Eminent Geriatrician T. Frank Williams Installed as Second Director at NIA

Dr. T. Franklin Williams became the second Director of the National Institute on Aging in a well-attended ceremony in Wilson Hall on July 5.

HHS Secretary Margaret Heckler was there to welcome Dr. Williams as were Dr. Edward N. Brandt Jr., Assistant Secretary for Health, Dr. C. Everett Koop, Surgeon General, USPHS; Dr. Frederick C. Robbins, President of the Institute of Medicine of the National Academy of Sciences, and other distinguished guests.

NIH Director Dr. James B. Wyngaarden administered the oath to Dr. Williams, recognizing the new NIA Director as an internationally known scientist, educator and clinician in the field of geriatrics as well as a friend of 30 years and a fellow North Carolinian.

"We feel that your presence here marks the beginning of a new era in the already distinguished history of NIA," said Mrs. Heckler in her welcoming remarks. She spoke of the task ahead of "softening the inevitability of aging" and noted that some do this by laughing about it, like the person who commented: "If I had known I would live so long I would have taken better care of myself."

In a more serious vein, Mrs. Heckler told the audience: "Nothing has a higher priority for me than the problems of older Americans." She added, "President Reagan fully shares those concerns and supports our activities in that field."

Mrs. Heckler used the occasion to say to Dr. Williams and others attending the ceremony that she would like to see "a great deal of added emphasis on the problems of older women in society." Although women live about 7/8 years longer than men, she said these last years are sometimes marred by loneliness, isolation and ill health. "As we study why women live longer than men, perhaps we can also answer the question of why men do not live longer lives."

She also listed Alzheimer's disease as a high priority research area.

Accepting his new position as NIA Director, Dr. Williams noted that aging is usually associated with many normal changes which may be compounded by the effects of diseases and psychosocial stresses. He said that the interrelationships of all of these factors must be emphasized in NIA programs.

Dr. Williams stressed his personal interest

(See NIH DIRECTOR, Page 7)

New Cancer Projects Funded in 32 States

The National Cancer Institute is launching a large-scale Community Clinical Oncology Program with awarding of funds this summer to 59 community hospitals or groups of community cancer specialists in 32 states.

The program, designed to combine the expertise of community physicians with ongoing research projects, will introduce the newest clinical research findings into community settings. More than 5,000 new cancer patients are expected to join in research studies through the new program.

"This cooperative venture among the National Cancer Institute, community oncologists and research centers will be a key ingredient in our national effort to reduce cancer morbidity and mortality," said Dr. Vincent T. DeVita Jr., NCI Director. He said the program will also provide new information on patterns of patient care and how information about new technologies is disseminated.

Qualified community physicians will participate in clinical trials by affiliating with NCI-supported treatment study programs at major medical centers and national and regional clinical cooperative groups that conduct large treatment studies.

A clinical trial evaluates the newest treatments for cancer patients. The research therapies used in such trials are designed to answer specific questions to find new and better ways to help cancer patients.

By increasing the number of patients in treatment studies, the program will cut the time needed to find answers to important questions about new therapies. A minimum of 50 evaluable patients per year (and in many instances more than twice that number) will be enrolled by each of the 59 community programs on approved clinical research protocols. These protocols will be conducted in the 30 centers or cooperative groups selected for research affiliations.

Each new patients the community programs bring into research studies must give informed consent.

Almost 200 applications from community hospitals and groups were received from 43 states for this program. Selection was based on technical merit, with some consideration of geographic spread.

Some individual community programs are single clinics, groups of practicing oncologists, or single hospitals. Others are consor-
The NIH Record

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To learn about these and other courses, contact the Development and Training Operations Branch, DPM, 496-8371.

Training Tips

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

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Fall Registration Announced

By NIH Education Center

Registration for fall semester classes at the NIH Career Education Center will be held from 9 a.m. to 4 p.m. on July 20, Aug. 10, 23 and 24.

The center conducts accredited undergraduate college courses as well as short courses and workshops in Bldg. 31. Some of the short courses are public speaking, advanced speech communication, technical writing, law enforcement, record systems management, and the law and the computer.

Other courses include fundamental skills in speaking, reading, vocabulary building and writing; English, psychology, logic, Spanish, accounting, data processing, library technology, nursing, mathematics, career planning, and English as a Second Language.

Three courses are offered for credit by tele-

The NIH Record

July 19, 1983
New Mouthpiece Allows Radiation Treatment Of Head and Neck Tumors With Less Hazard

A new method of delivering radiation therapy to patient with superficial malignant head and neck tumors is being used by researchers at the National Cancer Institute, working with scientists at the National Institute of Dental Research.

The technique uses an acrylic device containing radioactive metallic seeds that fits externally over a patient's tumor. These devices—called external-mold bite devices—are designed by physicians and radiation physics scientists in the NCI Radiation Oncology Branch and then built by Dr. William E. Wright and laboratory technician Albert D. McIntyre of the NIDR Dental Clinic.

Each device consists of an intraoral mouthpiece on which the patient bites to provide proper positioning and stabilization, plus an extension that fits over the tumor to be treated (for example, on the lip, or tip of the nose). This external portion may be a single-unit extension of the mouthpiece or multiple units that interlock with the mouth piece for stability.

Typically, cancer patients receive radiation therapy through machines that externally irradiate the tumor site or through radioactive needles implanted into the affected area.

External-mold bite devices offer an alternative method for treating patients with head and neck tumors that are located close to the skin or mucous membrane surfaces of the mouth or nose.

A major advantage is that radiation can be delivered directly to the tumor mass without exposure to normal tissue. The technique also can be used with other types of treatment such as chemotherapy and surgery.

Designing and fabricating an external-mold bite device requires several steps and close cooperation between NIDR and NCI clinicians, scientists, and technicians.

After a dental consultation, Dr. Wright and Mr. McIntyre meet with the NCI personnel to discuss the proposed device. The device is first formed in wax. The mouthpiece or bite portion is constructed on stone models of the patient's teeth.

Next, a wax form, which fits closely over the tumor, is made. This can be done by making a stone cast of the facial anatomy or by free-sculpting the wax over the tumor site.

The patient then models the wax device for Dr. Allen Lichter, chief of the NCI radiation therapy section. Radiation Oncology Branch, and Robert Miller, a physicist in the radiation physics and computer automation section. Once the trial wax device fits the patient satisfactorily, it is converted from wax into the final acrylic by a standard dental laboratory procedure.

