

The NIH Record

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National
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Army Medal Given To NCI Administrator

Quick thinking and the application of lifesaving CPR techniques to an unconscious soldier has earned the U.S. Army's Achievement Medal for Captain James D. Doyle, Jr., administrative officer of the Biological Response Modifiers Program, Division of Cancer Treatment, NCI, at the Frederick Cancer Research Facility.

Capt. Doyle, who is commander of the Headquarters Company 352 Civil Affairs Command, in Riverdale, Md., was cited for applying emergency medical procedures to a soldier found lying in a stairwell. Capt. Doyle continued closed cardiac massage until medical assistance arrived at the reserve center.

This is not the only time that the Army has recognized Capt. Doyle's quick response in a life-threatening situation. In 1980, he was returned to active duty as a refugee specialist to assist in the settlement of the Cuban "boat people" at the Indian Town Gap, Pa., refugee center.

When the first bus load arrived, one refugee collapsed after leaving the bus because of several broken ribs received in a beating the day before by Cuban police.

The refugee was placed in a comfortable breathing position by Capt. Doyle, who then applied mouth-to-mouth resuscitation, treated the man for shock, and called for further medical assistance.

Capt. Doyle, who speaks Spanish, was
(See CAPTAIN DOYLE, Page 7)



A typical scene on the NIH campus during the past storm-swept weeks. For a detailed report on how snow removal is accomplished, see Page 3.

Dr. Kornberg's Laboratory Creates DNA Synthesis Initiation Action

By Doris Parker

A long-sought system recently developed in the Stanford University laboratory of Nobel Prize winner Dr. Arthur Kornberg—a 20-year grantee of the National Institute of General Medical Sciences—should significantly ease the way for researchers studying cell growth and cancer.

The newly discovered system, which initiates bacterial DNA replication—the beginning of cell division and growth—in the test tube, can now be manipulated in a controlled environment by scientists. As a result, crucial questions, including those concerning the biochemistry of uncontrolled growth, can be asked with greater chance for useful answers.

Although Dr. Kornberg and his co-workers, Robert Fuller and Dr. Jon Kaguni, feel that the new system can eventually make possible an understanding of many biological puzzles, including mutation, embryonic development and carcinogenesis, they caution that the system is only a beginning—that it is a tool for further research.

The biochemistry of many basic operations performed by DNA molecules is essentially identical in bacteria, plants, animals and humans. Thus, Dr. Kornberg



Dr. Kornberg (c) has spent 25 years in genetic research. In 1959 the biochemist received the Nobel Prize for creating synthetic DNA in the laboratory for the first time. Participating in his latest achievement in recombinant DNA technology was Dr. Jon M. Kaguni (l) and Ph.D. biochemistry candidate Robert S. Fuller.

feels sure that an understanding of DNA replication in bacteria will give reliable insights into replication in higher organisms.

"There is a universal use of basic biochemical patterns throughout nature that warrants our confidence that regulation of these processes, when understood in one system, will become far easier to understand in all systems," he said.

"We sought this system for many years without success," Dr. Kornberg recalled.

(See DR. KORNBERG, Page 10)

NIH Black History Month Observance Starts Feb. 5

Afro-American History: Blueprint for Survival is the theme of the 10th annual Black History Month Observance to take place at NIH in February.

The NIH Black Cultural Committee has planned a series of events featuring prominent speakers, musical entertainment and theatrical productions.

Each program will be held at noon in the Masur Auditorium.

On Feb. 5, noted stage and screen stars Ruby Dee and Ossie Davis will keynote the celebration. They will delve into Black History: From a Theatrical Perspective.

On Feb. 9, Dr. J. Alfred Smith, pastor of the Allen Temple Baptist Church of Oakland, Calif., will be the featured speaker. He will discuss the Black Church's Role in American History.

On Feb. 10, the Honorable Chief A. Y. Eke, Ambassador of Nigeria, and Dr. Edward Robinson, city manager of Philadelphia, are the main speakers. The day's theme will be Black America's Relationship to Africa.

On Feb. 17, Dr. John Slaughter, National Science Foundation Director, will keynote the program with his address on the Black Scientist's Role in American History.

On Feb. 18, Dr. Henry C. Gregory, pastor of Shiloh Baptist Church, Washington, D.C., will be the principal speaker. He will talk on Social Concerns of the 80's.

Among the many groups performing during the month's observance programs will be the Pin Points Theatrical Company, Carado High School Choir, Bridgetower String Quartet, and Our Lady of Perpetual Help Dance Company. □

The NIH Record

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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.



These are the six doctors and seven nurses, who volunteered and carried emergency medical supplies on board a U.S. Air Force helicopter during the Jan. 13 heavy snow storm. They flew from the National Naval Medical Center to the disaster scene at the 14th Street Bridge. The physicians are (l to r): Drs. Frank W. Putnam (volunteered but elected to stay to maintain patient care at the CC), Carl Patow, Steven Edge, Christopher Weiss, Joseph E. Parrillo, James H. Shelhamer, and Paul H. Sugarbaker. The physicians were from NCI Surgery Branch and CC Critical Care Medicine. The nurses are (l to r): Beverly Lueth, Susan Simmons, Linda Simpson, and Cecilia Bergamo. Not shown are Hetty Devroom, Betty J. Curtis, and Yvonne N. Glieber. The nurses were from NIMH, NHLBI, NEI, and NINCDS.

FIC Workshop on Catechol Estrogens To Be Held

An International Workshop on Catechol Estrogens will be sponsored by the Fogarty International Center, Feb. 17-19. The catechol estrogens are compounds possessing biologic properties of both brain neurotransmitters and the female sex hormones.

Some studies have suggested a unique role for the catechol estrogens in the regulation of those hypothalamic areas concerned with control of gonadotropin and prolactin secretion and, therefore, of ovarian function.

Additionally, catechol estrogens are a primary route of metabolism of the female sex hormones—the estrogens. Only in the

past 5 years have newer methods permitted systematic explorations in this field.

The meeting will cover the topics of chemistry, enzymology, physiology, and neuroendocrine effects and was organized by Drs. M. B. Lipsett, Director, Clinical Center, and G. R. Merriam, National Institute of Child Health and Human Development.

The workshop is scheduled for Conf. Rm. 10, Bldg. 31, beginning at 1 p.m. on Wednesday, Feb. 17. Preregistration is necessary; write or telephone: Mrs. Nancy E. Shapiro, Fogarty International Center, NIH, Bldg. 16A, Rm. 202, Bethesda, Md. 20205, or call (301) 496-2517. □

Fitness Evaluation and Training Topic of Bike Club Meeting

Physical fitness evaluation and training for endurance, strength and flexibility will be discussed by Bernie Flynn, an expert in exercise physiology, at the Tuesday, Feb. 16, meeting of the NIH Bicycle Commuter Club, to be held at noon, in Bldg. 29, Rm. 115.

For additional information call Lou Mocca, 496-1920. □

Tax Office Opens Feb. 16

Tax forms, tax information, and limited assistance in computing 1981 returns will be available for NIH employees beginning Tuesday, Feb. 16, in Bldg. 31, Rm. 4B-34.

The tax office hours will be:

- For tax assistance (walk-in service)—10 a.m. to 2 p.m.
- For tax assistance (by appointment only)—8:30 to 10 a.m., and 2 to 5 p.m.; telephone 496-5199. No calls will be taken before Feb. 16.

Tax forms may also be obtained in the Westwood Bldg., Rm. 436. □



Dr. Joe R. Held, Division of Research Services' Director, presented the NIH Director's Award of Merit to Jean C. Holland for superior performance as secretary to the Director, and for the prominent role she has played in successfully communicating the Division's policies.

Training Tips

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

Office Skills	Course Starts	Deadline
Medical Terminology I	2/23	2/8
Medical Terminology II	2/23	2/8
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.



