationwide on work with diabetic and visually impaired patients.

Her remarks will be followed by overviews from Barbara Johansen of the Arthritis and Metabolic Nursing Service, and Donna Hill Howes of the Eye Nursing Service.

In the afternoon the conference will break into workshops to discuss topics such as Ophthalmic Exam of the Patient With Diabetic Retinopathy; Through the Eyes of the Diabetic; Laser, the Hope for the Future; Common Nursing Diagnosis in Insulin Resistant Patients; Continuous Insulin Infusion; and Sexuality and the Insulin Resistant Patient.

For further information contact Shirley Grieshaber or Marion Muldoon, 496-5748. □

Genetics Symposium To Be Broadcast Via TV

A genetics minisymposium to be presented Thursday, Jan. 28, for the National Advisory General Medical Sciences Council can be seen via closed-circuit television at NIH.

Dr. Richard Lewontin, professor of population sciences at Harvard University, will give an overview of population genetics. His talk will be telecast from 10:30 to 11:30 a.m. in the Clinical Center 14th floor Conf. Rm.

Dr. Cathy Laurie-Ahlberg of North Carolina State University, speaking on Genetic Variation Affecting Enzyme Activity Levels in Natural Populations of *Drosophila melanogaster*, will follow Dr. Lewontin's presentation.

Closed-circuit TV in Bldg. 31, Rm. 11A-10, will carry the afternoon session from 1 to 2 p.m. Dr. John McDonald, University of Georgia, will speak on the Relationship Between Gene Structure and Function: An Evolutionary Approach, followed by Dr. Alan Templeton, of Washington University, on Use of Recombinant DNA Technology in Population Genetics. □

Some people are always grumbling because roses have thorns; I am thankful that thorns have roses.—*Alphonse Karr* □

Cold and Flu Season Has Arrived! Simple Precautions Can Lessen Susceptibility

Did you know that most colds start on Monday?

A National Institute of Allergy and Infectious Diseases-supported study found this particularly true in school children, leading the researchers to believe that cold viruses are usually transmitted at school or work during the week, with symptoms developing over the weekend and peaking on Monday.

Common cold symptoms can easily be confused with influenza. Even though both are caused by viruses, an important difference is that flu causes fever. Nasal congestion occurs more often with a cold than with the flu. Cold symptoms generally are milder and don't last as long as flu symptoms.

With the flu, a patient will feel weak, develop a cough, a headache, and a sudden rise in temperature. The fever can last anywhere from 1 to 6 days. Other symptoms include aching muscles; chills; and red, watery eyes.

Common cold symptoms include headache, stuffy nose, sore or scratchy throat, and a general feeling of fatigue. Temperatures usually don't increase more than 1 degree in adults or higher than 102 degrees in children.

According to NIAID, the usual recommended treatment for the flu is: take aspirin for the aches and pains; drink plenty of fluids, and stay in bed until the fever has been gone for 1 or 2 days. It is especially important to stay rested, since the fever may return if the patient becomes too active too soon. If the fever persists, a doctor should be notified, since this may mean that a more serious infection is present.



Symptomatic therapy for a cold includes bed rest and plenty of fluids. However, aspirin does not alter the rate of infection or illness. Nonprescription drugs may be effective in relieving some cold symptoms, but often over-the-counter cold products are misleading, according to a Food and Drug Administration consumer report.

Over 100 Viruses Involved

More than 100 different viruses can cause a cold. The rhinoviruses were the first important group of viruses associated with cold in adults. They are believed to cause 25 to 30 percent of all adult colds. Coronaviruses, another group, may cause up to 15 percent of all adult colds. Coronaviruses are believed to be more common during winter, while rhinovirus colds occur mainly in fall and in late spring.

Annual epidemics of upper respiratory disease occur during the colder months in the United States, but the reason for the seasonal variation is unknown. However, it

does not appear to be related to the physical temperature.

NIAID research has shown that neither chilling, exposure, nor overheating has much effect on the development or seriousness of a cold.

Direct contact with a person who has a cold is the best way to "catch" a cold. Sneezes and coughs spray cold viruses into the air where they hang, ready to be inhaled by someone in the same car or at the next desk. Research has shown the primary instrument of transmission may be the hands.

Nasal secretions containing rhinovirus can be transferred from an infected person's hands to a table or directly to the fingers of a healthy recipient. The virus can survive for up to 3 hours on artificial surfaces such as nylon, formica, or stainless steel, and on the human skin.

Major factors involved in cold-causing virus transmission are the amount of time spent with a person with a cold, the severity of his or her symptoms and the amount of virus shed.

NIAID grantees have reported that the use of aspirin for cold treatment increases the amount of virus shed in nasal secretions making the sufferer more of a hazard to others.

One way to stop cold transmission is by increased handwashing or restriction of the finger-eye, finger-nose contact that is a common part of normal human behavior. Accidental self-inoculation occurs when the contaminated fingers are placed in contact with the mucous membranes of the eye or nose.

Maybe by using these simple precautionary measures we may be able to reduce the common cold to a minor health problem instead of a major one.

—Joyce McCarthy □

Robertson Clarke Retires To Study Family Genealogy

Dr. Kenneth Takemoto lost his "right-hand man" and longtime microbiology lab technician, Dec. 21, when Robertson Clarke retired after a 14-year association. They worked together in what is now the Viral Biology Section of the Laboratory of Molecular Microbiology, National Institute of Allergy and Infectious Diseases.

Mr. Clarke marked his last day at NIH by accepting a 40-year Federal service award from Dr. Kenneth Sell, Institute scientific director. Originally trained in epidemiology at the National Naval Medical School, Mr. Clarke spent 22 years in the Navy, achieving the rank of chief hospital corpsman before joining the NIH staff in 1963.

During World War II he served with the Marines in Saipan, the Mariana Islands. He was with the U.S. occupation troops in Nagasaki, Japan, 1 month after the atom bomb was dropped there, although his work was connected with DDT spraying for insect control.