The NCI group then estimates where the radioactive seeds should be placed within the external mold.

The appliance is then returned to the Dental Clinic and Dr. Wright and Mr. McIntyre complete the next step by cutting grooves in the tissue side of the mold. Plastic tubes containing dummy (nonactivated) seeds are temporarily imbedded in these grooves.

By using dummy seeds, the scientists can accurately compute the most effective location and activity for the metallic seeds without being exposed to radioactive materials.

Using an "after loading" technique (meaning that the actual radioactive seeds are loaded into the external mold after precomputing the amount of radiation required to treat a particular patient), the NCI investigators prepare the device for active patient therapy.

The radioactive seeds selected for use in these particular molds are composed of iridium-192. This radioactive material has a half-life of 72 days; that is, it loses one-half its strength in that time as it undergoes radioactive decay. During the treatment, the potency of the radioactive seeds is computed daily. As the seeds begin to lose strength, the treatment time is lengthened to deliver a constant daily radiation dose.

Patients come to the Clinical Center as outpatients to use the external-mold bite devices.

The NIDR Dental Clinic staff provides orientation and prevention and control therapies for possible oral and dental side effects that may result from the radiation treatment. A typical radiation treatment regimen with this device may require a patient to wear the appliance 4 to 6 hours a day, 5 days a week, for 3 weeks.

While the device is in use, the patient must stay in an isolated hospital room to avoid exposing others to radiation. The patient may read or watch television, and telephone. When the daily therapy is completed, the patient can return home without radioactive risk to family or other contacts.

When the total treatment is completed, the device is sent to the Radiation Safety Branch, Division of Safety, for proper disposal.

These external-mold bite devices play an important role, alone or in combination with other modes of oncoologic therapy, in successfully treating certain patients with superficial tumors of the head and neck.

—Jody Dove

Lura Street Jackson Dies; Former Information Chief

Lura Street Jackson, former journalist and public information chief of agencies within the Department of Health and Human Services, died July 8 at Suburban Hospital in Bethesda, Md. She had suffered a stroke following cardiovascular surgery.

Ms. Jackson served from 1961 as chief of public information at the National Institute of Mental Health and later as associate director for prevention at the National Institute of Drug Abuse until her retirement in 1979.

Her work in publicizing the first federally supported Community Mental Health Centers program helped to initiate significant changes in the care and treatment of the mentally ill throughout the United States. She also originated a program designed to provide youth with alternative pursuits to counteract the lifestyles of the drug culture in the 1960s and 1970s. This "alternatives" activity program is still supported by the Federal Government, providing support to states and local communities in countering drug abuse.

Ms. Jackson was born in Manila, P.I., July 4, 1912. She was the daughter of the late Judi and Thomas Adkins Street, who was appointed to the first Philippine Supreme Court by President Woodrow Wilson.

She graduated magna cum laude from Pomona College in California in 1933 and received an M.S. degree in journalism from Columbia University.

Ms. Jackson served as a reporter in the Rome Bureau of the New York Herald Tribune and later as copy chief at Life Magazine in New York.

Prior to her appointment to the Federal Civil Service, Ms. Jackson, as a member of PR Associates, provided public relations counseling and authored numerous reports for national health and education organizations.

She was a participating member of the Maryland Women's Suburban Democratic Club, Montgomery County, the Women's National Democratic Club and the Washington Press Club, as well as acting as spokesman for civic groups in Montgomery County, Md.

Lupus Foundation Convened In Washington on July 14-16

The Lupus Foundation of America held its 6th annual convention in Washington, D.C., July 14-16. Highlights of the program included a presentation of the 1983 Lupus Foundation Award to Judi Bucklew, Special Assistant to President Reagan and a medical program moderated by Dr. Lawrence E. Shulman, director, Division of Arthritis, Musculoskeletal and Skin Diseases, NIADDK.

Panel members included Dr. John H. Klippel, senior investigator, Arthritis and Rheumatism Branch, and Dr. Alfred D. Steinberg, chief, cellular immunology section, Arthritis and Rheumatism Branch.

The art of being wise is the art of knowing what to overlook.—William James
New NINCDS Immunoblotting Test Predicts Neurologic Involvement in Lipid Disorder

By Diane Strlar

NINCDS scientists have developed two new diagnostic tests that predict whether a child with the inherited lipid-storage disorder called Gaucher’s disease will eventually show nervous system involvement.

These tests will help scientists plan a course of treatment and provide precise genetic counseling for Gaucher’s patients. Drs. Edward I. Ginz and John A. Barranger have used the tests after identifying genetically distinct varieties of the defective enzyme that causes the disease.

Ginns and Barranger have developed the tests after identifying genetically distinct varieties of the defective enzyme that causes the disease. Ginns and Barranger have used the tests to distinguish among these patients to develop rational therapeutic strategies for those who have a particular disease, says Dr. Brady.

There is yet no treatment for patients who have the neurologic types of Gaucher’s disease, according to Dr. Brady. Patients without neurologic involvement may be helped by replacement of the defective enzyme in much the same way that diabetic patients are treated with insulin.

Dr. Joseph M. Tager and coworkers at the University of Amsterdam and Dr. Hans Galjaard and his colleagues at Erasmus University, the Netherlands. The most recent report on this research can be found in the July 15 Clinica Chemica Acta. ❇
He recalls that Dr. Rowe "was a superb teacher with an exceptional ability to reason and also remarkable patience." He went on to say: "My enrollment in his class became one of the most significant events in my professional life. It changed my entire career in science."

Dr. Hartley, his longtime collaborator recalled that Dr. Rowe was "a wonderful man to work with, always supportive, always the first to recognize the contributions of others." One of his great satisfactions was the success of many of the research associates and post-doctoral fellows who trained in his laboratory.

She added: "He had remarkable clarity of thought and analytical skill, but what I shall remember most clearly is the joy he felt—and generated in others—in discovery, in seeing patterns evolve and develop into concepts of biologic importance."

Dr. Rowe was warmly thought of in his laboratory. LVD staff stayed with him for such long periods that a 10-year employee was considered "new" to LDV. Joan Austin, a technician, pointed out that Dr. Rowe, whom she worked for 27 years, was the only boss she ever knew. She recalled his sensitive nature—his love of classical music, poetry and art. She said that his sketches often decorated the protocols describing staff working assignments and that children's faces and birds were his favorite subject. "If the work was going well, the birds were serene—if he had a particularly knotty problem, the birds were fierce and threatening."

