

# The NIH Record

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## Dr. Wyngaarden To Speak At Minority Biomedical Research Symposium

NIH Director Dr. James B. Wyngaarden will deliver the keynote speech and Assistant Secretary for Health Dr. Edward N. Brandt, Jr., will be the banquet speaker at the 11th Annual Minority Biomedical Research Support Symposium scheduled for Apr. 7-9 at the Shoreham Hotel in Washington, D.C.

Approximately 1,500 faculty and students are expected to attend this year's symposium, making it the largest gathering of minority biomedical researchers in the United States.

Other highlights of the meeting include workshops on monoclonal antibodies and recombinant DNA technology, a seminar on

(See *MINORITY SYMPOSIUM*, Page 4)

## Secretary Heckler Addresses Employees

The answer to the problem that faces us is hard work, dedication, good and creative ideas even under serious budgetary constraints, Secretary Margaret M. Heckler told HHS employees Mar. 14.

The remarks were broadcast simultaneously via a telephone hookup to the 10 regional offices and HHS employees in the Parklawn Bldg., SSA Woodlawn complex, St. Elizabeths Hospital, CDC Headquarters in Atlanta, and the NIH campus.

In her first talk with employees, Mrs. Heckler expressed her feelings about her recent appointment. She stated that most of her political career had been spent working on the very problems that the Department deals with on a daily basis.

The Secretary encouraged employees to approach her with their problems and ideas.

"And I can promise you that when you persuade me of the validity of those ideas, I will fight hard for them. They don't call me a 'heckler' for nothing," she stated emphatically.

In closing, she said, "I look forward to meeting you individually and to working with you for the next 6 years."

After the Secretary's remarks, the new Under Secretary, John A. Svahn, was introduced.

Approximately 1,000 employees were in attendance at the Hubert H. Humphrey Bldg. and an estimated 30,000 listened via the broadcast. □

## NIH Mounts Comprehensive Search For Possible Causes of AIDS

By Joyce F. McCarthy

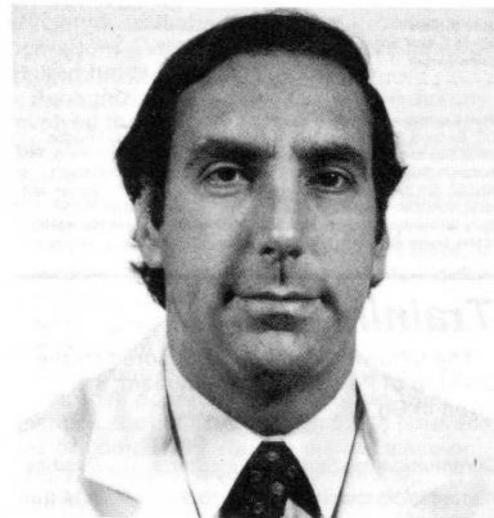
Acquired immune deficiency syndrome (AIDS) was first reported to the Public Health Service in the spring of 1981. By July of 1981, NIH had admitted the first of a number of AIDS patients to its Clinical Center (CC). In conducting a comprehensive clinical study of the disease, NIH has admitted approximately 40 patients to the CC, with not more than 3-4 patients here at any given time.

In the study, begun last spring, many BID scientists are engaged in cooperative research to examine and follow up a small group of AIDS patients. Their goal: to find the cause of AIDS, describe the disease process, and define appropriate therapies.

Scientists from eight NIH Institutes, the CC, and the Food and Drug Administration are studying the neurological, microbiological, pathological, epidemiological, and immunological aspects of this disease.

Those involved are from the National Cancer Institute; the Bureau of Biologics, FDA; the National Institute of Dental Research; the National Institute of Neurological and Communicative Disorders and Stroke; the National Institute of Allergy and Infectious Diseases; the National Eye Institute; the National Heart, Lung, and Blood Institute; and the CC microbiology department.

Under principal investigator Dr. Henry Masur, assistant chief, CC critical care med-



Dr. Masur specializes in infectious disease research and is particularly interested in pneumocystosis and toxoplasmosis.

icine, AIDS-affected patients have been referred primarily from the Washington, D.C. area, and from Philadelphia, Florida, Texas, and Alabama.

"Overall, there are at least 25 investigators and a dozen laboratories across the NIH campus involved in the study," Dr. Masur said.

(See *AIDS*, Page 8)

## Dental Mercury Use May Pose Health Risks

The use of mercury in dentistry may represent a serious health risk for dentists who should take appropriate steps to reduce the danger, according to a study recently completed at the DRR-funded Dental Clinical Research Center of the University of Pennsylvania School of Dental Medicine.

"The results of the study indicate that the current standards of mercury hygiene in dentistry are not consistent with safety in the dental office," the report—issued by Drs. Irwin I. Ship, and Irving M. Shapiro of the school's departments of oral medicine and biochemistry—concluded.

The report noted that more than 2 pounds of metallic mercury are used each year in the average dental office for the preparation of dental amalgam fillings.

Office mercury vapor levels can become elevated due to poor storage, leaking containers, open mixers, broken capsules, accidental spills with inadequate decontamination, as well as inappropriate ventilation and office design.

Other surveys indicate more than 10 percent of dental offices have raised mercury vapor levels, and a similar percentage of dental personnel have high mercury levels in their hair and urine.

A total of 298 male dentists 50 years old and over participated in the University of Pennsylvania School of Dental Medicine study. Mercury levels of the head and wrists were assessed by X-ray fluorescence. Hair and urine specimens were collected, and psychological and IQ tests administered.

(See *DENTAL MERCURY*, Page 9)

# The NIH Record

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## Training Tips

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

	Course Starts	Deadline
<i>Communication Skills</i>		
Writing Workshop	5/2	4/14
Human Relations Workshop	5/23	4/4
Intermediate Editing	6/1	5/13
Stress Management for Increased Productivity	6/7	5/20
<i>Office Skills</i>		
Basic Time & Attendance	4/13	4/8
Letterwriting for Secretaries	5/18	5/2
<i>Executive, Management, and Supervisory</i>		
Effective Supervision	4/13	4/1
White House Workshop	6/22	5/27
Project/Program Management Workshop	6/1	5/13
Techniques of Negotiating	4/27	4/6
<i>Career Development</i>		
Self Assessment and Career Options	5/9	4/29

To learn more about these and other courses, contact the Development and Training Operations Branch, DPM, 496-6371.

## E. F. Hutton Seminar Sponsored by R&W

Representatives from E. F. Hutton will speak at a seminar entitled Which Companies Will Benefit From the Revolution in the Bio-Medical Research Industry, Apr. 18, at Masur Auditorium, Bldg. 10, 7 p.m.

The three speakers will be Dr. Zsolt Harsanyi, vice president, Science Research Management; Robert J. Henrich, Jr., Consulting Services; and Nelson Schneider, senior health care analyst. □



## Digestive Diseases Seminar Slated for Science Writers

The Science Writers' Seminar on Digestive Diseases, will be held on Apr. 5, from 9:30 a.m. to 12 noon in Bldg. 31, Conf. Rm. 10. Dr. Jerry D. Gardner, chief, Digestive Diseases Branch, NIADDK, will be the moderator.

Current immunological research on inflammatory bowel disease will be discussed by Dr. Warren Strober, chief, mucosal immunity section, Laboratory of Clinical Investigation, NIAID.

Dr. Robert T. Jensen, senior investigator, DD, NIADDK, will speak about new drugs for the treatment of those diseases, particularly Zollinger-Ellison syndrome, in which there is an overproduction of gastric acid.

Primary Biliary Cirrhosis: A Model Auto-immune Disease will be presented by Dr. Stephen P. James, investigator, mucosal immunity section, LCI, NIAID.

Dr. Jay H. Hoofnagle, senior investigator, liver diseases section, DD, NIADDK, will discuss his research on various approaches to the treatment of chronic type B hepatitis.

Science Writers' Seminars, sponsored by the intramural scientists of NIH and the Division of Public Information, OD, are designed primarily to provide members of the press with background information on the various areas of research conducted at NIH.

For more information, call Bobbi Bennett, 496-1766. □

## Nairobi Scholar Begins Neuroscience Fellowship

Dr. Matarare Bahemuka, a senior lecturer at the University of Nairobi, began an international neuroscience fellowship on Mar. 1. He will be under the preceptorship of Dr. Bruce Schoenberg, chief in the section of neuroepidemiology.

This fellowship is sponsored by the National Institute of Neurological and Communicative Disorders and Stroke in cooperation with the World Health Organization and the Fogarty International Center. The title of his research project is Epidemiology of Specific Cerebrovascular Accidents. □



## NIH Theater Group Plans May Production

Tickets are now on sale for the NIH R&W Theater Group's spring production, *The Whole Town's Talking*. General tickets are \$4 and those for senior citizens, \$3.