Following the war, Mr. Clarke alternated between 2-year tours at the Naval Medical Research Center, continuing laboratory training, and foreign duty assignments that took him to French Morocco, Egypt,



Dr. Sell (l) congratulates Mr. Clarke on achieving 40 years in government service as he bids him farewell upon retirement.

Okinawa, Japan, and Hawaii. He served with both the Navy and the Marines, spending his last 2 years in the Navy in virology laboratory work at NMRC.

He began his NIAID career in June 1963, spending 4 years with Dr. Ned Wiebenga's Laboratory of Tropical Virology. Since 1967, he has "taken care of everything for me, ordering supplies, overseeing experi-

ments, handling administration," said Dr. Takemoto, who admitted he tried to convince Mr. Clarke to delay retirement.

But Mr. Clarke and his wife, Ruth, were eager to devote full time to their hobby of genealogic research. Contacted at home, he said since retirement he already had been to the National Archives "in pursuit of his roots."

Through past research efforts, he has learned that two ancestors, their families fortunately recorded, were burned at the stake for religious dissension in 16th century England. □

'Let Me Take You Away From All This!'

R&W is offering several vacation programs in 1982:

Las Vegas—flights will leave BWI every Thursday and Sunday through December.

Paris, London—Mar. 24-Apr. 4.

Germany, Austria, Switzerland—July 10-24; or Sept. 18-Oct. 2.

Trips to Freeport, St. Marten, Aruba are also being offered.

For further information contact Dotty Pulver, 496-6061. □

Scientists Find Brain Hormone Promising Male Contraceptive

Scientists working to develop a male birth control drug have reported promising findings after tests on a powerful synthetic brain hormone called LHRH-A.

In a recent study on eight men at Vanderbilt University in Nashville, LHRH-A proved it can suppress sperm production. However, it also lowered the sex drive and produced other unwanted effects that disappeared once treatment was stopped. Researchers are now studying ways to avoid these problems and yet retain the hormone's contraceptive effects.

In a recent *New England Journal of Medicine*, which published the study results, an editorial heralded the Vanderbilt work as "an exciting beginning in the exploration of the contraceptive potential" of LHRH-A in men.

LHRH-A is a man-made modified version of natural LHRH (luteinizing hormone-releasing hormone), a hormone that plays a major role in the control of reproductive events. Natural LHRH is released in the brain and stimulates the pituitary gland just beneath it.

LHRH causes the pituitary gland to secrete hormones called gonadotropins which are carried through the bloodstream to the testes in men and the ovaries in women. In men, the gonadotropins promote the production of sperm and the male sex hormones, including testos-

terone—itself a key hormone needed for sperm production. Thus, natural LHRH is essential to normal fertility.

Although LHRH-A is more than 100 times as potent as natural LHRH, it does not simply intensify natural LHRH's fertility-promoting effects, as might be expected. Depending on the dosage and timing of administration, LHRH-A acts as an antifertility agent. This is known as a "paradoxical inhibitory" effect.

The Vanderbilt study, supported in part by the National Institute of Child Health and Human Development, showed for the first time that LHRH-A can have this paradoxical inhibitory effect in human males. Eight volunteers injected themselves with LHRH-A daily, following instructions by the researchers. The amount of testosterone in the blood fell, as did sperm production; the drug also reduced the sperm's ability to move.

The low testosterone levels caused problems: reduced sex drive, impotence, and even "hot flashes" similar to those experienced by women after menopause. All of the subjects recovered within 14 weeks after treatment was stopped.

Scientists think that the repeated low doses of LHRH-A may have caused the pituitary gland to give weakened signals to the testes for the production of sperm and sex hormones. However, the investigators

are not discounting the possibility that LHRH-A acted directly on the testes.

Researchers are now trying to harness LHRH-A's effects. A possible solution is to combine LHRH-A with testosterone. However, this idea raises questions about whether added testosterone can forestall the side effects without restoring sperm production.

Despite problems that must be overcome, scientists believe that LHRH-A shows promise as a male contraceptive of the future. Because LHRH-A breaks down quickly in the body, it is expected to be safer than currently available hormonal contraceptives.

In other countries, LHRH-A is being tested in men and women as a contraceptive nasal spray, and U.S. trials are forthcoming. Through the nasal passages, the hormone is readily absorbed into the bloodstream. A problem with this method is that nasal congestion from colds or allergies could hinder absorption.

LHRH-A is readily absorbed through the lining of the vagina, so in women this may be an alternate route of administration. Dr. Gabriel Bialy, chief of NICHD's Contraceptive Development Branch, believes that with time, and with advances in hormone synthesis or formulation, a form of LHRH-A which can be absorbed under the tongue may be feasible. □

NIADDK Investigators Demonstrate Cellular Defect in Rickets II

For the first time, a cellular defect in patients with a rare form of hereditary rickets has been demonstrated by investigators from the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Rickets, a disorder of bone metabolism, causes softening and deformation of the skeleton. Nonhereditary rickets occurs when an individual is extremely deficient in vitamin D, which is normally obtained either from production in the skin under the influence of light or from dietary supplements.

In the hereditary form of rickets, the role that light and diet play is less important because it is the metabolism of the vitamin—not its availability—that is impaired.

The form of hereditary rickets the NIADDK investigators are studying, vitamin D-dependent rickets type II, is characterized by higher than normal circulating levels of the most biologically active vitamin D metabolite, $1,25(\text{OH})_2\text{D}_3$.

The disease occurs not because the body fails to produce enough of the metabolite, but because the body's response to the active metabolite is deficient.

Using an isolated cell system of cultured fibroblasts, Drs. Stephen Marx and Uri Liberman, Metabolic Diseases Branch, NIADDK, and Dr. Charles Eil of the National Naval Medical Center, Bethesda, demonstrated that the disorder arises from a defect of vitamin D metabolism by mea-

suring the nuclear uptake of this active metabolite in cells grown from skin of affected patients.

The uptake of the vitamin D metabolite in the fibroblasts was found to be severely deficient in four of four affected members of two families known to have this form of hereditary resistance to vitamin D. In one family, all affected members were completely bald within the first 2 years of life.