**Developed Adenovirus Vaccine**

Largely through Dr. Rowe's efforts in the laboratory, an adenovirus vaccine was developed by colleagues that has been highly effective in reducing illness, particularly among military recruits.

Dr. Rowe's last years of research focused on the important and complex group of murine C-type RNA viruses (retroviruses). With his colleague of 29 years, Dr. Janet Hartley, Dr. Rowe developed many new widely used techniques for detecting, growing and measuring mouse leukemia and sarcoma viruses.

They were the first to demonstrate that mouse sarcoma viruses only replicate in the host cell in the presence of another "helper" virus. Dr. Rowe's studies, using leukemia-prone and leukemia-free strains of mice, provided the first proof that the blueprints for a leukemia virus may be present in unexpressed form in the normal cell's genetic material.

As a direct consequence of this work, it is now possible to manipulate specific viral genes by classical genetic techniques to determine their effects on spontaneous, chemically, or physically induced tumors in mice.

Pinpointing the chromosomal locations of genes of known function is necessary if one is to understand the regulation of gene expression in all animal cells and, ultimately, to understand and control cancer. Dr. Rowe was also a leader in recombinant DNA research, both at NIH and throughout the nation. Working with NIAID's Dr. Malcolm Martin, he conducted the first risk assessment studies to evaluate the potential risks involved in this pioneering research.

A gifted lecturer and teacher, Dr. Rowe taught virology at Howard University from 1960 to the early 1970s. One of his students, Dr. Siser Chattopadhyay, is now a molecular virologist with the National Cancer Institute.
12 NIH Staff Receive Commerce Inventor Awards

Twelve NIH staff members recently received an Inventor's Award. These awards were given by the National Technical Information Service of the Department of Commerce.

Below are the inventors, their products or description of their inventions.

**Willadene Zierdt**, a medical technicin in the Clinical Center's clinical pathology department, devised a leucocyte which concentrates fecal specimens for parasite recovery. It consists of a plastic tube connected to a pyrex tube by a nylon collar containing a stainless steel filter. Before its development, technicains strained samples into a test tube using a funnel lined with cheesecloth. The device provides a more accurate recovery of parasites and protects technicains from direct contact with live materials. The leucocyte was patented in 1980 and licensed for commercial use by Evangreen Scientific Products. It is currently being relicensed by Evangreen Scientific Products which is producing a disposable form of the device.

**Dr. Hilton B. Levy** received the award for his invention of Nuclease Resistant Hydrophilic Complex of Polymethoxy Polyribosylidylic Acid. With the National Institute of Allergy and Infectious Diseases since 1952, Dr. Levy is currently head of the Molecular Virology Section of the Institute's Laboratory of Viral Diseases at the Frederick Cancer Research Facility in Frederick, Md. Dr. Levy was a pioneer in the use of the drug polyIC (polyinosinic-polyribocytidylic acid) as an interferon inducer. He proved in earlier studies that this compound—capable of inducing rodent cells to produce large amounts of interferon and development of a high level of resistance to viral infections—was also able to act as an antihuman agent in rodents. However, polyIC was not effective in primates, including man, because their high serum levels of nucleic activity. With the invention of the new compound, polyI'C (poli:ymethoxy polyribocytidylic acid, complexed to polylysine and carbomethylcellulose), Dr. Levy has provided a therapeutic agent proven effective against a variety of viral diseases in monkeys and chimpanzees. The drug is currently undergoing clinical trials in several human viral diseases, malignancies and neurologic diseases involving abnormal immune functions.

**Dr. Leonard M. Hjelmen**dard received this year's Inventor's Award for developing CHAPS, a leading detergent used in laboratories worldwide to release biochemically active proteins from cell membranes. Dr. Hjelmen, a 34-year-old vision research expert in biochemistry in the National Eye Institute Laboratory, developed the detergent while doing membrane biochemistry research at NIH. "It came about because I saw the need for a new detergent and had enough background in synthetic chemistry to develop it," Dr. Hjelmen said. On the market since 1981, CHAPS is commercially available through several biochemical firms as well as at the NIH self-service stores where $15,000 worth of it was bought for use in intramural laboratories last year. The patent for CHAPS is held by the Department of Health and Human Services.

**Dr. Phil Skolnick**, Laboratory of Bioorganic Chemistry, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, in collaboration with Dr. Steven M. Paul, National Institute of Mental Health, developed a rapid and sensitive radio-receptor assay for measuring benzodiazepines in plasma. The benzodiazepines, which include drugs like Librium and Valium, are the most widely prescribed drugs in current therapeutic use. Their actions are diverse, allowing use as anti-anxiety, sedative-hypnotics, and muscle relaxants. The advantages of this method, over current methods of assay, are that it is rapid, sensitive, specific, and requires no sophisticated equipment or methods.

**Dr. Gary Peck**, senior investigator, NCI Dermatology Branch, patented a dosage schedule for oral 13-cis-retinoic acid (isotretinoin) in the treatment of cystic acne. Dr. Peck established his high-low dosage schedule to produce a maximal therapeutic response and to reduce possible side effects during the 6-month treatment plan. With this schedule, which takes advantage of the drug's delayed effect, Dr. Peck observed that in almost all cases the therapeutic effect becomes apparent only after the initial high dosage has been reduced.

Not pictured: Ors. Yoichiro Ito (winner of 3 awards) and Theodor Kolobow, from the National Heart, Lung, and Blood Institute.
Three CC Staff Nurses Honored at Symposium

Three nursing awards to staff nurses opened the 9th Annual Nursing Research Symposium sponsored recently by the Clinical Center Nursing Department. Awardees then joined the audience of CC nursing staff and visiting nurses in listening to the lectures of distinguished keynote speakers, Drs. Barbara Stevens and Phyllis B. Kritek.

Honored by the CC Nursing Department were Mary Grace Tighe, Nurse of the Year; Susan Fisher, Nurse Research Award; and Dan Sands, Distinguished Nurse Award. Rena Murtha, Clinical Center associate director for nursing, presented the awards.