You can buy tickets at the R&W office or from a representative in your building. Names of building representatives can be obtained by calling the R&W Activities Desk, 496-6061.

The play, a 1920's era comedy by Anita Loos and John Emerson, will be presented at the Masur Auditorium in the Clinical Center (Bldg. 10), on May 6, 7, 13 and 14, at 8 p.m., and a matinee on May 8, at 3 p.m.

NIH's Sally Richardson will direct the current play which is the group's fifth production since 1980. Rehearsals have begun, set design is under way, costumes are being made and the backstage and advertising workers named.

Any NIH'er wanting to help on the present production will be welcomed. All work is volunteer and proceeds from ticket sales go to the NIH Patient Emergency Fund.

With many people's help, the group has been able to mount two productions a year: a musical/variety show in November and a three-act play in the spring. Past performances have included *The Ghost Train* by Arthur Ridley and *Bell, Book and Candle*.

The theater group is always seeking new members to join in play reading groups between productions at monthly potluck dinners at members' homes.

If you want to help out with the present production or join the group's other activities, or both, call Ms. Richardson at 496-1802 or Adele Weeks at 496-1924. □

## Backpacking Course Offered

A wilderness backpacking course for beginners is being offered by R&W. For women, men and children. The course will cost \$25 for two 3-hour sessions.

The course will provide discussions and demonstrations on selecting equipment, nutrition, trail food, and sanitation, selecting trails and campsites, pacing oneself, woods ethics, safety, compass and map use.

The class will be held in Wilson Hall, Shannon Bldg., on May 4 and 11, from 6:15 to 9:15 p.m. Sign up at the R&W Activities Desk, Bldg. 31, Rm. B1W30. □

## Parking Stickers To Replace Tags in April; Will Be Issued to All NIH Personnel

New parking permits will be issued during April to all NIH employees needing to park on the campus or at NIH rental buildings. The new parking permits will be bumper stickers which must be permanently fixed on the driver's side of both the front and rear bumpers of employees' vehicles. Each employee can get up to two sets of bumper stickers.

The reregistration is being organized by Bureau, Institute and Division. Staff in the Parking Office will visit Buildings 10, 13, 30, 31, 37, and 38A, Shannon Bldg., and the Blair, Federal, Landow, and Westwood Buildings to issue the bumper stickers.

Administrative officers of each BID will furnish employees with the scheduled dates, times and places for the reregistration. Employees unable to make their scheduled appointments in April should come to the Parking Office in Bldg. 31, Rm B1C17 during the week May 2 through May 6.

### Individual Permits

Vehicle registration certificates won't be necessary. To obtain a general employee parking permit—valid in the parking areas posted "NIH Parking Permit Holders Only" and, after 2 p.m., in the areas posted "CP Spaces Reserved Until 2:00,"—employees must present their NIH Identification Card and give their building, room and office telephone number.

Individual parkers can get temporary parking permits from NIH police and the parking office to use when they must temporarily use a car other than the one with the fixed stickers on it. These will be issued in advance and in most cases will be good for 1 day only.

Each general employee parking permit will have an expiration date during a month in 1984, determined by the first initial of the employee's last name, as follows: A and B - January; C and D - February; E, F and G - March; H, I and J - May; K and L - June; M and N - July; O, P, Q and R - August; S and T - September, and U, V, W, X, Y and Z - November.

### Red Permits

Each BID has supplied the Parking Office with a list of the staff members within its organization who are authorized a preferential (red) parking permit, valid in the red and after 2 p.m. parking areas.

To obtain a (red) parking permit, employees must present their NIH identification card, tell personnel issuing the permits that they are authorized such a permit and provide their building, room and office telephone number.

Employees uncertain of their eligibility for a preferential (red) parking permit should contact their Executive Office prior to the reregistration. All preferential parking permits will expire in April 1984.

### Carpool Rules

Carpools, any group of two or more employees commuting together in one vehicle, will also be reregistered. To get a carpool parking permit, valid in the parking

areas posted "CP Spaces Reserved Until 2:00" and the general areas posted "NIH Parking Permit Holders Only," all members of the carpool must appear together and each provide his or her NIH identification card.

Carpoolers will be asked to complete a carpool registration card, which asks for the building, room, office telephone number, home zip code and signature of each member.

Each driving member of the carpool may receive up to two sets of bumper stickers and each carpool will receive one nonadhesive parking permit to be passed among members of the carpool and which hangs from the vehicle's rear view mirror.

Each vehicle parking in the carpool areas prior to 2 p.m. must display both the bumper stickers and the hanger permit. Carpoolers occasionally commuting to NIH alone and without the hanger permit, should park in the general employee parking areas where the carpool bumper stickers will be valid.

Carpoolers cannot send a representative to obtain their parking permits; all members of the carpool must appear in person, as a group. Employees obtaining a general employee parking permit, may not also register in a carpool. Carpool parking permits will expire in October 1984.

Non-NIH employees who work at the NIH and must park on the campus daily will also be reregistered. These include: employees of the Bank of Bethesda, Blind Industries and Services of Maryland, Career Education Center, C&P Telephone Company, Credit Union, Day Care Center, Foundation for Advanced Education in the Sciences, and Guest Services, Inc.

Also the NIH Beauty and Barber Shops, Ober United Travel Agency, Occupational Medical Services, Platelet Center, Recreation and Welfare Association and various service and sales organizations.

Beginning Monday, May 9, all vehicles, excluding visitors' vehicles, parking on the NIH campus or at the NIH rental buildings, must properly display permanently fixed bumper stickers. Specific instructions on the proper placement of the bumper stickers will be provided at the reregistration.

Employees should address questions concerning their scheduled time and location to reregister to the Administrative Office of their BID. Other questions should be addressed to Cheryl Amatucci, 496-7644.

Watch for a desk-to-desk memo during the week of Mar. 28 with more details. □

## Shopping Spree to Reading, Pa.

Join R&W in a shopping spree to Reading, Pa., Friday, Apr. 29. Visits to "Vanity Fair" and "Moss Street" are planned, and to other factory outlets if time allows.

Buses will leave Bldg. 31C at 6 a.m. and depart Reading at approximately 5 p.m. Cost for the trip is \$12.50 per person. Sign up at the R&W Activities Desk. □

## Employee Suggestions Worth More Money

A sizeable increase in the amount of money that can be awarded for adopted tangible and intangible savings suggestions has recently been approved by HHS.

The new scale allows a straight 10 percent award for savings to the government up to \$10,000. Over \$10,001 and up to \$100,000, the award is \$1,000 for the first \$10,000 plus 3 percent of benefits over \$10,000.

The Employee Suggestion Program is part of the Federal Incentive Awards Program, established by Congress in 1954 to improve government operations and services.

The program seeks to improve economy, efficiency, and effectiveness of government operations—very important in these times of limited funds.

Recognizing that often the people directly involved think of the best ways to improve a job, the Department encourages employees to submit ideas on ways to improve work, cut waste, abolish bottlenecks, and improve productivity.

An employee suggestion does not have to be elaborate, or completely detailed. It's the idea that counts.

Not eligible under the Employee Suggestion Program are ideas which do not directly contribute to economy, efficiency, or improve operations and services. Suggestions should save at least \$250. Grievances or complaints, routine maintenance or safety practices, or direct benefits to employees (for example, parking or cafeteria service) are also not eligible.

Each suggestion is reviewed and the suggester informed by letter of the action taken. If the suggestion is not to be adopted, the suggester is told the reasons.

For more information about this program, consult your employee suggestion coordinator listed under item 55 in the yellow pages of the *NIH Telephone and Service Directory*. □

## Summer Day Camp Program Offered for Children 4-12

An all-day 2-week summer camp program at the Ayrilawn School in Bethesda for children ages 4-12 is being offered by the Parents of Preschoolers, Inc. The camp will operate from 7:30 a.m. to 6 p.m., Mondays through Fridays, June 20 to Aug. 26.

The cost is \$120 per child for the 2-week session. A 15 percent discount will be given for a second child from the same family. A \$30 registration fee, due June 1, is required to hold the reservation for each child. The balance of the fee must be paid 1 week prior to attendance.

Weekly field trips, swimming, a newspaper club, daily organized sports, picnics, films and many other activities taught by experienced professionals will be offered. All children will be expected to bring lunch. Breakfast, beverages and afternoon snacks will be provided.

