Gene Panel Rejects Ban On Interspecies Transfer

The NIH Recombinant DNA Advisory Committee (RAC) unanimously rejected a proposal to ban experiments in which genes from higher animals, including man are transferred into animals of other species. The vote was taken Oct. 29 by 22 members of RAC, a panel that advises NIH Director Dr. James B. Wyngaarden, on federally funded genetic-engineering experiments. The panel includes scientists, physicians, lawyers, ethicists and lay members.

After a discussion ranging from the philosophical to the practical, the panel concluded that “both the importance of this class of experiments and the long-term possibilities for treatment of human and animal disease and the development of more efficient food sources make it a moral imperative that we strongly oppose the blanket prohibition of this class of experiments.”

Artificial Fluid Aids Recovery From Guillain-Barré Paralysis

A treatment in which part of a person’s blood is replaced with an artificial fluid speeds recovery in victims of Guillain-Barré syndrome, a paralyzing disorder of the nervous system, according to a study by scientists at Johns Hopkins School of Medicine and 20 other medical centers.

Results of the study—funded by the National Institute of Neurological and Communicative Disorders and Stroke—were presented at the annual meeting of the American Neurological Association in Baltimore by Dr. Guy McKhann, director of neurology and neurologist-in-chief at Hopkins and an author of the study.

Guillain-Barré syndrome (pronounced GHEE-yun bar-RAY) causes sudden paralysis in many of its victims. Although the majority of Guillain-Barré syndrome (GBS) victims recover spontaneously, 10 to 23 percent require respirators in order to breathe, 7 to 22 percent suffer a permanent paralysis and 2 to 5 percent die.

Approximately 500 persons in the U.S. are afflicted with the disorder each year. Some 4,000 of those receiving the swine flu vaccine in the 1970s also contracted the disease although the Centers for Disease Control in Atlanta estimates only 500 of these cases were caused by the vaccine.

Before the application of the treatment—called plasmapheresis—there was no cure for the disease.

Viral Cause of Non-A Non-B Hepatitis Found by FDA/NIH Collaborative Work

What is believed to be the cause of the most prevalent type of transfusion-transmitted hepatitis—non-A non-B—has been found by a team of government scientists led by the Food and Drug Administration’s Robert J. Gerety.

The work indicates that a virus in the same general family as the virus associated with AIDS is the cause of this common form of hepatitis—called “non-A non-B” hepatitis—which may cause more than 1,000 deaths a year.

Like hepatitis B, non-A non-B hepatitis can cause serious, chronic liver disease and is generally contracted through blood transfusions or other transfers of body fluids. (Some cases also appear sporadically, without known exposure.)

Symptoms include abdominal discomfort, nausea and vomiting progressing to jaundice in acute cases, but some cases do not produce symptoms that send the infected person to the doctor. About 579,000 cases of all forms of hepatitis occur each year in the United States.

Ninetу percent of an estimated 100,000 or more transfusion-associated cases (and 40 percent of sporadic cases) are believed to be non-A non-B. These non-A non-B cases total an estimated 100,000 per year, and about 40 percent become chronic infections. About 1 percent of all cases—or 1,200 cases annually—are fatal.

The FDA and NIH work was published in the Oct. 27 Lancet, a British medical journal. The authors are Drs. Gerety and Belinda Seto of FDA’s Center for Drugs and Biologics; Dr. William G. Coleman Jr. of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases; and Dr. Sten Iwarson of the University of Goteberg, Sweden.

The research team wrote that after a decade of worldwide study of non-A non-B hepatitis, evidence of a retrovirus was detected in four specimens of blood and two plasma-derived products that had transmitted the disease to humans and chimpanzees.

Further, evidence of the same retrovirus-type agent was found in all 12 patients studied with non-A non-B hepatitis—but was seldom found in apparently healthy individuals.

HHS Secretary Heckler hailed their work as “hopeful of beginning of our complete understanding of this serious form of liver infection,” adding: “This discovery could lead to a test to detect this last major hepatitis agent in U.S. blood bank supplies.” (There is already “See NON-A, NON-B, Page 6)

Dr. Richard Axel To Give NIH Lecture, November 28

Dr. Richard Axel, acting director, Institute of Cancer Research, College of Physicians and Surgeons, Columbia University, New York, will present the NIH Lecture on Wednesday evening, Nov. 28.

Dr. Axel’s lecture, “Gene Expression in Developing and Adult Neurons,” is sponsored by the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases. It will begin at 8:15 p.m. in the CC Masur Auditorium.

The NIH Lectures were established in 1953 to recognize outstanding scientific accomplishment and to contribute to the vital interchange of scientific information. The lecture-ship is awarded by the NIH Director on the advice of the scientific directors.

Dr. Axel’s field of interest is the study of how genes control behavior. He is using the techniques of recombinant DNA to define a...
NIH Merit Awards Presented to OD Staff

NIH Merit Awards were recently presented to a select number of outstanding employees in the Office of the Director. The recipients, who contributed their ideas, efforts, skills, and attitudes to improving aspects of NIH management, were honored for their superior service and achievement in their respective areas of employment. NIH Director Dr. James B. Wyngaarden made the ceremony's opening remarks and NIH Deputy Director Dr. Thomas E. Malone presented the awards.

OD Merit Award Recipients (top row, l to r): Carl Fretts, director, Division of Contracts and Grants (Equal Employment Opportunity Special Achievement Award); Dr. Kenneth F. Thibodeau, Division of Management Policy; Dr. Wyngaarden; Dr. Malone; Michael Gotch, Division of Engineering Services, ORS; Lowell D. Pearl, Division of Management Policy. Bottom row, (l to r): Edward J. Lynch, Office of Program Planning and Evaluation; Leonore Wagner, Office of Program Planning and Evaluation; Jean G. Oliver, Office of Extramural Research and Training; Claire S. Marwick, Division of Contracts and Grants; Joseph P. Maceira, Division of Engineering Services, ORS; Geraldine B. Pollen, Division of Financial Management; Philip H. Welly, Jr., Division of Engineering Services, ORS; and Harry J. Hall, Office of Research Services, ORS.