The Nurse of the Year Award is presented in recognition of exemplary practice in the care of patients in a research environment. Ms. Tighe is a primary nurse in the field of ambulatory care of medical oncology patients.

She has taught chemotherapy courses for nurses, represented nursing in interdisciplinary programs for medical oncology patients, and has acted for 6 weeks as head nurse on her unit in the absence of a permanent head nurse.

Ms. Tighe "has demonstrated excellence in practice and leadership in the coordination and direction of patient care and nursing activities," it was noted.

The Nursing Research Award honors a professional nurse whose research has improved the practice of nursing. The results of nurse biostatistician Susan Fisher's independent project, "A Study of the Sexual Knowledge and Sexual Attitudes of Professional Nurses in the Clinical Center Nursing Service," has had a significant impact on CC nursing practice and has been published in Cancer Nursing and Oncology Nursing Forum and through presentations to the American Society of Oncology, the American Lung Association, nurses at Johns Hopkins School of Medicine, and the American Cancer Society.

The Distinguished Nurse Award is given to a professional nurse who has made a significant contribution to the goals of the department and is recognized among colleagues within and outside the department for expertise in nursing practice, research, education, or administration.

Recipient Dan Sands has been an active, effective chairperson of the staff nurse advisory committee. Mr. Sands "has given time, effort and enthusiasm to the advancement of nursing. He has set the highest standards of professionalism and dedication for his staff nurse counterparts at the Clinical Center."

Suicide by Shooting and Gun Ownership Climb Together; Nonfirearms Rate Remains the Same, Doctor Says

The use of firearms to commit suicide has increased dramatically over the past 25 years, according to Dr. Jeffrey H. Boyd, a research psychiatrist/epidemiologist, NIMH Biometry and Epidemiology Branch, in a recent issue of the New England Journal of Medicine.

In fact, "the rate of suicide by firearms has been increasing more than twice as rapidly as the rate of suicide by gas or poisoning," he said.

Analyzing data on the number and types of suicides from the vital statistics, for the years 1953 through 1978, Dr. Boyd discovered that for individuals under the age of 40, the suicide rate rose much more rapidly—4.5 percent in 1953 to 9.3 percent in 1978. This dramatic increase was accompanied by a gunshot suicide rate which rose from 4.9 percent in 1953 to 7.1 percent in 1978.

During the same 25 years, the nonfirearms suicide rate did not change.

Interestingly enough, the number of guns in U.S. households has also increased, Dr. Boyd said. He cited data from the Bureau of Alcohol, Tobacco, and Firearms that showed that there were 51 guns per 100 persons in 1968 as compared to 73 per 100 in 1978.

He notes that other studies have shown that handguns (as opposed to rifles) account for 83 percent of all suicides by firearms.

Perhaps, he suggests, the increase in suicide might be controlled by restricting the sale of handguns—for example, instituting a waiting period between the (declared) intention to purchase a handgun and the actual purchase.

"I think," he said "that people who are depressed and/or alcoholic are also inclined to be impulsive. If it became more difficult for them to kill themselves—the impulse might pass."

Dr. Boyd also noted that another study shows that several states with very strict gun control laws have lower suicide rates.

In Britain, a decrease in the carbon monoxide content of domestic gas (gas, rather than firearms being the most common means of suicide) resulted in a decline in the suicide rate.—Judy Folkenberg

NIA DIRECTOR (Continued from Page 1)

in research on the causes, prevention, treatment and other aspects of dementia in the elderly. He also emphasized the importance of research on the problems of older women.

NIA will continue to give high priority to research on the biological markers of aging, functional disabilities faced by the elderly, intergenerational relationships, the effects of stress, pharmacology and new ways to provide care, Dr. Williams continued.

He emphasized the importance of continued collaboration with other Institutes within NIH as well as with other Government and private organizations.

Dr. Williams also emphasized the need for more academic leadership in the fields of aging and geriatric research and pledged to strengthen the NIA extramural and intramural training programs.

An internationally known geriatrician, Dr. Williams was professor of medicine and of preventive family and rehabilitative medicine at the University of Rochester School of Medicine and Dentistry before joining NIA.

He also served as codirector of the Center on Aging at the University of Rochester Medical Center, as medical director of the Monroe Community Hospital in Rochester, and held research and teaching positions at the University of North Carolina and the University of Rochester.

See 'Old' Cape Cod!

The NIH R&W is planning to visit Cape Cod from Sept. 23 through Sept. 28. The four-day, three-night package includes:

• Roundtrip bus transportation, accommodations at the Sheraton Ocean Park Inn, poolside party, breakfast, clambake, buffet banquet and a dinner at a sea captain's home.

Also a customized sightseeing tour with all taxes and gratuities, and baggage handling covered by basic fare.

Price per person: $190 (4 per room); $211 (3 per room); $235 (2 per room). For further information call 496-4600.

Dr. Williams is given the oath of office as new NIA Director by Dr. Wyngaarden in a ceremony in Wilson Hall on July 5. Mrs. Williams holds the Bible for her husband as their daughter, Mary Wright Williams, and HHS Secretary Heckler look on.

July 19, 1983 The NIH Record Page 7
Scenes at NIH/R&W Annual Family Picnic

Photos by Herbert Alvord, Jr.

Gimme, gimme, as young NIH'ers begin the traditional egg toss.

Jelly Bean, alias Dr. Marty Frank, entertained many of the children at the picnic.

Meagan Fitzsimmons, daughter of William T. of NIGMS, leads off the sack race, one of the many events at the NIH/R&W family picnic.

Volleyball continued on through the day with open play for all the individuals who attended. Other individuals participated in softball, horseshoes, frisbee throwing, and fishing.

NIH employees enjoy a robust tug of war in a mixed couple event. In the age categories 6 and under—women were the winners; 16 and under—men were the winners; and over 16, after a tough 5-minute struggle, the men were declared the winners.

