

# The NIH Record

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## In Memoriam Senator Lister Hill, 1894-1984

Former U.S. Senator Lister Hill, cosponsor of the bill which created the National Library of Medicine, and staunch supporter of health and education legislation, died Dec. 20 at his home in Montgomery, Ala., at age 89. Known as "the statesman of health," he was often called "Mr. Health" by his colleagues in Congress.



Senator Hill (second from l) at the 1959 groundbreaking ceremony for the National Library of Medicine. Pictured with Senator Hill are (l to r): Leroy Burney, Surgeon General, Public Health Service; Dr. Champ Lyons, chairman, NLM Board of Regents; Representative Melvin E. Laird; and Arthur S. Flemming, Secretary, Department of Health, Education and Welfare.

During his nearly 50 years in public service he sponsored more influential health laws than any legislator in this century. Among legislation he sponsored are the Hospital and Health Center Construction Act, the Comprehensive Health Planning and Public Health Services Act, the National Library of Medicine Act, the Medical Library Assistance Act, the Regional Medical Programs Act, and the Hill-Harris Act of 1963.

Born in Montgomery in 1894, much of Sen. Hill's interest in health care stemmed from his admiration for his father, Dr. Luther Leonidas Hill, reputedly the first surgeon to perform sutures on the human heart.

After graduating from the University of Alabama with a Phi Beta Kappa key, Sen. Hill later pursued a degree in law and opened a law practice in Montgomery. At the age of 28

(See SENATOR HILL, Page 12)

## PDQ

### NCI Expands Availability of Computerized Data On Cancer Expertise to Save Additional Lives

Dr. Vincent T. DeVita, Jr., Director of the National Cancer Institute, has announced the commercial availability of a computerized database for physicians that could help save thousands more lives each year from cancer.

NCI's easy-to-use database, called PDQ (Physician Data Query), will provide physicians with the latest and best treatments for their cancer patients.

"Now any physician who has a word processor or computer with a telephone hookup, can find the best available treatment options for a cancer type, can identify other physicians who treat a specific cancer, or can locate the nearest treatment research study that is accepting patients with a particular type of cancer," Dr. DeVita said at a Washington press conference on Jan. 31.

NCI developed PDQ to speed the dissemination of research findings to the medical community. Because 85 percent of cancer patients are treated by their community physicians, even a few months delay in transmitting information about an improved or new cancer treatment to physicians could mean needless deaths from many of the now highly treatable cancers.

Dr. DeVita estimates that PDQ can help save additional thousands of lives simply by

helping doctors give patients the best cancer care already available. He adds, "This number does not even include further research advances that will contribute to even more lives saved."

"Cancer is more than a hundred diseases, each with its own set of problems," Dr. DeVita said.

"Because decisions on cancer treatment are often complex and because it's so difficult to keep up with the rapid advances already made in cancer treatment, PDQ provides an invaluable resource for physicians."

A two-tiered board of 72 cancer experts from all over the United States keeps the medical information in PDQ current and accurate. Every month the core editorial board of 21 physicians reviews and discusses treatment advances that should be included in PDQ.

Dr. Daniel C. Ihde, chief of the clinical investigations section in the NCI-Navy Medical Oncology Branch, is chairman of this PDQ editorial board. Before changing any standard treatment information, the editorial board submits the changes for approval or disapproval to experts drawn from the 51 other members of the full editorial board.

(See PDQ, Page 11)

### NIH Will Install Two Cyclotrons, Its First Ones

Two new cyclotrons, NIH's first, will be installed soon at NIH in a new facility built for that purpose.

The story began back in 1978, when scientists at NIH decided that use of ultra short-lived radioactive isotopes to image human organs was an important technology. The age of a new scanning technique called PET (positron emission tomography) had dawned.

It took 2 years for a contract to be awarded. In 1980, the Cyclotron Corporation of America (TCC) won the job, beating out competition from Swedish and French companies. They were to build a machine that would generate a 46-million electron volt (46 Mev) beam and produce four types of particles—protons, deuterons He<sup>3</sup> and He<sup>4</sup> (also known as an alpha particle).

These particles will be used to bombard special targets. Out of the collisions between these particles and their targets will come atoms of organic elements occurring natu-

rally in the human body; for instance, oxygen, nitrogen and carbon, as well as fluorine, which exhibits similar characteristics.

In simple terms, the beams will transform the stable target elements into radioactive atoms. When introduced to the body (after incorporation by chemists into molecules of biological interest), isotopes behave exactly the same chemically as their nonradioactive cousins. Only they give off radiation that can be read by sophisticated machines called PET scanners.

In the radioactive world, usefulness is measured in half-lives. The half-life of a carbon<sup>11</sup> atom is about 20 minutes. Nitrogen<sup>13</sup> has a half-life of 10 minutes; the isotope of oxygen, called O<sup>15</sup>, a scant 2 minutes. Fluorine<sup>18</sup>, the old man of this research family, ages gracefully in about 110 minutes.

Two years after winning the contract to

(See CYCLOTRONS, Page 10)

# The NIH Record

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## TRAINING TIPS

The following courses are sponsored by the Division of Personnel Management, Development and Training Operations Branch.