The concurrence of vitamin D-dependent rickets and baldness provided the first evidence of the functional role of vitamin D in human tissues, such as the hair follicle, that were not previously regarded as vitamin D target tissues.

This finding also supports indications that vitamin D is more appropriately considered steroid hormone than a vitamin. Like a hormone, its synthesis is extensively regulated and it acts in target tissues, such as the intestine and bone, by processes requiring cellular receptors and nuclear uptake.

It has recently been detected in the nuclei of other potential target tissues, including the parathyroid gland, the distal tubule of the kidney, the anterior pituitary gland, the islets of Langerhans, the placenta, and the skin.

Further studies are being conducted to characterize the action of vitamin D with cultured cells showing the normal and abnormal uptake of $[\text{3H}]-1,25(\text{OH})_2\text{D}_3$.

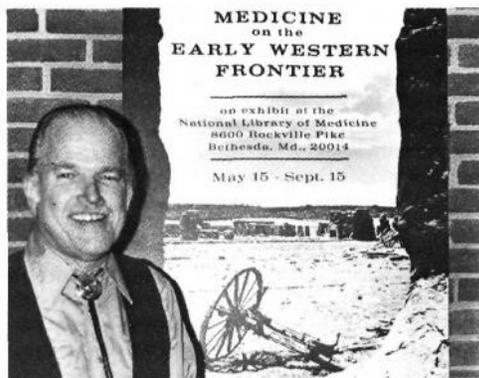
A report of the clinical study recently



Dr. Bettie Graham was recently appointed chief, FIC International Research and Awards Branch. As chief, she will provide leadership administering FIC's extramural activities, including fellowships and grant programs, support through special foreign currency, and management of grants. Born in Texas, Dr. Graham received her B.S. degree from Texas Southern University, her Ph.D. from Baylor College of Medicine, and did postdoctoral work at Albert Einstein College of Medicine.

appeared in the *New England Journal of Medicine*, and a description of skin fibroblast technique appeared in the *Proceedings of the National Academy of Sciences*. □

Dr. Peter Olch Retires, Frontier Medicine Expert



In 1978, Dr. Olch put together a popular NLM exhibit dealing with one of his favorite topics, *Medicine on the Early Western Frontier*. He describes himself as a "born again" Westerner and "bibliomaniac" for *Western Americana*.

Dr. Peter D. Olch, nationally known lecturer on early American medicine, and deputy chief of the History of Medicine Division, National Library of Medicine, retired Jan. 1 after approximately a quarter of a century of government service.

He first became associated with NIH in 1956 as a clinical associate in the Surgical Branch, NCI.

After a 2-year (1958 to 1960) surgical residency at the University of Washington, Seattle, Dr. Olch returned to NIH for a residency in pathologic anatomy and clinical pathology. He joined the NLM staff in 1964 as special assistant to the director and was responsible for the medical subject headings (MeSH) group.

He later joined the History of Medicine Division. Following a year-long fellowship at the Johns Hopkins Institute for the History of Medicine, he was appointed deputy chief, HMD, responsible for developing an oral history and modern manuscripts acquisition program. In 1971 he received the USPHS Commendation Medal for his contributions in the field of oral history.

While on the NLM staff, Dr. Olch has been a lecturer in the history of medicine at George Washington, Georgetown, and Johns Hopkins universities and the Uniformed Services University of the Health Sciences. He has delivered a number of named lectures around the country and has been an active member of the American Association for the History of Medicine, American Osler Society, Halstead Society, Oral History Association, and Western History Association.

In retirement, Dr. Olch is joining the department of medical history at the USUHS. His area of research interest is the evolution and professionalization of American surgery and medicine on the early western frontier.

In line with this interest, he has been awarded a 1-month fellowship by the Huntington Library in San Marino, Calif., and plans to spend the month of February researching Huntington's overland trail diaries. In April, he will be visiting professor of surgery at the University of Arizona in Tucson and intends to conduct research at the Arizona Historical Society. □

FIC Holds International Workshop on Gangliosides

In the delta of the Ganges River system and in surrounding Bengal, epidemics of cholera recur nearly every year. Over the past two decades this severe diarrheal disease has spread as far as the Philippine Islands, the Middle East, southern Russia, and Africa.

If not treated within 4 to 6 hours, usually by oral replacement of fluid and salts, death can result from the dehydration brought on by rapid loss of body fluids through diarrhea.

Alleviation of this disease, as well as advances against cancer, influenza, and other diarrheal diseases, has resulted from the discovery that gangliosides—sugar containing lipids—are receptors, or attachment sites, for various bacterial toxins and viruses.

These advances and avenues for continued research were discussed recently at an International Workshop on Gangliosides held at NIH, sponsored by the Fogarty International Center.

At the meeting, scientists reported preliminary results from clinical trials in Bangladesh on an effective new vaccine against cholera—an intestinal infection caused by *Vibrio cholera*. Development of the vaccine was based on the finding in 1973 by Drs. Lars Svennerholm and Jan Holmgren, Sweden, that a single ganglioside is the specific receptor for cholera toxin.

The oral vaccine works by blocking the binding sites between the ganglioside and the cholera toxin and by causing a local antibody response.

Escherichia coli—a normally occurring intestinal bacterium that can cause so-called traveler's diarrhea—and cholera toxin are similar with respect to receptor

and cellular actions, suggesting that the same principles used to prevent and treat cholera might be adopted for *E. coli* infections.

In addition, other gangliosides and allied molecules are receptors for certain paramyxoviruses and influenza viruses, suggesting an approach to treating and preventing influenza.

Ganglioside research may have possible application to human cancers. One type of antigen in sera of patients with cancer of the colon, rectum, pancreas and stomach, has been identified as a particular ganglioside. Using monoclonal antibodies specifically directed against gangliosides, it might be possible to develop a way to diagnose, at an early stage, cancer in the digestive tract.

According to scientists at the meeting, gangliosides may also prove useful in the treatment of certain cancers, through use of monoclonal antibodies directed against tumor-specific gangliosides.

