Two Leprosy Antigens Isolated at Colorado State

Investigators at Colorado State University have isolated and characterized two antigens specific to Mycobacterium leprae, the organism responsible for causing leprosy. As a result, it may soon be possible to diagnose and treat the disease before it becomes symptomatic.

The laboratory group, led by Dr. Patrick J. Brennan, associate professor of microbiology, conducts extensive research in leprosy under contract to the National Institute of Allergy and Infectious Diseases.

The investigators’ findings are especially timely because M. leprae has begun to develop resistance to dapsone. This drug, which has been in use for more than 30 years, has effectively controlled the disease and enabled its victims (approximately 12 million worldwide) to live in the community.

Both antigens are glycolipids. The fatty segments (lipids) have been found in other mycobacteria, for example the one causing tuberculosis, but the investigators found the sugar (glyco) composition of these antigens to be unique to M. leprae.

Both antigens have been sequenced and elucidated. They are triglycosyl phenolic phthiocerol diesters with the inherent trisaccharide chains specific to M. leprae.

Preliminary studies by the Colorado group, in conjunction with investigators at the University of New Mexico, have shown that the pure antigens (named phenolic glycolipid I and II and referred to as PHGL I,II) react with pooled sera from leprosy patients and do not react with blood from patients with tuberculosis or other diseases caused by related bacteria.

Thus, the investigators suggest, a purified antigen holds out possibility for developing a leprosy specific diagnostic skin test to replace the comparatively crude test now in use, which utilizes inactivated whole bacilli.

The leprosy bacterium is exceedingly slow growing, taking 11 to 13 days to divide, compared to its relative, M. tuberculosis, which reproduces in about 24 hours. Thus, the incubation period in humans is extremely long—from 3 to 6 years.

A sensitive skin test or blood test would make it possible to detect early stage leprosy before symptoms appear and would be particularly useful in monitoring close contacts (See LEPROSY, Page 9).

Dr. Lenfant Becomes Heart Inst. Director

Dr. Claude Lenfant has been appointed as Director of the National Heart, Lung, and Blood Institute, effective today (July 6), by NIH Director Dr. James B. Wyngaarden.

The NHLBI is one of the largest components of the NIH, providing leadership for a national program in diseases of the heart, blood vessels, blood and lungs, and in the use of blood and the management of blood resources.

This includes support of clinical trials and demonstrations and education programs relating to the causes, prevention, methods of diagnosis and treatment of cardiovascular and lung diseases.

Dr. Lenfant is an internationally recognized research scientist and clinician. His early research in France was in cardiovas-
Types O, B Positive Needed As Blood Donors at Bank

"The whole area is short of O's," says Dr. Paul Holland, chief of the Clinical Center Blood Bank, commenting on the area-wide shortage of all types of whole blood for medical users.

Both blood types O positive and B positive are in critical supply. "We are into the summer slump, already," observes Dr. Holland, adding that traditionally fewer donors appear in the summer months than at any other time of the year.

Any NIH employee wishing to donate blood to keep a ready reserve on hand may contact the NIH Blood Bank, 496-1048.

Training Tips

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

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

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

Multi-Awareness Fair To Be Held on Bastille Day

The Second Annual Multi-Cultural Awareness Fair will take place on July 14 (Bastille Day) in the Bldg. 31 cafeteria from 5 to 8 p.m.

Coordinated by the NIAID women's subcommittee, the fair will feature crafts, art, dance, drama, songs, and foods representing the diverse ethnic heritages of NIH employees and others who serve NIH.

Among the special performances and demonstrations will be the Peggy O'Neill Irish dancers, a judo demonstration by NIH Deputy Director Dr. Thomas E. Malone and his group, a medley of songs by Bill Renfo, guitarist, and Middle Eastern dancing by Zeba.

The entire NIH community is invited to attend. There is no charge.

AFIP To Conduct Pathology Course

The 1982 Pathology of Laboratory Animals course will be conducted at the Armed Forces Institute of Pathology from Aug. 9 to 13. Veterinarians and allied scientists are invited to apply and will be considered on a space available basis. Non-Federal and foreign registrants will be required to pay a fee.

All applications must be received before Aug. 1. For further information, call Dr. George Migaki, 576-2452.

Fogarty To Hold Workshop

The Fogarty International Center will sponsor a workshop on Repetitive DNA Sequences in Eukaryotes in Wilson Hall July 12 through 14.

Molecular cloning techniques have greatly stimulated research in this area and many previously unsuspected features of eukaryotic genomes have already been discovered.

The workshop will include discussions of tandemly repeated genes, of the tandemly repeated DNA stretches known as satellites, and of interspersed repeated sequences, many of which are transposable elements.

For information and registration (required) contact Nancy Shapiro at the Fogarty Center, 496-2517.

South Dr. Closed to Traffic

South Drive will be closed to traffic beginning Monday, July 12. Wooden barricades will be temporarily placed at the entrance road to Bldg. 30 and at the intersection of Service Road West.

This closure is being done on a trial basis. The NIH master plan, as approved several years ago by the Maryland National-Capital Park and Planning Commission, calls for the development of a resodded and landscaped area south of Bldg. 10, with recreational facilities for patients and employees.

The six Metro bus routes that now serve the NIH will be affected by the partial closure of South Drive. The existing bus stops located on South Drive will be relocated to Lincoln Drive, between Bldgs. 29 and 34. Metro bus routes E2, E3, J2 and T4 will stop at these new bus stops. Metro bus routes E5, J1, J2 and T4 will stop at the bus stops located in front of the new main entrance to the ACRF.

Additional information on all Metro bus routes serving the NIH may be obtained by calling or visiting the Parking Office in Bldg. 31, Rm. B1015, 496-5050.