Administrative Systems (Call 496-6211)	Course	Starts	Deadline
Basic Time & Attendance		3/14	2/21
Delpro (for new users only)		3/11	2/25
<b>Technical/Occupational Related Training (Call 496-6211)</b>			
Medical Terminology II		3/5	2/15
Computer Literacy for Secretaries and Office Support Personnel		3/12	2/21
Career Strategies		2/26	2/15
Computer Literacy (for Professional Staff)		2/19	2/8
Intro. to d Base III		2/21	2/8
Intro. to Lotus I, II, III		2/28	2/14
<b>Programs (Call 496-6211)</b>			
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Training and Development Services Program			
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Understanding and Managing Stress		2/27	2/8
Communication Issues		3/26	3/8
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Supervising the Clerical & Support Staff		3/25	3/8
OMB Circular A-76 Productivity			
Improvement Workshop-how-to-clinic for Federal employees on conducting A-76 studies		2/26	2/15
Capital Hill Workshop		3/25	3/8
Introduction to Supervision		4/1	3/15
Managing Advisory Committee		4/8	3/15
Manage Your Meetings		4/15	3/29
Effective Communications		4/16	3/29
White House Workshop		4/25	4/8
Effective Presentations		4/22	4/5
Skills		5/2	4/5
		5/6	4/5

## Logo Winner



Dr. James B. Wyngaarden, NIH Director (r), presents a \$500 check to Sherry Meyers, winner of the NIH 100th Anniversary Logo Contest. Ms. Meyers is acting head nurse in a Clinical Center unit studying emotional disorders. She has been a psychiatric nurse for the past 14 years. Holding the winning concept from 1,300 submitted is Thomas H. Flavin, chief of the Special Projects Office which conducted the contest.

## 63 Senior NIH/NIMH/NIAAA Staff Members Receive Awards for Outstanding Performance

Fifty-six Senior Executive and Senior Scientific Service (SES/SSS) staff members of NIH and seven SSS staff members from the intramural programs of the National Institute of Mental Health, and the National Institute of Alcohol Abuse and Alcoholism, received outstanding performance awards. Bonuses, delivered Dec. 21, ranged from \$4,300 to \$11,200.

Nominations and recommended award amounts were reviewed by six Performance Review Boards (PRBs) made up of top level NIH management officials and then received further review by the Director's Advisory PRB.

Final recommendations were then made by NIH Director, Dr. James B. Wyngaarden. Dr. Wyngaarden's nominations were combined with other Public Health Service nominees before receiving departmental review and final approval by the Secretary.

The 1984 awardees were:  
Philip D. Amoroso, NCI; W. French Anderson, NHLBI; Calvin B. Baldwin, Jr., OD; Edwin D. Becker, OD; Fred H. Bergmann, NIGMS; Katherine L. Bick, NINCDS; Roscoe O. Brady, NINCDS; Enrico Cabib, NIADDK; Kevin J. Catt, NICHD; Gerald J. Chader, NEI; Amoz I. Chernoff, NHLBI; Louis A. Cohen, NIADDK; John W. Daly, NIADDK; David R.

Davies, NIADDK; Igor B. Dawid, NICHD; John L. Decker, CC; John W. Diggs, NIAID; Carl D. Douglass, DRR; Murray Eden, DRS; Henry M. Fales, NHLBI; Ernst Freese, NINCDS; Eli J. Glatstein, NCI; Frederick K. Goodwin, NIMH; Maxwell E. Gottesman, NCI; William B. Jakoby, NIADDK; Donald M. Jerina, NIADDK; William S. Jordan, NIAID; Thomas J. Kindt, NIAID; Ruth L. Kirschstein, NIGMS; Melvin L. Kohn, NIMH; Edward D. Korn, NHLBI; Robert A. Lazzarini, NINCDS; Claude J. Lenfant, NHLBI; Markku Linnoila, NIAAA; Mortimer B. Lipsett, NICHD; Harald A. Løe, NIDR; Thomas E. Malone, OD; Norman D. Mansfield, OD; George R. Martin, NIDR; Malcolm A. Martin, NIAID; Edward H. McManus, NEI; Stephan E. Mergenhagen, NIDR; Charles A. Miller, NIGMS; Louis H. Miller, NIAID; Mortimer Mishkin, NIMH; Jay Moskowitz, NHLBI; Dennis L. Murphy, NIMH; Joseph D. Naughton, DCRT; Franklin A. Neva, NIAID; Marie U. Nylen, NIDR; James F. O'Donnell, DRR; Betty H. Pickett, DRR; Joseph E. Rall, OD; William F. Raub, OD; Matilda W. Riley, NIA; Norman P. Salzman, NIAID; Harold M. Schoolman, NLM; Kenneth W. Sell, NIAID; Louis Sokoloff, NIMH; John L. Swanson, NIAID; J. Paul Van Nevel, NCI; Sumner J. Yaffe, NICHD; Marian R. Yarrow, NIMH. □

## Assertiveness Training Offered In February and March by ECS

An assertiveness training course will be held on Feb. 19 and 26 and Mar. 5 and 12 from 12:30 to 1:30 p.m. The meeting, sponsored by the Employee Counseling Services of the Occupational Medical Service, will be held in Bldg. 31, Rm. B2B-57.

The group will be limited to 15 participants. Call Rachele Selzer, 496-3164, for a brief, pregroup interview. □

## Tax Forms Now Available

Income tax forms are now available in Bldg. 31, Rm. 2A-47.

Milton Hautf, an income tax consultant, will provide services on Monday, Wednesday and Friday, through COB Apr. 19.

The schedule is as follows:  
Monday and Wednesday, 8:30-noon; 1 to 5 p.m.; walk-in basis.  
Friday, 8:30-5 p.m., by appointment only; 496-5454. □

## NLM Mounts New Electronic Message Service To Speed Transfer of Knowledge for Treatment

The new "National Library of Medicine/National Institutes of Health Information Service" is now online and available to health professionals.