The Ganglioside Workshop program was organized by Dr. Lars Svennerholm, Fogarty scholar-in-residence, in collaboration with Dr. Roscoe O. Brady, chief, Developmental and Metabolic Neurological Branch, NINCDS, and Dr. Victor Ginsburg, chief, Biochemistry Section, Laboratory of Biochemical Pharmacology, NIADDK. □

Attention: Former Management Interns

In the effort to aid new management interns, the HHS Management Intern Committee wishes to contact former NIH and HHS management interns who may be of assistance in formulating target assignments. Pat Brady, HHS management intern coordinator, may be reached at 496-6211. □



For the fourth consecutive year the NHLBI's National High Blood Pressure Education Program has won the Communications Excellence to Black Audiences (CEBA) Award for a public service television announcement. This photograph was taken from a 60-second spot, entitled Telephone Line-men, and was done to heighten awareness among black audiences of the threat to health posed by high blood pressure. The award is given by the World Institute of Black Communications to organizations in recognition of superior achievement in communications directed at the black consumer market.

Alcohol Intake, Throat Cancer Associated In Metropolitan D.C. Black Males

Excessive alcohol consumption among black men in Washington, D.C., and increased risk of esophageal cancer has been correlated by National Cancer Institute scientists.

Evidence of exceptionally high rates of esophageal cancer in the Nation's Capital, where death rates (deaths per 100,000 population) for this cancer among black men greatly exceed those of other U.S. metropolitan areas, prompted the study.

Findings were reported in a recent issue of the *Journal of the National Cancer Institute* by Drs. Linda M. Pottern, Linda E. Morris, William J. Blot, Regina G. Ziegler, and Joseph F. Fraumeni, Jr., all of NCI's Environmental Epidemiology Branch.

The scientists interviewed relatives or close friends of 120 black men who died in Washington, D.C., from 1975 to 1977 of esophageal cancer, and those of 250 black men who died of other causes. Information on deaths was obtained from HHS' National Center for Health Statistics and the D.C. Department of Human Resources. Information on alcohol, diet, tobacco use, and other factors was also obtained.

Among black men who died of esophageal cancer, the scientists found greater consumption of alcohol prior to onset of the disease than among those who died of other causes. Greater consumption of all types of alcohol appeared to be associated with cancer risk, but risk seemed to be most pronounced with hard liquor, and least with beer. This relationship is consis-

tent with findings from other studies linking alcohol intake to esophageal cancer.

Ninety-six percent of those who died of esophageal cancer drank alcohol, usually in large amounts, compared to 78 percent of those who died of other causes.

Nearly half of those who died of this cancer drank the equivalent of 15 ounces



(1 7/8 cups) or more per day of hard liquor, compared to 30 percent of those who died of other causes. Consumption of alcohol among both groups was greater than reported in surveys of other populations.

In this study, the relative risk associated with alcohol consumption was 6.4, or those who consumed alcohol, were 6.4 times more likely to develop esophageal cancer than those who didn't. The attributable risk associated with alcohol was 81

percent, or an estimated 81 percent of the esophageal cancer deaths among D.C. black men were associated with alcohol consumption.

Those who died of esophageal cancer had also eaten fewer meals per day, consumed less dairy products and eggs, fruits and vegetables, and fresh meat and fish. The scientists found the esophageal cancer risk increased twofold with low consumption of these foods. Generally, a diet low in essential nutrients seemed to be related to esophageal cancer risk, but no specific vitamin or clinical nutritional deficiencies were identified.

Poor nutrition, while not as great a risk factor for esophageal cancer, appeared to be associated with cancer development independent of the effect of alcohol consumption. This finding is consistent with results of other studies suggesting poor nutrition, possibly involving complex dietary deficiencies, may be associated with esophageal cancer.

A weak association was found with smoking. Other studies have suggested this is a major risk factor for the cancer, but its effect in this study may have been masked by the exceptionally high levels of alcohol consumed by this population.

Cancer death rates (deaths per 100,000 population) are available nationally for whites and nonwhites. The average annual (age-adjusted) death rate for esophageal cancer was 28.6 for D.C. nonwhite males from 1970 to 1975, and 7.4 for white males. The nonwhite rate was higher than any other metropolitan area of the U.S., and was more than double the U.S. rate for nonwhite males of 12.4. The U.S. rate for white males was 4.1. □

Grace Ellis Retires After 20 Years' Service

Grace Ellis, head of the Financial Management and Analysis Section, National Institute of Allergy and Infectious Diseases, retired Dec. 26 after 20 years of Federal service.



Mrs. Ellis was presented an NIH Merit Award by Dr. Richard Krause, NIAID Director, in 1980. She is moving to the city of "ideal weather"—San Diego—to enjoy the sun and her children and grandchildren.

While in this position, Mrs. Ellis developed forecasts, projections, and operating budgets for the Institute's grants program; for management of grant and training allotments; and for fiscal analysis and reports.

A native of Wisconsin, she started her career in Washington by working for the Post Office Department, later resigning to raise a family and sell real estate.

Appointed Section Head

In 1962, Mrs. Ellis returned to the government, joining NIAID as secretary to the Institute's first grants management specialists. She advanced to grants clerk, grants management specialist, and was appointed section head of FMAS in 1975.

She received many honors and awards throughout her career. Last year, she was presented the NIH Merit Award for her "extraordinary skill in prompt and efficient fiscal management during a period of reorganization of the NIAID extramural programs." □

The art of living lies less in eliminating our trouble than in growing with them.—Bernard M. Baruch □

Five NIEHS'ers Become Certified Toxicologists

Five scientists in the Toxicology Research and Testing Program, National Institute of Environmental Health Sciences, have obtained recognition as certified toxicologists by passing the certification examination offered by the American Board of Toxicology.

The new diplomates are: Drs. Kamal M. Abdo, Gary A. Boorman, Rajendra S. Chhabra, June Dunnick, and James C. Lamb.