Pilots Association Speaker Featured at NIH Flying Club

The NIH Flying Club will hold its next meeting on Thursday, July 22, at the FAES House at 5:15 p.m. There will be a speaker from the Aircraft Owners and Pilots Association. Club members will also discuss the club's second scheduled "fly-in" that was held on June 28th at Ocean City. The next one is for Saturday, July 24 to Pottomac Airpark (Hancock, Md./Berkeley, W.Va.). For more information, contact Fred Bruner, 496-9223.

Intl' Women To Hold Picnic

The International Women's Group will hold its annual family picnic at Lake Needwood, in Rockville, Md., on Sunday, July 18, at 11 a.m. For additional information call Leslie (942-1997) or Sybil (984-7127). I WG is composed of foreign visitors and their families conducting research at NIH. Those wishing to know more about the group are invited.
Robert B. Lanman Named NIH Legal Advisor

Mr. Lanman has authored numerous legal articles, among them a complete chapter on “Federal Confidentiality Protections for Medical Records” in a book soon to be published.

Robert B. Lanman was recently appointed NIH legal advisor succeeding Richard J. Riseberg, who left NIH last February to become assistant general counsel for public health, Office of the General Counsel, HHS.

Prior to coming to NIH, Mr. Lanman, a graduate of the Iowa College of Law, was chief of the Alcohol, Drug Abuse, and Mental Health Administration Branch, Public Health Division, OGC. In that capacity he advised ADAMHA on a broad range of legal issues arising under ADAMHA’s research and services programs.

As NIH legal advisor, he foresees a continuation of the office’s traditional role of legal advisor and counselor to NIH and its managers and program administrators.

Besides being involved in the myriad day-to-day legal questions arising from the NIH operations, Mr. Lanman anticipates new areas of legal concern that may demand more time in the future, particularly in the area of scientific misconduct. “This is an area where legal advice is needed, especially if sanctions are imposed,” he noted.

His office is also represented on various panels and committees within NIH so that legal questions may be answered immediately or legal problems anticipated and prevented. “I look forward to a continuation of this close working relationship between legal and program staff,” he stated.

Among the awards Mr. Lanman has received have been an OGC cash award for superior performance in implementing the alcohol and drug abuse confidentiality regulations. He is also the recipient of the Administrator’s Award of Special Recognition.

Phone Links President and Patient

You have just turned 16, and for the past 5 months you have been in and out of the Clinical Center receiving chemotherapy treatment, and now you have been placed inside a laminar air-flow unit, a germfree environment or “bubble” used to aid your recovery.

You are not feeling very well and the people attending you encourage you to use your sterile bedside telephone to call and talk to people. You ask them if this government telephone can get you in contact with the President of the United States.

For most of us at one time or another, every citizen has wanted to speak to a President. But for John M. Brown, a victim of Ewing’s sarcoma, his strong desire to speak with President Ronald Reagan came to the attention of some important people. It eventually led to President Reagan calling John on Friday, June 18, at around 3:30 p.m. for an unusually long conversation lasting almost 6 minutes.

A White House photo of President and Mrs. Reagan is held up for John Brown to see on the other side of a laminar air-flow unit in the CC.

“I was shocked. We had no warning that he would call,” said John. “It was a high honor for me. It’s not many kids my age who get a call from the President.”

John’s story begins with William F. Stancliff, a visual information specialist with the Division of Research Grants, who in 1978 was detailed to the executive office of the White House.

While there for 4 months, he developed contacts with many White House staffers. His association with the Brown family came through mutual friends at the Riverside (Md.) Baptist Church. “They asked me to look in on John from time to time because I worked here at NIH,” he says.

Wished to Speak to the President

After learning about John’s interest in speaking to President Reagan, and checking with his physician, Dr. Lorraine Marin of the Division of Cancer Treatment, NCI, Mr. Stancliff decided to make a few calls himself.

One of them was to the office of James Baker, President Reagan’s White House chief-of-staff. He asked if the President would be able to call John for his birthday on Wednesday.

At first, they told Mr. Stancliff that due to the President’s busy schedule, all they might be able to do was send an autographed photograph.

John (c) and his mother, Sara (l), discuss the President’s telephone call with John’s physician, Dr. Marin (r), and Mr. Stancliff.

Later in the day, however, Mr. Stancliff received a call from Baker staffer Cathy Camalier saying that Mr. Baker had seen her note about John and thought that the President might be able to call.

On Wednesday, President Reagan was heavily involved in briefings on developing world affairs, and was also in the process of getting ready to deliver an address about world peace at the United Nations in New York on Thursday.

Took Time Out of Briefing

It was not until Friday that President Reagan took time out of his briefing on the then-pending visit of Israeli Prime Minister Menachem Begin to call John Brown on 6-West.

On that day he held a morning staff meeting, met with members of the National Security Council, received Arizona U.S. Senator Barry Goldwater, and held a reception for the Republican National Committee. It was indeed a fortunate turn of events that permitted the telephone call to be made.

When the call came in, it was answered by John’s mother, Sara, on another telephone in the room.

Operations Discussed

Most of the conversation between the Ithaca, N.Y., youth and the President was centered around their respective medical procedures. “I asked him if he had ever had chest tubes in his chest and he said ‘yes,’ ” said John. President Reagan then spoke about the assassination attempt on his life and described the damage the bullet had done. He told John that the bullet had entered his side, landing in an area.

(See REAGAN, Page 6)
May Trigger Epileptic Sudden Death

Nerve signal imbalance to the heart could explain the sudden death striking thousands of epileptics a year, according to research reported recently during the 66th annual meeting of the Federation of American Societies for Experimental Biology.

Dr. Claire M. Lathers and Paul L. Schraeder, in research supported by the Division of Research Resources at the Medical College of Pennsylvania in Philadelphia, found that the relationship between and within the two sets of nerves sending signals to the heart was altered in cats given various doses of a seizure-producing drug.

The nervous imbalance occurred in the preconvulsant as well as the convulsive state. If the same imbalance occurs in human epileptics, it could explain the fatal arrhythmias (irregular heartbeats) that patients experience who are not having a seizure, according to the researchers.