Anthony H. Chloe, animal caretaker foreman, Division of Research Services, Veterinary Resources Branch, Small Animal Section, received the 1981 Technicians Award from the National Capital Area branch of the American Association of Laboratory Animal Sciences. He currently is the supervisor of the animal colonies in Bldg. 14F.

Plows and People Push Snow Away Here

After the last massive piece of snow removal equipment is parked and the whirling brushes of sidewalk snow sweepers have become silent, the crew members of the Grounds Maintenance and Landscaping Branch, DES, will have cleared all the snow from the NIH campus at least 6 times since the beginning of this year's winter madness that has sent temperatures plunging and left clogged roadways.

Since Jan. 13, when blinding, heavy snow closed NIH early, there has been a succession of snow storms practically within days of each other.



Charles M. Fillah patrols in his jeep plow in front of the new ACRF in the early stages of the Jan. 13 snowfall.

The job of snow removal from NIH involves the marshalling of a fleet of specialized equipment; the calling in of drivers, shovelers and mechanics from their warm beds in the very early a.m. so that NIH roadways, steps, and small walkways are made reasonably safe for the arrival of workers in the morning; and it also calls for the intuition and ability to diagnose an approaching snow or ice storm in order that a strategy be developed to contain its effects.

Snow removal is the responsibility of Thomas J. Cook, branch chief, whose organization in more temperate times also takes care of the "flora and fauna" on campus. "I like to get a call when the first flake falls," he says. He is notified at home by the NIH Special Police if a snow-storm should come into the area after normal working hours.

Every winter, NIH will spread along its roadways and parking lots a staggering amount of abrasives to keep them manageable. Over 500 tons of sand, between 200 and 300 tons of rock salt, and 20 tons of salt additives will be used to assist in the clearing of 17 miles of sidewalks, 10½ miles of roadways, and over 47 acres of parking and service areas.

"Generally, we won't plow unless we get more than 2 inches because of the man-hour costs, wear and tear on equipment, and energy consumption. We will fight it with sand and salt," says Mr. Cook,



Operator Paul Dorsey gets ready to start one of the tractors that uses a 12-foot iron basket to remove snow.

who by education is a landscape architect, and by experience must try to predict with a great degree of accuracy how a winter storm will affect driving and what will be needed to keep NIH open to traffic and pedestrians.

If a weather forecast should call for heavy snow and icy conditions, Mr. Cook and his operations foreman, Mr. Freeman Miller, will assemble key personnel and assign them with equipment to different sectors of NIH.

(See SNOW, Page 7)

The Drum Major's Dream . . .



Yolanda King



The Morgan State University Choir join hands with members of the audience in Masur Auditorium to sing the words to We Shall Overcome at the finale of the program.



Among those participating at the commemorative ceremony were (l to r): Mr. King, Acting NIH Director Dr. Thomas E. Malone, Charles C. Lee, Ms. King, and Maggie Johnson, chairperson of the NIH Black Cultural Committee. The Kings asked that the birthday of their slain civil-rights leader be made a national holiday because it "would symbolize the love and togetherness his legacy taught us."

Marches On!

Rev. M. L. King, Jr.,
Commemorative
Program, Jan. 12



Martin Luther King, III

Photos by Lew Bass

Numbers of Women, Minorities Increase On Public Advisory Committees

In the last 10 years, the number of women and ethnic minorities participating on NIH public advisory committees has increased 21 percent for females and 15 percent for minorities. As of Sept. 31, 1981, there were 1,684 total members on committee rolls, with 404 females and 315 minorities.

According to Betty Beveridge, NIH committee management officer, "the percentage of females and minorities on NIH advisory committees is higher than the percentage of females and minorities among Ph.D. biological scientists. This is evidence of the effectiveness from our special efforts in this direction," she said.

NIH's commitment to the appointment of women and minorities began in 1971 when women comprised only 3 percent of the groups' members. By 1975, the number was 19 percent for females and only 7 percent for ethnic minorities.

Departmental procedures were implemented at that time for at least one qualified ethnic minority and one qualified woman to be included on each formal

slate of candidates for appointment and/or approval to the advisory boards.

Previous HHS Secretaries have been influential in furthering this goal. In 1978, under then Secretary Joseph A. Califano, the same nominating procedures were applied to all committees for which the NIH Director, who was personally involved, had appointment authority. These included initial review groups, contract review groups, boards of scientific counselors, and program advisory groups.

By 1979, Secretary Patricia Roberts Harris promised to reject any nomination slates showing inadequate representations of women and minorities for the 145 NIH public advisory committees.

NIH's peer review system examines and evaluates research grant applications for scientific merit and significance. The dual review system draws its members from both scientific and lay communities. Approximately 600 membership nominations are processed each year for the various staggered terminations of the 4-year positions. Approximately one-quarter of the

members go off the rolls annually.

Previously, B/I/D's used several resources for locating qualified individuals. Finding ethnic minorities and women candidates was facilitated by using the Division of Research Resources Minority Biomedical Support Program rosters of biomedical faculty engaged in research in minority institutions.

The Division of Research Grants maintained files of women and ethnic minority scientists. The Division was also able to provide listings of female principal investigators in specific disciplines or fields.

In 1979, the computerized NIH consultant file was formed, which is now used as another important resource for broadening the base for candidate selection. It lists individuals who have provided curricula vitae, bibliographies, and have indicated their willingness to serve on the public advisory groups.

Committee members are carefully selected. "While quality is the foremost criterion for membership, other considerations are areas of expertise, geographic location, sex, and ethnic minority status," said Mrs. Beveridge. "In the future, we will remain committed to our goal of recruiting women scientists and ethnic minorities for appointment to NIH public advisory groups," she said. □

New Method Devised To View Sickled Hemoglobin in Red Cells

Drs. Alan Schechter and Constance Noguchi of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, and Dr. Dennis Torchia, National Institute of Dental Research, have devised a new method using nuclear magnetic resonance spectroscopy to examine the aggregation of hemoglobin S within the red cells.

The aggregation process had previously been studied in hemoglobin solutions but



A microphotograph of sickle and normal cells shows an individual with sickle cell disease.

no method existed for viewing the process within living cells.

Sickle cell anemia, a genetic disease affecting about 50,000 black Americans, is due to an abnormal hemoglobin. Called sickle hemoglobin or hemoglobin S, it aggregates (polymerizes) upon deoxygenation and distorts the red cell into a sickled form.

Scientists believed that blockage of capillaries by the sickled cells leads to the tissue damage and destruction of red cells characteristic of this severe and even fatal disease.

Using unique methods, NIH scientists have been able to detect aggregated hemoglobin S inside the red cells under conditions similar to those existing in arterial blood. This identification was surprising since aggregation was expected only under conditions similar to those occurring in capillary or venous blood.

The results, confirmed by a newly created theoretical analysis, have significant implications for understanding sickle cell disease. It now appears that sickle red cells may have difficulty getting through arteriolar parts of the circulation even when the cells appear normal or unsickled under the microscope.

Apparently red cell flexibility is the important determinant of red cell survival and tissue damage, rather than the sickling process itself.

The experimental results of Drs. Schechter, Noguchi and Torchia indicate other possibilities for sickle cell anemia treatment therapies. Drugs that change the amount or properties of the polymer within the red cell appear to be more important than agents that change the microscopic appearance of sickling. Fortunately, this goal is more attainable than that of finding unsickling agents.

More specific drugs to dilate the blood vessels are indicated as a study possibility. □

New Literature Searches Available From NLM

The following new Literature Searches are available from the National Library of Medicine's Reference Section:

LS 81-18 *Psychologic aspects of cancer*. January 1978 through July 1981, 424 citations in English.

LS 81-19 *Epidermolysis bullosa*. January 1975 through September 1981, 218 citations.

LS 81-20 *Computed tomographic scanning of the brain*. January 1978 through September 1981, 660 citations in English.

LS 81-21 *The aging heart*. January 1979 through September 1981, 267 citations.

LS 81-22 *Adverse reactions to radiographic contrast media*. January 1979 through October 1981, 339 citations.