Cellular Oncogenes, Cancer Subjects of Conference

Significant progress in understanding the structure and function of cellular oncogenes and their role of activation involved in malignancy has been made in the last 2 years. The cellular function of some oncogenes in normal cell growth (growth factors and their receptors) has been indicated and the molecular biology of cancer coincides in fact with the molecular biology of the cell.

In an effort to integrate current views of various aspects of this development, the Fogarty International Center and the National Cancer Institute are sponsoring a 2½ day international conference on Wednesday, Nov. 14, in the CC Masur Auditorium. The conference will begin at 8:30 a.m.

The five sessions of the conference are entitled: (1) The ras Oncogenes and Malignancy; (2) Growth Factors, Receptors and Oncogenes; (3) Oncogene Activation by Chromosomal Translocation; (4) Steps in Cell Transformation; and (5) Protein Kinases in Normal and Malignant Growth.


Annual Leave: Use It Or You Will Lose It

Annual leave in excess of the maximum carryover balance is normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it.

Your bi-weekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 5, 1985.

In spite of planning, circumstances sometimes arise which prevent taking leave that has been scheduled and approved earlier during the leave year. In such cases, the employee and supervisor are jointly responsible for ensuring that any "Use or Lose" leave is rescheduled in writing before the last three bi-weekly pay periods of the leave year. This year, your "Use or Lose" leave must be scheduled in writing not later than Saturday, Nov. 24, 1984.

Brain Study Volunteers Needed

Normal volunteers over 18 years of age without a history of psychiatric illness are needed for a brain metabolism study using the PET scan.

Two appointments are required for this procedure. A 1-2 hour appointment involves screening to evaluate suitability. The second appointment for the experimental procedure requires 4-5 hours. This procedure involves an injection of radioactive 18 fluorodeoxy glucose, periodic blood sampling, an auditory attention task and the PET scan itself.

Volunteers will be paid approximately $100 for the two sessions; call 496-4707.
Seventeen NIH Staffers Receive Inventor's Award

Montgomery College Comes to NIH

Would you like to organize your work better? Learn principles of computers, career planning, and interpersonal communications? Do you want to improve your math and verbal skills? And would you like the opportunity to earn academic credits from Montgomery College? If you answered "yes" to any of these questions the NIH Training and Development Staff has a program designed for you...The Training and Development Services Program or TDSP.

TDSP is a new series of educational opportunities at NIH, which will begin January 1985. If you are an eligible NIH employee GS-8 and below (or WG equivalent) you will be able to take courses to help you gain skills to better your job performance and enhance your career. Coursework is through Montgomery College. Classes will be held on the NIH campus in Bethesda, after regular work hours. There is no charge to you or your Institute.

The TDSP has three components, each designed to meet your educational needs:

- **Developmental Services Curriculum (DSC).** The DSC offers first-year college level courses up to 24 credit hours. Work begins with a Career Life-Planning workshop, to help set career goals and follow through on them. Next you may take courses such as Fundamentals of English; Introduction to Logic; Interpersonal Communication; Introduction to the Federal Government; and Time Management. If you complete all credit hours in this program you will receive a certificate from the NIH.

- **Learning Services Curriculum (LSC).** The LSC offers refresher courses in Verbal Studies, Spelling, Reading, Math, Grammar and Study Skills. It is designed for those who need to brush-up in these areas before taking courses in the DSC. Not all employees will need to take advantage of this curriculum.

- **Adult Education Program (AEP).** The AEP is an existing program of the Montgomery County Public School System at NIH. It provides basic reading, writing, and math skills to employees who need help in these areas. Employees who need this program can go on to the LSC and DSC.

To ensure your success by placement into the appropriate TDSP component, participants will take a diagnostic evaluation. Evaluations will be completed in English comprehension, and math, verbal, and reading skills. Orientations are planned for December. For a brochure that describes the TDSP and its eligibility criteria and an orientation schedule, call Edith Pruden, Development and Training Operations Branch, DPM, 496-6211.

ATTENTION!

Announcement of the winner of the NIH 100th Anniversary Logo Contest has been postponed until Nov. 20, 1984, issue of the NIH Record. □

Medical Decisionmaking Meeting To Be Held

The Society for Medical Decisionmaking will hold its annual scientific meeting at NIH Nov. 28-30. The meeting, to be held in the CC Masur Auditorium, is open to all NIH staff.

The goal of the international group is to promote research and education in clinical decisionmaking. Recently published work includes guidelines for cancer screening, effect of surgery in asymptomatic gallstones, and emergency room prediction of myocardial infarction.

In addition to scientific presentations, the 3-day meeting will include symposia on decisionmaking, artificial intelligence in medicine, clinical reasoning, and microcomputers in medicine.

Society president Harold Sox welcomes all NIH staff to attend as guests of the society: "As biomedical advances are translated into effective clinical tools, physicians will have to decide how to use them effectively. Our main purpose in holding our meeting at the Clinical Center was to create opportunities for discussion with our NIH colleagues."

Sesame Street Show Tickets

The all new stage spectacular starring Jim Henson's Sesame Street Muppets will appear at the D.C. Armory, Nov. 21-25. R&W has tickets for the following dates: Nov. 23, 7:30 p.m.; Nov. 24, 11 a.m. and 3 p.m.; and Nov. 25, 2 p.m. Tickets are $8.50. □
CC's Magnetic Resonance Imager, 1 of Only 2 Presently Operating in Washington, D.C. Area

The Clinical Center's magnetic resonance imager (MRI) has recently undergone an extensive upgrading process which has shortened patient exam time, increased image quality, and improved research capabilities. After more than 6 weeks of upgrading the unit, patient scanning resumed on Oct. 22.

In addition to doubling the magnetic field force, the renovations have upgraded the display image systems to provide greater image resolution, and added a separate viewing system which allows researchers to view previously made images without interfering with patient scanning.

Since the Diagnostic Radiology Department began operation of MRI this spring, more than 400 scans have been conducted on CC patients. The unit is one of only two presently operating in the Washington, D.C. area. There are only about 50 operating in the United States and 100 worldwide.