Sudden death, without any apparent cause, strikes 3,000 to 10,000 young and otherwise healthy epileptic patients each year. Scientists believe that the sudden deaths may be linked to an association between epilepsy and irregular heartbeats, or arrhythmia.

According to most past research, fatal arrhythmias occur only during seizures. But this research fails to explain why one seizure causes death while the same type of seizure was survived in the past. Nor does it account for the fact that some epileptics die suddenly at a time when no seizure activity is present.

The investigators believe that the explanation for sudden death in epileptics lies in the two groups of nerves regulating heart rate. One group, the sympathetic nerves, accelerates heart rate. The other group, the parasympathetic nerves, slows the heart. Together, these two groups form the autonomic nervous system.

Dr. Lathers and Schraeder studied the reactions to the autonomic nervous system in nine cats injected with the seizure-producing drug, pentylenetetrazol. Initially, PTZ was given in low doses to produce preconvulsive activity. The dose was then gradually increased to induce full seizures.

One to three sympathetic nerves and one parasympathetic nerve were simultaneously monitored in each animal. Degrees of seizure activity were measured and correlated with autonomic neural discharge and with changes in blood pressure, heart rate, and electrical activity of the heart muscle.

The investigators found that in all of the cats, autonomic nerves to the heart did not always respond in a normal manner to changes in heart rate and blood pressure. Normally, when blood pressure falls, the sympathetic nerves signal the heart to beat faster to maintain proper circulation. But in the PTZ-treated cats, a drop in blood pressure was associated with the opposite effect—the number of signals from the sympathetic nerves to the heart dropped.

Dr. Lathers and Schraeder concluded that during both convulsive and preconvulsive activity, the relationship between and within the sympathetic and parasympathetic nerves is changed. The result is an imbalance of autonomic discharge to the heart, which they suggest may cause abnormal heart rhythms and sudden death.

Dr. R. Christiansen Retires From NIDR; Joins University

Dr. Richard L. Christiansen, associate director for extramural programs, National Institute of Dental Research, is retiring July 9 to become dean of the University of Michigan school of dentistry.

Dr. Christiansen first became associated with the Dental Institute in 1964 when he served as staff orthodontist in the Oral Medicine and Surgery Branch. From 1970 to 1973, he was a principal investigator in the branch and program officer in the Developmental Biology and Oral-Facial Anomalies Program. He became chief of the Craniofacial Anomalies Program Branch in 1973.

As associate director for extramural programs since 1981, Dr. Christiansen has been responsible for managing and directing comprehensive scientific research programs related to dental diseases and disorders.

In reflecting on his change of activities, Dr. Christiansen said: "I view this change to the University of Michigan as another phase of professional growth, training, and challenge. Thus, I do not sense separation or departure from NIH, but rather a broadening experience and an opportunity to bridge the interdependent phases of research, health care, and education."

In addition to his background in dental administration and research, Dr. Christiansen has been a lecturer in orthodontics at the dental schools of the University of Minnesota, the University of Maryland, and Georgetown University.

In his new position, he will serve as dean and professor of the school of dentistry. He will also serve as director of the W. W. Kellogg Foundation Institute, graduate and postgraduate studies.

Dr. Christiansen earned his D.D.S. in 1959 from the College of Dentistry, University of Iowa. He received an M.S.D. in orthodontics from the school of dentistry, Indiana University in 1964, and a Ph.D. in physiology from the University of Minnesota in 1970.

Experience Sesame Place!

Discount tickets are available for Sesame Place, outside of Trenton, N.J., where children can experience activities to stretch their minds and bodies and have fun. Also offered are an imaginative outdoor play area, a computer gallery, restaurant, and "hands on" science elements. Tickets cost $6.25 and may be purchased at the R&W Activities Desk, Bldg. 31, Rm. 1A18.
Six NIH Staff Members Honored
During HHS Awards Ceremony

Six NIH staff members were honored by HHS Secretary Richard S. Schweiker during the Department's Honor Awards Ceremony held Wednesday, June 23, in the Hubert H. Humphrey Bldg. Great Hall. Mrs. Schweiker, Drs. Edward N. Brandt, PHS Assistant Secretary for Health, and James B. Wyngaarden, NIH Director, assisted with the presentations.

The Distinguished Service Award, the Department's highest honor conferred on civilian employees, was presented to Drs. William F. Raub, NIH Associate Director for Extramural Research and Training, and David R. Davies, chief, section on molecular structure, Laboratory of Molecular Biology, and rotating chief, Laboratory of Molecular Biology, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Samuel W. George, assistant director for finance, Division of Financial Management, OD, received the Secretary's Award for Exceptional Achievement. Mary Elizabeth Low, lead visiting program assistant, Fogarty International Center, was presented the Secretary's Special Citation for Ten Outstanding Employees of the Year.

Dr. John A. Moore, deputy director, National Institute of Environmental Health Sciences, received the Departmental Management Award and Dr. Richard H. Adamson, director, Division of Cancer Cause and Prevention, National Cancer Institute, received the HHS Equal Employment Opportunity Achievement Award.

A reception for HHS, PHS, and NIH officials, award recipients and their guests followed the ceremony.

Distinguished Service Award

Administrative category
Dr. William F. Raub, OD
"For outstanding leadership of NIH extramural programs and innovations in budget forecasting, stabilization of research funding, and policies for dealing with misconduct in science."

Scientific category
Dr. David R. Davies, NIADDK
"For sustained outstanding research on the three-dimensional structure of the antibody molecule and its relation to immune processes."

Secretary's Award for Exceptional Achievement

Samuel W. George, OD
"For overall excellence and exceptional initiative, creativity, and leadership in meeting changing requirements in finance, and using resources in the most efficient manner possible."

Secretary's Special Citation for Ten Outstanding Employees of the Year

Mary Elizabeth Low, FIC
"In appreciation of her years of competent, humanistic service to the foreign scientific community and to the senior scientific and administrative staffs of the NIH."