LS 81-23 *Adverse effects of selenium*. January 1977 through September 1981, 106 citations.

LS 81-24 *Chromium toxicology*. January 1977 through September 1981, 250 citations.

LS 81-25 *Arsenic toxicology*. January 1977 through October 1981, 354 citations.

LS 81-26 *Neuropeptides*. January 1980 through mid-1981 publications, 504 citations.

These Literature Searches, part of a series of printed bibliographies on subjects of current interest, were produced through NLM's computer-based system, MEDLINE. They are available without charge.

A complete list of available titles appears in each issue of *Index Medicus* and *Abridged Index Medicus*.

When requesting Literature Searches, please include title and number, enclose a self-addressed gummed label, and mail to: Literature Search Program, Reference Section, National Library of Medicine, Bethesda, Md. 20209. □

Health Insurance Plans Change Benefits, Rates

New rates and benefits for health insurance in 1982 have been announced by the Office of Personnel Management. The benefits became effective Jan. 1, and the rates became effective Jan. 10.

Although OPM has not yet set a date for "Open Season," there have been many changes made in benefits. The new bi-weekly rates for the major plans covering NIH employees are:

Service Benefit Plan (Blue Cross - Blue Shield)

	1981	1982
<i>Self</i>		
High Option	14.84	19.74
Low Option	2.46	3.62
<i>Family</i>		
High Option	30.52	41.77
Low Option	7.14	10.53

Indemnity Benefit Plan (Aetna)

	1981	1982
<i>Self</i>		
High Option	10.17	12.42
Low Option	3.20	4.74
<i>Family</i>		
High Option	15.11	15.66
Low Option	7.56	11.38

Group Health Association of Washington, D.C.

	1981	1982
<i>Self</i>		
High Option	13.80	15.43
Low Option	5.48	5.73
<i>Family</i>		
High Option	38.27	37.34
Low Option	19.94	14.08

Government Employees Hospitalization Association Benefit Plan*

	1981	1982
<i>Self</i>	4.97	7.34
<i>Family</i>	10.47	13.00

Alliance Health Benefits Plan*

	1981	1982
<i>Self</i>	8.55	13.52
<i>Family</i>	22.67	36.20

Kaiser - Georgetown University Community Health Plan, Inc.*

	1981	1982
<i>Self</i>	11.76	10.61
<i>Family</i>	32.44	29.99

George Washington University Health Plan*

	1981	1982
<i>Self</i>	12.00	13.82
<i>Family</i>	34.65	40.39

Mail Handlers Benefits Plan

	1981	1982
<i>Self</i>		
High Option	4.15	5.09
Low Option	3.19	4.16
<i>Family</i>		
High Option	11.42	13.65
Low Option	8.98	10.93

*Plans only offer one option.

Other plans in which NIH employees participate have also changed their rates and benefits. These include: American Federation of Government Employees; National Association of Letter Carriers; Postmasters Benefit; American Postal Workers Union; Columbia, Maryland Medical; National Federation of Federal Em-

ployees Benefit; National Association of Government Employees Benefit; National Treasury Employees Union Benefit Plan; and Health Plus, Inc.

Employees who have not yet received detailed information on the new rates and benefits should contact their personnel office for details. □

Spring/Summer Hayfever Sufferers Needed as Volunteers

Spring and summer hayfever sufferers are being sought as volunteers to participate in an allergy testing program administered by the Allergenic Products Branch of the Bureau of Biologics.

Persons who have experienced spring and/or summer hayfever symptoms over the last several years are needed to evaluate the ongoing allergy testing pro-

gram. Only HHS employees are eligible to participate.

Volunteers will be evaluated through skin and blood tests. They will also be monitored during the local pollen season to determine the relationship of symptom intensity to the local pollen count.

A group of patients may be selected to participate in an allergy injections program

Lorraine Griffith Dies, Former NINCDS Secretary



Mrs. Lorraine D. Griffith

Lorraine D. Griffith, 63, who served as secretary to every Director of the National Institute of Neurological and Communicative Disorders and Stroke from 1959 to 1980, died at the Clinical Center Dec. 20 after a long illness.

Mrs. Griffith began her NINCDS career in 1954 as secretary to the Institute's administrative officer. She had worked at several other Federal agencies before joining NIH. Mrs. Griffith was employed by the U.S. Army in the Panama Canal, and upon her return to Washington, spent 4 years at the Johns Hopkins Laboratory in Silver Spring, Md.

Served All NINCDS Directors

Former NINCDS Director Dr. Donald B. Tower praised Mrs. Griffith in a letter marking her retirement in 1980: "You have served with distinction under each of the Directors that NINCDS has had. Organizations like the NINCDS owe what success in mission they may achieve to employees like you."

She received an NIH Merit Award in 1977 "in recognition of sustained excellence in the performance of her duties as secretary to the Director, NINCDS."

Born in Clarksburg, Md., Mrs. Griffith grew up in Rockville. She was active and well-known in Rockville civic affairs, particularly the Montgomery County Historical Society.

Family members suggest that expressions of sympathy be in the form of contributions to the Rockville Rescue Squad, Rockville, Md. 20850.

designed to determine the safety and effectiveness of the Bureau's standardized extracts.

Interested persons who wish to volunteer can receive an allergy questionnaire by sending their name and address to: Dr. Paul C. Turkeltaub, Bldg. 29, Rm. 214. □

International Women Will Meet February 19



The International Women's Group held its annual holiday party last month at the FAES house, where FIC Visiting Program participants and their preceptors had a chance to meet senior NIH scientific and administrative officials. Among the guests were (l to r): Janet J. Bartch, FIC facilitator and party organizer, Dr. Claude J.M. Lenfant, FIC Director, and Acting NIH Director Dr. Thomas E. Malone. Guests also had the opportunity to sample international cuisine prepared by group members, and to meet with colleagues from around the world who conduct research at NIH.

The next meeting of the International Women's Group will be on Friday, Feb. 19, at 7:30 p.m., in the Montrose Recreation Center. The 2-year-old social and cultural group consists mostly of wives of foreign scientists sponsored by the Fogarty International Center's Visiting Program.

The membership is open to all who wish to make the acquaintance of families of visiting researchers. During the year, the group sponsors bake sales, social and cultural events where members demonstrate customs and traditions of their native lands, and a Fourth of July celebration.

Anyone needing transportation to the meeting, or wishing more information about IWG should contact Janet Bartch, 496-4335. □

Mabel Speaks Dies; Was DRG Statistician

Mabel E. Speaks, a member of the Division of Research Grants staff since 1968, died on Jan. 9, at her residence in Silver Spring, Md.

She worked in DRG's Statistics and Analysis Branch where she provided statistical assistance for the Branch Reports Analysis and Presentation Section.

Before joining DRG, Mrs. Speaks was employed in the Bureau of Health Services, and has worked as a Federal employee since 1950.

She is survived by her husband, John S. Speaks; a daughter, Susan P. Dieudonne; a son, John S. Speaks III; and two grandchildren.

Services were held on Jan. 13 in Rockville, Md.