Toxicology Testing

The TRTP performs research while developing, evaluating and validating toxicological tests. It is the principal NIEHS unit participating in the National Toxicology Program, which coordinates toxicological efforts throughout HHS.

In order to qualify for the certification exam, applicants must present references, have formal education in toxicology-related disciplines, and have appropriate laboratory experience—3 years for those with doctorates, 5 years for those with master's, and 10 years for those with bachelor's degrees. □

Canker Sores Start in Susceptible Persons By Mechanical Injuries to Mouth

Canker sores can be triggered by mechanical injuries such as pricks and punctures in individuals prone to repeated attacks of these mouth ulcers, according to investigators at the National Institute of Dental Research.

Drs. David Wray and Abner L. Notkins of the NIDR Laboratory of Oral Medicine, and Dr. Edward A. Graykowski, formerly of the same laboratory, recently reported this finding after studying 30 people suscepti-



ble to developing canker sores and 15 healthy volunteers matched by age and sex.

Recurrent aphthous stomatitis, also known as canker sores, is the most common disease of the mucosal tissue that lines the mouth. The disease can be painful and debilitating when frequent and numerous ulcers in soft tissues interfere with eating.

People who have this disease should avoid damaging the soft tissues in their mouths by brushing too vigorously with hard-bristled tooth brushes, eating hard or sharp foods, or coming into contact with

objects that can scrape or cut their sensitive tissues.

To determine the effects of mechanical injury in patients suffering recurrent bouts of canker sores, the NIDR investigators produced mucosal injury in both the patients and volunteers through three different methods.

First, two small needle wounds were made by injecting a local anesthetic into selected mucosal sites. Next, a silk suture was inserted into the anesthetized regions, creating an entry and exit wound. The suture was left in place for 24 hours.

Finally, two more wounds were produced in the anesthetized area with a surgical instrument. Each person thus received a total of six small wounds on one side of the mouth.

The subjects were examined periodically and queried about pain. The scientists measured all the ulcers that appeared, and assessed their severity.

No ulcers appeared in the normal volunteers. However, 13 (43 percent) of the patients developed a total of 26 ulcers at sites of injury.

In the normal subjects and in the 17 patients who failed to develop canker sores, the injection punctures healed within the first 24 hours. The silk sutures caused the most numerous (15) and painful of the canker sores. The surgical instrument caused nine less painful ulcers, and the injections caused only two small painless lesions.

Microscopic evaluation of biopsied lesions showed no differences between spontaneous canker sores and those resulting from mechanical injury.

Regardless of the form of injury, these experiments indicate that mechanical injuries can start canker sores in a considerable proportion of individuals susceptible to this disease.

These findings were reported in the December 1981 issue of the *British Medical Journal*. □

Marjorie Guthrie Featured At Huntington's Meeting

Marjorie Guthrie, founder and guiding force of the Committee to Combat Huntington's Disease, will be the featured speaker at the NINCDS All Employees' Meeting. This year's annual meeting will be held Feb. 2 at 9:30 a.m. in Wilson Hall.

Mrs. Guthrie is the widow of folk-musician Woody Guthrie, who suffered from Huntington's disease. She will present her perspective on the citizen's role in understanding the need for research on neurological disorders, and the role of NINCDS in accomplishing such work.

Acting NINCDS Director Dr. Murray Goldstein will discuss Institute plans, and Dr. Barry Smith, a medical officer in the Surgical Neurology Branch, will speak about equal employment opportunity at NINCDS.

A question-and-answer session will follow the program. □

Dr. Robert M. Chanock Wins 1981 Robert Koch Prize

Dr. Robert M. Chanock, chief, Laboratory of Infectious Diseases, National Institute of Allergy and Infectious Diseases, was awarded the Robert Koch Prize in Bonn, Germany, Dec. 7.

This award has been presented annually since 1960 to outstanding scientists whose discoveries of etiologic agents of important infectious diseases have profoundly influenced the development of modern microbiology. It honors the noted German scientist.

Sharing the 1981 prize with Dr. Chanock was Professor L.A. Hanson of Goteborg, Sweden. Each honoree received a medal and a \$20,000 honorarium.

Dr. Chanock was cited specifically for his success in culturing the causative organism of atypical pneumonia, *Mycoplasma pneumoniae*, on an artificial nutrient medium, and his contributions to the control and prophylaxis of many viral diseases, particularly in nursing infants, children, and young adults. Also mentioned were Dr. Chanock's studies on viral gastroenteritis.

Mother's Milk Best

Professor Hanson was honored for research proving that mother's milk, even in undernourished women, is still the most beneficial for nursing infants, and for studies on urinary tract infections in young girls and women.

On the same occasion, the Robert Koch Medal, in gold, was presented in New York to Dr. Maclyn McCarty, vice president of Rockefeller University, for his work "in connection with transformation tests with pneumococci, and in making the first decisive step towards the development of modern bacteriological genetics."

Dr. Chanock, considered one of the leading medical virologists in the world, joined NIAID in 1957 and became chief of the Laboratory of Infectious Diseases in 1968. He has made significant contributions in efforts to produce safe and effective vaccines, playing a key role in conceiving a new immunization technique to combat two types of adenovirus—#4 and #7—that almost exclusively affect military recruits.

Vaccines Jointly Developed

Vaccines for these strains were developed in collaboration with scientists from Walter Reed Army Medical Center and approved by the Food and Drug Administration in 1980.

Recently, Dr. Chanock and his colleagues made a discovery that could possibly lead to the protection of children throughout the world who are at risk of dying from diarrhea caused by the rotavirus.