Two New Members Join NICHD Advisory Council

Two new members have been appointed to the National Advisory Child Health and Human Development Council. They are Dr. Jerome Kagan, professor of psychology, Harvard University, and Dr. George Willeford, Jr., a practicing pediatrician in Austin, Tex.

Preadolescent Research

Dr. Kagan, who has been at Harvard since 1964, received his B.S. from Rutgers in 1950 and a Ph.D. in psychology from Yale in 1954.

He is known internationally for his research on cognitive and personality development in the preadolescent years, and was the recipient of the Hofheimer Prize for Research from the American Psychiatric Association in 1963.

Dr. Willeford, a practicing pediatrician for 18 years, has specialized in child development and behavior for the past 12 years. A native of Texas, he earned his B.S. from Texas A&M University and an M.D. from the University of Texas Medical Branch in Galveston, where he is now a clinical professor of pediatrics.

He is currently active in legislative affairs of the Texas Pediatric Society.

Satchel Paige's Maxims

Baseball's legendary pitching star Satchel Paige, 75, died recently at his Kansas City home of heart failure. He was known for his stamina and longevity in a sport where youth is usually an asset.

Before retiring from the mound, the 59-year-old pitcher spoke these "master's maxims":

• Avoid fried meats, which anger up the blood.
• If your stomach disputes you, lie down and pacify it with cool thoughts.
• Keep the juices flowing by jangling around gently as you move.
• Go very light on the vices, such as carrying on in society. The social rumble ain't restful.
• Avoid running at all times.
• Don't look back. Something might be gaining on you.
not far from the heart. He said that he had to have tubes inserted in his body, and it "ain't no fun."

"He sounds just like he does on television," observed John about the telephone conversation. John told the President that he was being treated in a special germ-free room that helps to get his blood count back up to a normal level. President Reagan remarked that he knew about the importance of a good blood count due to his hospital experience and his subsequent physical examinations.

"I'll be thinking of you in my prayers," President Reagan said as he ended his part of the conversation. "I told him I'll be watching you on the news," said John.

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**Visiting Scientist Program Participants**

*Sponsored by Fogarty International Center*

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<td>Dr. Christine Pommier</td>
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<td>Laboratory of Animal Genetics</td>
<td>Dr. Steven Li, NIHES</td>
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<td>5/27</td>
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<td>Laboratory of Molecular and Developmental Biology</td>
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<td>Laboratory of Central Nervous System Studies</td>
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**NCI’s Dr. Terry To Head Meloy Laboratories**

Dr. William D. Terry, director of NCI’s immunology program, and chief of its immunology branch since 1972, has joined the Revlon Health Care Group as vice president for biotechnology research July 1. Dr. Terry will direct Meloy Laboratories and supervise research and development at Revlon.

In addition, he will organize Meloy’s new Biotechnology Research Center in Shady Grove, Md.

Recently, Dr. Terry played a key role in the organization of NCI’s Division of Resources, Centers and Community Activities. He was asked to administer the Cancer Centers Program temporarily in 1978. In 1979, he also became the interim director of the Cancer Control Program. Those two programs, along with several others, were combined in 1980 to form the DRCCA. Dr. Terry served as acting director until September 1981 when he returned full time to his immunology positions.

After earning his B.A. at Cornell University in psychology, he completed his M.D. in 1958 at the State University of New York, Downstate College of Medicine in Brooklyn, Md.

After internship and residency at the Jewish Hospital of Brooklyn, Dr. Terry was an NIH arthritis trainee at the University of California. He came to the immunology section of NCI’s Diagnostic Research Branch as a research associate in 1962.
1982 Novice Bicycle Race Results


Harvey Giller, 62, an NIH retiree took a first in the men's over 35 2-mile race with a 6:43. After winning his event, he came back and pedaled in the under 35 race. Second was W. Lee Molot and third was Jack Shawver, both only seconds behind. Dittie Stewart finished first in the women's over 35 with a 7:36.

Nitrite Use May Be Linked to Kaposi Syndrome

Abnormalities in the immune system of 15 healthy homosexual men, who regularly use amyl and butyl nitrates as recreational drugs, were observed by scientists who recently concluded a Kaposi sarcoma and opportunistic infection study.

The scientists suggest that nitrite-induced immune suppression may occur as a result of repeated challenges to the immune system from viral infections, and predisposes homosexual men to several other diseases. The nitrites may have also contributed to the recent outbreak of Kaposi sarcoma among homosexual men.

These findings were reported in the Feb. 20 issue of the Lancet. Kaposi's sarcoma is a rare skin cancer that usually occurs in the United States among elderly men or, in a severe form, among persons with weakened immune systems.

However, an increasing number of cases have been reported in the past few years among homosexual men. Opportunistic infections are also seen among patients with weakened immune systems.

Microorganisms that would not be able to multiply in people with normal ability to fight infections can become life-threatening when given the opportunity to infect people with diminished immune defenses.

Some investigators have suggested that nitrite inhalants, which have grown very popular among homosexual men as sexual stimulants, may be immunosuppressive and play a role in the occurrence of the cancer and opportunistic infections such as Pneumocystis carinii, as unusual pneumonia.

The investigators collected data on 15 homosexual male volunteers and similar data were also collected on two Kaposi's sarcoma patients. Of the 15 healthy men, 8 were regular nitrite users (1 to 20 times per month).

Fourteen of the 15 men had antibody to cytomegalovirus (CMV), a type of herpesvirus, indicating past exposure to the virus. Antibody levels were similar for both nitrite users and nonusers.

These data suggest that CMV infection alone is not sufficient to produce the T cell abnormalities found in this study. Researchers have suspected that CMV may play a role in the occurrence of Kaposi's sarcoma and opportunistic infections.

Homosexual Predisposition Considered

The investigators suggest the data provide preliminary evidence that nitrite-induced suppression of the immune system, together with repeated infections with CMV or perhaps other agents, predisposes homosexual men to the diseases.