Visiting Scientist Program Participants

5/1 Dr. Tomoyuki Kanamatsu, Japan. Sponsor: Dr. Jau-Shyong Hong, Laboratory of Behavioral and Neurological Toxicology, NIEHS, RTP, N.C.
5/1 Dr. Felix Romagna, Switzerland. Sponsor: Dr. Marshall W. Anderson, Molecular Pharmacology Section, NIEHS, RTP, N.C.
5/1 Dr. Hector R. Martinez, Mexico. Sponsor: Dr. Igor Klatzo, Laboratory of Neuropathology and Neuroanatomical Sciences, NINCDS, Bg. 36, Rm. 4044.
5/1 Dr. Neelakandan Muthukumar, India. Sponsor: Dr. A. H. Reddi, Bone Cell Biology Section, NIDR, Bg. 30, Rm. 207.
5/1 Dr. Hildegard M. Reznik-Schuller, West Germany. Sponsor: Dr. Michael Boyd, Laboratory of Experimental Therapeutics and Metabolism, NCI, Bg. 10, Rm. 8N105.
5/1 Dr. Ulf Smith, Sweden. Sponsor: Dr. Samuel Cushman. Diabetes Branch, NIADDK, Danac #4, Rm. 15.
5/1 Dr. Zelig Asher Tochner, Israel. Sponsor: Dr. Eli Glatstein. Radiation Oncology Branch, NCI, Bg. 10, Rm. B3B38.
5/1 Dr. Sanemoto Togo, Japan. Sponsor: Dr. Lance Liotta, Laboratory of Pathology, NCI, Bg. 10, Rm. 8B17.
5/1 Dr. Ben Avi Weisman, Israel. Sponsor: Dr. John Daly. Laboratory of Bioorganic Chemistry, NIADDK, Bg. 4, Rm. 212.
5/1 Dr. Jonathan Whittaker, United Kingdom. Sponsor: Dr. Jesse Roth, Diabetes Branch, NIADDK, Bg. 10, Rm. 8S243.
5/2 Dr. Michael Cordingley, United Kingdom. Sponsor: Dr. Gordon L. Hager, Laboratory of Tumor Virus Genetics, NCI, Bg. 41, Rm. D243.
5/2 Dr. Morag Park, United Kingdom. Sponsor: Dr. Donald Blair, Microbiology Section, NCI, Bg. 560, FCRF, Frederick, Md.
5/2 Dr. Samuele Peppoloni, Italy. Sponsor: Dr. Elieser Gorelik, Biological Therapeutics Branch, NCI, FCRF, Frederick, Md.
5/6 Dr. Juraj Culman, Czechoslovakia. Sponsor: Dr. Irwin Kopin, Laboratory of Clinical Science, NIMH, Bg. 10, Rm. 2D46.
5/9 Dr. Hiroshi Kuzuya, Japan. Sponsor: Dr. Gordon Guroff, Office of the Scientific Director, NICHD, Bg. 6, Rm. 1A08.
5/10 Dr. Hannah Gould, U.S. Sponsor: Dr. Gary Felsenfeld, Section on Physical Chemistry, NIADDK, Bg. 2, Rm. 301.
5/13 Dr. Mitsuiro Hayama, Japan. Sponsor: Dr. Robert Crouch, Laboratory of Molecular Genetics, NICHD, Bg. 8, Rm. 339.
5/15 Dr. David R. Critchley, United Kingdom. Sponsor: Dr. Peter H. Fishman, Developmental and Metabolic Neurology, NINCDS, Bg. 10, Rm. 3D55.
5/15 Dr. Masashi Kawauchi, Japan. Sponsor: Dr. Igor B. Dawid, Laboratory of Molecular Genetics, NICHD, Bg. 6, Rm. 408.
5/15 Dr. Brian Martin, Canada. Sponsor: Dr. John A. Barranger, Developmental and Metabolic Neurology Branch, NINCDS, Bg. 10, Rm. 4N246.
5/15 Dr. Reginald O. Morgan, Canada. Sponsor: Dr. Kevin J. Catt. Endocrinology and Reproduction Research Branch, NICHD, Bg. 10, Rm. 8C404.
5/17 Dr. Jorg Jendis, Germany. Sponsor: Dr. Robert C. Gallo, Laboratory of Tumor Cell Biology, NCI, Bg. 37, Rm. 6A09.
5/17 Dr. Shinti Shimada, Japan. Sponsor: Dr. Stephen Katz, Dermatology Branch, NCI, Bg. 10, Rm. 12N238.
5/17 Dr. Min-Kyung Song, Korea. Sponsor: Dr. Snorri Thorgersson, Laboratory of Carcinogenesis, NCI, Bg. 37, Rm. 3826.
5/23 Dr. Kenji Hirota, Japan. Sponsor: Dr. Kevin J. Catt, Endocrinology and Reproduction Research Branch, NICHD, Bg. 10, Rm. 8C404.
5/23 Dr. Takako Hirota, Japan. Sponsor: Dr. Kevin J. Catt, Endocrinology and Reproduction Research Branch, NICHD, Bg. 10, Rm. 8C404.

July 19, 1983
Doris Marshall Retires From MAPB After 33 Years

Doris Marshall, administrative officer of the Medical Arts and Photography Branch, DRS, retired June 30 after 33 years of Federal service. Almost all of her work career was spent in MAPB and its predecessor unit, the medical arts section of the NIH Scientific Reports Branch.

John B. Reed Dies; Former NIH Budget Officer


He began working for the Government in 1930 at the U.S. Post Office and was later promoted to what is now the General Services Administration. In 1942 he went to work for the Farm Credit Administration before joining NIH.

Mr. Reed was a member of the Audubon Society and an outstanding photographer. His photographs won silver medals from the Greater Washington Council of Camera Clubs.

He is survived by his wife Mae, a former secretary and Committee Management Officer to the National Cancer Advisory Board, NCI. Mr. Reed and his wife served a combined total of 77 years in Government service.

GenBank™ Available to NIH Scientists

GenBank™, the Genetic Sequence Data Bank, is a repository of all published nucleic acid sequences greater than 50 nucleotides in length, catalogued and annotated for sites of biological interest and checked for accuracy.

The system, which is updated monthly, currently contains sequences comprising 1.8 million nucleotides.

It was established in 1982 by NIGMS in cooperation with the NCI, NIAID, DRR and several other Federal agencies.

NIH scientists who wish to use GenBank™ may do so through the DECsystem-10 computer facility. For a description of the categories of data that are available, log on to DECsystem-10 and type GENBKNW[2041, 3340, DOC].

Scientists who need project programmer and account numbers should call the DCRF Project Control Office at 496-6146. For instructions on using DECsystem-10, contact the DCRF Technical Information Office at 496-5431. For general information on GenBank™, call Dr. Christine K. Carrico at 496-7181.