MRI is also known as nuclear magnetic resonance (NMR). This new technology provides visualization of the internal structure of the body without the use of x-rays or radioactive isotopes and without the need for invasive procedures such as dye injection or catheter insertion. Instead it uses magnetic fields and radio waves to provide images of the organs and their relationship in the body.

It also offers a number of advantages over existing methods of diagnostic imaging, including computed tomography (CT). Because it doesn't use ionizing radiation, serial images can be taken in a single patient over time, providing a means of follow-up without the potential danger of cumulative radiation exposure.

In addition, MRI can produce original images of the body from several different angles. CT doesn't have this capability. Viewing the body from different planes permits greater accuracy in detecting and describing abnormalities.

More Differentiation

MRI can also commonly differentiate blood vessels from other soft tissues, whereas CT frequently requires dyes or contrast agents to make this determination.

MRI also distinguishes tissues which may appear similar on CT. Therefore, in some instances it can provide a more accurate description of the size and extent of abnormalities.

These factors have proven MRI to be superior to existing methods of diagnosis and imaging in a number of research studies. MRI technology at the CC is being used to study central nervous system disorders. Detection of multiple sclerosis lesions is far superior to former imaging techniques. Visualization of the upper spinal cord is also greatly improved, and studies are in progress to evaluate its use in detecting spinal cord abnormalities.

Brain disorders under study include strokes, pontine hemorrhages, white matter diseases, seizures, developmental dyslexia, and brain tumors. It is also effective for detecting vascular abnormalities which are not seen by CT. Early infarction of the brain is more readily detected by MRI because it is the nuclei are returning to their original position, researchers can differentiate fat, blood, muscle, and tumor tissue.

MRI scans have been conducted on patients since 1981. To date, extensive studies on its safety have shown no pathological, developmental, or genetic consequences of exposure to electromagnetic fields.

While the levels of magnetic power produced do not cause deleterious effects, it does require certain precautions. Mechanical watches, cameras, pacemakers, and bank and credit cards are affected by the magnetic field. In addition, loose metal objects, such as keys, paper clips, and pens, could be pulled into the machine injuring patients. Personnel entering the MRI area are instructed to leave such objects, including those in shirt pockets, in the control room.

Patients undergoing scans are prohibited from wearing metal jewelry. Scans are not routinely performed on patients with pacemakers, permanent surgical clips on blood vessels, or prosthetic devices. These devices may be dislodged or their functioning may be altered by the magnet. As a precautionary measure, pregnant patients are not tested by MRI.

While still in its infancy, MRI is providing outstanding advantages to clinical research. The future holds great promise as scientists continue to improve and expand the uses of this new technology. —Colleen Henriksen

Improved Lighting on NIH Campus

With the arrival of fall and the end of daylight saving time, many more NIH employees will again find it necessary to arrive at or leave from work during nondaylight hours. As a part of a continuing effort to improve exterior lighting for the convenience and safety of NIH employees, the following actions have been or are being taken by the Division of Engineering Services:

- Over the last several months, additional lighting has been installed along the path between Bldg. 34 and parking lot 416, along the northern section of South Dr. south of the Clinical Center, and at the parking lot in front of Bldg. 60 (Convent), and around Bldg. 82 (Bloch Bldg.).
- Additional lighting is being installed on the top level of MLP-6 and along a new sidewalk southwest of the Metro Station.
- A study was undertaken near Bldg. 20 to determine the value of replacing mercury vapor lamps with high pressure sodium lamps. The latter lamps provide twice as much light as the mercury vapor type with lower power consumption.

As a result, it has been concluded that all existing mercury vapor lamps should be replaced with high pressure sodium lamps. The new lamps have been ordered and will be installed this fall.

- Additional lighting is under design for the following locations: Northeast of Bldg. 6; south of Bldg. 10; cafeteria/library exits; north side of Center Dr. to Wisconsin Ave.; Center Dr. to Wisconsin Ave.; diagonal walkway; north side of Lincoln Dr. from Bldg. 36 to Old Georgetown Rd.; Bldg. 37 to South Dr.; north and south ends of Bldg. 1.

Employees who note areas that have lights not working, or are not on when it is dark, are encouraged to call 496-6284.
NIH Announces Two Senior Staff Changes

Dr. Abner L. Notkins, chief of the Laboratory of Oral Medicine, has accepted the deanship at Marquette University School of Dentistry in Milwaukee, Wis. Dr. Abner L. Notkins, chief of the Laboratory of Oral Medicine has been appointed acting director for the Intramural Research Program, replacing Dr. Nylen. Dr. Notkins will also retain his position as chief of the Laboratory of Oral Medicine.

For the past 7 years, Dr. Nylen has directed the Institute's diverse intramural research programs.

In her new position, Dr. Nylen will administer the Institute's Extramural Program. This component consists of three categorical branches which fund research in periodontal and soft tissue diseases, craniofacial anomalies, pain control and behavior, and cavities and restorative materials.

Dr. Marie U. Nylen has been named associate director for the NIDR Extramural Program, succeeding Dr. John F. Goggin who has accepted the deanship at Marquette University School of Dentistry in Milwaukee, Wis. Dr. Abner L. Notkins, chief of the Laboratory of Oral Medicine has been appointed acting director for the Intramural Research Program, replacing Dr. Nylen. Dr. Notkins will also retain his position as chief of the Laboratory of Oral Medicine.

Dr. Notkins was named chief of the then newly established Laboratory of Oral Medicine.

She has received both national and international awards, including an honorary degree of Doctor Odontologie from the Royal College of Denmark, the IADR's Isaac Schour Memorial Award, the International Association for Dental Research Award for Basic Research in Biological Mineralization, the Federal Women's Award, the DHEW Distinguished Service Award, and an honorary degree of Doctor of Science from Georgetown University.

Diabetes Research

Dr. Notkins is internationally known for his research in diabetes and specifically for his work relating viruses to beta cell damage. He is also an authority on viral immunology and immunopathology.

He is the author of numerous scientific articles, has delivered a number of honorary lectures and is the recipient of the DHEW Meritorious Service Medal, the David Rumbaugh Scientific Award of the Juvenile Diabetes Foundation, and the DHHS Distinguished Service Medal. Dr. Notkins is also an elected member of the Association of American Physicians.