The electronic "bulletin board" is aimed at speeding the transfer of knowledge from the laboratory to the bedside. It is made available in cooperation with the American Medical Association via MED/MAIL, the electronic messaging service of the GTE Telenet Medical Information Network.

The NLM/NIH Information Service consists of six major components:

- A list of meetings of clinical interest being held at or sponsored by the NIH;
- Information about previous and upcoming NIH Consensus Development Conferences;
- An index of current clinical studies at the NIH and information about how health practitioners may refer patients to NIH;
- News items of interest from the Library;
- A listing of computer-produced bibliographies that may be ordered without charge via the service;
- An opportunity to address an online message directly to the NLM Director.

### Dr. John K. Koo Awarded Honorary Chinese Title

Last November, the Zhejiang Institute of Experimental Medicine and Hygiene, a well-known biomedical research organization in China, invited Dr. John K. Koo, NIH consultant, to give a lecture.

The director of the institute, Dr. Fu Wei-Hua, announced during the proceedings the naming of Dr. Koo as their honorary research consultant, the first and highest title the institute has ever presented.

The degree recognizes Dr. Koo's early independent research achievement in the discovery of new classes of active central nervous system depressing and stimulating, and effective coronary dilating agents, and is in appreciation of his valuable advice on their research program during the last several years.

The Zhejiang Institute is situated near Wesk Lake in Hangzhou, one of the best-known historical and scenic resorts in China.

Dr. Fu told Dr. Koo at the ceremony that he would welcome visits by NIH scientists to their institute and would possibly invite them to present a lecture on their research.

He said he would give friendly treatment to such visitors if they come to Hangzhou.



Dr. Fu (l) presents Dr. Koo with the certificate which made him the first honorary research consultant of the Zhejiang (China) Institute of Experimental Medicine and Hygiene.

The new linkup means that, within a matter of seconds, a doctor could request a current list of references on AIDS from NLM, see a summary of a recent consensus development conference on a subject like lowering blood cholesterol to prevent heart disease, or find out how to refer a patient to a current clinical study at NIH.

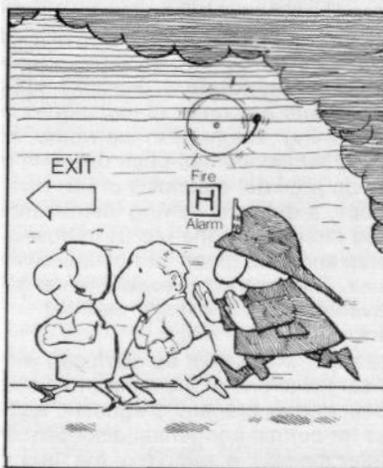
"We expect the new service will prove to be one of many steps soon to come that will provide American health care professionals with increasingly good medical information services," said NLM Director Dr. Donald A. B. Lindberg.

A statement on the inauguration of the new service was issued by Dr. James H. Sammons, executive vice president of the American Medical Association: "The AMA is pleased to provide this instant link between the NLM/NIH and physicians across the country. The addition of the NLM/NIH Information Service means physicians have up-to-date information on government-sponsored clinical research and can take advantage of the vast resources of the Library without leaving their offices."



Dr. Lindberg, NLM Director, recently signed an agreement with the American Medical Association to create the new "NLM/NIH Information Service." The information—including news about NLM programs and Literature Searches, and about NIH meetings and clinical studies—will be transmitted via MED/MAIL, the electronic messaging service of the GTE Telenet Medical Information Network.

## If Fire Alarm Sounds Leave Building Immediately



**Fire/Rescue Emergency Dial 116**

### Black History Observance Will Be Held February 20 at NIH

The NIH Cultural Committee will sponsor the 13th Annual Black History Observance on Feb. 20 in the Masur Auditorium, Clinical Center, from noon to 1 p.m.

Patricia Russell, an attorney from Texas, will give a presentation entitled: "Focus 1985: A Strategy for Survival."

The Morgan State University Choir, directed by Dr. Nathan M. Carter, will present a repertoire of black music.

For more information call Loretta Lee, 496-6611 or Maggie Johnson, 496-3141. □

### PHS Engineers Join Observance Of National Engineers Week 1985

In hundreds of locations throughout the United States, nearly 1,000 PHS engineers are making vital contributions to the protection and advancement of the Nation's health. Their activities—ranging from the development of sophisticated biomedical instrumentation for use in the research at NIH to the construction of water supply and waste disposal facilities on remotely located Indian reservations—will be highlighted during the week of Feb. 18-22, National Engineers' Week—1985.

A series of exhibits, depicting the broad scope of engineering efforts, will be displayed in the lobby of the Lister Hill National Center, Bldg. 38A, on Feb. 19. In addition to the exhibits, a program highlighting engineering activities throughout PHS, will be held in the Lister Hill Auditorium starting at 9:30 a.m.

All activities are open to the public as well as to NIH employees. □

### Weight Training Seminar To Be Held March 5, 7

The NIH Fitness Center offers an informative 2-day seminar/exercise class, Mar. 5 and 7 from 11 a.m. to noon. The cost is \$15.

Learn how to tone and strengthen your body through weight-training and how to get the best results from your own home exercise equipment. □

### Discount Tickets Available

R&W has discount tickets available for the performance of guitarist Carlos Montoya at the Kennedy Center Concert Hall on Friday, Mar. 8, at 8:30 p.m.

Orchestra seats cost \$13.80 (service charge included).