Visiting Scientist Program Participants

Sponsored by Fogarty International Center

- 11/20—**Dr. Jaime Gomez-Marquez**, Spain, Laboratory of Oral Medicine. Sponsor: Dr. Alvaro Puga-Carrasco, NIDR, Bg. 30, Rm. 127.
 11/20—**Dr. Ieva Stupans**, Australia, Developmental Pharmacology Branch. Sponsor: Dr. Daniel Nebert, NICHD, Bg. 10, Rm. 13N266.
 11/29—**Dr. Elia Poerio**, Italy, Laboratory of Chemical Biology. Sponsor: Dr. Hiroshi Taniuchi, NIADDK, Bg. 10, Rm. 9N260.
 12/1—**Dr. Hu Tian-Sheng**, China, Laboratory of Vision Research. Sponsor: Dr. Paul Russell, NEI, Bg. 6, Rm. 229.
 12/4—**Dr. Hussein Khaled**, Egypt, Pediatric Oncology Branch. Sponsor: Dr. Daniel Glaubiger, NCI, Bg. 10, Rm. 3B04.
 12/4—**Dr. Reginald Sequeira**, India, Laboratory of Chemical Biology. Sponsor: Dr. Irwin Chaiken, NIADDK, Bg. 10, Rm. 9N313.
 12/7—**Dr. Kohji Miyazaki**, Japan, Experimental Therapeutics Branch. Sponsor: Dr. John Keabian, NINCDS, Bg. 10, Rm. 6D16.
 12/8—**Dr. Roman Gadamski**, Poland, Laboratory of Neuropathology and Neuroanatomical Sciences. Sponsor: Dr. Igor Klatzo, NINCDS, Bg. 36, Rm. 4D04.
 12/10—**Dr. Tian Shu-fan**, China, Laboratory of Infectious Diseases. Sponsor: Dr. Brian Murphy, NIAID, Bg. 7, Rm. 300.
 12/11—**Dr. Anne Marie Nunez**, Tunisia, Laboratory of Biochemistry. Sponsor: Dr. Claude B. Klee, NCI, Bg. 37, Rm. 4C06.
 12/13—**Dr. Claes-Otto Kindmark**, Sweden, Laboratory of Microbial Structure and Function. Sponsor: Dr. Jim C. Williams, NIAID, RML, Hamilton, Mont.
 12/17—**Dr. Jaspal S. Khillan**, India, Section on

Animal Viruses. Sponsor: Dr. Heiner Westphal, NICHD, Bg. 5, Rm. 338.

11/30—**Dr. Tang Jian**, China, Laboratory of Pre-clinical Pharmacology. Sponsor: Dr. Erminio Costa, NIMH, WAW Bg, Rm. 131, St. Elizabeths Hospital.

12/14—**Dr. Usha Pande**, India, Laboratory of Pre-clinical Studies. Sponsor: Dr. Forrest Weight, NIAAA, Danac 4, Rm. 55C.

12/14—**Dr. Chaim-Yosef Rubinovitz**, Israel, Laboratory of Nutrition and Endocrinology. Sponsor: Dr. Robert Simpson, NIADDK, Bg. 5, Rm. B1-28.

12/14—**Dr. Nili Rubinovitz-Grossman**, Israel, Laboratory of Biochemical Pharmacology. Sponsor: Dr. Loretta Leive, NIADDK, Bg. 4, Rm. 111.

12/17—**Dr. Clemenceau Acquaye**, Ghana, Laboratory of Chemical Biology. Sponsor: Dr. Alan Schechter, NIADDK, Bg. 10, Rm. 9N319.

12/21—**Dr. Zhang Mingdao**, China, Clinical Psychobiology Branch. Sponsor: Dr. Frederick Goodwin, NIMH, Bg. 10, Rm. 4S239.

12/28—**Dr. Corrado Ficorella**, Italy, Laboratory of Experimental Pathophysiology. Sponsor: Dr. Sherman Stinson, NCI, Bg. 560, FCRC.

1/1—**Dr. Bian Zeliang**, China, Laboratory of Chemistry. Sponsor: Dr. Henry Fales, NHLBI, Bg. 10, Rm. 7N322.

1/1—**Dr. Graham P. Cote**, Canada, Laboratory of Cell Biology. Sponsor: Dr. Edward Korn, NHBLI, Bg. 3, Rm. B1-20.

1/1—**Dr. Angelika Kagermeier**, West Germany, Laboratory of Microbiology and Immunology. Sponsor: Dr. Jack London, NIDR, Bg. 30, Rm. 312.

1/1—**Dr. Hajime Kawamura**, Japan, Developmental Endocrinology Branch. Sponsor: Dr. Richard Sherins, NICHD, Bg. 10, Rm. 10B09.

1/1—**Dr. Mohan Perera**, Sri Lanka, Laboratory of Molecular Carcinogenesis. Sponsor: Dr. Kenneth Kraemer, NCI, Bg. 37, Rm. 3E24.

1/1—**Dr. Shih Yi-fan**, China, Metabolism Branch. Sponsor: Dr. Jay Berzofsky, NCI, Bg. 10, Rm. 4N107.



A World Health Organization meeting, hosted by the National Institute on Aging at the Fogarty International Center's Stone House, brought together directors and government representatives of institutes and programs in gerontology from 19 countries. The two aims of the meeting were the expansion of knowledge about aging and the establishment of a network of collaborating institutions in specific areas such as senile dementia and epidemiology and survey research. The sessions were scheduled around the recent 1981 White House Conference on Aging.

Participants were from left to right: (Row 1) Drs. R. Hindley Smith, Pan American Health Organization; Eva Beverfeldt, Norway; Ana V. Aslan, Romania; Professor Kazutoma Imahori, Japan; Drs. Edit Beregi, Hungary; Guang-yu Zhou, People's Republic of China; Robert N. Butler, U.S.; and Derek Melville Prinsley, Australia. (Row 2) Drs. John Grimley Evans, U.K.; Henning Friis, WHO; Ibrahim Cisse, Senegal; Carlos Fredrico Denton, Costa Rica; Carel F. Hollander, The Netherlands; and Alvar Svanborg, Sweden. (Row 3) Drs. Hana Marie Hermanova, Czechoslovakia; Turyl Pinar, WHO; Mr. Alain Gillette, France; Drs. David Macfadyen, WHO; and Arthur Michael Davies, Israel. Attendees not pictured were: Drs. Prasop Ratanakorn, Thailand; Vargas Salerno, Venezuela; Udo J. Schmidt, German Democratic Republic; and Joaquin Gonzales-Aragon, Mexico.

Kenneth Cooke Named Eye Institute Executive Officer

Kenneth O. Cooke has been appointed National Eye Institute executive officer. In his new position, he will serve as the principal advisor to the NEI Director and other key officials on all phases of administration and management.

He replaces Edward H. McManus who became deputy director of the Institute after serving as executive officer since 1973.

Mr. Cooke comes to the NEI from the National Library of Medicine where he held the position of deputy executive officer. He had previously held the position of deputy executive officer at the National Institute of Allergy and Infectious Diseases.

During his tenure there, he received the NIH Merit Award for his contribution to the administrative management of the Institute.

A graduate of Niagara University, Niagara Falls, N.Y., and St. Vincent's College, Latrobe, Pa., Mr. Cooke came to NIH in 1967, where he worked in the Tumor Immunology Section of the Surgery Branch, National Cancer Institute.

He was selected as an NIH management intern in 1970. During his training, he completed assignments in various administrative areas leading eventually to his appointment as budget analyst at the National Institute of Child Health and Human Development. Later, he served as budget officer for the Eye Institute.

In welcoming him back, Dr. Carl Kupfer,



Mr. Cooke, a 1970 management intern, now returns to the National Eye Institute as executive officer after considerable experience as deputy executive officer of the National Institute of Allergy and Infectious Diseases, and the National Library of Medicine.

NEI Director, said, "Mr. Cooke's experience in the NIH intramural laboratories and his extensive work in budget development will help him oversee all phases of the NEI program." □

CAPTAIN DOYLE

(Continued from Page 1)

also cited for organizing Cuban volunteers into mobile supply teams to permit for the continuous around-the-clock flow of supplies to the camp. For his actions with the Cuban refugees, he was recommended for the Joint Service Commendation Medal.

A Vietnam veteran, Capt. Doyle also holds several other decorations—the Bronze Star, Humanitarian Service Medal, Army Commendation Medal, Combat Infantry, and parachute badges.



Capt. Doyle, a qualified parachutist, has served with the 11th Special Forces located at Fort Meade, Md.



John Rodak, former associate director for planning, evaluation, and legislation, National Center for Health Care Technology, has been recently appointed chief of the Clinical Center's Office of Medical Staff Affairs. Mr. Rodak will direct medical staff support functions and supervise the normal volunteer program and medical staff fellow office.