Dr. John F. Goggin retired from the USPHS Commissioned Corps on Oct. 1, 1984, having served as associate director for the Extramural Program for the past 2 years. Dr. Goggin also served as NIDR deputy director sharing responsibility with the Director in establishing and carrying out Institute programs.
Dr. Thos. Necheles, NCI, Dies Of Heart Attack at Age 51

Dr. Thomas F. Necheles, acting chief of the Clinical Trials Section in the Biological Response Modifiers Program, NCI, died of a heart attack on Sept. 5. He was 51.

Before joining NCI in January 1984, he had been chairman of the Infectious Disease Control Committee and was Infectious Disease Control Officer at Kennedy Memorial Hospital in Brighton, Mass.

Dr. Necheles was an outstanding pediatric hematologist and cancer scientist. For a number of years, he was a close associate of the world-renowned hematologist Dr. William Dameshek, with whom he coauthored several papers.

Dr. Necheles' work focused on defects of hemoglobin synthesis and on congenital anemia. His contributions include published studies on clinical observations of diseases such as sickle cell anemia, malignant melanoma, and neuroblastoma.

Dr. Necheles earned his BA, BS, and MS from the University of Chicago. He received his M.D. and Ph.D. from that institution in 1961, and his MPH from Boston University in 1961. After an internship at the New England Medical Center Hospital, he completed his medical residency training at Boston City Hospital in 1963.

His academic honors included election to Sigma Xi, first prize in an essay contest sponsored by the American Diabetic Association, a Meade Johnson scholarship, and a USPHS Medical Traineeship.

He was a member of several societies, including the American Society of Hematology, the American Society of Clinical Oncology, and the American Society of Pediatric Hematology/Oncology. He was the author, coauthor, or editor of more than 85 scientific papers and books.

FIC Budget Officer Retires After 40 Years' Service

Thomas C. Leffingwell, Fogarty International Center budget officer, retired at the end of the fiscal year with 40 years of government service.

He began his career at the War Department and went from there to the National Bureau of Standards, in the Department of Commerce. In 1956—after serving as principal administrative officer for LaRoe Instruments—he came to the National Institutes of Health, where he has worked in various administrative capacities.

In 1961, he was administrative officer for the President's Conference on Aging, which made recommendations for the establishment of the National Institute on Aging and the establishment of Medicare. In the following years, Mr. Leffingwell held a number of management positions within the Department. In 1966, he transferred to the newly established Fogarty International Center, where he has been ever since.

Known for his administrative and managerial ability, as well as his good nature and unassuming courtesy, he has been the recipient of many tributes throughout the years. He has also received special recognition for his work with the Combined Federal Campaign.

In 1973, Mr. Leffingwell submitted the

GUILLAIN-BARRÉ

(Continued from Page 1)

no effective therapy for the condition other than supportive medical care. In plasmapheresis, physicians remove the body's blood plasma and replace it with an artificial fluid.

Dr. McKhann said that GBS results from a decreased ability of nerves to carry the electrical impulses that permit movement. This in turn probably is as a result of damage to the myelin sheath—the insulating material that surrounds the nerves and permits electrical conduction.

This damage, Dr. McKhann hypothesizes, may result from an attack upon the myelin by the patient's own defenses, when, for unknown reasons, the patient makes antibodies against his own myelin.

Antibodies are proteins that ordinarily cling to the surfaces of substances foreign to the body. They serve as markers, tagging the unwanted substances for identification and later destruction by the body's defenses.

120 Patients Placed on Therapy

In GBS, antibodies cling to the myelin and disturb the electrical impulses necessary for nerve function. Plasmapheresis probably works because it disperses much of the plasma—which contains the antibodies—and replaces it with an antibody-free fluid.

In the study, the investigators placed 120 patients with severe cases of GBS on plasmapheresis therapy and compared them with a group of patients that received intensive conventional therapy.

Of those patients so ill they were unable to walk, plasmapheresis restored mobility in 53 days, compared to 85 days for the untreated patients. The plasmapheresis patients who required a respirator regained their ability to breathe unaided in 29 days, compared to 40 days for the other group.

According to Dr. McKhann, the patients on respirators were the sickest. Of this group, those receiving the plasmapheresis treatment regained the ability to walk in 97 days, compared to 170 days for the nonplasmapheresis patients.

Thirty percent of the patients, however, did not benefit from the treatment.

Others Noted

Other institutions participating in the study were: Toronto General Hospital, University of Western Ontario, University of Texas at Dallas, Duke University Medical Center, Montreal General Hospital, University of Michigan Hospital, University of California San Francisco, and Children's Hospital of San Francisco.

Also University of Calgary, Medical College of Wisconsin, University of Pennsylvania, Emory University School of Medicine, Brigham and Women's Hospital, Tufts' New England/University of Vermont, Walter Reed Army Hospital, the University Hospitals of Cleveland, Columbia Neurological Institute and the University of Rochester—From Johns Hopkins News Report.

Leona Mitchell Tickets Available

R&W has tickets to see Leona Mitchell at the Kennedy Center Concert Hall, Dec. 7, at 8:30 p.m. Leona Mitchell, Metropolitan Opera soprano, will be performing a program of Handel, Mozart, Meyerbeer and Verdi, Lieder and spirituals. R&W discount ticket price is $14.25 including service charge.

Civilization can only be understood by those who are civilized.—Alfred Whitehead
The NIH Handicapped Employees Committee and the Division of Equal Opportunity thank the employees of NIH for the opportunity to demonstrate to them that "We Can Do It." The program was held at NIH on Oct. 10, 11, and 12 during the National "Employ the Handicapped" Week.

If you are interested in employing the handicapped an invitation is extended for you to attend any meeting of the committee which is held on the fourth Thursday of each month in Conf. Rm. 4 at 2 p.m. If you have any questions regarding employment of the handicapped, call 496-2906 or 496-2403. Remember the disabled are able to work.