Tickets may be obtained at the Activities Desk, Bldg. 31, Rm. B1W30. □

## Blistering Disorder Affects More Than 50,000 Americans

Even one little blister can be painful and irritating. Imagine your body covered with hundreds of blisters.

More than 50,000 Americans, mostly children, are affected with epidermolysis bullosa (EB), a rare hereditary blistering disorder that involves the skin and mucous membranes.

EB can range from a relatively mild condition to a severely disabling and sometimes fatal disease. The skin of patients with EB is extremely fragile and groups of blisters may appear spontaneously.

In severe or dystrophic EB, blisters can form over nearly all the body and in the digestive tract. Wounds from severe EB resemble serious burns.

There is an enormous genetic diversity between individuals, including the different structures of the skin. The skin, the largest organ in the body, measures 20 square feet and weighs 9 pounds. There are two principal layers of skin, the outermost layer known as the epidermis and the layer underneath called the dermis. Between and connecting these layers is the basement membrane zone. Studies have shown where the skin blistering occurs in the different forms of EB. Skin from patients with scarring or dystrophic EB shows a split in the upper part of the dermis below the basement membrane.

During the past decade, investigators have discovered certain structures that hold the epidermis to the dermis. Called "anchoring fibrils," these structures are similar to the stitching that holds the leather cover of a baseball to the core. If the stitches are weak, or if there are not enough of them, or if something begins to dissolve them, the covering begins to come off.

So far research has not found a cure for EB or a treatment to completely control it. Several researchers at a recent Washington conference pointed out that much of science is unpredictable, and there is often no way to know when and from where the answers will come.

Dr. Alan Moshell, Skin Diseases Program director, NIADDK, said the results of "basic biomedical research are often serendipitous—people often don't really know what application their basic research will have to any specific disease when they start."

An excellent example is the work of Dr. Lowell Goldsmith, University of Rochester Medical Center, New York, and associates, who have developed monoclonal antibodies to anchoring fibrils that can serve as molecular "tags" to identify these structures.

In their studies, these researchers found that these antibodies react to samples of "normal" skin, as well as samples of skin from patients with all but one form of EB. In the severe or dystrophic form of EB, there was no reaction to the antibodies, confirming earlier studies that indicated that anchoring fibrils may be absent in this disorder.

Research on EB using monoclonal antibodies is also being conducted by Dr. Jo-David Fine and his colleagues at the University of Alabama in Birmingham. Dr. Fine developed these "KF-1" antibodies when he worked with Dr. Stephen Katz, chief of NCI's Dermatology Branch, and they continue to collaborate.

The antibodies are directed against materi-

als in the basement membrane zone that may keep the entire basement membrane attached to the underlying dermis.

Besides problems with anchoring fibrils, excessive amounts of collagenase activity seem to be involved in some forms of EB. Collagenase is responsible for the breakdown of collagen, the main supporting protein of skin. Researchers led by Dr. Eugene Bauer of Washington University in St. Louis are focusing their efforts on collagenase and developing drugs that inhibit the effects of the enzyme. Dr. Bauer has reported that phenytoin (dilantin) has been effective for the majority of patients with dystrophic EB.

At present, the Food and Drug Administration's Office of Orphan Products is supporting the nationwide studies to evaluate the effectiveness of phenytoin to treat patients with the dystrophic form of EB. In many children with this form of EB, the esophagus may be inflamed and the child cannot swallow properly. If the esophagus is scarred, due to blistering, the passage of food is impossible.

Preliminary studies have indicated that phenytoin may reduce blister formation and the complications from these blisters. The FDA hopes to eventually enroll 100 patients in this study. Since EB is a rather rare disease, it can be difficult to find patients to participate in studies on the disease.

NIADDK is in the process of preparing to support an EB registry. One part of this registry would be a list of potential patients or families who would be willing to participate in a study on EB. At this time, no test is available to determine whether a person is a carrier of EB, although researchers are studying this important area.

Studies in fetal research are also important. There are a number of techniques used for "examining" the baby in the womb; however, only fetoscopy has been useful in research on prenatal diagnosis of EB. In fetoscopy, a delicate viewing instrument is inserted directly into the uterus to observe the fetus and take blood samples and skin biopsies. This method is experimental and is only available at a few major medical centers.

Fetoscopy should not be confused with amniocentesis, one of the most promising and best-known prenatal diagnostic techniques for certain congenital disorders. In this latter method, a sample of the fluid surrounding the fetus is withdrawn and the cells are grown and analyzed.

At present, EB cannot be positively diagnosed by amniocentesis; however, this technique is currently under study by Dr. Karen Holbrook, University of Washington School of Medicine in Seattle.—**Barbara Weldon** □

## New Class at Fitness Center

Stretch 'N' Strengthen, a coed class that combines relaxation, stretching, strengthening and toning, will be held Feb. 26 through Apr. 4 for 6-weeks on Tuesdays and Thursdays from 12:15 to 12:45 p.m. at the Fitness Center. Call 496-TRIM for fees. □

## K. Zimmerman, NCI, Retires After 39 Years Fed. Service

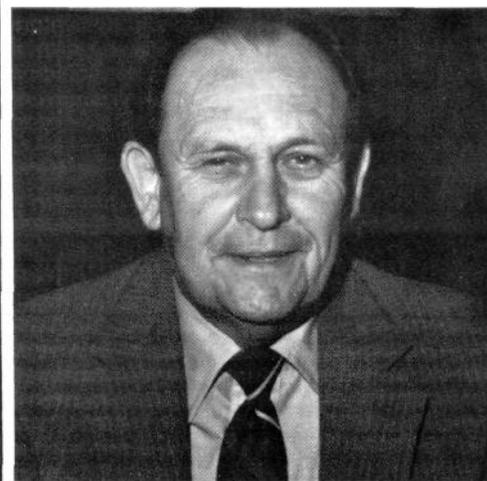
Karl W. Zimmerman, Jr., a contract specialist at the National Cancer Institute-Frederick Cancer Research Facility and life-long resident of Frederick, Md. retired on Jan. 2, after 39 years of Federal Government service.