If we were all to bring our misfortunes into a common store, so that each person should receive an equal share in the distribution, the majority would be glad to take up their own and depart. —Socrates □

SNOW

(Continued from Page 3)

If, as in the case of the Jan. 13 closing, a winter snowstorm arrives early, crews will remain at NIH, and work into or through the night until the accumulation is cleared.

This snow was particularly troublesome when employees were released from work and snow was accumulating faster than the chemicals could melt it. Rockville Pike and Old Georgetown Road became snarled with traffic which backed up NIH employees on the campus roads.

Clean-up Takes 8 Hours

Many employees had trouble moving when they had to stop in the middle of a hill like South Drive behind Bldg. 10, Center Drive near NLM and Bldg. 10. This type of problem had not occurred for several years; so most employees forgot that there are sandbarrels placed along these hills to assist them.

"Usually, it takes about 8 hours to do a thorough clean-up at NIH," noted Mr. Cook, adding that if a storm comes in after midnight, it is almost impossible to have the roads and parking lots cleared for early morning traffic. The responsibility for clearing areas in and around the entrances of buildings is done by the Housekeeping Section.

Whenever a snowstorm covers NIH, Mr. Cook and his crews are glad when the decision is made to let employees go home early because "it opens the parking lots up allowing us to begin plowing." Besides getting the heavy equipment out to plow, other crews are dispatched by radio to begin sidewalk sweeping.

These crews are also used to spot stranded motorists who might be blocking the flow of traffic and may assist them if they can, to keep traffic moving by helping a stalled motorist on a hill, or assisting a driver who might need some sand placed under an icy tire.

There are a few suggestions that Mr. Cook has for NIH employees during the winter months. First, shift workers should take advantage of the undercover parking so plowing crews can work the parking lots. Second, motorists should carry jumper cables in the trunks of their cars, provided they know how to use them safely. Third, all motorists should have snow tires for their own safety and to prevent blocking the road for others. □

Come Sing Along

The NIH Singers will begin spring rehearsals on alternate Sundays on Feb. 7 at 7:30 p.m.

All singers interested in a cappella choral literature are welcome. Also, 20th century American and English works will be featured. There will be no formal auditions.

For details, call Richard Shrager, 496-1122. □

Herpes Simplex Virus Major U.S. Health Problem

The herpes simplex virus is the cause of both cold sores and genital herpes even though one infection can occur without the other. They both frequently recur after the initial infection.

Usually, the primary viral infection from cold sores occurs in children under 5 years, and then goes into a latent or hiding stage in a facial nerve. One or more whitish blisters will appear on the child's throat or on other places in the mouth.

There are often no other symptoms. But in severe cases, a child will have a fever as high as 102 degrees, and generally feel ill. Other viral signs and symptoms include increased saliva flow, bad breath, loss of appetite and swollen neck glands.

Sores Appear Intermittently

After initial attack, secondary infections will appear around the nose and lips, at intervals from once a month to once a year. After first appearing, the reddish-edged blisters tend to run together and then collapse, leaving a flat sore covered with yellow crusty material. In many people, these blisters form in the same spot over and over again.

Fever blisters or cold sores, often surface when physical resistance is low. This can result from illness (particularly upper respiratory infections), fever, or trauma. The blisters are also associated with periods of emotional stress, or with overexposure to the sun's ultraviolet rays.

Local anesthetics can relieve pain, antibiotics can control secondary bacterial infections when they occur, and ointments can soften crusts. The sores seldom scar and usually heal by themselves in a week or two. Herpes simplex virus is very contagious when the sores are present and the infection comes directly from other persons. The blisters should not be neglected.

Steroid hormone ointments, dye-light therapy, and smallpox vaccinations are not recommended for treatment because they

are of questionable value, according to the National Institute of Dental Research.

Genital herpes has become a major health problem in the United States. It is a very contagious virus, infecting the sexual organs of the body. Currently there is no cure. As many as 500,000 new cases are estimated to occur each year. The total number of cases, including patients with recurrent infections, range from 6 to 20 million.

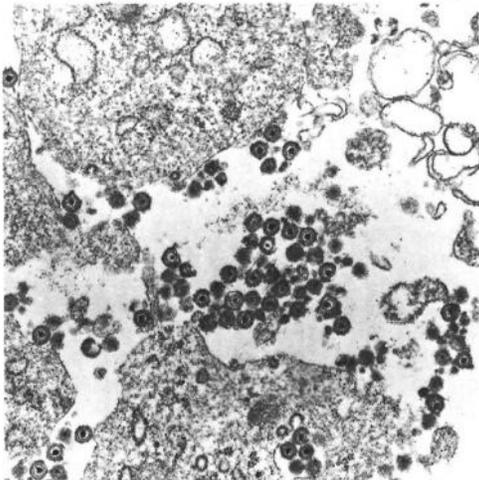
Women often suffer more initial disease than men with genital herpes because the risk of cervical cancer from the infection is increased by four times. Pregnant women with active genital herpes infections at term, risk transmitting the disease to their newborns, who can experience severe disease and possible death.

Besides NIDR, the National Institute of Allergy and Infectious Diseases conducts and supports research on the cause and treatment of diseases caused by herpesviruses. There are two closely related herpes simplex viruses—type 1 and type 2, and many strains of both. Ocular herpes, infecting the eye, and herpes encephalitis, infecting the brain and spinal cord, are also caused by the herpes simplex virus. All can occur without the other, or can be transmitted by direct contact.

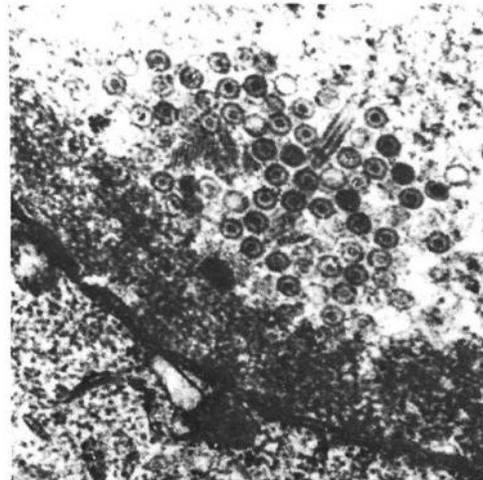
Two Types Look Similar

Most genital herpes are caused by type 2 virus, while usually oral and ocular herpes infections are caused by type 1. About 15 percent of all genital herpes cases, however, are type 1, and about 10 percent of oral herpes in adults are type 2. Both types of herpes simplex can cause infection anywhere on the body and both cause similar symptoms.

The two types of herpes simplex virus produce identical clinical sores, but have different patterns of viral growth and can be distinguished in a viral culture. The most reliable way to differentiate between the two is analysis of the viral DNA.



An electron micrograph shows herpes simplex virus type 1 magnified approximately 22,500 times. The interaction between the virus and the human immune system is being investigated by NIAID and NIDR researchers.



Herpes simplex virus type 2 looks very similar to type 1 in culture. Researchers must analyze the viral genetic material to distinguish reliably between the two types.

Sometimes there are no signs or symptoms of genital herpes. But in recurrent infections, several hours before the blisters appear, patients have experienced pain running down the buttocks or into the knees, or itching in the genital area. Symptoms of recurrent infections are usually milder, lesions are localized, and sores may heal more rapidly than during the primary infections.

Virus Hibernates

As with cold sores, the virus hibernates in the ganglia of specific sensory nerves. While symptoms are present, some viruses migrate up the sensory nerve serving the site of the sores. The viruses become inactive by the time they reach the nerve cell center. When the herpes recurs, the reactivated virus probably returns down the same nerve and multiplies on the skin at the same or near the original sore site.

To relieve symptoms of genital herpes, physicians recommend keeping the area clean and dry and wearing loose-fitting clothes. Aspirin and other treatments to relieve the various symptoms can help the pain and fever. Good hygiene is the best treatment for controlling inadvertent spreading of the virus.