Research shows that "strategic orientation" is one key competency underlying accomplishing changes. Individuals demonstrating this competency identify key actors figuring in the change, then sell their ideas to them, thus building coalitions. Subsequent steps involve developing plans to achieve their goals and staying involved in the change process once plans are underway.

Successful middle managers at NIH have 12 characteristics in common. The 12 characteristics, or competencies, were identified in research performed by staff in the Development and Training Operations Branch, DPM. In a series of three courses, NIH managers can learn about these competencies and how to use them.

The first course, "Successful Middle Management at NIH" was held in October. Participants give the course an overall rating of 4.8 on a 5 point scale.

In an effort to develop courses that reflect management realities of NIH, a study was conducted to determine what competencies were key to superior managerial performance. Twenty-four middle managers were asked to discuss three critical events in their management experience—two of which they considered successes and one failure. Interviews were taped and later analyzed for competency themes.

Six of the 12 competencies identified clearly separated superior from average managers. Each competency describes behaviors that are important to effective management at NIH. For example, some managers are more successful in producing significant changes in their organization.
Combined Federal Campaign Kickoff Results

The Second Annual 1985 Combined Federal Campaign was launched on Oct. 15, with more than 100 spirited runners and an equal number of walkers and spectators. The front of Bldg. 1 was the scene of the event with balloons given out by clowns, George Gaines and Joyce Pilcher.

Ben Fulton, master of ceremonies, welcomed the spirited crowd and kept the brief kickoff ceremony lively as speeches were made and remarks given by Dr. John Marshall, Director, National Center for Health Services Research, Public Health Service, and PHS Combined Federal Campaign Vice-Chairman.

Roy Jefferson, staff representative for the NFL Players Association and former Redskins player, commended the large number of participants and spectators who used their lunch hour to demonstrate their desire to help millions of their neighbors in the National Capital Area. Roy started the race and also presented the trophies to the winners at the completion of the 5 kilometer run.

Dr. Marc Lippman, NCI research scientist and president of Health's Angels, gave the instructions to the runners and to people who participated in a 2 kilometer walk.

The winners in the male under 40 category:

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<th>Place</th>
<th>Runner</th>
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<tr>
<td>1st</td>
<td>Henry O'Connell</td>
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<td>2nd</td>
<td>Jerry E. Moore</td>
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<td>3rd</td>
<td>Gregory T. Kitten</td>
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<td>Al Yergey</td>
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<td>2nd</td>
<td>Rick Davey</td>
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<td>Audry J. Shawver Jr.</td>
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<td>Allison Wichman</td>
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<td>2nd</td>
<td>Jo White</td>
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<td>Maureen Fagan Ruel</td>
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<td>Chris Keenan</td>
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<td>Connie Lowe</td>
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The walkers were presented certificates of accomplishment, and the 12 winners of the run were presented trophies for first place, silver medals for second place, and bronze medals for third place. One hundred and eight walkers completed the course, and 62 runners completed their course.

The Second Annual Kickoff Walk/Run event was sponsored jointly by the NIH Health's Angels, NIH Recreation and Welfare Association, and the NIH-CFC Coordinating Committee.

R&W General Manager Randy Schools coordinated the drawing of the prizes donated by the R&W Association.

The NIH-CFC Kickoff Committee with representatives from PHS and HHS.

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The walkers were presented certificates of accomplishment, and the 12 winners of the run were presented trophies for first place, silver medals for second place, and bronze medals for third place. One hundred and eight walkers completed the course, and 62 runners completed their course.

The Second Annual Kickoff Walk/Run event was sponsored jointly by the NIH Health's Angels, NIH Recreation and Welfare Association, and the NIH-CFC Coordinating Committee.

R&W General Manager Randy Schools coordinated the drawing of the prizes donated by the R&W Association.

The NIH-CFC Kickoff Committee with representatives from PHS and HHS.

The Second Annual 1985 Combined Federal Campaign was launched on Oct. 15, with more than 100 spirited runners and an equal number of walkers and spectators. The front of Bldg. 1 was the scene of the event with balloons given out by clowns, George Gaines and Joyce Pilcher.

Ben Fulton, master of ceremonies, welcomed the spirited crowd and kept the brief kickoff ceremony lively as speeches were made and remarks given by Dr. John Marshall, Director, National Center for Health Services Research, Public Health Service, and PHS Combined Federal Campaign Vice-Chairman.

Roy Jefferson, staff representative for the NFL Players Association and former Redskins player, commended the large number of participants and spectators who used their lunch hour to demonstrate their desire to help millions of their neighbors in the National Capital Area. Roy started the race and also presented the trophies to the winners at the completion of the 5 kilometer run.

Dr. Marc Lippman, NCI research scientist and president of Health's Angels, gave the instructions to the runners and to people who participated in a 2 kilometer walk.

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<td>Henry O'Connell</td>
<td>16:13</td>
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<td>2nd</td>
<td>Jerry E. Moore</td>
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<td>Gregory T. Kitten</td>
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The NIH-CFC Kickoff Committee with representatives from PHS and HHS.
NCI's Radiation Oncology Branch Dedicated to Dr. Henry Kaplan

Scientists in the NCI Radiation Oncology Branch recently dedicated their new facilities, located in an underground wing of the Clinical Center, to the late Dr. Henry S. Kaplan. NCI Director Dr. Vincent T. DeVita, Jr., and Dr. Elie Glatstein, chief of the branch, spoke at the opening ceremony, Oct. 10.

In his opening remarks, Dr. Glatstein reviewed Dr. Kaplan's many achievements and contributions to cancer research. Dr. Kaplan was a pioneer in developing radiation treatment for cancer. He was a radiologist with the NCI from 1947 to 1948, then became a professor of radiology at Stanford University, Calif., where he remained until his death last February.

Dr. Kaplan served on many international medical advisory panels and was a mentor to radiologists and cancer specialists around the world. He was known especially for his work with malignant lymphomas and Hodgkin's disease, and as co-inventor of the linear accelerator. "He was a colossus; a master oncologist," said Dr. Glatstein. The linear accelerator is still used as the standard of treatment in cancer radiation therapy.

Dr. DeVita also spoke of Dr. Kaplan's contributions, not just as a respected scientist and dedicated member of many cancer advisory boards, but also as a teacher and friend.