For more information, call Anne Schmitz, 530-5550. □

# New Drug Dramatically Reduces Rejection In Kidney, Liver, Pancreas Transplants

Development of the antirejection drug, cyclosporine, has dramatically improved kidney, pancreas, liver and heart transplants. Dr. John S. Najarian, chairman of the department of surgery at the University of Minnesota Hospitals, told the press at a recent 1½-day briefing sponsored by the National Kidney Foundation in Washington, D.C.

More than a dozen leading scientists, including several NIADDK grantees, explained recent developments in transplantation, dialysis and kidney research considered vital to more than 13 million Americans who suffer from diseases of the kidney and urinary tract.

Dr. Najarian noted the marked improvements brought about with cyclosporine in reporting on the clinical trials of the drug which were supported by the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases.

Specifically, he said that cyclosporine has:

- Cut rejections in kidney transplants by half, and reduced infections in such surgery.
- Made possible a successful pancreas transplant program without using high doses of prednisone, a corticosteroid which makes diabetes worse.
- Proved effective in liver transplants, especially in small children where avoidance of infection is particularly important.

## Highlight of Remarks

Indeed, Dr. Najarian said cyclosporine has "proved equally impressive in liver, pancreas and heart transplant programs."

Highlights of remarks by some of the other scientists follow:

Kidney damage resulting from diabetes is the most prevalent, debilitating, and costly form of kidney disease in the U.S., according to Dr. Eli A. Friedman, professor of medicine at the Downstate Medical Center, Brooklyn, N.Y.

He said the proportion of new dialysis patients who are diabetic has increased to approximately one in four.

"Diabetic nephropathy (kidney disease) previously viewed as untreatable," said Dr. Friedman, "has gradually yielded to a combined medical/surgical approach."

"Kidney transplantation, continuous ambulatory peritoneal dialysis, and hemodialysis are all capable of producing rehabilitation for a substantial proportion of uremic diabetics."

Regulation of blood glucose combined with strict attention to avoiding hypertension is the key to greatly improved survival and rehabilitation in diabetics on dialysis or receiving a transplant, he said. He suggested that improvements in the continuous normalization of blood sugar could eventually lead to prevention of diabetic nephropathy and renal (kidney) failure.

Dr. James A. Roberts, professor of urology at Tulane Medical School, New Orleans, La., said that he and his colleagues found that urinary tract infections—if not detected and treated during the early

stages—may lead to kidney infection (pyelonephritis) with renal scarring and loss of kidney function.

Dr. Roberts described his research, supported by NIADDK, and traced the sequence of events that lead to renal scarring: (1) infection occurs when P-fimbriated bacteria (hair-like structures on their surface) stick to cells of the urinary tract; (2) bacterial toxins paralyze muscular functions of the ureter, and infection spreads to the kidney; and (3) white blood cells attack bacteria by releasing toxic oxygen metabolites, causing loss of kidney tissue and renal function.

## New Techniques

One important result of the NIADDK grantee work is development of a diagnostic testing kit for P-fimbriae by Swedish scientists who collaborated with Dr. Roberts' group.

"The test provides rapid diagnosis, is easily done, and requires no special equipment," said Dr. Roberts.

"Since the Swedish group has shown that 95 percent of the children suffering from first episodes of pyelonephritis are infected with P-fimbriated bacteria, its detection in a urinary tract infection is the signal that vigorous and immediate treatment is necessary if renal infection is to be avoided or eradicated."

He cited the eventual emergence of new therapies from this research such as development of a drug to prevent attachment of the bacteria to the urinary tract cells, administration of the enzyme superoxide dismutase (which decreases the effect of toxic oxygen metabolism), and immunization with purified fimbriae.

Dr. William J.C. Amend, Jr., clinical professor of medicine at the University of California at San Francisco, discussed the latest technique of pretransplant blood transfusion which enables doctors to perform a successful kidney transplant from a donor with pronounced genetic differences from the recipient.

Dr. Amend described the donor-specific transfusion technique, developed in recent years with NIADDK support, in which 200 cc's of whole blood is collected from the prospective donor and administered to the renal patient. This procedure is carried out on three separate occasions, at least 2 weeks apart.

Serum samples are taken before each transfusion, and again 2 weeks later, to determine whether antibody responses against white blood cells of the donor have been produced in the renal patient.

If antidonor T-cell antibodies are produced in the patient after the three transfusions, the transplant isn't performed.

It is performed, however, if transient B-cell antibodies (but not T-cell antibodies) are found, or if no T and B antibodies are found.

Dr. Amend said this technique offers excellent rehabilitation results for patients with chronic renal failure. In the near future, large numbers of patients might be able to

receive successful transplants from living nonrelatives, such as spouses and friends.

"More importantly," he said, "we hope to apply the lessons from this experience so we can more successfully condition kidney failure patients to receive cadaver transplants."

The problem of chronic kidney disease resulting from excessive use of "over-the-counter" pain medications containing aspirin, acetaminophen and phenacetin was discussed by Dr. William M. Bennett, head of the division of nephrology/hypertension at the Oregon Health Sciences University.

Some physicians as well as patients are unaware of the long-term consequences of nonprescription analgesics, according to Dr. Bennett.

"Rather than being completely safe as advertisements imply," he said, "these drugs, when taken regularly, may produce progressive kidney scarring and eventually kidney failure."

Many people take these compounds daily for minor aches and pains, or for the mild mood-altering properties of the drugs.

"In the United States as many as 5 to 10 percent of all patients entering some end-stage kidney disease programs for dialysis or transplant care have analgesic nephropathy, although usually the diagnosis is missed or mistakenly attributed to some other cause," said Dr. Bennett.

He called for more research to increase scientific understanding of the mechanisms of injury from these drugs so that preventive measures can be taken. NIADDK and the NIH Office for Medical Applications of Research are planning a consensus development conference to be held at NIH in February 1984.

Dr. Bennett also discussed the hazard of occupational exposure to lead that may cause kidney damage. If chronic lead toxicity is diagnosed early, he said, chronic kidney disease can be prevented.

Further research developments discussed at the briefing included new techniques for the treatment and removal of kidney stones, experimental therapies against the deleterious effects of immune injury on the kidney (glomerulonephritis), use of the calcium blocking drug, verapamil, to prevent acute renal failure; work of NIADDK grantees using monoclonal antibodies to reverse rejection processes in transplantation, the introduction of continuous ambulatory peritoneal dialysis to treat children requiring prolonged dialysis, and the role of nutritional therapy in renal disease.

—James Fordham □

## MINORITY SYMPOSIUM

(Continued from Page 1)

the current status of animal welfare legislation, and a lecture on artificial intelligence in medicine.

In addition, about 600 research papers and posters will be presented by MBRS-funded students.

The symposium is funded by the DRR Minority Biomedical Research Support Program and coordinated by Howard University.

For further information, contact Doris Spinks of Howard University at 636-7839 or 636-7977. □

# NCI Takes a Close Look at Its Review Process

As funding gets tighter, difficult decisions must be made for each research program at the National Cancer Institute. What should be changed? Redirected? As part of comprehensive management changes, NCI has designed a review process for intramural research to answer these questions and others.

"There can be no semblance of a double standard for the judging of quality of intramural research versus that funded under grants and contracts," said Dr. Vincent T. DeVita, NCI Director.

"No matter how good a scientific director is, a parallel assessment of the science by a Board of Scientific Counselors is a useful backup to his judgement. It makes implementation of some difficult decisions a bit easier."

During a special 1981 investigation requested by Congress, the General Accounting Office gave NCI "high marks for the intramural review process, particularly for one which has to deal with a program as large and complex as ours," Dr. DeVita said.

"Investigators from the GAO attended and learned first-hand of the site visit process used by our intramural labs and branches and also attended meetings of our major advisory councils. As a result of satisfaction with the NCI process, no further review of the rest of the NIH Institutes is planned," he added.

Other NIH Institutes also review their intramural research through advisory boards. According to Dr. John Eberhart, senior advisor to the NIH Deputy Director for Science and author of a report on intramural review at NIH, "NCI is governed by a rather detailed procedure in its review, while the other Institutes follow a less specific procedure which establishes minimum requirements for review by a Board of Scientific Counselors."

Here is how intramural review at NCI works: Because of its size, NCI differs from

the other NIH Institutes in having more than one Board of Scientific Counselors and these boards have a greater variety of responsibility than those of other NIH Institutes.

Each of the four NCI scientific divisions has a Board of Scientific Counselors. The boards review division goals and budgets, advise on policy, and judge the balance of resources between intramural and extramural programs.

The boards also advise the division director on the development and direction in research that affects the program. All board members—non-Federal employees—are selected from academic and other institutions engaged in cancer research. Together, the four boards evaluate more than 41 NCI laboratories and branches by site visits every 3 to 4 years.