The body may become "hyperimmunized" by being repeatedly stimulated to defend itself against viruses, the investigators suggest, and thus susceptible to nitrite-induced immunosuppression.

Both Kaposi's sarcoma patients in the study had used nitrites regularly. They had antibody against CMV and low H/S ratios before treatment with chemotherapy.

The Lancet article provides the first immunologic data published on Kaposi's sarcoma patients.

Each of the following contributed to this study: Dr. J. J. Goedert, Dean L. Mann, Mark H. Greene, Joseph F. Fraumeni, Jr., and William A. Blattner of NCI; William C. Wallen of NINCDS; Douglas M. Strong and Carolyn Y. Neuland of the Naval Medical Research Institute and Uniformed Services University of Health Sciences; and Christine Murray of Biomedical Research Institute, Rockville, Md.

Several aspects of the study should be noted: First, the study group was extremely small. Second, other studies have suggested that frequency of nitrite use may be correlated with number of sexual partners. The potential significance of this association for development of Kaposi's sarcoma and opportunistic infections could not be definitively studied here. And, third, this study, like others, focuses on immune dysfunction as a key factor in the development of the cancer.

It is possible that some other unknown factor associated with nitrite use, but not the drugs themselves, causes the immunosuppression and leads to the development of cancer and opportunistic infections.

A summary of the research is available from the Office of Cancer Communications, 496-6641.
New Form of Cholesterol Has Been Isolated At New York Hospital-Cornell Medical Center

A new form of cholesterol whose presence is linked to the prevention of atherosclerosis has been isolated in the blood of normal individuals by NIADDK grantee Dr. Norman B. Javitt, professor of medicine and chief of the division of hepatic diseases, at the New York Hospital-Cornell Medical Center.

When the new compound—called 26-hydroxycholesterol—is not present in the blood, or virtually undetectable, premature atherosclerosis and early death from repeated heart attacks may occur, according to the scientist.

The new compound is produced from cholesterol in the liver and represents only a tiny fraction of the total amount of cholesterol found in the blood. It has been determined to be a powerful inhibitor of cholesterol synthesis in cell culture in concentrations no greater than exist in normal blood.

Dr. Javitt said the research has shown that the absolute level of cholesterol in the blood is less important than other factors, such as the accumulation of the substance into the blood vessel wall. "Of perhaps greater interest," he added, "is the possible role of 26-hydroxycholesterol in preventing atherosclerosis."

The most intriguing aspect of the new finding is that in a rare disease, called cerebrotonal xanthomatosis (CTX), the blood levels of 26-hydroxycholesterol are less than 1/10 normal. The disease received its unusual name from the finding of huge amounts of cholesterol and other sterols (xanthsomes) that deposit in the brain (cerebral) and other tissues such as tendons during life.

In children, the disease can be present as a neurological problem with unsteady gait (ataxis) because the deposits of cholesterol in the nervous system cause the clinical symptoms. However, eventually deposits of cholesterol become evident in other tissues, and in early adult life could cause heart attacks due to atherosclerosis in the coronary arteries.

Of great importance is that these individuals have normal to low levels of cholesterol in the blood which is different from other abnormalities where an association between high levels of blood cholesterol and atherosclerosis is known to exist. The virtual absence of 26-hydroxycholesterol in the blood of these individuals is an important new clue to understanding the cause of atherosclerosis and is rapidly being further explored.

Although great emphasis had been given to the amount of cholesterol in the blood as leading to early atherosclerosis, more recently the emphasis has shifted to a careful study of these events leading to the depositing of cholesterol and other similar substances into the walls of blood vessels, mostly arteries.

These deposits cause narrowing of the arteries (atherosclerosis) which eventually result in stoppage of blood flow. When the coronary arteries are attacked, heart attacks occur (myocardial infarction); when cerebral arteries are attacked, strokes (cerebral thrombosis) occur; and similarly other problems such as high blood pressure can result when the arteries of the kidneys are involved. Atherosclerosis is the major cause of disability and death in the United States.

Two FIC Scholars Arrive From Italy and India

Dr. Gaetano Salvatore, currently dean of the 2nd Faculty of Medicine and head of the Institute of General Pathology at the University of Naples, Italy; and George P. Talwar, director of the National Institute of Immunology, New Delhi, India arrived recently as Fogarty International Center scholars-in-residence.

Educated at the University of Naples, Dr. Salvatore began his research career in microbiology in 1955. In 1956 he became a research fellow with Professor Jean Roche at the College de France in Paris and began work in thyroid physiology and biochemistry.

His early studies dealt with postthyroidal metabolism of iodoamino acids, comparative biochemistry of the thyroid gland and its hormone, biosynthesis of thyroglobulin and thyronyl hormones.

Professor Salvatore came to NIH initially as a visiting scientist in 1964, at which time he began work on thyroid proteins. He was the first to isolate and characterize the subunits and the aggregation products of thyroglobulin.

He is now returning for his third term as a Fogarty scholar, and he will again be associated with the Clinical Endocrinology Branch, NIADDK. Dr. Salvatore will continue the series of seminars on basic issues in the study of receptors and ligand binding that he organized earlier, and he will complete planning for a conference, Scientific Exchanges and International Collaboration in Biomedical Research, to be held in the spring of 1983.

Beginning First Term

Dr. Talwar is beginning his first term as a Fogarty scholar-in-residence. He received his early education at the University of Punjab, and then studied at the Pasteur Institute and the Sorbonne.

When he returned to India in 1956, after spending 2 years in Germany as Humboldt fellow, he joined and later became head of the biochemistry department of the All India Institute of Medical Sciences in New Delhi.

Well known for his work in endocrinology and reproductive biology, Dr. Talwar has been particularly concerned with the affiliation of immunologic methods to fertility control.

While working at the Rockefeller University, he collaborated with Dr. Sheldon J. W. Hardy, Biologist, Retires After 29 Years at NIH

In his retirement, Mr. Hardy plans to renovate his home, and occasionally will concentrate on removing fish from river and bay.