Following his discharge from the U.S. Army in 1947, Mr. Zimmerman was employed for 22 years as a purchasing agent/research contract specialist with the U.S. Army Biological Laboratories at Fort Detrick in Frederick, Md.

### Section Head

From 1970 to 1973 he was head of the research contracts section at the National Institute of Dental Research.

In August 1973, Mr. Zimmerman transferred to NCI, where for the past 11



Mr. Zimmerman

years he was deputy contracting officer at the NCI-FCRF.

Ron DeFelice, chief of the contract operations section, Research Contracts Branch at the Frederick facility said, "I have worked virtually side by side with Karl for over 20 years. He is an outstanding contracting professional and has been well liked and respected by his fellow workers at NCI. We will miss him very much, but hope he enjoys his retirement and comes to visit us often."

### Improve Golf Game

Mr. Zimmerman says his plans include spending more time "in-residence" at some of the local golf courses to improve his game and completing numerous attic/basement/yard projects that he has put off since moving to Clover Hill, Frederick County, 18 years ago. He says, "My wife and I also hope to do some traveling."

Those who have known and worked with him say he won't lack for things to do or people to do them with. "You only have to talk with Karl or have visited his home to know that his hobbies include all types of collectables," says coworker Bill Mount. "Andy many have learned the hard way that he ranks among the best pool hustlers in Frederick County." □

## New Literature Searches

A number of bibliographies on subjects of current widespread interest are available without charge from the National Library of Medicine's Reference Section. Included are several on AIDS (84-18 and 84-32).

The bibliographies were produced through NLM's computer-based system MEDLARS and contain references from recent medical journal literature.

A complete list of available Literature Searches is published each month in *Index Medicus* and *Abridged Index Medicus*.

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

The new available bibliographies follow:

LS84-10 *Fetal surgery*, January 1980-April 1984; 93 citations

LS84-11 *Premenstrual syndrome*, January 1982-May 1984; 155 citations.

LS84-12 *Adolescent alcoholism*, January 1980-May 1984; 136 citations.

LS84-13 *Posttraumatic stress disorder*, January 1982-June 1984; 105 citations.

LS84-14 *The keratinocyte*, January 1980-June 1984; 115 citations.

LS84-15 *Adolescent parenthood*, January 1980-June 1984; 129 citations.

LS84-16 *Butylated hydroxyanisole (BHA) or butylated hydroxytoluene (BHT)*, January 1977 May 1984; 145 citations.

LS84-17 *Neonatal intraventricular hemorrhage*, January 1982-June 1984; 134 citations.

LS84-18 *Acquired immune deficiency syndrome (AIDS)*, fourth quarterly update and supplement, May 1984-July 1984; 406 citations, including addendum.

LS84-19 *Preferred provider organizations*, January 1982-July 1984; 102 citations from the

Health Planning and Administration database.

LS84-20 *Sarcoidosis*, January 1982-September 1984; 353 citations.

LS84-21 *Fresh frozen plasma*, January 1980-September 1984; 63 citations.

LS84-22 *Pelvic inflammatory disease*, January 1982-August 1984; 230 citations

LS84-23 *Health effects of diesel engine emission*, January 1977-June 1984; 140 citations.

LS84-24 *Medical staff and hospital relations*, January 1978-August 1984; 214 citations from the Health Planning and Administration database.

LS84-25 *Home care*, January 1980-September 1984; 236 citations from the Health Planning and Administration database.

LS84-26 *Weather and respiratory diseases*, January 1977-October 1984; 206 citations.

LS84-27 *Senile macular degeneration*, January 1980-October 1984; 112 citations.

LS84-28 *Adverse effects of aluminum*, January 1977-August 1984; 427 citations.

LS84-29 *Chorionic villi sampling*, January 1982-November 1984; 61 citations.

LS84-30 *Adult soft-tissue and osteogenic sarcomas—limb-sparing treatment*, January 1980-November 1984; 236 citations.

LS84-31 *Neuroleptic malignant syndrome*, January 1982-November 1984; 97 citations.

LS84-32 *Acquired immune deficiency syndrome (AIDS)*, fifth update and supplement, August-December 1984; 646 citations, including addendum.

LS84-33 *Human T-cell leukemia/lymphoma virus (HTLV)*, January 1982-September 1984; 234 citations.

LS84-34 *Freestanding ambulatory care centers*, January 1975-December 1984; 296 citations from the Health Planning and Administration database.

LS84-35 *Multiple personality disorder*, January 1975-through December 1984; 115 citations.

LS84-36 *Travelers' diarrhea*, January 1980-December 1984; 163 citations. □

## Dr. Katharine C. Snell Dies; Was NCI Cancer Pathologist

Dr. Katharine Chapin Snell, 70, a cancer pathologist from NCI, died Dec. 10, 1984, at St. Elizabeth Hospital in Brookston, Ind.

Dr. Snell made many contributions to the field of cancer pathology during her 21 years in the Laboratory of Pathology, Division of Cancer Biology and Diagnosis, NCI. Her primary interests were: the pathology of laboratory animals, especially rats and mastomys (a South African mouse-like rodent); transplantable tumors; and endocrine pathology.