With the advice of the division director, a schedule of site visits is set up over 12 months. The board chairman appoints a site visit team made up of board members with the specific scientific expertise to serve on the team. This team can add outside consultants to help evaluate a specific laboratory or branch.

Before the visit, a laboratory or branch being evaluated submits a package of background material prepared in a standard format, describing accomplishments, current activities and plans for the site visit team to review.

Space, personnel and all funding are discussed so that the team can become as familiar as possible with the laboratory's operations, goals and resources before the visit.

"There is anxiety on the part of the laboratory and branch chiefs leading up to the site visit, but afterwards they generally think it's worthwhile," said Dr. Bruce Chabner, director of the Division of Cancer Treatment. In 1976, DCT was the first division to initiate site visits.

Site visits usually take from 1 to 3 days. After an orientation by the division director and laboratory or branch chief, senior investigators highlight individual research projects.

The site visit team sends a report to the division director and each member of the Board of Scientific Counselors before its next regular meeting.

The report includes a review of past, current and proposed research activities within the laboratory or branch, a critique of each research project and senior investigator, and observations on the relevance of the work to the mission of the parent division and NCI.

A final summary lists specific recommendations to the division director such as suggested changes in emphasis of a research area, reallocation of funds and office space, or a reorganization that might foster better research.

Crucial to completing the review process is a followup report prepared by the laboratory or branch chief within a year of the site visit report. It provides vital feedback to the board from the division.

The report outlines how and why the board's suggestions were or were not implemented. If major changes are to be made over a longer period of time, a second followup report may be provided.

"Having our intramural programs under such careful scrutiny is a particular help at the present time," Dr. Chabner said. "Now that our budgets are restricted, we need this type of peer review more than ever."

Copies of a pamphlet on the intramural review process are available through the Office of Cancer Communications, Rm. 10A18, Bldg. 31 or call 496-5583.

—Ron Cowen □

## NIGMS Grantee Receives Clinical Pharmacology Award

Dr. Arthur Atkinson, Jr., a longtime grantee of NIGMS and former NIAID clinical associate, received the Rawls-Palmer Award at the annual meeting of the American Society for Clinical Pharmacology and Therapeutics on Mar. 10 in San Diego.

Dr. Atkinson is professor of medicine and pharmacology, and director of the clinical research center in the School of Medicine at Northwestern University.

The Rawls-Palmer Award is given each year to a clinical pharmacologist for significant contributions to drug investigation which apply the efforts of modern drug research to the care of patients.

It consists of a \$500 honorarium and a plaque. The recipient delivers a lecture at the plenary session of the society's annual meeting. His talk was entitled Compartmental Models in Pharmacokinetics.

Dr. Atkinson received a A.B. degree in chemistry from Harvard University and an M.D. from Cornell University. Other honors include 5 years as a Burroughs Wellcome scholar in clinical pharmacology, and the George H. Joost Basic Science Teacher of the Year Award from Northwestern University for 2 years. He was a member of the NIGMS Pharmacology-Toxicology Review Committee from 1975 to 1979. □



Intramural laboratories, like this one, undergo a critical review every 3 to 4 years at NCI.

# Intensive Care: Use and Misuse Weighed by Consensus Conference

When does treatment in an intensive care hospital unit make it less likely that a patient will die or his or her ailment will not progress to a more complicated condition? Which patients and which conditions are most likely to benefit from such intensive care?

These and other similar questions were among those asked and explored by at the recent Consensus Conference on Intensive Care held at the Clinical Center on the NIH campus.

The conference was organized by Dr. Joseph E. Parrillo, director of the CC's Critical Care Medicine Department and Dr. Stephen Ayres, chairman of the department of internal medicine, St. Louis University School of Medicine.

On the first 2 days of the conference, the consensus development panel and others attending heard scientific presentations from a group of distinguished researchers. (Dr. Parrillo presented a paper on septic shock.)

Dr. Ayres chaired the consensus panel which reviewed basic questions about the effectiveness and proper use of intensive care. Other panel members included biomedical investigators, critical care physicians, other medical specialists, nurses, a biostatistician and a jurist.

The "weight of clinical opinion is that ICU care improves survival," but not equally for all types of patients, the panel's report concluded.

## ICU Effectiveness

The degrees of ICU effectiveness for different patients "can be better understood by considering some typical patient categories," it noted.

The first group are patients "with acute reversible disease who aren't likely to survive without ICU intervention." Examples include patients with acute respiratory failure due to drug overdoses or with cardiac disturbances which result in cardiovascular collapse but can be corrected with pacemakers.

The current high survival rate of such patients with ICU care is "unequivocal evidence of a reduced mortality for this category of ICU patients," it was noted.

The potential benefit for a second group of patients—those with septic or cardiogenic shock—is not as clear-cut. Some clinical trials suggest better survival rates but the evidence is not unambiguous.

A third group—those admitted to ICU because they are at risk of becoming critically ill—can benefit from ICU care if it prevents a serious complication or allows a prompt response to a potentially fatal complication.

However, benefits for this group are sometimes limited by additional in-hospital risks associated with intensive care. Such risks can be high or low, depending on the individual.

Among these are anxiety and psychiatric disturbances as well as arrhythmias in heart patients. Technical difficulties and other



(L to r) Dr. Joseph Parrillo, chief, CC Critical Care Medicine Department; panel member Dr. H. Barrie Fairley, chief, anesthesia department, San Francisco General Hospital; and Dr. Stephen Ayres, chairman of department of internal medicine, St. Louis University School of Medicine, chat before conference.



Dr. Bernadine Bulkley, professor of medicine, Johns Hopkins Hospital, spoke on coronary care units.

factors related to continuous machine monitoring of vital signs also may introduce potential hazards.

Overall, the panel found strong evidence that therapeutic interventions available only in intensive care units do improve survival for a portion of the patient population.

The panel also noted the "difficult" problem which arises in "the disposition of patients with a very low probability of survival despite optimal ICU care."

The group concluded that "it is not medically appropriate to devote limited ICU resources to patients without reasonable prospect of significant recovery when patients who need those services and who have a significant prospect of recovery from acutely life-threatening disease or injury are being turned away for want of capacity."

They also indicated it is medically inappropriate "to use ICU care" for those whose prognosis is that of "a persistent vegetative state . . . or where no purpose will be served



Dr. J. Richard Crout, associate director for Medical Applications of Research, NIH, delivers the charge to the panel.

but a prolongation of the natural process of death."

"Nurses," the panel noted, "are a key element in critical care. They provide continuity (of care) while physicians and other health professionals come and go. The organizational structure (of the ICU) must support rather than detract from this role."

Since the current cost of ICU care is more than 15 percent of hospital costs—between \$10 and \$20 billion annually—the panel emphasized that substantial savings could be made by better defining the criteria for admission to intensive care units.

Along with several other research recommendations, the panel urged that more basic research on the disease entities which lead to ICU admission be given high priority.

These include the pathophysiology of brain damage following head injuries and factors contributing to serious infections and events which lead to adult respiratory distress syndrome. □

# Better Outlook for Lupus Patients

Twenty years ago, lupus patients had a very high mortality rate. Now with better diagnosis, more effective drug treatment, and good medical management, the outlook for these patients is much brighter and many can look forward to normal lifespan.

Systemic lupus erythematosus (lupus) is a potentially serious, complicated, inflammatory connective tissue disease that can affect many parts of the body, including the joints, skin and internal organs.

The National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, is supporting numerous research projects on the cause and treatment of lupus. Studies on the disease include immunological abnormalities, genetic factors, complications in the kidney, central nervous system involvement, estrogen metabolism abnormalities, and improved therapies.

One NIADDK intramural study under the direction of Dr. Thomas J. Lehman is concerned with central nervous system (brain) involvement. This study is investigating the natural history of the neurologic disease of lupus in terms of clinical classification, onset, duration, recurrence, and presence of systemic features.

## Genetic Factors

Another study under his direction concerns genetic factors. This study is investigating patients with lupus, their spouses, and immediate "blood relatives." Patients are questioned regarding drug intake, nature of household contacts, and signs or symptoms of lupus.

Blood samples are then drawn from each family member for evaluation. The purpose of this study is to determine the significance of genetic factors and blood abnormalities found in immediate relatives of lupus patients.

Much of the current research on lupus focuses on the immune system and the role of antigens (substances that provoke the immune response) and antibodies (which are produced in response). Experimental animal models of lupus have been developed in inbred strains of New Zealand and other specially developed strains of mice.