Walter Hardy, NCI biologist in the in vivo radiobiology laboratory, has retired after 29 years of service with NIH.

He began his government career in 1944 when he enlisted in the U.S. Navy. In 1951, he joined the Veterans Administration, and a year later joined NIH as a physical science aide.

A native of North Carolina, Mr. Hardy received a bachelor's degree of science from Virginia Union University in Richmond.

Mouse Toxicity Studies

As an NCI biologist, he worked in a laboratory which performs long-term mouse lung toxicity studies or radiation effects on mouse lung tissue.

In addition, Mr. Hardy was branch property manager, a job entailing much coordination and knowledge of certain systems for the proper functioning of the branch.

He was extremely popular among his fellow employees, rendering "invaluable service at all times."

Anxiety

Anxiety is a form of worry described as a disturbance of emotion resulting from an uncertain event. Often, a person is subject to needless periods of anxiety, because someone else is slow about taking a promised action or delivery—or is derelict in the performance of a task.

So, if you are given a task to do, or promise to perform a duty, don't ever forget what mental harm might be done to the worrier if you don't complete the job with efficiency and dispatch.

Segal on the mechanism of action of estrogens and other steroid hormones.

As a scholar-in-residence, Dr. Talwar will take part in regular FIC seminars and meetings and will be available for consultation with NIH staff. He and Dr. Salvatore will have offices in Bldg. 16 (Stone House), 496-1213.
Brain Hormone Halts Premature Puberty

A potential new treatment for premature puberty has been discovered by a team of scientists from the National Institute of Child Health and Human Development, the Salk Institute, and Massachusetts General Hospital. They found that large doses of a brain hormone that normally triggers puberty can halt, and even reverse, sexual development.

The new treatment promises to be safer and more effective than the currently available therapy for premature puberty, said Dr. Florence Comite, an NICHD member of the research team.

Puberty normally begins around age 11 in girls and 12 or 13 in boys. In rare instances it starts much sooner, even in infancy. This can result from recognizable abnormalities in the central nervous system, but often there is no identifiable cause.

Premature puberty disturbs both the physical and psychological development of its victims. Children with the disorder develop sexually mature bodies and often undergo the emotional upheaval and sexual awakening of adolescence before they are ready for these changes.

Patients who enter puberty prematurely are tall for their age as children, because of accelerated growth associated with sexual maturation. They are frequently short as adults, however, because they complete their growth at an earlier than normal age.

Previously, the only treatment for premature puberty was a synthetic progestin. This drug stops menstruation, but usually fails to prevent the rapid growth that results in short adult stature. Treatment with synthetic progestin can produce several serious side effects.

Doctors at NICHD and Massachusetts General Hospital have devised an alternative treatment for premature puberty that interferes with the chain of hormonal events necessary for sexual maturation.

Puberty begins when the brain starts secreting a hormone called luteinizing hormone-releasing hormone in periodic bursts. LHRH stimulates the pituitary gland to release hormones called gonadotropins. These hormones, in turn, stimulate the gonads (ovaries and testes) to make sex hormones, which cause sexual maturation.

The rate at which the brain releases LHRH is crucial to sexual development. Unless LHRH is secreted intermittently, the pituitary gland will not release enough gonadotropin to stimulate production of sex hormones. Research has shown that continuous administration of LHRH desensitizes the pituitary gland to the hormone, causing the pituitary to stop releasing gonadotropins.

The doctors took advantage of this phenomenon to inhibit gonadotropin secretion in five girls ages 2 to 8 who had started puberty. They gave the girls a modified form of LHRH, supplied by the Salk Institute, that is more potent and longer-acting than the natural hormone. Daily injections of the LHRH analog have the same effect as continuous administration of LHRH.

After 2 months of therapy, gonadotropin and sex hormone levels had dropped to prepubertal levels in all five patients. Treatment reversed breast and pubic hair development in some of the girls. None of the patients menstruated during therapy.

Treatment with the LHRH analog did not produce any serious side effects, and its therapeutic effects were reversible. Two months after treatment was stopped, the patients' gonadotropin and sex hormone levels had returned to pretreatment levels.

Although this study included only girls, more recent work at NICHD has shown that LHRH analog therapy for premature puberty is also effective in boys, says Dr. Comite. She and her coworkers are currently studying the effects of long-term treatment with the LHRH analog on growth and eventual sexual development. Preliminary results show that therapy slows growth to normal prepubertal rates.

The use of an LHRH analog to treat premature puberty was reported in the Dec. 24, 1981, issue of the New England Journal of Medicine by Drs. Comite, Gordon B. Cutler, Jr., and D. Lynn Loriaux of NICHD; Drs. Jean Rivier and Wylie W. Vale of the Salk Institute; and Dr. William F. Crowley, Jr., of Massachusetts General Hospital.

LEPROSY

(Continued from Page 1)

Drs. Hunter (l) and Brennan examine the reaction between the PHen-GL I and antibodies from sera of leprosy patients. Photo by Ken Williams, Colo. State Univ.

contacts of persons with leprosy.

PHen-GL I is found in abundance in the leprosy bacillus itself and in infected tissue surrounding the foci of infection, since the bacterium excretes it during the course of infection. Dr. Brennan suggests the glycolipid may play a role in the pathogenesis of the disease, perhaps surrounding the bacillus with a protective coat and blocking normal immune reactions, such as cell destruction.

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Findings Presented at Workshop on Aldose Reductase

Aldose reductase, the enzyme responsible for the "sugar cataracts" that occur in animals with diabetes, is involved in other, more serious diabetic complications as well.

Recently developed drugs that block the action of the enzyme are showing great potential as preventives for a wide range of diabetes-associated problems, including the painful nerve disease and possibly the blinding retinal disease that are among the most troublesome conditions afflicting human diabetics.

These are some of the conclusions that emerged from an international workshop on aldose reductase, held in March at the Lister Hill Center. The workshop was sponsored by the National Eye Institute and attended by more than 70 participants.