She published many papers and was a contributing author of several texts on these topics. Her work includes: "Transplantable and transmissible tumors in animals," *The Atlas of Tumor Pathology*; "Spontaneous lesions of the rat," *The Pathology of Laboratory Animals*; and "Malignant Argyrophilic Gastric Carcinoids of Praomys (Mastomys) Natalensis," which appeared in *Science* in 1969.

Born Mar. 23, 1914, in Louisville, Ky., she earned a B.A. in 1936 from Carleton College in Northfield, Minn. and received her M.D. from the University of Louisville in 1943.

Dr. Snell began her career at NCI in 1953 as a physiologist and stayed here until her retirement in 1974. She trained many cancer fellows from Europe, the Far East, and Egypt in the Laboratory of Pathology.

She was recognized as an authority on mastomys. Many of the disease processes in

mastomys are similar to those in humans. Mastomys, for example, develop tumors of the thymus that are associated with inflammatory changes in skeletal muscle. These changes are similar to those found in humans with myasthenia gravis, so mastomys serve as animal models.

Dr. Snell also discovered an adrenal tumor that has functional effects, like diuresis (increased excretion of urine), when transplanted into laboratory animals. This tumor was widely distributed and studied by endocrinologists.

Dr. Harold L. Stewart, NCI scientist emeritus and former coworker and coauthor with Dr. Snell, says: "She was a distinguished scientist and was kind, thoughtful, cooperative and willing to help anyone." Mrs. Billie P. Wagner, coauthor of several papers with Dr. Snell, says, "I enjoyed her company very much. She was witty and intelligent."

She married W. Wingate Snell in 1943 in Evanston, Ill. After his death in 1975, Dr. Snell moved to Mt. Desert, Me., to be near her son, David W. Another son, Theodore J., died in 1982.

In 1982, she moved to a nursing home in West Lafayette, Ind., to be near her daughter, Katherine E. Contreni, of Brookston. Her fourth child, Margaret S. Graeser, lives in Chester, Va.

## Dr. A. Sabin Urges Gifted Pupils To Serve Science and Humanity

Dr. Albert B. Sabin, discoverer of the oral polio vaccine that bears his name, and a Distinguished Senior Expert Consultant with the Fogarty International Center, addressed a group of highly gifted and motivated fifth grade students from the Lakewood Elementary School on Jan. 10.

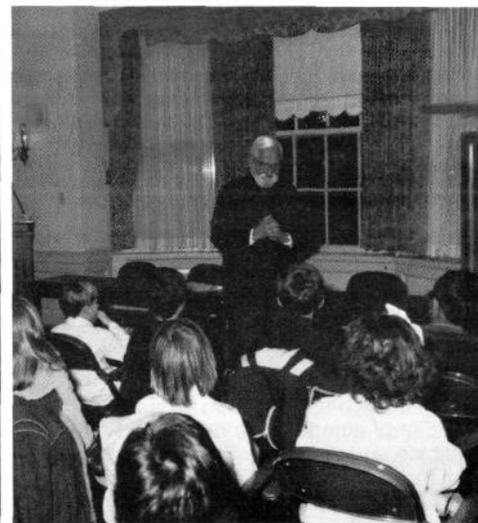
The presentation, given at the Stone House, is part of a special program for gifted children.

Dr. Sabin urged the children to not only do their best, but also to apply their talents to help humanity. His inspiring presentation was aimed at encouraging many of the students to apply their skills towards a career in the biomedical sciences.

Some of these youngsters, it is hoped, may return to the NIH as visiting scientists or as permanent staff in the future.

The following letter (in part) is from a parent who attended Dr. Sabin's talk:

"Knowing what a brilliant person you are, and knowing all you have done for humanity, your compassion overwhelmed me. I hope these children, who are supposedly highly gifted and motivated, will carry the same compassion you showed us. What a wonderful role model you are to these children. I hope they all have the opportunity to listen to you speak again." □



Dr. Sabin speaks to gifted students.

## Chamber Orchestra Presents Handel Concert, Feb. 23

The Montgomery Chamber Orchestra will celebrate Handel's 300th anniversary by presenting a concert on Saturday, Feb. 23, at 8:30 p.m. at the National Bureau of Standards in Gaithersburg.

The program, conducted by Piotr Gajewski, includes Handel's *concerto Grosso Op. 6, No. 7*; Meyers' *Antiquities*; Mozart's *Divertimento in D (K.136)* and Dvorak's *Serenade for Strings*.

Tickets cost \$10.80 for R&W members—a 10 percent discount—and may be purchased at the R&W Activities Desk, Bldg. 31.

For further information, call 926-1606. □

## Dr. Christine K. Carrico Named Director, Pharmacological Sciences Program, NIGMS

Dr. Christine K. Carrico has been appointed director of the Pharmacological Sciences Program of the National Institute of General Medical Sciences. Previously, she served as the program's deputy director.

In her new position, Dr. Carrico will administer a large program of research and research training grants in the pharmacological sciences, biorelated chemistry, and anesthesiology. The program's goals are to expand knowledge about drug action and related biological and chemical processes. This should provide a rational basis for safer use of available drugs and contribute to the design of more effective therapeutic agents.

She will also direct the Pharmacology Research Associate Program, training that allows promising investigators committed to the pharmacological sciences to work with scientists of their choice in various laboratories of NIH and the Alcohol, Drug Abuse, and Mental Health Administration.