Scientists supported both by NIDR and NIAID have found that the virus does not reach its peak until after the blisters appear. The sores and areas under the scars contain a lot of active viruses. The herpes is most contagious when the sores are present and remain so until they are completely healed and the scabs have fallen off.

The investigators theorize that applying an antiviral agent prior to blister formation could slow down virus reproduction and alter the course of infection.

Drug Looks Promising

One promising antiviral treatment for specific herpesviruses is acyclovir. Patients with both oral and genital herpes treated with the drug had reduced virus shedding although clinical symptoms were not dramatically reduced. Vaccine development is also progressing. One vaccine has already been shown to protect mice from herpes simplex type 1 infections. The vaccine can prevent lesion formation and stop the virus from going into latency in the nerves.

In NIH-supported studies conducted at specific medical centers throughout the U.S., results have been encouraging in approaches to control and treatment of the infection. Scientists plan to study the magnitude of the herpes problem, the natural history of the disease and its transmission, the interaction with the human immune system, and factors influencing reactivation of virus and recurrent disease. □

If of all words of tongue and pen,
The saddest are, "It might have been,"
More sad are these we daily see:
"It is, but hadn't ought to be."

—Francis Brett Harte □

Shingles Virus Explained In New NINCDS Publication



Those who suffer the pain and blistering rash of shingles might very well mutter "a pox on pox," for it is the awakening of the sleeping chickenpox virus that causes their discomfort.

You can't "catch" shingles, explains a new NINCDS publication, *Shingles: Hope Through Research*, unless you have had a previous bout with chickenpox. Both shingles and chickenpox are members of a troublesome group of herpesviruses that are disease specific, and can cause, among other ills, cold sores and mononucleosis.

The particular virus responsible for shingles and chickenpox is the varicella-zoster virus. After a case of chickenpox runs its course, the VZ viruses responsible for the outbreak rest inside nerve cells near the spinal cord and brain.

When these dormant or sleeping viruses are reactivated, they travel down nerve fibers that extend from sensory cells to the skin. There, the viruses multiply, creating a red rash of small fluid-filled blisters. The blisters are usually confined to a narrow region on one side of the face or trunk.

A person who develops shingles may feel feverish or have a headache. Because the nervous system is involved in a shingles outbreak, the symptoms can be more severe than those of chickenpox.

If the virus involves an ophthalmic nerve, for example, the patient may have a painful eye inflammation and temporary blindness. People who have a rash on their trunk may feel pain at the slightest touch.

However, the pamphlet notes, even in severe cases symptoms usually subside.

While chickenpox is considered a disease of childhood, shingles is more likely to develop in later years. People whose immune systems are weakened—both children and adults—are at greatest risk: About 10 percent of adults get shingles during their lifetimes, usually after age 50; nearly 10 percent of children who have leukemia and 52 percent of children with Hodgkin's disease develop the disorder. Children whose mothers had chickenpox late in pregnancy also are more likely to get shingles.

Single copies of *Shingles: Hope Through Research* can be obtained from the Office of Scientific and Health Reports, NINCDS, Bldg. 31, Rm. 8A-06, Bethesda, Md. 20205; telephone: (301) 496-5751.

—Diane Striar □

Captain
Wondertooth
says:



SMILE AMERICA



...and we'll smile back at you!

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February is National Children's Dental Health Month. In observance, the National Institute of Dental Research recommends that all adults set a good example by brushing and flossing their teeth daily to remove plaque, drinking fluoridated water, avoiding sweet between-meal snacks, eating a balanced diet, and visiting their dentist regularly.

Defined Diets, Hyperactivity Discussed During Consensus Conference

Defined diets do benefit a small group of hyperactive children, according to evidence presented at a recent NIH Consensus Development Conference. An expert panel concluded, however, that such diets should not be universally applied to the treatment of childhood hyperactivity at this time.

The first step in treatment should be a thorough evaluation of the child and his/her family. The physician and the parents should then consider all therapeutic options, which include dietary restrictions, behavioral modification, medication, psychotherapy, and educational techniques.

The consensus development panel, headed by Dr. Floyd W. Denny, professor of pediatrics at the University of North Carolina School of Medicine, Chapel Hill, considered the topic Defined Diets and Childhood Hyperactivity at a meeting held Jan. 13-15 in Masur Auditorium.

Several Symptoms Involved

They agreed that the hyperactivity syndrome, also termed attention deficit disorder with hyperactivity, is not a single disease but a cluster of symptoms that can result from several causes. The syndrome affects an unknown number of children who manifest a variety of behavioral and learning difficulties.

More concise ways of measuring variables such as attention span, motor activity, learning ability, and impulsiveness are necessary before physicians can accurately diagnose the hyperactivity syndrome and monitor various treatment approaches, such as defined diets.

Diets Are Modified

These diets include several dietary modifications, most of them based on a 1973 report made by Dr. Ben Feingold, a California allergist. The basic Feingold diet eliminates two groups of foods—those naturally containing high levels of salicylates and those containing artificial colors and flavors.

Although clinical observations indicate dramatic success with these diets, results of controlled trials have been inconsistent. The panel recommended that more and better designed studies be done to evaluate any positive or negative effects of dietary restrictions.

The panel acknowledged that few basic biologic studies have been done to explain any toxic effects of these substances. Some animal studies have shown that red dye 3 (erythrosine) does inhibit neurotransmitter uptake and produce increased motor activity, but these results can be disputed.

The conference was sponsored by the National Institute of Allergy and Infectious Diseases and the National Institute of Child Health and Human Development, with the assistance of the Office for Medical Applications of Research, NIH. □



Janyce E. Notopoulos was appointed recently as chief of the Planning and Coordination Branch of the Office of Program Planning and Evaluation, NHLBI. She comes from NICHD where she was a program analyst for 4 years. In her new position, Ms. Notopoulos will implement the NHLBI Ten-Year Update, the annual Director's reports and other documents relevant to planning and coordination.

DR. KORNBERG

(Continued from Page 1)

"Many other laboratories around the world were also working very hard on this problem."

First his group managed to locate the segment of DNA in *Escherichia coli* that contains the region responsible for initiating replication. Since this segment worked only inside an intact cell, they knew that many factors in the cell must be necessary to switch on the process.

The task was to extract these factors, but first they needed to obtain much more of the segment—called the origin. They turned to recombinant DNA technology, splicing origin segments into plasmids—tiny rings of extrachromosomal DNA that occur in most bacterial cells. When the hybrid plasmids were taken up by *E. coli* cells, as many as 100 copies of the segment could be made and harvested from each cell.

The investigators found that neither adding mixtures of purified enzymes known to be involved in DNA synthesis, nor adding fluid containing the entire cell contents could initiate replication. But for some reason, ammonium sulfate—added to the cell contents in just the right amount—triggered the burst of replication they were looking for.

It is not yet known whether the ammonium sulfate caused concentration of the ingredients necessary for initiation or caused something inhibiting initiation to be inactivated. These are some of the questions yet to be answered.

"We are astonished and pleased at the high level of synthesis we have found," said Dr. Kornberg. "The reaction turned out to be much more clear and powerful than we anticipated."

Because the new system behaves much like the DNA replication process inside the *E. coli* cell, the researchers are confident that their test tube system is genuine—that it mimics the process carried out in living cells.

It requires certain genes and enzymes already identified as necessary for initiation, and it is inactivated by the same substances that block initiation in live cells. But most important, the system initiates replication in both directions from the origin—an important feature of *E. coli* replication.

Dr. Kornberg's group will now sort out the components of the system and begin to analyze very precisely what substances are required for it to work. "Why it took so long to find this DNA synthesis initiation system will be answered, in part, by finding out precisely what's in the system that is exacting and irreplaceable," Dr. Kornberg said.

In addition to Dr. Kornberg's long-term NIGMS grant support, both Robert Fuller and Dr. Jon Kaguni have received NIGMS training grant support. The group's research was also supported by fellowships from the American Cancer Society and the Damon Runyon-Walter Winchell Cancer Fund, and a grant from the National Science Foundation. □

Dr. Milne Named ITB Chief

Dr. George W. A. Milne has been named chief of the Information Technology Branch of the National Cancer Institute's Developmental Therapeutics Program. The DTP carries out all preclinical phases of anticancer drug development as part of the Division of Cancer Treatment.