The scientists have discovered a technique for growing many strains of rotavirus in the laboratory, a key step in developing an effective vaccine to prevent the disease. □

A good storyteller is a person who has a good memory and hopes other people haven't. —Irvin S. Cobb □

HYPOTHERMIA

(Continued from Page 1)

Setting the heat at 65°F (18.3°C) in living and sleeping areas should be adequate in most cases, although sick people may need more heat. Other preventive measures include:

- Dress warmly even when indoors, eat enough food, and stay as active as possible.
- Because hypothermia may start during sleep, keep warm in bed by wearing enough clothing and using blankets.
- If one is taking medicine to treat anxiety, depression, nervousness, or nausea, ask a doctor whether the medication might affect the control of body temperature.
- Ask friends or neighbors to look in once or twice a day, particularly during a cold spell. See if the local community has a telephone check-in or personal visit service for the elderly or homebound. □

Russell Rankin Ends 40-Year Federal Career



Mr. Rankin is looking forward to "drowning some worms" in his pond, and spying on birds as a member of the Audubon Society.

Russell Rankin, a medical equipment specialist in the Clinical Center's Diagnostic Radiology Department, retired in December, after 40 years of government service.

Mr. Rankin, a registered radiology technician, has been with CC since 1970. He worked at Walter Reed Army Medical Center, the Civilian Conservation Corps, and was a sales engineer with General Electric.

During his career he has seen many advances in the field of radiology, from the development of nuclear medicine to the ultrasound and PETT scanning.

While in the Army, Mr. Rankin served in several general hospitals and was assigned to the Far East during World War II, spending 3 years in Japan.

He had many memorable experiences with the patients and people in the CC. "This is an institution with a heart, where patient care is concerned," he said.

Mr. Rankin has gained much satisfaction from being involved in the early planning stages of the ACRF, starting back in 1972. "My only regret is that I won't be here when Diagnostic Radiology opens in the ACRF," he said.

During his retirement years, he plans to spend much of his time gardening on his 5-acre farm in West Virginia and occasionally may do some traveling. □

New Services Start at Credit Union

NIH employees participating in the Federal Credit Union's direct deposit program known as net check, will be entitled to a 1 percent annual percentage rate discount on personal unsecured loans.

However, except for government paychecks, members are now required to have matching funds on deposit with the NIHFCU before negotiation, and a standard 10-day checkhold policy will be imposed on all deposited checks to allow for bank clearance.

In addition, an express check-cashing

Dr. J. Perlman Named As Branch Chief

Dr. Jeffrey Perlman, a PHS senior surgeon, has been appointed chief of the Contraceptive Evaluation Branch, NICHD.

The CEB designs and funds epidemiologic and biomedical studies that assess the safety and efficacy of birth control methods including oral contraceptives, IUD's, cervical caps, and natural family planning methods.

Before coming to NIH, Dr. Perlman was chief medical officer for the Division of Health Examination Statistics in the National Center for Health Statistics. There, he received a director's award and other commendations for his work in environmental health epidemiology. Earlier, he was chief of the Medical Care Evaluation and Technical Assistance Section of the Professional Standards Review Organization Program, PHS.

He graduated from the University of Pittsburgh School of Medicine in 1973 and earned an M.S. degree in biostatistics from the Georgetown University School of Medicine in 1979. After completing his medical training, he was appointed staff physician and associate professor of health at the University of Maryland.

Dr. Perlman later practiced medicine at George Washington University, where he is now a professorial lecturer for the department of epidemiology and environmental health science. □



Dr. John A. Beisler, formerly a research chemist with the Drug Design and Chemistry Section, NCI, has joined the Grants Associates Program for a year of training in health scientist administration. Dr. Beisler, who was also a staff fellow with NIAMDD from 1966 to 1971, received his Ph.D. in organic chemistry from Rutgers University, and did postdoctoral work at Cambridge University of England.

line has been formed. The new express service, designed for the convenience of both net check and share draft participants, will replace the previous paycheck cashing line. This convenience will be offered at the NIH campus location on pay-days only. □

Before you can score you must have a goal.—Greek Proverb □

American Chemical Society Honors Stride Intern

Patricia Herring, an NIH Stride intern being trained for placement as a biochemist in the section on physiological chemistry, Laboratory of Chemistry, Division of Intramural Research, NHLBI, was recognized in October by the American Chemical Society for her outstanding achievement in undergraduate courses in analytical chemistry at American University.

In addition to a certificate of award, honorary membership in the society and a subscription to the *Analytical Chemistry* journal were presented to Mrs. Herring.



Outstanding Stride intern Patricia Herring works under the supervision of Dr. John J. Pisano, head, section of physiological chemistry, Laboratory of Chemistry, DIR, NHLBI.

Prior to her selection as a Stride intern in January 1979, Mrs. Herring worked as a clerk-typist for NCI. In her present position, she participates in research on the chemistry and biology of peptides, especially bradykinin and other vasoactive peptides; and uses radiochemical and radio-immuno assays for the determination of enzymes and peptide hormones.

She is presently involved in studies on the role of the kallikrein-kinin system in the kidney and in the discovery of the new biologically active peptides. She is also a coauthor of a scientific paper, Characterization and Localization of Human Renal Kininogen published in the October volume of the *Journal of Biological Chemistry*. □

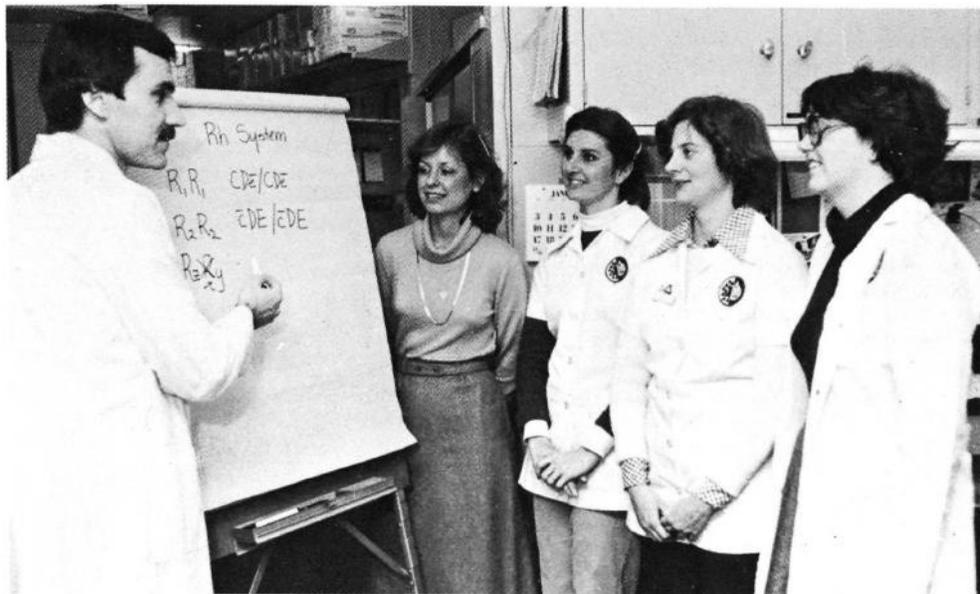
Videotechnology Workshop Offered To Teach Communication Skills