In announcing the appointment, NIGMS Director Dr. Ruth L. Kirschstein, said, "Dr. Carrico's commitment to the support of basic research in the pharmacological sciences and her particular dedication to the Pharmacology Research Associate Program assure continued excellence in carrying out the



**Dr. Carrico**

goals of the Pharmacological Sciences Program and NIGMS as a whole."

Dr. Carrico came to the Laboratory of Medicinal Chemistry and Biology, National Cancer Institute, in 1977 as a pharmacology re-

search associate and to the Pharmacological Sciences Program staff in 1979. Since then, she has served as an administrator of research and research training grants, adding the duties of deputy director of the program in January 1984.

Since 1981, she has also been project officer of a multiagency contract to operate GenBank®, a repository of genetic sequences accessible to biomedical researchers. This resource allows scientists to study similarities in the composition of different genes, examine the role of mutation in disease, and better understand how certain genes may have evolved.

A native of Waynesboro, Va., Dr. Carrico graduated *cum laude* from Hollins College in Roanoke with departmental honors in chemistry. In 1977, she received her doctorate in pharmacology from Yale University and subsequently was a postdoctoral associate at Yale.

### Honors Received

Among her other honors are the Hollins College Sigma Xi Award for Excellence in Science, the James Lewis Howe Award of the Blue Ridge Section of the American Chemistry Society, and election to Phi Beta Kappa.

She is a member of the American Society for Pharmacology and Experimental Therapeutics and the American Association for the Advancement of Science. □

## Dr. Dennis Johnsen Appointed Director NIH Primate Research Centers Program

Dr. Dennis Johnsen has been named director of the NIH Primate Research Centers Program, succeeding Dr. Leo Whitehair who is retiring after heading up the program for the last 9 years. Primate Research Centers are part of the Animal Resources Program within the Division of Research Resources.

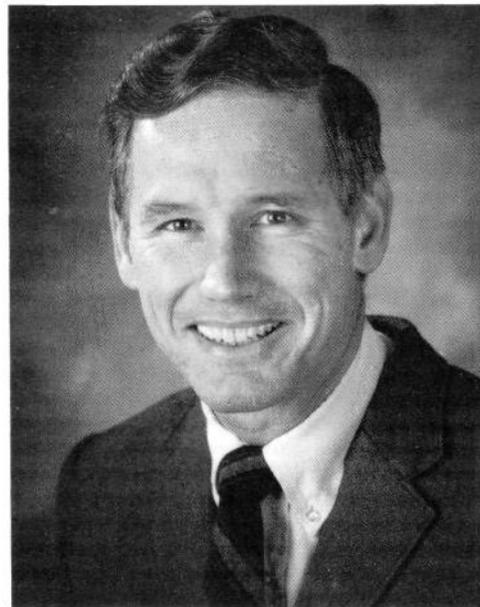
Currently, Dr. Johnsen is chief of the Veterinary Medicine and Surgery Section, Veterinary Branch, Division of Research Services. He will assume his new position Feb. 1.

A native of Santa Monica, Calif., he holds a bachelor of science degree in veterinary medicine and a doctor of veterinary medicine from the University of California, Davis. He also earned a master of science degree in veterinary medicine/laboratory medicine from Ohio State University.

After a short time in private veterinary practice, Dr. Johnsen began his government career in 1961 as a veterinary officer in the U.S. Army. In 1965, he was named chief of the veterinary medicine service for the Division of Biological and Medical Sciences at the U.S. Naval Radiological Defense Laboratory, San Francisco.

In 1968, he became chief of the department of veterinary medicine for the U.S. Army Component at the Southeast Asia Treaty Organization (SEATO) Medical Research Laboratory, Bangkok, Thailand. In 1972 he returned to San Francisco to assume duties as chief of the animal resources division for the Letterman Army Institute of Research.

Dr. Johnsen joined NIH in 1976 as executive secretary of DRR's Animal Resources Advisory Committee, and in 1980 was detailed to the Department of State as science



**Dr. Johnsen**

attache and international health representative at the American Embassy in New Dehli, India. He has been at his current position in DRS since May 1984.

In 1984, he was awarded the PHS Outstanding Service Medal for his performance while science attache at the American Embassy in New Dehli. In 1972, he received the Army Commendation Medal for service performed at the SEATO Medical Research Laboratory in Bangkok. He holds memberships in

the American Veterinary Medical Association, the American College of Laboratory Animal Medicine, and the American Association for Laboratory Animal Science.

The program that Dr. Johnsen will direct supports seven regional Primate Research Centers affiliated with academic medical centers across the country. The centers, which form the largest primate research network in the world, provide the specialized staff and environment needed for studying nonhuman primates to learn about a variety of human ailments, ranging from infectious diseases to developmental and behavioral problems.

The seven centers are located in Beaverton, Oreg.; Seattle, Wash.; Southborough, Mass.; Atlanta, Ga.; Madison, Wisc.; Covington, La.; and Davis, Calif. □

### Chamber Orchestra to Perform Mar. 9

The NIH R&W Chamber Orchestra, directed by David Crane, will present a concert on Saturday, Mar. 9, at 3 p.m. in Masur Auditorium, Clinical Center (Bldg. 10). A highlight of the concert will be the appearance of Meir Rimon, principal French horn player of the Israel Philharmonic Orchestra, as soloist in a Mozart Concerto for French Horn and Orchestra.

Other works in the program include the overture to Mozart's opera, "The Magic Flute," Beethoven's Symphony No. 1 in C, and two Gymnopedies by Erik Satie, orchestrated by Dubussy.