Possible Role in Diabetes

Workshop participants summarized and discussed recent findings on the properties of aldose reductase, its activity in different tissues of the body, its possible role in the various complications of diabetes, and its control by specially designed drugs called aldose reductase inhibitors (ARl's).

Highlights of the workshop included presentations by two NEI intramural scientists. A molecular model that identifies the key features of an aldose reductase inhibitor and explains how ARl's that differ greatly in their chemical structure can exert similar effects on the enzyme was described by Dr. Peter Kadar, a chemist at the NEI Laboratory of Vision Research.

Recorded Messages Planned by Personnel Management

Over the telephone, beginning July 6 and continuing throughout the year, the Division of Personnel Management will present various recorded personnel-related information on a 24-hour basis at 496-4608. The following topics are scheduled for July 8-30:

- Employee Performance Management System, July 6-9
- Political Activity, July 12-16

Keep Your Official File Up-to-Date, July 19-23

It Helps to Keep a Personal File on Yourself, July 28-30

Future topics and dates will be posted each month on all NIH bulletin boards. Suggestions for other topics for future code-a-phone messages are welcome. These suggestions can be called in on 496-4608.

Art McKay, Former Preparedness Officer, Dies

Arthur G. McKay, former NIH emergency preparedness officer, who retired in 1979 after completing 42 years of government service, died at the National Naval Medical Center on May 28.

He came to NIH in 1963 from the Metropolitan Police Department where he was an official. He began his NIH career in the Protection and Security Management Branch as a detective. Later, he was assigned as chief of the parking and traffic control section, PSMB, where he planned and established the traffic enforcement plan for NIH.

While in this position, he also held the dual role of assistant chief of the Protection and Security Management Branch and chief of the Security Evaluation Section. In 1976, he became the emergency preparedness planning officer for NIH. He was also very active in the NIH Amateur Radio Club.

During his 15½ years at NIH, Mr. McKay received several awards, commendations, and letters of appreciation. The two he valued most highly were the 1977 award as Outstanding Supervisor of Stay-in-School Employees, and a commendation from President Gerald R. Ford for courtesy extended during a presidential visit.

Mr. McKay was a retired U.S. Air Force colonel and a veteran of World War II.

Family members request that memorial contributions be made to the American Cancer Society.

Radcliffe Alumnae Honor Dr. M. White Riley

Dr. Matilda White Riley, associate director for behavioral sciences research of the National Institute on Aging, received the Alumnae Recognition Award from Radcliffe College on June 12 in Cambridge.

Dr. Riley graduated from Radcliffe with honors in 1931 after having been elected to Phi Beta Kappa. She did her graduate work at Harvard and the University of Vienna and received a D.Sc. from Bowdoin College.

Alumnae recognition awards are given annually to graduates of Radcliffe who "by the quality of their life and spirit exemplify what the liberal arts education hopes to achieve." Dr. Riley is being honored for "her pioneering work in the sociology of aging." Previous recipients have included such alumnae as Helen Keller, Adrienne Rich, Barbara Tuchman and Elizabeth Holzman.

Dr. Riley has taught at New York University, Harvard University, and is emeritus professor of society at Rutgers University and at Bowdoin College. She is the author of many books in her field, notably: Aging and Society, Aging from Birth to Death, and Sociological Traditions from Generation to Generation.

Animal Directory Available


The 50-page directory identifies animal diagnostic laboratories, animal information projects, animal reference centers, special colony and model study centers, and the major primate research centers currently supported by the Animal Resources Program.

A single free copy of the directory may be obtained by writing to the Research Resources Information Center, 1776 E. Jefferson St., Rockville, Md. 20852, or from the Office of Science and Health Reports by calling 496-5545.
been the Bureau of Drugs director since 1973. Before coming to FDA in 1971, he was head of clinical pharmacology at the University of Texas Health Science Center in Dallas, and later a professor of pharmacology and medicine at Michigan State College of Human Medicine, East Lansing. His major research interests have been in hypertension and pharmacology. In 1977, he received the HEW Distinguished Service Medal and an honorary doctorate in medicine from Uppsala University, Sweden, for his leadership of the Bureau of Drugs and his international contributions to drug regulation.

A member of many professional associations and research societies, he is the author of more than 60 papers on scientific research and policy issues. In both 1981 and 1982, he received the Commissioner's Special Citation from the FDA.

Dr. Crout has had considerable experience at NIH, having been a clinical associate in the National Heart, Lung, and Blood Institute from 1957 to 1960. He also served on advisory committees of NHLBI and NIGMS. In addition, he has coauthored scientific papers with several NIH researchers.

**NIH Finance Chief Leaves**

In April, Lloyd H. Fagg, NIH finance officer and chief, Operations Accounting Branch, DFM, left NIH to assume new duties as the director of fiscal services, Health Services Administration.

Mr. Fagg distinguished himself by instituting a more efficient accounts payable system. This system now permits NIH to pay approximately 98 percent of its payable bills within 30 days, thus capturing all prompt payment discounts offered by vendors. It had also reduced unpaid invoice inventories to approximately a third of their former size.

Mr. Fagg is a graduate of the University of Baltimore and a certified public accountant. He joined the staff of the Division of Financial Management, OD, in May 1977. He became finance officer and chief of the branch in March 1980.

**NIH Nutrition Committee Aids in Video Production**

The NIH Nutrition Coordinating Committee is providing consultation on the production of the second series of video tapes, Eat Well, Be Well, funded by the Metropolitan Life Insurance Company.

Many of the segments will be introduced by physicians, a good percentage of whom are NIH grantees. Dr. Artemis Simopoulos, chairman of the committee, will introduce the segment on desirable body weight, based on an NIH/CDC workshop on body weight, health and longevity held last January.

**Dr. Melnick Will Serve On Nestle Commission**

Dr. Vijaya L. Melnick, special assistant for policy and bioethics at the National Institute on Aging, has been appointed by the Nestle Company to serve a 15-month term on the company's Infant Formula Audit Commission.