In his new capacity, Dr. Milne will be developing a new computer system to contain data on more than 300,000 chemicals tested for antitumor activity over the last 25 years. This information will allow the ITB to conduct studies of the relationships between chemical structures and their preclinical anticancer activity.

He joins NCI after 16 years in the Laboratory of Chemistry of the National Heart, Lung and Blood Institute.



Dr. "Bill" Milne is the author or coauthor of 112 scientific papers, and is widely known for his work in the mass spectrometry of complex molecules, in addition to his considerable experience in the management of computerized data.

Dr. Milne had helped to develop the NIH/EPA Chemical Information System, which he managed for NIH since 1974. The computer system is based on scientific and regulatory data handling information on chemical substances and is used by scientists all over the world.

A native of Stockport, England, he received his doctorate in chemistry from the University of Manchester. He became an American citizen in 1965. □

We Will Be Strolling Along

The following activities are being planned by the NIH Walking/Hiking club.

Feb. 2—Signal Knob on the north end of Massanutten Mountain; a distance of 10 miles, beginning at 8:30 a.m. For more information call Jim Lautenberger, 340-0264.

Feb. 20—Along the Glover-Archbold trail and trails in Rock Creek Park. A breakfast in Georgetown, lunch in the park, and an afternoon tea in the Adams-Morgan hotel. Limited to 12 persons. For reservations call Robin Chivers, 496-1495 or 667-8853.

Feb. 27—Along the towpath of the C&O canal near Monocacy Aqueduct. Meet at NIH, 9 a.m. Call Pat Brady, 496-6211, or Sally Stevens, 496-4124, for further information. □

Leota B. Staff Retires After 30 Years in Service

Leota B. Staff, committee management officer of the National Institute of Environmental Health Sciences, retired in January after rounding out a 30-year Federal Government career.

She had been with NIEHS for over 10 years, working in the Bethesda Office of the Director.

Her history as a civil service employee goes back before the NIEHS existed. "I started in government in 1941 with the Old-Age and Survivor's Insurance Social Security Board," she says. "When OASI decentralized to regional offices, I opted to stay in Washington, transferring to the Bureau of Public Assistance in the Social Security Administration. I worked in personnel, grants, and as administrative assistant to the chief of Public Assistance Field Operations."

Time Out for Motherhood

From 1956 to 1965, Mrs. Staff took "time out for motherhood (2 daughters)" and returned to Federal employment in the Bureau of State Services, Environmental



Mrs. Staff was honored with a 30-year certificate and pin, and a retirement gift presented by NIEHS Director Dr. David P. Rall (r) and Dr. Wilford Nusser (c), assistant director for extramural programs, at her recent retirement party.

Health, which lead into a position with the newly organized NIEHS. When the Institute moved to Triangle Research Park, N.C., she transferred briefly to the National Eye Institute, and later returned to NIEHS in the Bethesda Office of the Director.

Over the years, she has worked with 2 NIEHS directors; 5 associate directors for Extramural Programs; and 54 council members while assisting in conducting 30 advisory council meetings.

She says her most memorable recollections include two bomb threats, the NIH parking crisis, and the "big snow" in 1979.

Mrs. Staff plans to stay in the area and possibly join one of her daughters in the interior decorating business. However, the most important project on her immediate agenda is "committee managing" the plans for her daughter's impending wedding in the spring. □

NCI's Division of Cancer Cause and Prevention Reorganization Creates Four New Research Laboratories

Dr. Richard H. Adamson, new director of the National Cancer Institute's Division of Cancer Cause and Prevention, has announced the formation of four new research laboratories, and a change in chiefs of one of the existing labs.

This reorganization within the carcinogenesis intramural program uses staff and facilities currently available, as well as new staff from various academic institutions and additional space at the Frederick Cancer Research Facility.

The changes are in accordance with the new director's plan to increase the focus on research in chemically induced cancer, and the emphasis on the molecular events of tumor initiation and promotion.

Scientists in the laboratories will take advantage of a number of recent advances, including new recombinant DNA techniques and the isolation of transforming genes that turn normal cells cancerous. These advances have greatly improved the potential for understanding basic mechanisms of cancer formation, Dr. Adamson said.

The four labs and their directors are: Comparative Carcinogenesis, Dr. Jerry M. Rice; Human Carcinogenesis, Dr. Curtis C. Harris; Cellular Carcinogenesis and Tumor Promotion, Dr. Stuart H. Yuspa; and Molecular Oncology, Dr. George Vande Woude. The Laboratory of Carcinogen Metabolism is now directed by Dr. Snorri Thorgeirsson. Dr. Elizabeth Weisburger is now assistant director of DCCP for chemical carcinogenesis.

Comparative Carcinogenesis

Scientists at the new Comparative Carcinogenesis Lab at Frederick are seeking to understand the widely differing effects of cancer-causing chemicals in different species and also in different organs and cells within a given species. Dr. Rice's lab will also investigate how susceptibility to cancer changes with growth, particularly during prenatal life, and how cancer formation is affected by diet.

The laboratory has four sections: Nutrition and Metabolism, headed by Dr. Lionel Poirier; Perinatal Carcinogenesis, Dr. Rice; Tumor Pathology and Pathogenesis, Dr. Jerrold M. Ward; and Ultrastructural Studies, Dr. Ursula Heine.

Dr. Rice is currently studying abnormal patterns in cellular differentiation—the events that occur as precursor (stem) cells specialize in structure and function. The deviations from normal that take place during the specialization process are critical to changes in the cancer cell.

Human Carcinogenesis

Researchers in the new Laboratory of Human Carcinogenesis, under Dr. Harris, are investigating control of differentiation and mechanisms of carcinogenesis in human cells. Factors within the individual that determine differences in cancer susceptibility after exposure to carcinogens are also being studied. This laboratory has

three sections: Carcinogen Macromolecular Interactions, directed by Dr. Herman Autrup; *In Vitro* Carcinogenesis, and Biochemical Epidemiology, both currently under Dr. Harris.

Cellular Carcinogenesis and Tumor Promotion

Dr. Yuspa is the chief of the Laboratory of Cellular Carcinogenesis and Tumor Promotion that uses both *in vitro* and *in vivo* models to investigate the biological and molecular changes in cells and tissues during chemical carcinogenesis. This lab will have an integrated research program to: define normal regulatory mechanisms for cell growth and differentiation; determine how tumor initiators and promoters alter normal regulation; identify determinants for enhanced susceptibility or resistance to initiators and promoters; and determine how certain substances inhibit carcinogenesis.

The laboratory has three sections: Differentiation Control, headed by Dr. Luigi DeLuca; *In Vitro* Pathogenesis, headed by Dr. Yuspa; and Molecular Mechanisms of Tumor Promotion, directed by Dr. Peter Blumberg.

Molecular Oncology

Dr. Vande Woude is chief of the new Laboratory of Molecular Oncology that seeks to identify and isolate genetic elements responsible for tumor formation. This lab will study cellular transforming genes acquired by both avian and mammalian retroviruses as well as develop the technology for isolating transforming genes from chemically induced and naturally occurring tumors.

The new laboratory will have four sections: Carcinogenesis Regulation, headed by Dr. Takis Papas, whose studies have had a major impact on understanding the structure and function of transforming genes; Cellular Transformation, headed by Dr. John Bader, who is studying how transforming genes alter the structure of cancer cells; Molecular Control and Genetics, headed by Dr. Donald Court, who will study the molecular basis of gene regulation; and Tumor Biochemistry, headed by Dr. Vande Woude, who will focus on isolating and characterizing molecular elements responsible for cellular transformation.

Dr. Vande Woude and his collaborators are responsible for showing that the transforming potential of a normal gene can be activated by viral elements that have properties analogous to movable genetic elements called transposons.