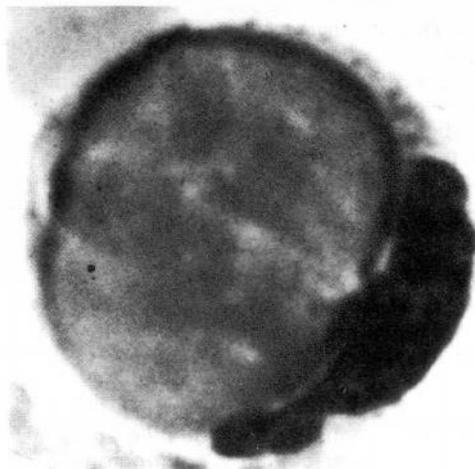
Studies of these mice and patients with lupus have demonstrated that certain types of white blood cells that normally keep antibody-producing cells in check are defective in lupus. Teams of investigators confirmed these observations and also found that decreases in white cells were well correlated with disease activity. Replacement of deficient cell material may be a possible treatment for lupus in the future.

Dr. Peter Schur of Brigham and Women's Hospital, Boston, and other NIADDK grantees also have investigated several immunologic tests that have been developed for lupus. They found that abnormal levels of certain complement proteins and anti-DNA antibodies can predict when lupus may become active, and thus guide treatment of individual patients.

Dr. Norman Talal, a grantee, and his colleagues demonstrated that estrogens (female hormones) accelerate and androgens (male hormones) suppress lupus in mice. In addition, Drs. Robert Lahita and Henry G. Kunkel of the Rockefeller Univer-

sity in New York recently reported that women with the disease have an abnormality in their metabolism. One hope for more effective treatment of lupus in the future may be to correct the sex hormone imbalance.

At a recent Pan-American Congress of Rheumatology in Washington, D.C., Dr. Daniel Lopez-Acuna of Johns Hopkins University reported on nationwide mortality rates for the period 1968 to 1978 used to assess patterns of age-, sex-, and race-specific death rates in lupus. Analysis of temporal trends revealed a significant overall decline in mortality rate. In addition, Dr. Lopez-Acuna confirmed a previously noted excess of lupus among the nonwhites.



Special blood tests, including the LE-cell test, are used to detect the presence of systemic lupus erythematosus. Most patients with lupus will have a positive LE-cell test reaction at some point in the disease.

He also reported on the high incidence of the disease among Hispanics in this country. His study demonstrated an increased mortality rate from lupus among the Puerto Rican population compared to other Caucasians in New York City. He said the predisposition of some ethnic groups to develop lupus may be a consequence of ethnic differences in the immune response.

## Males With Lupus

A comprehensive study of male patients with lupus was reported by Dr. Marion Miller of the University of Toronto, Canada. She studied 51 Caucasian men with lupus and found no difference in the severity of the disease when compared with women lupus patients. The difference occurred when measurements of plasma estrogen and androgen hormone levels revealed at least one abnormal value in 15 of 17 males studied.

Dr. Schur studied 42 Caucasian families with at least one member having lupus to determine if there was an association between HLA (a histo-compatibility antigen) and the presence of lupus. His studies showed a higher frequency of shared HLA determinants among parents in the study group than those found in the normal Caucasian population. Offspring appeared to inherit the same genetic determinants. These studies provide evidence that HLA-linked genes may operate in a recessive manner

genetically in the development of lupus.

Dr. Schur also evaluated a series of lupus patients who had been followed since 1967 and had gone into remission. He found that those who went into remission early in the course of their disease relapsed early. Those who went into remission later tended to stay in remission. If a patient stayed in remission longer than 18 months, she or he was likely to have a long remission.

## Unrecognized Feature

Dr. Gino DiVittoria of the University of Alabama presented a study on pancreatitis in lupus, a previously unrecognized feature of the disease. According to Dr. DiVittoria, of 168 lupus patients admitted to the University of Alabama hospital, seven cases of pancreatitis were identified.

These patients had abdominal pain, fever and arthritis. Multisystem involvement including kidney disease and central nervous system involvement was observed in each case. The study concluded that the diagnosis of pancreatitis should be considered in lupus patients with abdominal pain, particularly those with evidence of active multisystem disease.

Despite considerable research, the cause of lupus remains a mystery. According to Dr. Lawrence E. Shulman, director of the Division of Arthritis, Musculoskeletal and Skin Diseases, NIADDK, "It is gratifying to note that lupus research continues at a high level of activity, with promise of uncovering one or more major etiologic factors in the future."

—Barbara Weldon □

## Patricia Simpson, OD Personnel Office, Dies



Patricia A. Simpson

Patricia A. Simpson, personnel assistant in the Personnel Office, Office of the Director, died Mar. 15 at her home in Wheaton, Md.

She joined NIH in February 1977 working in the same office.

Mrs. Simpson was active in school PTA and PTSA activities and served as president of Newport Junior High School PTSA for several years. She was also a member of the Einstein High School Cluster Task Force.

Alyce McFadden summed up the feelings of all her coworkers when she said, "If there was an award given for a perfect coworker, Mrs. Simpson would have deserved it."

Most of the patients in the CC study are homosexual males. There are one to two drug abusers, one hemophiliac, two Haitians, and two women. They include patients with the range of manifestations common to AIDS: those with lymphadenopathy (enlargement of the lymph nodes); those with Kaposi's sarcoma (a rare and aggressive skin cancer previously known primarily to affect men over 60 of Mediterranean origin, and kidney transplant patients); and those with opportunistic infections (infections that the victims normally could combat, but cannot fight off because of a collapsed immune system). One patient with Burkitt's lymphoma (a cancer of the lymph glands) has been included.

Homosexuals not affected by AIDS are participating in the study as controls.

In the 2 years that the Centers for Disease Control (CDC) has been tracking the disease, more than 1,200 cases of AIDS have been reported in 34 states and 15 countries. Over 450 persons have died from the ailment. The fatality rate exceeds 60 percent for cases diagnosed before Jan. 1, 1982.

Investigators theorize that there may be a viral agent that attacks the immune system, or an inherent immunologic defect causing the illness.

In the CC study, "some of the control subjects are as immunosuppressed as the affected patients," Dr. M $\acute{a}$ s $\acute{u}$ r said. "All sorts of unusual infections occur in AIDS patients. The primary problem is that their cellular immunity is markedly suppressed and they are predisposed to unusual infections," he added.

The outbreak has spread by sexual contact and probably by blood transfusions. "The epidemiology of the disease is similar to that of hepatitis B," Dr. Masur said. The investigators working with AIDS patients may be at risk for becoming AIDS-affected themselves.

Because symptoms early in the course of AIDS are so similar to other diseases, it often goes undiagnosed for weeks or months, during which unsuspecting AIDS victims may transmit the presumed infection to others.

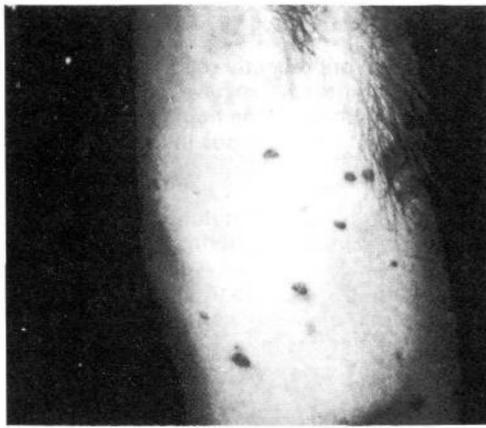
"Patients with pneumonia or meningitis, or a disseminated infection due to agents such as pneumocystis cryptococcus, candida, toxoplasma, or the tumor, Kaposi's sarcoma, would be considered to have AIDS," Dr. Masur said. However, "No one knows how to identify those at risk for transmitting the agent," he added.

Two other symptoms giving physicians evidence of AIDS are blue or brown spots on the skin, which might indicate Kaposi's sarcoma, or oral thrush (yeast infection in the mouth). Extensive herpes of the mucous membranes might also suggest the disease.

In NIH intramural studies, scientists are exploring several aspects of AIDS:

- At the *NCI Division of Cancer Treatment* investigators are using alpha-lymphoblastoid interferon in combination with chemotherapy to treat Kaposi's sarcoma in AIDS patients. Alpha-lymphoblastoid interferon is one of three types (besides beta and gamma) of interferon and is made from white blood cells.

These researchers have also participated



**Blue or brown spots on the skin, as seen here on the chest of a CC AIDS patient, are definite indicators of Kaposi's sarcoma.**

in the development of an NIAID study using gamma interferon to treat AIDS patients. In addition, division scientists are examining the possible role of retroviruses in AIDS. Retroviruses are RNA viruses which become incorporated into the genetic material of the cell and are often oncogenic (cancer-causing).