The commission is responsible for reviewing Nestle's marketing practices in the sale of infant formula to Third-World nations and for monitoring the company's compliance with the World Health Organization's Code of Marketing for Breast Milk Substitutes.

The Infant Formula Audit Commission was created to review how Nestle responds to allegations that its marketing activities in other countries are inconsistent with national or international measures taken to implement the WHO Code. Although the commission was established by Nestle, it will function independently to provide an objective review of Nestle's procedures.

In addition to her NIA position, Dr. Melnick currently serves as liaison officer to the President's Commission for the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research. She is also a senior staff associate at the International Center for Interdisciplinary Studies of Immunology at Georgetown University Medical School.

**FIC Named WHO Collaborating Center**

The Fogarty International Center was recently designated as a World Health Organization Collaborating Center for Research and Training in Biomedicine. In accepting the invitation through Dr. Hector R. Acuna, Director, Pan American Health Organization, Dr. Edward N. Brandt, Assistant Secretary for Health, PHS, affirmed that this designation "will contribute significantly to the research activities of both WHO and the United States."

As a WHO Collaborating Center, FIC functions will include training through various Fogarty fellowship programs. FIC will also serve to stimulate contacts between U.S. scientists or institutions and institutions elsewhere in order to help foreign scientists pursue advanced studies in U.S. institutions.

It will also organize symposia on issues in international health; conduct information transfer on research institutions fostering international collaboration; distribute FIC publications; and facilitate cooperative research projects on tropical diseases through the Gorgias Memorial Laboratory in Panama.

Through this action, FIC joins 10 NIH Institutes that have already been named WHO Collaborating Centers.

**Dr. Carl Kupfer Elected To Hopkins Scholar Society**

Dr. Carl Kupfer, Director of the National Eye Institute, has been elected to the Society of Scholars at the Johns Hopkins University in Baltimore. He is the second ophthalmologist ever so honored.

Established in 1967, the Society of Scholars honors former postdoctoral fellows at Johns Hopkins who have gained marked distinction in their fields of academic or professional interest.

At the induction ceremony held in May, Dr. Richard P. Longaker, Johns Hopkins University professor of ophthalmology, honored Dr. Kupfer for his leadership of the Institute, and credited him with spearheading a major attack on the problem of blindness caused by diabetic retinopathy by promoting a multicenter clinical trial, the Diabetic Retinopathy Study. This study was undertaken to determine whether photocoagulation was useful as a treatment for diabetic retinopathy.

In addition, Dr. Kupfer was recognized for his pioneering studies in the pathogenesis of glaucoma and for his research and writing on the experimental pharmacology and control of intracocular pressure.

A graduate of Yale University and the Johns Hopkins School of Medicine, he did postdoctoral work during 1952-54 and 1957-58 at the Wilmer Ophthalmological Institute at Johns Hopkins.

He taught at Harvard Medical School and was chairman of the department of ophthalmology at the University of Washington School of Medicine before becoming the first Director of NEI in 1970.
‘The Record’ Goes Self-Mailer

In the interest of economy on postal costs, the NIH Record is now using the self-mailer system. The printed indicia on this page is required by the U.S. Post Office. However, only those copies which actually go through the U.S. mail are charged. The distribution to campus and area off-campus locations is done through NIH facilities, and no mail costs are involved.

Employees are cautioned not to mail the Record using the indicia.

CC ‘Problem Solvers’ Begin New Patient Program

B. J. Collier, Cecil Gordon, Nancy Kelly, and Leslie Friel—four program coordinators or “problem solvers”—have recently implemented a new matrix management program in the CC designed to address administrative issues which arise at the patient care unit.

The goal of the coordinators’ program is to form a patient care team within the hospital, tying the administrative, nursing, and medical staff together.

The coordinators work closely with staff on the patient care units, and their responsibilities include planning and coordinating administrative activities with CC and institute personnel. Maintaining an adequate inventory of supplies and equipment needed, and space management are among their duties.

By assuming these responsibilities, the coordinators allow the nurses to concentrate on patient care rather than on administrative tasks that would take up a large part of their day. In the future, the coordinators’ responsibilities will also include budget preparation and supervision.

“This program was established with a total patient care concept in mind,” says Larry Eldridge, assistant hospital administrator of the CC. “It allows the medical and nursing staff to be effectively utilized in their professions.”

Although this program has only been in effect since last July 1, planning actually began two years ago. “It was felt that since physicians and nurses provide a program of care by seeing the patients on an inpatient/ambulatory basis, the administrative support should reflect that same kind of continuity,” says Mary Thompson, deputy chief of the CC’s Nursing Department.

“The program coordinators provide this administrative support to the patients. The coordinators first worked with the Cancer Nursing Service.”

The program coordinators are under the Office of the Director. Currently, all have worked previously at the CC. Eventually, there are plans for six coordinators to be assigned to the various Institutes.

National Conference Held on Contract Administration

Over 200 participants from colleges and universities, nonprofit organizations, and large and small businesses from throughout the nation attended the National Conference on NIH Contract Administration in April.

Held at the University of Connecticut, the conference was conducted by the NIH Division of Contracts and Grants and the Research Contracting Committee. Nine leaders from NIH presented the program, led by Carl A. Fretts, DCG director, and Curtis Tate, deputy director.

Representatives from the research and development contracting activities of the NCI, NIAID, NICHHD, NINCDs and DCG performed major roles in the conference.

Attendees were given a step-by-step question and answer sessions were a feature of each of the six segments of the agenda.

The conference was well received and considered highly successful. Many attending this conference suggested the need for similar ones to be held in the midwest and western areas of the country.

Mr. Fretts indicated that the positive reaction to this conference and the hundreds of written responses to an announcement in the NIH Guide for Grants and Contracts demonstrated a need for NIH to conduct a series of conferences in certain of the more complex aspects of research and development contract administration.

Plans are being formulated to begin specialized 1- or 2-day sessions during fiscal year 1983.