"The Radiation Oncology Branch is almost an extension of Dr. Kaplan, not just because he had such a guiding hand in developing the department, but because his influence remains in the quality of his students directing and manning the lab," said Dr. DeVita.

Representing the Kaplan family was Dr. Kaplan's son, Paul, who said his father knew before he died that the department would be dedicated to him. That pleased Dr. Kaplan, Paul said, because he was so impressed with the work being done in the department.

About 150 radiation therapists and researchers from around the country attended the dedication, held in the Clinical Center. A plaque honoring Dr. Kaplan will be placed in the department.

Nancy Brun Named Chief, NCI Graphics and Audiovisual Section

Nancy Brun has been named chief of the Graphics and Audiovisual Section of the NCI Office of Cancer Communications.

As chief, Ms. Brun is responsible for many diverse services. She and her staff manage the production of all NCI publications, including photography, design and printing; process Freedom of Information requests; handle public information materials clearance; gather news clippings for the NCI administration; develop exhibits for professional conferences, and coordinate the NCI speakers bureau.

A man doubtful of his dinner, or trembling at a credulity, is not much disposed to abstract meditation or remote inquiries. — Dr. Samuel Johnson

Dr. DeVita Presents Awards to NCI Employees

Twenty-four NCI employees received special awards Thursday, Oct. 19, at the Institute's annual ceremony in Wilson Hall. Dr. Vincent T. DeVita, Jr., NCI Director, honored the employees for their "contributions to the overall excellence of the NCI and its programs."

The awards included: the PHS Outstanding Service Medal, the PHS Outstanding Unit Citation, NIH Awards of Merit, EEO Special Achievement Awards, and length of service awards.

Larry M. Kleinman, head of the Clinical Products Section of the Pharmaceutical Resources Branch, Division of Cancer Treatment (DCT), received the PHS Outstanding Service Medal "for his sustained performance in managing chemotherapy drug contracts."

The PHS Outstanding Unit Citation recognized the Medicine Branch, DCT. The award went to the nine senior personnel responsible for initiating and completing a clinical trial of chemotherapy that doubles the cure rate of patients with advanced diffuse lymphoma.

Dr. Richard F. Fisher, former branch senior investigator, now chief, hematology-oncology section, Loyola University, Chicago; Dr. Dan L. Longo, head, Experimental Immunology Section; Dr. Marc E. Lippman, head, Medical Breast Cancer Section; Dr. Robert F. Ozols, senior investigator, Medicine Branch; Dr. Charles E. Myers, chief, Clinical Pharmacology Branch; Dr. Robert C. Young, chief, Medicine Branch; Dr. Bruce A. Chabner, DCT director; Susan M. Hubbard, director, International Cancer Information Center; and Dr. DeVita.

NIH Team Wins ICAAC Run

NIH entered a team in the 4th Annual ICAAC 5 Kilometer Fun Run during the 24th Interscience Conference of Antimicrobial Agents and Chemotherapy (ICAAC) Conference held in October at the Sheraton Washington Hotel.

The winners were decided by a team's combined lowest time for its first three finishers. Of about 300 runners, NIH's team came in first place.

Running for NIH were Dr. Keith Joiner, NIAID; Lou Mocca, FDA; Douglas Ward, NCI; Mike Sneller, NIEHS; Dr. Cheryl Jo White, NIAID; Dr. Dick Sveum, NIAID; and Dr. Philip Pizzo, NCI. Dr. White, in the overall race, placed second among the women.
Dr. Martin Rodbell Wins Gairdner Award

Dr. Martin Rodbell, chief of the Section on Membrane Regulation of the Laboratory of Cellular and Developmental Biology, National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, was recently named recipient of one of eight 1984 Gairdner Foundation Awards for outstanding contributions in the field of medical sciences. Each recipient received a $15,000 prize in addition to a sculpture (Le Coeur) by Donald Liardi.

Dr. Rodbell was cited for his discovery of the basic mechanisms involved in the actions of a variety of hormones and neurotransmitters. He was the first to postulate the existence of a family of proteins that are responsible for transmitting information from hormone receptors located at the outer surface of cells to processes within the cell that are responsible for altering cellular function.

Known today either as GTP-binding proteins or transducers, these proteins are responsible for regulating the production of cyclic AMP, one of several "second-messengers" of hormone action. Their role has been expanded recently to include the actions of light on rhodopsin receptors located in the rod outer segments of the eye.

Research in a number of laboratories around the world has revealed that the GTP-binding proteins are modified by several toxins that are responsible for such diseases as cholera, whooping cough, and rabies. Deficiencies of these proteins in man, result in the disease known as pseudohypparathyroidism.

Venetian Art Lecture, Nov. 18

Professor Terisio Pignatti, Director of Museums, City of Venice, Italy, will present a lecture, "Venice as Seen Through the Drawings of F. Guardi," on Sunday, Nov. 18 at 4 p.m. in Bldg. 10, ACRF Amphitheater.

Professor Pignatti is internationally known for his studies of Venetian Art, especially that of the Canaletto and Guardi. He has recently served as visiting professor of Italian civilization at Harvard and is currently visiting professor at the University of North Carolina.

NCI Offers Program on Living With Cancer

NCI's Pediatric Branch and the American Cancer Society invite you to attend the I CAN COPE program, designed for patients and their families, to provide an opportunity to learn and share concerns that occur in living with cancer. The program will be held in the Little Theater, ACRF B1 level, Bldg. 10, Tuesdays at 2 p.m. beginning Nov. 13. Dates and subjects are as follows:

Nov. 13—Living with Cancer and Learning More About Cancer. Dr. Philip A. Pizzo, chief, Pediatric Branch, will discuss normal anatomy and general information about childhood cancer; its incidence, diagnosis, treatment, malignancy, prognosis, and progress in pediatric cancer research.

Nov. 20—Living with Cancer and Learning More About Cancer. Dr. John Mulvihill, chief, Clinical Genetics Branch, will discuss concerns about cancer incidence in families, including known causes, trends, and prevention, and will differentiate between "fact and fiction" about cancer.