The National Library of Medicine's National Medical Audiovisual Center is presenting a workshop titled Using Videotechnology to Teach Communication Skills to Health Professionals. The workshop will be presented twice: Mar. 15-17 and Apr. 19-21.

Designed for clinicians and educators who teach communication skills to health professional students, the workshops will be held at the Lister Hill Center. There is no registration fee.

For further information contact the NMAC Educational Training and Consultation Branch, 496-6280. □

Blood Bank Continues Specialist's Training Program



SBB Chief Dr. Richard J. Davey goes over a lesson with this year's class. They are (l to r): Andrea J. Casper, education coordinator, Jean Kirk, Karla Tysdal, and Nancy Murphy.—Photo by Lew Bass

The CC Blood Bank Department has offered since 1966 a 1-year training program for specialists in blood banking. This comprehensive program covers a wide range of subject matter from basic genetics to a thorough study of the complications of transfusions.

Students enroll to develop their technical competence in immunohematologic procedures. The training enables them to function as laboratory technical supervisors, educational coordinators, or technical consultants. As part of the health care team, they provide health services to CC patients and to the general public.

Students participating in the program are required to take two graduate school courses (given at NIH through the Foundation for Advanced Education in the Sciences), a management course, and an immunohematology course. At least 4 hours per week are devoted to teaching sessions, laboratory review rounds, blood bank conferences, and specialized lectures.

As part of the program, students have assignments at the National Naval Medical Center for donor phlebotomy and processing, Johns Hopkins University Hospital Tissue Typing Laboratory, and another area hospital with a large neonatal service for hemolytic disease of the newborn. These assignments are on a rotating basis. Many of the program's graduates are now filling key roles in blood banks across the country.

Students successfully completing the course will be eligible for the annual examination given by the Registry of Medical Technologists of the American Society of Clinical Pathologists in cooperation with the American Association of Blood Banks.

Those who pass the written and practical examinations will receive a certificate in blood banking, from those organizations. The program meets the standards and requirements prescribed by the Council on Medical Education of the American

Medical Association and is fully accredited by the American Association of Blood Banks.

Requirements for admission into the program are: certification in medical technology by the Board of Registry of Medical Technologists of the American Society of Clinical Pathologists, or a baccalaureate degree from a college or university accredited by the appropriate regional accrediting association with a major in the biological or physical sciences, plus a minimum of 1 year's experience in clinical laboratory work.

Applicants should also have at least 2 years of additional experience in blood banking or related fields, and a GS-7 rating.

Interested applicants should submit SF-171 forms with their notice of rating, transcripts from any colleges attended, and a short summary of their reasons for applying to the program, including their career goals, to the Blood Bank Department, Bldg. 10A, Rm. 1E-33.

The specialists in blood banking program begins in October and continues for 12 months. The deadline for all applications is Apr. 1. For more information call Andrea Casper, technical supervisor, CC Blood Bank, 496-4506. □

Bereavement Group Formed To Help Suicide Survivors

Every year there are about 30,000 documented suicides in the U.S. Each victim leaves behind families and friends. A newly established mutual-help group has been formed to provide an opportunity for suicide survivors to share their experiences in a comfortable and supportive atmosphere.

The group will meet in Bethesda on the second Wednesday of every month from 7:30 to 9:30 p.m., starting Feb. 10. For more information, call Ellen Zinner, 649-5399. □

KEYNOTER

(Continued from Page 1)

Meanwhile, he suggested taking some immediate steps which include:

- Improved methods of husbandry,
- Better training of animal care personnel, and
- Standardization of research procedures and facilities.

The Acting NIH Director observed that legal sanctions and guidelines for the protection of research animals in the United States are recent. In 1978 NIH required each institution receiving funds to file with the NIH Office for Protection From Research Risks a written assurance that laboratory animals will be cared for and used humanely.

Awardee institutions must either be certified by a recognized accrediting organization, such as the American Association for Accreditation of Laboratory Animal Care, and/or establish and operate a local animal care committee.

Dr. Malone announced that in the coming year, NIH plans to initiate a program of site visits to selected institutions to assure that they are in compliance with NIH guidelines. These institutions will be chosen either randomly or because of knowledge of potential problems.

"The primary goal of the site visits is to learn how well institutional animal care review committees work," Dr. Malone said. □

Diabetes Advisory Board Outlines Long-Range Plan

The National Diabetes Advisory Board outlined plans at its recent day-long meeting in Bethesda for maintaining the momentum of national diabetes research, health care, education and control.

One of the major topics discussed is the need for rapid translation of research results into practical application. Approximately 70 percent of the Nation's 5.5 million diagnosed diabetics are treated by primary care physicians—general practitioners, internists and family practitioners. The board emphasized the need to improve the transfer of treatment advances to these practitioners.

Dr. Charles M. Clark, Jr., director of the Diabetes Research and Training Center, Indiana University Medical Center, was asked by the board to coordinate development of a handbook for physicians focusing on valuable clinical practices for five major complications of diabetes: amputations and foot problems, ketoacidosis, perinatal complications, blindness, and kidney disease. Creation of a handbook was recommended by participants of a 1980 NDAB conference on methods to reduce mortality and morbidity from diabetes.