Carcinogen Metabolism

Dr. Thorgeirsson is the new chief of the reorganized Laboratory of Carcinogen Metabolism. The research program will be focused on: the metabolic processing of various classes of chemical carcinogens, such as aromatic amines and amides; the relationship between chemically induced

mutations and carcinogenesis; control of gene expression during chemically induced tumor formation; and the role of modifiers of differentiation in the inhibition or promotion of tumor formation.

At this time, the laboratory has one section—Analytical Chemistry, headed by Dr. Larry Keefer.

The four new laboratories bring the total number of labs within DCCP's carcinogenesis intramural program to 13.

Other labs currently in the program are: Biology, headed by Dr. Joseph DiPaolo; Cellular and Molecular Biology, Dr. Stuart Aaronson; Chemoprevention, Dr. Michael B. Sporn; Experimental Pathology, Dr. Umberto Saffiotti; Molecular Carcinogenesis, Dr. Harry V. Gelboin; Molecular Virology, Dr. George Khoury (acting); Tumor Virus Genetics, Dr. Edward Scolnick; and Viral Carcinogenesis, Dr. George Todaro.

The reorganization was accomplished within the CIP's estimated FY 1982 budget of \$37.3 million which increased only by 3 percent over last year's. □

Juanita Harris Retires From Administrative Career

Juanita Harris, administrative assistant, NIADDK Intramural Research Program, recently resigned from NIH after 16 years of government service.

She originally joined NIH in 1971 as a secretary in the laboratory of biochemical pharmacology. In 1976, she transferred into the Administrative Office, NIADDK.

During her career, Ms. Harris was responsible for the day-to-day operational problems of scientists working in the intramural laboratories of Bldgs 2, 4 and 6.



"She was like a mother hen with her chickens," said Don Curtin, NIADDK intramural administrative officer. "The program people leaned on her heavily for solutions to problems relating to procurement and services—they now feel as though they've lost their right arm."

Ms. Harris will be moving to Albion, Nebr., where she plans to retire to the country. □

Dr. B. V. Critchlow Named Primate Center Director

Dr. B. Vaughn Critchlow has been named director of the Oregon Regional Primate Research Center. Dr. Critchlow is professor and chairman of the department of anatomy, Oregon Health Sciences University.



Dr. Critchlow

The Oregon Regional Primate Research Center in Beaverton, 12 miles west of Portland, is the oldest and largest of the seven Division of Research Resources-supported regional primate research centers. A major research emphasis of the center is on reproductive biology. Dr. Critchlow has been a member of the center's scientific advisory committee for the past 9 years.

A native of Hotchkiss, Colo., he earned his doctorate in anatomy from the University of California at Los Angeles in 1957. He later joined the faculty of Baylor University College of Medicine, and eventually became acting chairman of the anatomy department. From 1961 to 1962, he was a visiting investigator at the Nobel Institute of Neurophysiology at the Karolinska Insti-

tute, Stockholm, Sweden.

Dr. Critchlow is internationally recognized as an expert in research on the interrelationship between the brain and hormone systems. He has authored or co-authored more than 50 papers on neuroendocrinologic and neuroanatomic research. He was also a member of the NIH Reproductive Biology Study Section.

His current research focuses on the brain hormone somatostatin, which acts directly on the pituitary gland to affect the synthesis and secretion of growth hormone. He is also interested in learning how stress, mediated through various brain structures, influences the pituitary gland and affects hormone secretion throughout the body.

Dr. Critchlow has twice received the NIH Research Career Development Award, and is currently studying neural regulation of the anterior pituitary gland through NIH research grant support. He also has a training grant for multidisciplinary training in reproductive biology.

An outstanding teacher, he has received numerous teaching awards from Baylor and Oregon.

As of May 1, he will succeed Dr. William Montagna, who has been director of the Oregon Regional Primate Research Center since 1963. □

National Scleroderma Week Proclaimed by Congress

February 7 to 13 has been designated National Scleroderma Week by the Congress under Senate Joint Resolution 77, to increase awareness of the disease, recognize progress, and emphasize the need for continued efforts to eliminate this distressing and disabling disease.

Scleroderma, which causes hardening of the skin and other tissues, is a serious connective tissue disorder, one of the 100 forms of the family of rheumatic diseases.

In the systemic form, scleroderma can affect the joints and muscles, as well as the skin; and it frequently involves vital organs, such as the gastrointestinal tract, and, more critically, the lungs, heart, and/or kidneys.

Although scleroderma can begin at any age, including childhood, it is most common in middle age, affecting thousands of Americans, women more than men, during their productive years.

The outlook for victims of scleroderma has improved significantly in recent years. Previously, when scleroderma attacked the kidneys, the chances of survival were slim. This is no longer the case.

Stop Smoking

The Employee Assistance Program of the Occupational Medical Services will present a 6-week "stop smoking" program which will be held on successive Wednesdays, beginning Feb. 17, from 12:30 to 1:30 p.m., in Bldg. 31, Rm. B2B-35.

To register, call Morris Schapiro, 496-3164. □

Medical researchers have discovered in the past 3 years that aggressive treatment with newly developed antihypertensive drugs succeeds in lowering the blood pressure, improves kidney function, and dramatically saves lives, and even in some patients, causes the skin to soften. Recent research has also revealed the importance of abnormalities of the microcirculation (fine blood vessels) in causing scleroderma.

Scleroderma Research Supported

NIH supports research related to scleroderma through the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases, and the Division of Research Resources, as well as other components.

Two voluntary health organizations are devoting all their efforts to increasing both research in and awareness of the disorder: the United Scleroderma Foundation, headquartered in Watsonville, Calif., and the Scleroderma Research Foundation of Columbus, N.J.

The Arthritis Foundation, a national voluntary health association based in Atlanta, is committed to finding the causes, treatment, and prevention of all forms of rheumatic disease, including scleroderma. □

And the night shall be filled with music.
And the cares, that infest the day,
Shall fold their tents, like the Arabs,
And as silently steal away.

—Longfellow □

Dr. Bruce Baum Assumes New Clinical Dental Duties

Dr. Bruce J. Baum assumed his new duties Jan. 1 as clinical director and chief of the Clinical Investigations and Patient Care Branch, National Institute of Dental Research.

Before coming to NIDR, Dr. Baum was with the Laboratory of Molecular Aging at the NIA Gerontology Research Center in Baltimore. He also worked in the Pulmonary Branch, National Heart, Lung, and Blood Institute, and the Biochemistry and Oral Bacteriology Division, Dental Sciences Department, National Naval Medical Center.



Dr. Baum's research interests include the regulation of salivary gland function and age-related changes in the oral cavity. He is a lecturer, author of 36 scientific papers, and a member of the advisory editorial board for the *Journal of Dental Research*.

He received his predoctoral training at the University of Virginia, Charlottesville. He earned his D.M.D. degree from Tufts University, Boston, in 1971, and his Ph.D. degree in biochemistry from Boston University in 1974. □

Six New Members Named To Director's Committee

Six new members, selected by the Secretary, have been appointed to the NIH Advisory Committee to the Director (DAC).

The DAC, comprised of 16 members, will concentrate in the coming year on policy development relating to the cost of biomedical research, cooperation with industry, and planning of a biomedical research strategy.

The six new members are:

Dr. William H. Danforth, chancellor, Washington University, St. Louis; Dr. David D. DeWeese, professor and chairman, department of otolaryngology, University of Oregon Medical School; Dr. Irving H. Leopold, chief, department of ophthalmology, University of California; Dr. Douglas D. McGregor, director, James A. Baker Institute, Cornell University; Dr. William S. Partridge, president and general manager, University of Utah Research Institute; and Dr. Cornelius W. Pettinga, executive vice president, Eli Lilly and Company, Indianapolis.

In addition, Juliann Bluit, associate dean of admissions, Northwestern University Dental School, was named to complete the term of Dr. Benno Schmidt. □