- At the *NCI Laboratory of Pathology*, researchers are examining tissue specimens taken from AIDS patients during surgery to examine the immunological characteristics of certain AIDS-related lymphomas.

- In the *NCI Field Studies and Statistics Program*, scientists are conducting epidemiological studies, looking at immunological profiles of healthy homosexual men in New York, Washington, D.C., and Denmark, and profiles of hemophiliacs without symptoms. In collaboration with laboratories at NIH and elsewhere, they also are conducting studies of individuals with AIDS or members of population groups at risk of developing AIDS.

- At the *Division of Virology, Office of Biologics, FDA*, Dr. Gerald Quinnan is studying the significance of cytomegalovirus (one of a group of herpes viruses) infection and cell-mediated (T-cell) immunity.

The FDA studies are aimed at understanding the basis for deficient cytotoxic T-cell responses—why the T-cells malfunction when normally they fight disease by attaching to and destroying foreign materials.

- At *NIDR*, Dr. John J. Hooks is examining the role of viruses and interferon in human immune system disorders. His studies indicate that the AIDS patients examined have abnormalities in their interferon system. These abnormalities are seen as a defect in the ability of the lymphocytes to produce interferon (usually of the gamma type), or has a significant increase in circulating interferon (usually of the alpha type).

- At the *Infectious Diseases Branch of the NINCDS*, Dr. John L. Sever and colleagues are conducting clinical and laboratory research on AIDS. NINCDS is collaborating with the *California Regional Primate Research Center* on the examination of tissue obtained from rhesus monkeys who have Simian Acquired Immune Deficiency Syndrome—a disorder which may be similar to AIDS.

They are looking for the presence of new viruses that might be the cause of SAIDS and for known viruses such as cytomegalo-

virus that can occur in animals with SAIDS.

The NINCDS scientists are also examining the transmissibility of SAIDS by innoculating unaffected rhesus monkeys with tissue obtained from monkeys with SAIDS.

- NIAID's intramural scientists are active in AIDS research. They are searching for an infectious agent (or agents) that might trigger this devastating disease, and conducting any immunologic studies. Several scientists are examining the immunoregulatory defect that occurs in these patients.

In the *Laboratory of Immunoregulation*, Dr. Anthony Fauci and colleagues are evaluating the excessive immunoglobulin production that is seen in contrast to the lack of T-helper cells in patients with AIDS.

(T-cells, produced by the thymus gland, include a class of cells that assist B cells and other T cells in their attack on viruses and other invaders. These are called "helper" cells.)

In the *Laboratory of Clinical Investigation*, NIAID scientists are evaluating the role of herpes infections and Epstein-Barr virus in relation to AIDS.

In the *Laboratory of Infectious Diseases*, other scientists are investigating the role of hepatitis in AIDS because virtually all AIDS patients have had hepatitis. NIAID scientists are also evaluating AIDS patients for parvoviruses, a group of DNA viruses.

- At the *NEI Clinical Branch*, Drs. Robert Nussenblatt, Alan Palestine, and Merlyn Rodrigues are studying the ocular lesions that occur in patients with AIDS. These studies have a dual purpose: to determine whether there are distinctive ocular signs that might aid in recognizing AIDS victims, and to obtain new clues about the role of the immune system in eye disease.

- NHLBI scientists are also working with the Clinical Center's Dr. Harvey Alter in examining plasma specimens in attempts to transfer a causative agent(s) taken from AIDS patients (hospitalized in the CC) to chimpanzees. The goal is to isolate a transmissible, infectious agent.

Dr. Abe Macher of the CC's Clinical Pathology Department coordinates the complex laboratory analyses required for the clinical workups of AIDS patients. Dr. Macher has diagnosed several unusual disorders now recognized as part of AIDS.

In another treatment attempt, a bone marrow transplant between twin brothers is being performed by NCI scientists. One twin is a healthy heterosexual, the other an AIDS-affected homosexual.

AIDS poses a considerable challenge to the NIH laboratory staff who are faced with the formidable task of examining numerous chemical, hematologic, and microbiologic findings based on extensive workups on AIDS patients.

All these findings are pieces of the AIDS mosaic, and the picture is just beginning to form. Much more extensive research is required to isolate the etiologic agent and develop treatment modes.

"NIH is a good medical center to study this kind of infectious and immunosuppressive disease problem," Dr. Masur said. "This is one of the few places in the country where you can get such a gathering of scientific experts and research facilities in the same place." □

## New Clinical Programs Focuses On Alcohol-Related Health Problems

Causes, processes, and treatment of alcohol-derived health problems are the subject of a new clinical research program to be conducted by the National Institute of Alcohol Abuse and Alcoholism in the NIH Clinical Center and the ACRF.

The NIAAA intramural research program focuses on the health consequences associated with alcohol use, alcohol abuse, and alcoholism, and development of improved diagnostic and treatment techniques.

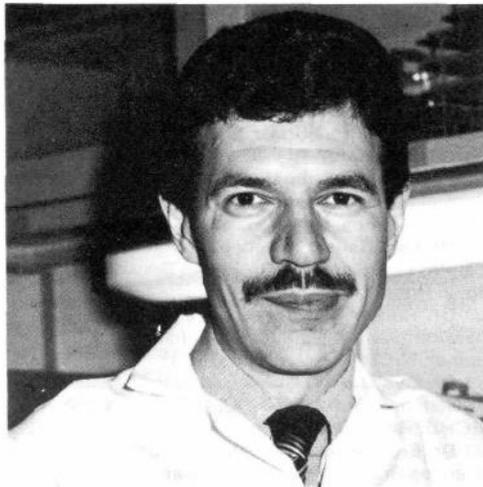
Alcohol use affects a wide range of health problems such as cirrhosis, immunologic dysfunctioning, certain cancers, cardiovascular disorders, in addition to alcoholism. These adverse health consequences account for a significant portion of national health care costs, and create major medical and social disruption in the lives of alcohol users and their families.

Improved information about the cause of these problems and effective techniques for the early identification and treatment of individuals with alcoholism and other alcohol-related problems is necessary. Because of the wide range of physiologic and psychological functions and health problems affected by alcohol consumption, many of the NIAAA intramural studies will be carried out as collaborative efforts with NIH scientists.

The alcohol clinical research program at NIH began in FY 1983 after several years planning. "This represents a significant milestone in NIAAA's pursuit of a comprehensive and high-quality national research program," said Dr. William Mayer, Acting NIAAA Director.

The clinical ward, which is scheduled to open in July, will include 10 beds as well as space for examining rooms, physiological and electrographic testing, therapy and counseling, a nursing station, and office space for on-duty clinical staff. The ACRF facilities, already operational, include 11 modules for laboratory studies.

Proposed research activities in the NIAAA program include experimental drug treatments aimed at reducing the relapse rate of alcoholics in remission, in the section of clinical science; genetic and other studies through intensive recruiting of family



**As clinical director, Dr. Linnoilla will be studying many facets of alcoholism in the new NIAAA clinical research program scheduled to open in July in the CC.**

members at risk of developing alcoholism, in the unit of family studies.

Also, neuropsychological, electrophysiological, and brain studies in detoxified alcoholics, in the section of clinical brain research; studies on drug metabolism in alcoholic and nonalcoholic drinkers, in the section of medical biochemistry and clinical pharmacology, plus many other investigations.

Dr. Veli Markku Illari Linnoilla was recently appointed clinical director of the program, and chief, Laboratory of Clinical Studies. Originally from Helsinki, Finland, Dr. Linnoilla received his M.D. degree in 1972, his Ph.D in pharmacology in 1980, and was board certified in psychiatry in 1980.

He has been affiliated with the Duke University Medical Center since 1974, and before his research appointment, was an associate professor of psychiatry; head, clinical psychopharmacology section, and associate professor of pharmacology. In addition, he has worked in the National Institute of Mental Health intramural program since 1980. For further information, contact Dr. Linnoilla, 496-5353. □

Drs. Ship and Shapiro stated in their study.

Common factors that contribute to high mercury vapor levels include the use of carpets and porous floor materials which retain the vapor. The report urged that carpets should be avoided in central offices and air conditioner filters changed regularly since they are easily contaminated.

Proper ventilation is necessary, and dentists should reexamine the architecture and decor, of their offices and make changes to eliminate obvious sources of contamination.

To improve safety in dentists' offices, the report also advised strict observance of mixing procedures, use of sealed capsules, and suction when removing old amalgam restorations, plus replacement of old amalgamators with newer units that have isolated chambers with air exhaust features.