Anaerobic Bacteriology Workshop Scheduled for Sept. 20, 21

The American Type Culture Collection is offering a 2-day course on Clinical Anaerobic Bacteriology, Sept. 20 and 21. The workshop will focus on the most recent principles and methods of anaerobic bacteriology used in clinical laboratories.

Drs. Lillian V. Holdeman and W.E.C. Moore of Virginia Polytechnic Institute and State University will lead the lectures and hands-on exercises.

The workshop is intended for clinical bacteriologists. Attendance is limited to 40 and participants should have previous experience in a clinical bacteriology laboratory or involvement in pathogenic bacteriology.

Ms. London Retires From CC After 20 Years in Same Job

There are few employees who have happily remained in the same position for 20 years. "I never seriously considered changing jobs," said Claire B. London, secretary in the CC's Social Work Department, who is retiring July 29. "I've always liked it here and, fortunately, have gotten along well with my supervisors," she said.

Clarification

Phenylketonuria (PKU) is found in 1 of every 14,000 live births, not 1 in every 1,400 as was indicated in a story on PKU in July 5 issue of The NIH Record.

It wasn't until quite late in life that I discovered how easy it is to say, "I don't know."— Somerset Maugham

For more information contact David Grounds, workshop coordinator, American Type Culture Collection, 12301 Parklawn Dr., Rockville, Md. 20852, or call (301) 881-2600.
Renovations in Media and Glassware Branch
Enlarge Inventory Space, Production Capacity

After 2 1/2 years of renovation, "We're back is business now," said George Gardner, chief of the media and glassware services branch, Division of Safety. Their "business" includes sterilizing 4 1/2 million pieces of laboratory glassware, preparing 100,000 liters of biological media for growing bacteria and tissue cultures, and washing 250,000 animal cages and assorted equipment each year.

The main purpose of the renovation was to create inventory space for the branch. By keeping a supply of media and sterile glassware for use, the branch can fill a researcher's order. A request that used to take 2 weeks to a month to fill now takes only 24 to 48 hours. Emergency needs can be handled more quickly.

The renovations also upgraded the sterilizing equipment which will increase the branch's production capacity. New ceiling panels were installed and other aesthetic changes made as well; making the "boiler plant conditions" of the Clinical Center basement "more like we call a laboratory," said Mr. Gardner.

In addition, the media section has been relocated to B2S239. The glassware section is still at B2N244 in the CC.

During the upgrading, the media and glassware services branch cut back production. "We had to encourage researchers to buy from commercial sources because we couldn't handle the demand, but now business is gradually beginning to pick up," said Mr. Gardner.

Mary Penn, a biological technician in the newly renovated glassware and media services branch, weighs an ingredient for the preparation of tissue culture media.

The branch does not try to compete with commercial sources, but it does offer a service to NIH researchers. Media section chief Robert Grubb emphasized the "custom-type preparation" available.

Customized preparations of media are time-consuming and costly for commercial houses, but at the NIH branch, a researcher pays the same fee for a special request as for commonly-used media. "We are here to cater to the customized preparations," said Mr. Gardner. The branch operates under the Service and Supply Fund.

Another advantage of the NIH media service is the written record of preparation that accompanies each order. If a problem or question arises, a researcher can go directly to the NIH technician who prepared the medium to discuss possible errors.

To sterilize the media, one large and eight small new autoclave sterilizing machines were installed. These machines use steam under pressure and act "like giant pressure cookers," said Mr. Gardner. They can sterilize media at lower temperatures and in shorter time than dry heat sterilizers.

In the glassware section, five new dry heat sterilizing machines were installed. Huge racks of bottles, beakers and flasks can be rolled into the machines where they are sterilized for two hours (twice the required amount of time) at temperatures of 160 to 180 degrees centigrade.

After cooling, the glassware is inspected, wrapped, loaded in boxes and sent on a programmable AMSCAR to the designated CC loading station.

Before the sterilization process, however, the glassware is sorted and then washed in the renovated tunnel washer which "looks like a bottling plant when it gets going," said Mr. Gardner.

Roy Frazier, chief of the glassware section, urges NIH researchers to return the glassware after use. The items are meant to be rented and returned, not thrown away or kept to stock laboratories. "If researchers make more of an effort to return the glassware, it will result in a better rental price," said Mr. Gardner.

NIH researchers can request sterilized glassware or cage-washing by phoning 496-4596. Requests for biological media must be written, using NIH form 999.

The media and glassware services branch want researchers to take advantage of their services. Now that the renovation debris has been cleared and relocations are over, the media technicians and sterilizing machines are ready to roll full steam ahead.

Frank King removes heat-labile media from a new autoclave sterilizing machine. This medium will be poured into agar plates for NIH researchers to use.

NIGMS Conference Planned On Minority Research Careers

A conference on special training opportunities in biomedical research for students and faculty at institutions with Minority Access to Research Career (MARC) programs will be held Oct. 12-14, in Washington, D.C. under the sponsorship of the National Institute of General Medical Sciences.

Besides graduate training opportunities, the Third MARC Scholars Conference and Program Directors meeting will cover preparation of effective training proposals, new summer research activities for MARC students, and emerging trends in basic research.

Faculty members of institutions which offer summer and graduate programs for MARC trainees as well as representatives of participating minority institutions will make presentations at the conference.

Attendees will have a chance to meet with individuals from their own geographic region to share common concerns and help create a network of resources and programs. For registration details and further information, contact: Dolores L. Lowery, MARC Program, National Institute of General Medical Sciences, Westwood Bldg., Rm. 9A16, Bethesda, Md. 20205.

CANCER

llums of physicians, clinics or hospitals. NCI funding goes to each local program through a community hospital or health care organization associated with that program, and treatment of patients is directed by the local physicians.

Twelve successful applications were from community hospitals where NCI has been supporting Community Hospital Oncology Programs.

NCI's objective has been to improve the scope and quality of care for cancer patients through the development and implementation of patient management guidelines.

NCI institutions approved for community clinical oncology program awards are in Binghamton and Brooklyn, N.Y.; Hackensack, N.J.; Cincinnati and Toledo, Ohio; Marshfield, Wis.; Wichita, Kan.; Roanoke, Va.; Kalamazoo, Mich.; Evansville, Ind.; St. Louis Park, Minn.; and Los Angeles, Calif.