Nov. 27—Dealing with Daily Health. Jane McCalla, clinical nurse specialist, will discuss side effects of therapy and how parents can alleviate them. Jane Peters, pediatric dietician, will discuss food for children in treatment and how to encourage eating.

Dec. 4—Enhancing Self Esteem. Dr. Daniel Cowell, psychiatrist, director, medical education, will discuss creating positive attitudes in children with cancer, self esteem and the developing sexuality of young patients. Focus will be on communication, developmental age of child, and importance of body image.

Dec. 11—Life at School. Home and in the Hospital. Martha Dowd, director, NIH Children's School, will discuss reasonable expectations for the child with cancer and brothers and sisters in school; how parents can help the school prepare classmates for the ill child's return. Andrew Tantler, Pediatric Branch social worker, will discuss how the medical social worker can help with the same issues.

Dec. 18—Identifying Support Systems for the Family. Dr. Daniel Cowell, psychiatrist-director, medical education, will discuss the needs of the family—brothers, sisters, Mom, Dad, the patient—how to find and use resources that will help, how to ask for help, and understanding your emotions during the holidays.

NIDR Investigator Suggests Possible Lung Cancer Cause

Macrophages—white blood cells originating in the bone marrow—rather than lung cancer cells may be the cause of a particularly insidious form of lung cancer, according to Dr. Michael R. Ruff, a National Institute of Dental Research investigator.

Working in collaboration with Dr. Candace Pert of the National Institute of Mental Health, Dr. Ruff has provided evidence for a new hypothesis that may explain the development of the small cell carcinoma of the lung (SCCL)—also called "oat cell" cancer—that accounts for about 25 percent of all lung cancers.

As the leading cause of cancer death in the United States today, lung cancer has been the focus of intensive research efforts. According to Dr. Ruff, one common feature shared by patients with SCCL is that they are chronic heavy smokers, and in contrast with other lung cancer patients, have widely disseminated tumor growth.

The rapidly progressing nature of this cancer and its quick spread to other parts of the body make SCCL an especially devastating form of the disease.

In an article published in Science Sept. 7, Drs. Ruff and Pert explained the results of their experiments designed to test the idea that SCCL cells are transformed macrophages.

Using monoclonal antibody techniques, the researchers determined that four surface proteins previously found only on macrophages are also present on the surfaces of SCCL cells.

Their presence suggests that lung cancer cells come from macrophage precursors in bone marrow, the point from which all macrophages originate.

Dr. Ruff, who works in the NIDR Laboratory of Microbiology and Immunology, said the lung cancer study was a natural extension of the laboratory's research on macrophages in connection with inflammatory oral diseases and immunological mechanisms. He thinks that SCCL arises because a normal repair response in the body's immune system goes awry.

Tissue damage in the lungs caused by long-term heavy smoking activates macrophages to swarm to the site of injury to help restore tissue growth. According to Dr. Ruff, these macrophages then are constantly surrounded by, and are constantly ingesting, carcinogens present in the lungs from the smoke.

He believes that over a period of time, the constant repair process, tissue renewal, and recruitment of new macrophages into the lung provides a susceptible environment for transformation of these cells into cancer cells.

This theory could explain why SCCL spreads so rapidly, because macrophages travel extensively throughout the body and populate many of the tissues where metastases normally are found, such as bone marrow, liver, lymph nodes, and the brain.
Old rats are teaching scientists a few new tricks as the source of experimental data on how age changes the animals' abilities to handle environmental agents.

Dr. Linda S. Birnbaum at the National Institute of Environmental Health Sciences at Research Triangle Park, N.C. has been working for more than 5 years on determining how older animals differ from younger ones in uptake, metabolism, storage and excretion of chemicals in their food and water.

Although scientists don't use laboratory animals as a direct analogy to the human situation, the animals do provide an important model for learning the kinds of differences between young and older animals.

This is important to environmental health sciences since many human exposures to environmental agents that induce chronic diseases involve long-term, low-dose exposures. In some cases, there may be long latency periods of 20, 30 or more years between exposure and appearance of the disease.

Substantial victories of medicine over infectious diseases have made it possible for many more people to reach maturity and old age. By extending life expectancy, these advances have also prolonged exposure of people to environmental agents that occur as natural or synthetic substances that have entered the environment in ever-increasing quantities and amounts.

Thus it is critical to understand the relationship between environmental agents and health, and between aging and effects of environmental agents.

In several studies, Dr. Birnbaum has compared older rats—near their mean lifespan at 23 or 24 months of age—with younger animals in their abilities to excrete doses of chemicals. In one study, two closely related forms of the chemical hexachlorobiphenyl (HCB) were traced to see how quickly they were excreted. The old animals excreted both kinds of HCB more slowly than the young ones.

Dr. Birnbaum commented, "This condition is consistent with both increased tissue fat and decreased tissue blood flow in old animals." She also noted that "these results may reflect a general age-related change in chemical disposition that needs consideration."

In another study, comparable liver cells from older rats and mice were compared to those from younger animals for their ability to produce certain metabolites—chemicals produced in the body—associated with the development of cancers. Liver tissue from the older animals showed greater production of these mutagenic metabolites.

One problem with animal studies on aging is that animal suppliers don't regularly offer adults laboratory animals. Dr. Birnbaum had to track down animals, and when found, they were evaluated as somewhat uneven in their general health. The inbreeding required to create a uniform genetic stock often produces animals prone to particular diseases as they age.

Dr. Birnbaum has overcome the difficulty in obtaining older animals through a special arrangement with a contractor who maintains a colony for mature animals. This provides an adequate supply, so that animals which develop diseases they are genetically predisposed to as they age, can be removed from the experimental data.

The focus of Dr. Birnbaum's work is not to illustrate the inevitable decline of bodily processes as the body ages. Rather, by determining the precise biological mechanisms that become vulnerable with age, scientists will be in a better position to suggest ways humans can be protected from the consequences of environmental hazards as they grow older. With this improved understanding, they can better avoid or treat various chronic diseases. —Tom Hawkins

NIH LECTURE
(Continued from Page 1)

Dr. Axel is the recipient of several awards and lectureships, including the Eli Lilly Award, the Alan T. Waterman Award, the Passano Foundation Young Scientist Award, the Harvey Lecture, Rockefeller University, and University Lecture at Columbia University. Last year he was elected to membership in the National Academy of Sciences and the American Academy of Arts and Sciences.