Strict observance of the mercury hygiene

## Extramural Grants Workshop Taking Applications Now

A workshop on extramural programs and grant support to help postdoctoral fellows understand the research grant process will be held Tuesday, May 3, from 8:30 a.m. to 5 p.m. in Wilson Hall of the Shannon Bldg.

Sponsored by the National Institute of General Medical Sciences, the workshop is intended for intramural postdoctoral fellows, staff fellows, clinical associates, and research associates. Others will be considered for participation if space allows.

The program will cover the types of Federal and non-Federal support available to new investigators, the NIH review process, the role of advisory councils and program administrators, and points to remember when preparing a grant application.

Speakers include Dr. Ruth L. Kirschstein, Director, NIGMS; Dr. Sara A. Gardner, NIGMS; Dr. Halvor Aaslestad, DRG; Dr. Dennis Cain, NCI; Dr. David A. Blake, Johns Hopkins University School of Medicine; Dr. James F. Kavanagh, NICHD; Dr. Anthony Rizzo, NIDR; and Dr. Henry Roscoe, NHLBI.

Small group discussions to answer individual questions will be led by experienced staff people from seven BID's.

Application forms will be available from intramural laboratory and branch chiefs the week of Apr. 4. Applications should be submitted to Dr. Christine Carrico, Westwood Bldg., Rm. 919, by Apr. 19.

For additional details, call Dr. Carrico, 496-7181, or Dr. Judith Greenberg, 496-7137. □



**Dr. Thomas O'Donohue, chief of the NINCDS neuroendocrinology unit, has been named a Grass Traveling Scientist for 1983. He will visit chapters of the Society for Neuroscience to lecture on the role of neuropeptides in the brain, and the function of neurons that secrete more than one neurotransmitter. The Grass Foundation supports a variety of educational and research projects in the neurosciences.**

practices recommended by the American Dental Association is likewise important, the report said.

The study was supported in part by the American Fund for Dental Health and the National Institute of Occupational Safety and Health. □

## DENTAL MERCURY

*(Continued from Page 1)*

Measurements indicated 13 percent of the tested dentists had high mercury levels, exceeding 40 mg/g. A major report finding was the high frequency of carpal tunnel syndrome, an unusual neurologic problem which can impair hand and finger functions.

There were other neurological problems, and neurophysiological impairment noted, such as slowed motor and nerve responses. There was also evidence of mercury accumulation in the central nervous system resulting in damage to visual functions.

"These effects indicate that exposure to mercury over long intervals of time is a serious problem in dental offices, and that a substantial number of practicing dentists and their auxiliary personnel are at risk,"

## John Robertson Appointed Personnel Officer, DRG

John D. Robertson has been appointed personnel officer for the Division of Research Grants.

Before this appointment, he served as a personnel management specialist in DRG, where he was involved in a number of special projects in addition to day-to-day personnel activities.



Mr. Robertson received an Award for Patriotic Service from the Secretary of the Treasury in 1981.

One such project was designing and developing a merit promotion plan so that current Federal employees could be appointed to the Grants Associates Program, a NIH training program for health scientist administrators.

Mr. Robertson held positions with the Division of Personnel Management, Food and Drug Administration, from 1976 to 1978. During this time, he was one of the principal initiators of the FDA orientation program for new employees.

He received his B.S. in business administration from George Mason University in 1975.

During his Federal career, Mr. Robertson has received numerous honors and awards, the latest an Award for Patriotic Service from the Secretary of the Treasury in 1981. □

## Personnel Facts On Code-A-Phone

Several code-a-phone messages on personnel topics are currently available. These are: The Classification of Jobs, Mar. 28-Apr. 1; Preparing for a Desk Audit, Apr. 4-8; What Happens After the Desk Audit, Apr. 11-15; Overtime: Paid or Not Paid, Apr. 18-22; Part-time Employment, Apr. 25-29; Basic Benefits to the Parttime Worker, Part I, May 2-6; Basic Benefits to the Parttime Worker, Part II, May 9-13; and Health, Life and Retirement Benefits of the Parttime Employee, May 16-20.

Dial 496-4608 for the 3-minute prerecorded messages.

If there are any specific topics you would like covered in future code-a-phone messages, call the personnel communications staff, 496-4543. □

## Visiting Scientists Program Participants

2/18 **Dr. Michele Muggeo**, Italy, Diabetes Branch. Sponsor: Dr. Jesse Roth, NIADDK, Bg. 10, Rm. 8S243.

2/22 **Dr. Raymond M. Lyall**, United Kingdom, Laboratory of Molecular Biology. Sponsor: Dr. Ira Pastan, NCI, Bg. 37, Rm. 4B27.

2/22 **Mr. Jan J. Nilsson**, Denmark, Neuroimmunology Branch. Sponsor: Dr. Dale McFarlin, NINCDS, Bg. 36, Rm. 5D12.

2/25 **Dr. Hsiang Chin-Min**, China, Laboratory of Central Nervous System Studies. Sponsor: Dr. Clarence Gibbs, NINCDS, Bg. 36, Rm. 4A17.

3/1 **Dr. Lars Baltzer**, Sweden, Laboratory of Chemical Physics. Sponsor: Dr. Edwin Becker, NIADDK, Bg. 2, Rm. 123.

3/1 **Dr. Yaakov Ben-Barak**, Israel, Laboratory of Developmental Disabilities. Sponsor: Dr. Harold Gainer, NICHD, Bg. 36, Rm. 3B05.

3/1 **Dr. Gad Glaser**, Israel, Laboratory of Molecular Genetics. Sponsor: Dr. C. Michael Cashel, NICHD, Bg. 6, Rm. 335.

3/1 **Dr. Erich Mohr**, Germany, Clinical Neurosciences Branch. Sponsor: Dr. Paul Fedio, NINCDS, Bg. 10, Rm. 4N246.

3/1 **Dr. Shiko Kimura**, Japan, Developmental Pharmacology Branch. Sponsor: Dr. Daniel W. Nebert, NICHD, Bg. 10, Rm. 8C414.

3/1 **Dr. Enrique Rodriguez**, Mexico, Pathology Branch. Sponsor: Dr. Victor Ferrans, NHLBI, Bg. 10, Rm. 7N208.

3/1 **Dr. Marc Sitbon**, France, Laboratory of Persistent Viral Diseases. Sponsor: Dr. Bruce Chesebro, NIAID, Rocky Mountain Lab, Hamilton, Mont.

3/3 **Dr. Lennart Erik Logdberg**, Sweden, Laboratory of Immunology. Sponsor: Dr. Ethan Shevach, NIAID, Bg. 10, Rm. 11N312.

3/6 **Dr. Erich Schlick**, West Germany, Biological Therapeutics Branch. Sponsor: Dr. Joost Oppenheim, NCI, FRCF, Bg. 560, Rm. 31-76.

3/7 **Dr. Seigo Ohi**, Japan, Laboratory of Biology of Viruses. Sponsor: Dr. James A. Rose, NIAID, Bg. 5, Rm. 309.

3/14 **Dr. Dan S. Heffez**, Canada, Neurochemistry Laboratory. Sponsor: Dr. Janet Passonneau, NINCDS, Bg. 36, Rm. 4D16.

3/14 **Dr. Luigina Romani**, Italy, Laboratory of Biochemistry. Sponsor: Dr. Michael Mage, NCI, Bg. 37, Rm. 4C28.

## Current Awareness Searches Offered to Library Users

Semimonthly current awareness searches of two data bases highly useful to biomedical investigators are now being offered to NIH Library users. This is being done in collaboration with the Division of Computer Research and Technology.

One data base is BIOSIS, containing information from *Biological Abstracts* and *Bioresearch Index*. Coverage extends over the entire life sciences field including such areas as anatomy, bacteriology, biochemistry, cell biology, genetics, immunology, microbiology, nutrition, pathology, physiology, pharmacology, toxicology, taxonomy, virology, and zoology.

The other data base is CBAC: (chemical-biological activities), a file of abstracts from eight sections of *Chemical Abstracts* that report interactions of chemical substances with biological systems.

Subscribers to the CBAC and BIOSIS service regularly receive in the mail a listing of the new references retrieved in response to search profiles which they have developed with the Library's reference and bibliographic section.

A seminar on CBAC and BIOSIS current awareness searching will be held at NIH during April. It will include a demonstration of the use of SUPERFILE for creating and searching private bibliographic data sets using the IBM Personal Computer. Persons interested in the seminar should phone Mary Lee Dante, DCRT (496-5693), for further information.

Another data base available for a current awareness search through the NIH Library is the National Library of Medicine's MEDLINE.