The 297 other local programs are being developed in a variety of communities. These include:

- Small cities such as Sioux Falls, S. Dak.; Sioux Falls Community Cancer Consortium; Cooperstown, N.Y. (Mary Imogene Bassett Hospital); Daytona Beach, Fla.; Harlan Hospital Medical Specialty Group; Billings, Mont. (Billings Medical Oncology Project)
- Suburban areas such as Evanston, Ill.; (Evanson Hospital); Summit, N.J. (Overlook Hospital); Manhasset (North Shore University Hospital) and Mineola (Nassau Hospital), Long Island, N.Y.
- Medium-sized cities including Grand Rapids (Butterworth Hospital) and Kalamazoo (Kalamazoo Medical Center), Mich.; Syracuse, N.Y. (St. Joseph's Hospital Health Center); Duluth, Minn. (Duluth Clinic Ltd.); Pittsburgh, Pa. (Allegheny General Research Corporation); Tacoma, Wash. (Concrete Hospital); Des Moines, Iowa. (Des Moines General Hospital); Roanoke, Va. (Roanoke Hospital Association); Augusta, Ga. (University Hospital)
- Certain areas of large cities - Newark, N.J. (Beth Israel Medical Center); Chicago, Ill. (Saint Mary of Nazareth Hospital); Denver, Colo. (Presbyterian/St. Luke's Medical Center); Nashville, Tenn. (Athena Oschner Medical Foundation); Boston, Mass. (New England Deaconess Hospital) and Greater Los Angeles (Hospital of the Good Samaritan) and Central Los Angeles (St. Vincent Medical Center), Calif.
NHLBI Joins With Public and Private Groups To Promote Good Health and Disease Prevention

Nine million copies are being circulated to Army personnel and their families worldwide. Every employee in a Kansas manufac-turing company will be getting copies with their paycheck over the coming year. Exxon Chemical Americas headquarters is distributing new issues to employees every 2 weeks and is serving cafeteria items keyed to each issue.

These organizations are using the Eaters' Almanacs, a series of 26 pamphlets which form the core of a joint educational demonstration program between the National Heart, Lung, and Blood Institute and Giant Food Inc.

The users are investing their own resources to reprint and distribute the almanacs which provide practical information about heart health and diets.

This commitment of outside resources to reproduce or adapt government materials is the direct result of NHLBI's policy of active collaboration with organizations in the private and public sectors.

NHLBI is working with a broad cross section of organizations to multiply its resources and extend the reach of its disease prevention and health promotion efforts. For example:

- AT&T Longlines in Virginia, the Connecticut and Maryland Departments of Health, the Sentinel/Star newspapers in Orlando, Fl., and the U.S. Navy have all invested staff time, facilities, and funds to reprint and distribute the NHLBI booklet, Exercise and Your Heart, to their employees or communities.
- Pfizer Laboratories; Searle Pharmaceuticals; Merck Sharp and Dohme, and Upjohn Pharmaceuticals reprinted thousands of high blood pressure pamphlets and posters for NHLBI distribution to community programs throughout the country.
- National Life Insurance Company reprinted 1 million copies of the pamphlet High Blood Pressure: Facts and Fiction to send to their clients.
- Collaborators have even included organizations from abroad. The Universidad Nacional de La Plata translated and reprinted a series of NHLBI therapeutic diet booklets in Spanish for hospital patients in Argentina.

This republishing of NHLBI materials is a "leveraging" approach used by the Institute to multiply the available resources for education and intervention efforts.

For example, NHLBI has collaborated with outside groups to establish dissemination networks to special audiences. The Association for the Advancement of Health, Physical Education, and Recreation redistributed 67,000 copies of the exercise booklet to school health education contacts nationwide in cooperation with the Institute. All redistribution costs were supported by each state.

A wide range of organizations from industry, civic groups, professional associations, and other government agencies—from the Army with approximately 700,000 enlisted personnel to Balderson, Inc., a small tractor parts manufacturer with 150 employees—have joined efforts with the Institute.

One particular area of collaboration has been the insurance industry. Working with Traveler's Insurance, the Metropolitan Life Insurance Company, and Blue Cross/Blue Shield, NHLBI has helped develop cardiovascular risk factor reduction programs which have been promoted among group subscribers of these companies.

In addition, the medical directors of insurance companies and NHLBI jointly developed a report on the underlying significance of high blood pressure which insurers are now using to consider premium reductions for controlled hypertensives.

In other efforts, the Institute acts as a catalyst in establishing or improving risk reduction programs. Several companies have initiated or improved health programs for their employees. For example, General Motors began a high blood pressure control program which now reaches 750,000 employees worldwide.

Together with the American Occupational Medical Association and the American Association for Occupational Health Nurses, NHLBI developed seminars on cardiovascular health at the worksite to assist these groups in initiating projects within their own companies.

Technical assistance and advice to ongoing programs such as those at Coca Cola, Boeing Aircraft, Campbell Soups, Ingersoll Rand, and Johnson and Johnson are also provided by the Institute.

Voluntary organizations represent another group where leveraging can take place. The American Heart Association recently implemented a nationwide nutrition education program based on a NHLBI demonstration project.

NIGMS Grantee Receives Clinical Pharmacology Prize

Dr. L. Jackson Roberts II, associate professor of pharmacology and medicine at Vanderbilt University, has been awarded the 1983 Clinical Pharmacology Award by the Burroughs Wellcome Fund. Dr. Roberts is an investigator at the Clinical Pharmacology Center at Vanderbilt University which is supported by the National Institute of General Medical Sciences.

The 5-year, $200,000 award was made to Vanderbilt on Dr. Roberts' behalf to help support his research in arachidonic fatty acid metabolism.

He is the 36th Burroughs Wellcome scholar in clinical pharmacology and the third Vanderbilt scientist to be honored. He received his M.D. from the University of Iowa School of Medicine in 1969 and has been at Vanderbilt since 1975.

The Burroughs Wellcome Fund, located in Research Triangle Park, N.C., derives its financial base from the Burroughs Wellcome Company, a pharmaceutical manufacturer. The fund has made awards in clinical pharmacology since 1959.

Rosemary Tobin Retires After 35 Years in PHS

Rosemary Tobin, deputy director of the NIH Executive Secretariat, Office of the Director, retired recently after 35 years in the Public Health Service.