Dr. Axel has authored more than 80 publications. He currently serves as associate editor of CELL, and as chairman of the Molecular Biology Study Section.

Discount Tickets Available
For Bullets and Capitals

The R&W and the Capital Center have joined together to offer you some of the best basketball and hockey tickets available at special discounts. Bullets tickets regularly priced at $11.50 are $9 for the Boston game, Nov. 10, and Los Angeles, Dec. 8.

Capitals tickets regularly priced at $13.50 are $11 for Edmonton, Nov. 9, and New York Rangers, Dec. 15.

Tickets are available from the R&W Activities Office, Bldg. 31, Rm. B1W30. All prices include service charge.

Spend Weekend in Atlantic City
And See Washington Redskins Game

Journey with the R&W highrollers for a weekend in Atlantic City, and on your return trip attend the Redskins/Eagles' game at Philadelphia's Veteran Stadium. The trip will take place on Nov. 17-18 and will include the following: deluxe roundtrip motor coach transportation, 1-night stay in Atlantic City, casino rebate, all taxes and baggage handling, and reserved ticket to the game.

Bus will depart NIH, Bldg. 31C at 10 a.m., Nov. 17. Sign up now at the R&W Activities Desk, Bldg. 31, Rm. B1W30.

During the NIDR Annual Honor Awards Ceremony held recently in Wilson Hall, NIDR Director Dr. Harold Loe joined his staff in extending congratulations to the Institute's 1984 award recipients.

Three NIH Merit Awards were among the 61 presented. The Merit Awards went to nurse specialist Peggy Wirdzek (l), secretary Dorothy M. Hardesty (c), and executive officer John P. Patterson, for exemplary service to their individual program areas as well as to the Institute. A reception for the awardees, guests, and staff followed in Wilson Hall.
Dr. Joe R. Held Retires After 29 Years

Dr. Joe R. Held, Director of the Division of Research Services and Chief Veterinary Officer of the Public Health Service, retired Nov. 1 from active PHS duty to assume the directorship of the Pan American Zoonoses Center in Buenos Aires, Argentina. He served 29 years in the Commissioned Corps, 27 of them on active duty.

The center is operated by the Pan American Health Organization (PAHO), the regional office for the Americas of the World Health Organization. Dr. Held had previously served there for 2 years (1967-1969) on a detail from the PHS.

Zoonoses are diseases transmitted from animals to humans, such as rabies, brucellosis, bovine tuberculosis, and many foodborne and parasitic diseases.

Commenting on his new position, Dr. Held said, "We in developed countries have a responsibility to contribute to international health. Control of infectious diseases has been a special interest of mine since I began my PHS career in the Epidemic Intelligence Service of the Centers for Disease Control."

Dr. Held had served as DRS Director since 1972, having served previously as head of the Veterinary Resources Branch. Dr. Held became an Assistant Surgeon General and Chief Veterinary Officer of the PHS in 1975. That same year he was selected by the Assistant Secretary for Health to chair the new Interagency Primate Steering Committee (IPSC). The committee was expanded in 1983 into the Interagency Research Animal Committee (IRAC), also chaired by Dr. Held.

The IPSC was established to coordinate efforts by Federal agencies to ensure the availability and conservation of nonhuman primates needed for biomedical research and testing. Primates were becoming increasingly unavailable from the wild, and rhesus monkeys soon became totally unavailable except from domestic breeding. The IPSC developed a National Primate Plan and a number of projects that have contributed much to preserving these irreplaceable resources.

IPSC was expanded into the Interagency Research Animal Committee with representation of the Federal agencies most involved in animal use issues. IRAC recently drafted "U.S. Government Principles for the Utilization and Care of Vertebrate Animals Used in Testing, Research, and Training," at the request of the Office of Science and Technology Policy.

Dr. Held has been deeply involved in many other national and international activities to ensure an adequate supply and proper use of animals in research, especially nonhuman primates. He is chairman of the International Scientific Advisory Board for the Institute of Primate Research, National Museums of Kenya, and he recently chaired the committee of the Council for International Organizations of Medical Sciences (CIOMS) responsible for drafting CIOMS's "International Guiding Principles for Biomedical Research Involving Animals."

Dr. Held joined the PHS Commissioned Corps in 1955 and was assigned to the Communicable Disease Center (now the Centers for Disease Control). In 1962 he transferred to NIH, first as administrator of the Primate Centers Program, DRR, then as a research parasitologist in NIAID, 1964-1967. Following his detail to the Pan American Zoonoses Center, he became chief of the Veterinary Resources Branch, DRS, in 1969.

Dr. Held received his D.V.M. in 1955 from the University of California, Davis, and the M.P.H. in 1959 from Tulane University.

Dr. Robert A. Whitney, Jr., chief of the Veterinary Resources Branch, DRS, is serving as Acting DRS Director.

Hepatitis B Won't Wait!

Two Clinical Center employees—a nurse and a laboratory worker—have recently been infected with the hepatitis B virus, says Dr. Charles Henderson, hospital epidemiologist.

He said both employees worked in high risk occupational settings where they had frequent contact with patient blood and body fluids. Neither employee was vaccinated with the hepatitis B vaccine, which would have prevented the infections.

Dr. Henderson added: "If you work with blood or other body fluids from Clinical Center patients you are at an increased risk for acquiring hepatitis B, which can be a serious and sometimes fatal acute disease with several chronic complications, including cirrhosis and liver cell cancer."

Vaccine Available

Many CC patients harbor the virus even though they do not have symptoms of hepatitis, and their blood and other body fluids present a risk of infection to health care workers.

There is now a safe and effective vaccine that prevents hepatitis B infection. It is available free to all NIH employees from the Occupational Medical Service.

If you have any questions or need more information, call the Hospital Epidemiology Service at 466-2203. Don't delay your decision regarding this important vaccine.