To arrange for the preparation of BIOSIS, CBAC, and MEDLINE profiles, visit the Reference and Bibliographic Services office in the NIH Library. □



Richard A. Wagner (l), chief of the NICHD contracts management section, recently received the NIH Merit Award for "high achievement and effectiveness" in managing the Institute's research and development contracts program. NICHD Director Dr. Mortimer B. Lipsett presented the award during the Institute's most recent National Advisory Child Health and Human Development Council meeting. The award is the second highest personnel commendation given by NIH.

## J. Erbacher, VRB, Dies

Joseph Erbacher, industrial washing system operator in the Veterinary Resources Branch, Division of Research Services, died Mar. 1. He was 39 years of age.

A highly valued employee, Mr. Erbacher began work in the primate research unit of VRB in 1976. His hiring was one of the first in VRB's concerted effort to employ the disabled and handicapped under the NIH Selective Placement Program.



Joseph Erbacher

The primate research unit conducts a monthly "Employee of the Month" election in which all unit employees honor one of their fellow workers for effort and cooperativeness. Mr. Erbacher received this title three times.

"I will remember Joe as the bubbly fellow who could not wait to tell me about his bowling successes," said Dr. Martin Morin, unit chief. "He was so proud of his contribution to his bowling team.

"But Joe was part of more than one team. He contributed materially to our success as a team that provides high quality care to research nonhuman primates and research support to NIH."

"Joe was very dependable and enjoyed his work," said primate research technician George Coleman. "He was a generous man, who pitched in to do other jobs that needed to be done besides his assigned duties, and we're going to miss his sense of humor as well as his work performance. I'd say he was a real advertisement for hiring the handicapped."

Information about the NIH Selective Placement Program is available from the coordinator, Carol Storm, NIH Division of Personnel Management, 496-2403.

## R&W Goes Rafting

Shooting the rapids is an exhilarating experience. The Cheat River Canyon is a very special kind of place and the magnificent grandeur of unspoiled West Virginia is awe-inspiring. Your cost for the May 21 (Saturday) trip will be \$48 plus \$1 service charge, which includes the raft trip and lunch on the river. If you want, you can join in an overnight campout at Chestnut Ridge. Sign up at the R&W Activities Desk, Bldg. 31, Rm. B1W30. □

## Veteran Donor Helps NIEHS Set Blood Record

When George W. Griggs rolled up his sleeve to give blood recently, it was hardly a new experience for him. Mr. Griggs, a building engineer in the Office of Facilities Engineering at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C., has given 7 pints toward his fourth gallon of blood donated to the American Red Cross. He makes his current donations at the Durham chapter as part of the blood donor program in coordination with NIEHS.

The apparently routine donation of this pint set a new record for the NIEHS blood donor program. Unknown to Mr. Griggs, he gave the 95th pint contributed by the Institute between Feb. 16, 1982, and Feb. 15, 1983, the annual goal period.

His donation on Feb. 4 gave the Institute 100 percent of its goal of 95 pints—set by the Red Cross—with 11 days to spare. Before NIEHS donors were done for the year they had donated 99 pints, or 104.2 percent of their goal.

NIEHS participation in the blood program has helped provide life-giving supplies of blood to needy recipients in eastern North Carolina at no cost.

The Institute has supported the program

by offering administrative leave for the donors to go to the blood center, and also arranged transportation. The blood donor coordinator, Linda Morrison of the Personnel Office, assisted in recruiting donors.

This year's drive was highlighted by a friendly rivalry between organizations within the Institute to see which could give the most blood. The Laboratory of Pharmacology and the Office of Facilities Engineering were declared the informal champs, though people from virtually every organizational component of NIEHS took part.

Several NIEHS blood donors have received one or more pins for donating a gallon (8 pints). These donors are also listed on the chapter honor roll displayed at the Red Cross blood center.

NIEHS Director Dr. David P. Rall noted that this civic-minded success comes on the heels of last fall's record breaking Combined Federal Campaign performance by NIEHS employees.

"Topping the NIEHS goal in blood donations is a special and noteworthy achievement. Employees who provided this life support for persons in need are indeed commendable, and they all deserve congratulations," he said. □

## Renal Disease Committee Holds Inaugural Session

The NIH Coordinating Committee for Chronic Renal Disease recently held its first meeting under the chairmanship of Dr. Nancy Boucot Cummings, NIADDK associate director for kidney, urologic and hematologic diseases.

The 19-member committee—established by Dr. James B. Wyngaarden, NIH Director, to assess trans-NIH research activities and opportunities in chronic renal disease—is composed of representatives from all NIH components conducting or supporting research in that field.

Dr. Wyngaarden has asked the committee to prepare a preliminary report on current research activities by Apr. 1. A more

comprehensive report presenting prospects for future research opportunities is to be sent to the Director by Sept. 30.

Dr. Cummings opened the meeting with a brief account of the history of treatment of chronic renal failure and of the legislative history of the Federal Government's support for treatment of end-stage renal disease.

After Dr. Cummings presented the committee with its mission, members discussed research activities presently conducted and supported by the various NIH components. The committee also discussed plans for collecting, analyzing, and collating all of the necessary information, and for preparing its reports. □



Renee Harbin (third from l), a patient in the Pediatric Branch, NCI, recently received gifts from Scott Woodhouse (l) of radio station Q107 and Larry Matthews (far r) of radio station WMAL. The gifts were in appreciation of Renee's interview to promote the WMAL 10th Annual Leukemia Radiothon which raises funds for leukemia research. Looking on is Cheryl Conradis Renee's mother.

## NIH Celebrates Its Eleventh Annual Black History Month



NIH Director Dr. James B. Wyngaarden chats with Dr. Alexander during ceremonies.

"The U.S. Constitution and the Black American" was the theme of the recent NIH Black History Month.

A series of programs was held beginning with the Creative Ascent Acting Company with their production of *Without a Doubt*, a collage of poetry, speeches, and songs focusing on the history of black life in America. Music was performed by Brother Ah. This company has appeared at the Kennedy Center's Terrace Theater and the NAACP convention in Boston.

Dr. Benjamin Alexander, president of the University of the District of Columbia (UDC), addressed the plight of black education in a presentation entitled: To Find the Solution, Understand the Problem.

Dr. Alexander told the audience that one solution toward upgrading academic standards at UDC is to continue to strive to make the institution a grade C institution, the same as the other universities in the Washington area. By accomplishing this goal, the university could award doctorate degrees to its students, he said.

He also noted he had been cited as being a strict educator. He said in order for

students who attend UDC to be able to compete in everyday society, there must be strict discipline.

Following Dr. Alexander's remarks, the Woodrow Wilson Senior High School Gospel Choir presented musical selections.

The final day of the celebration highlighted the Black American Heritage. The keynote speaker was Dr. Edward Robinson, the executive director of the Office of Minority Opportunity in Philadelphia.

In his address, Dr. Robinson related the true meaning of the songs that were sung by the slaves and how those songs contained messages, in many instances about escape. In later years these songs were converted to spirituals.

There were also performances by Kankouran, an African dance group, who exemplified the richness of African culture.

This year marked the 11th Annual Black History Month Celebration at the National Institutes of Health.

These programs were sponsored by the NIH Minority Cultural Committee. All programs were held in the Masur Auditorium in the Clinical Center. —Jasper Cummings □

## Look Out for Rabid Animals on the Reservation

If any NIH'ers see a normally nocturnal animal (such as a raccoon, bat or skunk) out during daylight hours on the campus, immediately call Tom Cook, chief, NIH Grounds Maintenance and Landscaping Section, 496-4817. The animals could be rabid.

The outbreak of rabies in raccoons in the Washington area has prompted NIH officials to urge employees to be cautious in their contact with animals.

Commonly a rabid animal will look listless and docile, behaving with unusual friendliness. This is why humans often try to help it.

If bitten by a wild or domestic animal (raccoons, bats, skunks, foxes, dogs, cats, horses and cows), seek assistance in trying to capture the animal so it can be tested. The Montgomery County Humane Society has teams of trained personnel to help if an animal is confined.

Rabies is transmitted through the saliva of

an infected animal. The disease can be contracted when a victim is bitten and the bite breaks the skin, or if the saliva of an infected animal enters an existing wound.

An infectious viral disease of the central nervous system, rabies or hydrophobia is characterized by convulsions and an inability to swallow. An animal will experience paralysis of the lower jaw and possibly the tongue and may drool because of the inability to swallow.

Be sure all pets are vaccinated against rabies. Cats need to be vaccinated, even if kept indoors, because they may encounter rabid animals in attics, basements or between walls of a house.

Recently, a relatively painless antirabies vaccine for humans has been developed to replace the 21 abdominal shots, which had dangerous side effects and were painful.

For more information, call the Montgomery County Humane Society, 279-7560. □

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