A retirement party was held in Ms. Tobin's honor during which she received a specially made gold medallion of the PHS emblem to honor her 35 years of Federal service.

Originally from Memphis, Tenn., Ms. Tobin joined the PHS in 1948 in the Office of the Secretary which is now the Assistant Secretary for Health's office. She worked there while the Department of Health, Education, and Welfare was established.

In 1969, she came to NIH as administrative officer for the Office of Communications, OD. In 1971, she helped organize and set up the NIH Executive Secretariat's office in the Shannon Bldg.

Mr. Tobin, retiring as deputy director of the NIH Executive Secretariat, cuts the cake at her retirement party.

"The NIH Executive Secretariat provides a staff function for the NIH Director and acts as a liaison between the PHS Assistant Secretary for Health and the HHS Secretary," Ms. Tobin said.

The Executive Secretariat's office staff has responsibility for Congressional and public correspondence received in the immediate Office of the Director, NIH. This includes all Congressional mail received at NIH, mail addressed to the NIH Director and NIH Institute Directors, all correspondence referred to NIH by the Assistant Secretary for Health, the HHS Secretary, and by the White House.

The office staff has the delegated authority to approve or reject, reassign, write or rewrite any correspondence prepared for the signature of the NIH Director, the Assistant Secretary for Health, the HHS Secretary, or the President.

NIH Singers Seek New Members

The NIH Singers are now accepting new members in preparation for their next season. Many exciting events are being planned including a joint concert with the NIH Chamber Orchestra. Contact Tony DeMarinis, 496-6442, to obtain more information or arrange an audition.
Five New Members Appointed to NHLBI Advisory Council

Five new members have been appointed to the National Heart, Lung, and Blood Advisory Council of the National Heart, Lung, and Blood Institute.

The new members are Catherine B. Bauer, health planner, Pennsylvania Department of Health, Secretary, Pa.; Suzanne P. Cummings, long-time leader in civic and community affairs, Los Angeles, Calif.; Dr. Michael E. DeBakey, Chancellor, Baylor College of Medicine, Houston, Tex.; Dr. Matthew B. Divertie, professor of medicine, Mayo Medical School, Rochester, Minn., and Dr. Sanford A. Mullen, president and medical director, Jacksonville Blood Bank, Jacksonville, Fla.

Reviews Applications

The Council, which meets 4 times a year, is composed of physicians, scientists and persons prominent in public affairs. Its members review applications for research and training support, report to the President and Congress on the current status of the Institute programs, and make recommendations concerning future program activities.

Mrs. Bauer, in addition to her present position with the Pennsylvania Department of Health, is the current secretary and former woman president of the Pennsylvania Health Council. She is a former president of the American Lung Association of Pennsylvania and represented the state on the national board of the ALA for three terms.

Mrs. Bauer has also served as a member of the National Eye Institute Advisory Council and the NIH Advisory Committee on Clinical Studies Conducted on Diabetic Retinopathy.

Mrs. Cummings served for 25 years as executive vice president of the Los Angeles Jewish Home for the Aged; executive vice president of the Women's Guild, Cedars-Sinai Medical Center; a member of the board of directors of the L.A. chapter of the American Red Cross; and initiated the Earthquake Awareness Program in L.A. She established the Theodore E. Cummings Collection of Hebraica at the University of California at Los Angeles.

Mrs. Cummings was a co-founder and an executive officer of Food Giant, Inc., one of the largest retail chain complexes in the western United States, and is chairman of the board of Harbor Lawn, Inc., as well as consultant and advisor to numerous business entities.

Dr. DeBakey, world-renowned cardiovascular surgeon, is Chancellor, Baylor College of Medicine; director, National Heart and Blood Vessel Research and Demonstration Center at Baylor; surgeon-in-chief, Ben Taub General Hospital; and senior attending surgeon, Methodist Hospital, and consultant in surgery, Veterans Administration Hospital, Houston. Dr. DeBakey has served at the NIH and NHLBI in numerous capacities, including previous service on the Council.

Born in Lake Charles, La., Dr. DeBakey received his M.D. from Tulane University where he also received his M.S. and L.L.D. degrees. During World War II, Dr. DeBakey served in the office of the Army Surgeon General and in 1946 was awarded the Legion of Merit.

Dr. DeBakey is editor of General Surgery and is on the editorial staff of several medical journals.

Born in Paisley, Scotland, Dr. Divertie received his M.B., Ch.B. in 1947 and his M.D. in 1957 from the University of Glasgow, Scotland. He served in the British Royal Army Medical Corps and conducted a private practice for three years before traveling to the United States. In addition to his present position as professor of medicine, he is a consultant to the division of thoracic diseases, and to the section of respiratory intensive care at Mayo Clinic.

Dr. Divertie has served the American College of Chest Physicians in various capacities and in 1976 became president of that association. He served on the scientific program committee of the XII and XIII International Congresses on Diseases of the Chest and was co-chairman, international scientific program committee of the XIV World Congress on Diseases of the Chest.

He has served as a member of the editorial board of Chest and the Mayo Clinic Proceedings, and on the review boards for Annals of Internal Medicine, Chest, American Review of Respiratory Disease, and the Journal of Laboratory and Clinical Medicine.

Dr. Mullen, a pathologist who practices in Jacksonville, is immediate past president of the Florida Medical Association and is past president of the Duval County Medical Society, Florida Society of Pathologists, and Florida Association of Blood Banks. He is past governor of the College of American Pathologists and a founding director of the American Blood Commission.

He is also co-chair of pathology, University Hospital of Jacksonville and clinical professor of pathology, University of Florida College of Medicine. He is president of the North Florida Medical Legal Foundation and president of the Medical Technology Foundation of Northeast Florida.

Active in many community affairs, Dr. Mullen is a past president of the Arthritis Foundation (Florida chapter) and has been active in the Jacksonville chapters of the American Cancer Society, Salvation Army, Kidney Foundation, and American Red Cross.

Secretary Heckler to Address NIH Employees on July 19

Margaret M. Heckler, Secretary of Health and Human Services, will address NIH Employees in the Masur Auditorium at 2 p.m., Tuesday, July 19. Tickets for admission may be obtained from offices of each BLD Director and the National Library of Medicine. The address is part of an all-day "orientation" visit to the NIH by the Secretary.

Everybody is ignorant, only on different subjects.—Will Rogers □