A major function of the board is the preparation of a yearly report to Congress that evaluates the implementation of, and updates, the "Long-Range Plan to Combat Diabetes" developed by the National Commission on Diabetes in 1976. □

David S. Dwyer Honored For 'County Contribution'

"I never thought in a million years that I would ever be selected as a Washingtonian of the Year," said David S. Dwyer, administrative officer for the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Mr. Dwyer was selected by *Washingtonian Magazine* "in recognition of his outstanding contribution to Montgomery County." He is one of 15 outstanding Washingtonians selected. Awards will be presented in a ceremony at the Sheraton Washington Hotel on Jan. 29.

For the past 22 years, he has been a volunteer with the Bethesda-Chevy Chase Rescue Squad. As chief for the last 12 years, he has been responsible for the day-to-day operation of the squad.

In this capacity, Chief Dwyer spends about 30 to 35 hours a week of his "leisure time" overseeing a staff of 125 volunteers and 17 officers.

His style of management is low key but efficient. "The rescue squad volunteers are highly motivated, highly dedicated and highly trained—they are as professional as you are going to find in this business," he says.

The need for professionalism is apparent since the squad handles about 10,000 calls per year. These include: emergency ambulance service, the mobile intensive care unit, all heavy rescue operations and fire fighting support. "We are responsible for the protection of 600,000 people," the chief estimates.

A native Washingtonian, he received a B.S. degree in business administration from Southeastern University. He has been in government service for 15 years, and was in the Coast Guard Reserve for 8 years.

Totally committed to the needs of Montgomery County citizens, he has been a member of the fire board for 10 years. He was recently appointed to the Montgomery Fire and Rescue Commission. These groups act as advisory boards to the county council and county executive.



Chief Dwyer has been called upon in NIH emergencies. He assisted in fire and rescue operations during the Clinical Center 9th floor fire in April 1979, and also served on the planning committee with the Fire Department in the CC mock disaster evacuation drill in August 1981.

Study Shows Fat Location May Be Diabetes Marker

"Location of fat in overweight women is an indicator that they may be undiagnosed diabetics and a predictor of their success on any diet," according to Dr. Ahmed H. Kissebah, an NIH grantee and director of the General Clinical Research Center at the Medical College of Wisconsin.

The MCW researchers have shown that apparently healthy women in whom fat is located in the upper half of the body have a significantly greater chance of having undiagnosed diabetes than their counterparts in whom the excess fat is located below the waist.

"It is relatively easy to identify these women at risk and to take early measures to reduce upper body segment fat," Dr. Kissebah says. "This reduction lowers the risk of such metabolic disorders as diabetes as well as high blood pressure and heart disease."

The 6-year investigation took place at MCW's General Clinical Research Center, supported by the Division of Research Resources. The study was funded by the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases.

To understand why this problem occurs in women with upper body obesity, the researchers examined fat and muscle biopsies taken from the thighs of lower body obese women. An analysis showed that



Dr. Kissebah removes a fat biopsy from a volunteer normal control patient at the Medical College of Wisconsin. The biopsy will be checked for the size of its fat cells which has been linked to the frequency of undiagnosed diabetes.

the excess weight above the waist was due to the overpacking and enlargement of fat cells which do not recognize insulin, resulting in the cells' inability to utilize glucose effectively. □

New Advisory Board Members Appointed; Hold 1st Meeting

HHS Secretary Richard S. Schweiker recently announced the appointment of 18 members to the newly established National Digestive Diseases Advisory Board.

The appointees will recommend to Congress and the Secretary ways to combat digestive diseases, a leading cause of death and disability.

Some 20 million Americans are chronically ill due to digestive diseases and more of them are hospitalized because of these diseases than for any other group of disorders.

The economic cost of digestive tract diseases has been estimated at \$17 billion yearly in direct medical care and another \$35 billion in lost work and wages.

The Health Programs Extension Act of 1980 (P.L. 96-538) established a 3-year digestive diseases advisory board. The board, which must meet four times a year, held its first meeting in November.

Dr. Paul Sherlock, chairman of the department of medicine, Memorial Sloan-Kettering Cancer Center, was elected as chairman and Dr. James Boyer, professor of medicine, Yale University, was elected as vice chairman. The board appointed several subcommittees to give special attention to the question of establishing digestive disease centers and how to derive more accurate information on the epidemiology of digestive diseases.

In addition to the 18 appointed members, the board's ex officio members include the Assistant Secretary for Health, HHS; the Director of the National Institutes of Health; and directors of various

institutes of the NIH and other Federal agencies involved in digestive diseases research; and the associate director for digestive diseases of NIADDK.



Dr. Paul Sherlock chairs the first meeting of the National Digestive Diseases Advisory Board.

The new members are: Dr. Thomas P. Almy, Etna, N.H.; Dr. James L. Boyer, Yale University School of Medicine; Dr. Burton Combes, University of Texas; John C. Daly, Chevy Chase, Md.; Dr. Joyce D. Gryboski, Yale University School of Medicine; Elaine I. Hartsook, Kent, Wash.; Dr. William P. Longmire, Jr., University of California School of Medicine; Dr. F. Warren Nugent, Lahey Clinic Foundation; Mrs. John W. O'Boyle, Dallas, Tex.; Louis J. Raffio, Telephone Workers' Credit Union.

Also, Suzanne R. Rosenthal, National Foundation for Ileitis and Colitis, N.Y.; Brent D. Ruben, Rutgers University; Irving A. Rubin, Great Lakes Container Corporation; Dr. John R. Senior, Sterling-Winthrop Research Institute; Dr. Paul Sherlock, Memorial Sloan-Kettering Cancer Center; Dr. John T. Sessions, Jr., University of North Carolina; Dr. Harry Tamoney, Jr., Boca Raton, Fla.; and Thelma K. Thiel, American Liver Foundation.

The next meeting of the board will be Feb. 1-2, at the Bethesda Marriott Hotel, starting at 8:30 a.m.

The meeting is open to the public. □

☆ U.S. GOVERNMENT PRINTING OFFICE: 1982—341-134/9