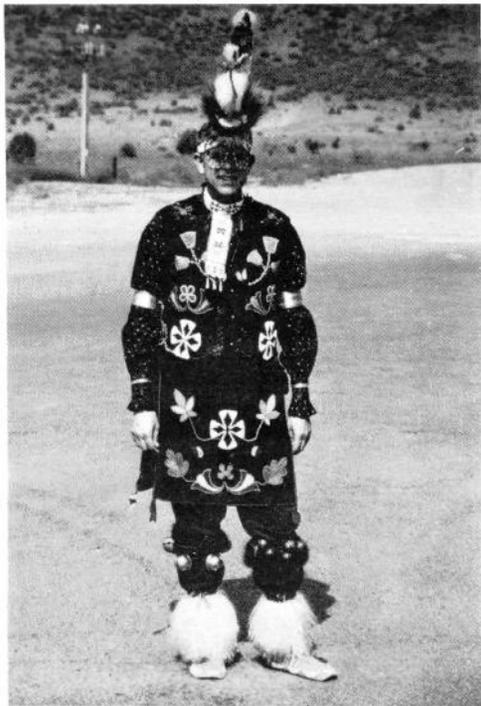
Tickets will be available in advance at the R&W Activities Desk in Bldg. 31 and in the Westwood Bldg., as well as on the afternoon of the concert. Admission will be \$4 for adults; Clinical Center patients and children under 12 will be admitted free. □

## Indian Folklore: An Avid Avocation For NIAID's Dr. Robert Edelman

Dr. Robert Edelman, chief of NIAID's Clinical and Epidemiological Studies Branch has been devoted to Indian customs and folklore since his early days as a Boy Scout in his home town of St. Louis, Mo.

He and fellow scouts, wearing authentic Indian costumes, often participated in "powwows," an American Indian social get-together or meeting, at which there is singing, dancing, and feasting.

After earning his Eagle Scout badge, Dr. Edelman continued his active interest in Indian culture by joining an American Indian Dance Group made up of members from some of the Indian tribes in St. Louis, including Comanches, Kiowa-Apaches and Sioux.



**A member of the Chippewa Indian Tribe? The "Indian" shown in the photograph is NIAID's own Dr. Robert Edelman of the Institute's Microbiology and Infectious Diseases Program (MIDP). Wearing an authentic costume that he made, Dr. Edelman recently visited the Fort Apache Indian Reservation in White River, Ariz., where he joined in their "powwow."**

The dance group donned costumes and held powwows in high schools and at other places in the area.

### Traveled to Reservations

During high school and college summer vacations, Dr. Edelman traveled to Indian reservations to learn more about Indian life and obtain artifacts of Indian culture. He spent a summer with a Kiowa-Apache family in Anandarko, Okla., living, sleeping, and eating boiled meat and Indian fried bread in a wickiup (brush tent), and participating in a National Indian Wardance Contest—in which he neither won, placed, or showed.

Dr. Edelman remembers other summers spent in Wisconsin as a camp counselor offering information on camping and Indian

lore, which provided him other opportunities to visit senior members of the Chippewa and Potawatomi Tribes.

He tape recorded their ancient songs and collected stories of early Indian life for historical purposes. During this time he also learned about the Midewewin, an ancient and complex Woodland Indian Medical Society which combines the organization of a Masonic Lodge with that of a medical society whose members use nearly forgotten native healing techniques such as herbs, roots, song and prayer to heal the body and soul.

### Participated in Powwows

Between his junior and senior years of medical school, Dr. Edelman recalls touring the endless dirt roads of Indian reservations in the West with his wife, then pregnant with their first child. They visited the Pine Ridge and Rosebud Reservations in South Dakota and the Crow and Blackfeet Indians in Montana. Along the way, they traded costuming and artifacts and took part in Indian powwows.

When their first son was a year old, he was officially named "Little Beaver" in a Comanche Indian naming ceremony in East St. Louis. Comanche Indians came from as far away as Oklahoma to join in the celebration and to present gifts to his son.

Dr. Edelman believes that his son may have been the only child to have been given three separate names—his English name, Daniel Charles at birth; his Hebrew name, Schlomo (for Solomon) at his Briss on day 8, and his Indian name at 1 year. Now 23 and married, "Little Beaver" is attending a Yeshiva Rabbinical school in Israel, a far cry from his earliest days accompanying his father on the powwow circuit.

### Joined Indian Lore Group

As the pressure of medical school and housestaff training increased Dr. Edelman's involvement in his avocation necessarily declined. However, during a postdoctoral fellowship in virology and preventive medicine at Case Western Reserve University School of Medicine, he was able to renew his interest by joining an Indian lore group in Cleveland, Ohio.

After a 15-year hiatus, Dr. Edelman had occasion to don his Indian costume and take part in the singing and dancing of a powwow held during a 1983 site visit to the Enteric Infectious Diseases Center on the Fort Apache Indian Reservation in White River, Ariz.

As NIAID enteric diseases program officer, he is project officer on a research contract there funded by NIAID through Johns Hopkins University School of Medicine.

Professional demands now preclude Dr. Edelman's continued participation in Indian activities, but he says he will "occasionally dig out my collection of game feathers, beads, and Indian tanned hides just to look, touch, and smell the mothballs."

He has "fond memories of wonderful days," and as he puts the costuming back on his shelf, looks forward to those occasional revivals of a very special interest that has persisted since boyhood.—**Jeanne Winnick** □

## H. Neil Deese, Ex-NCI Aide Dies in S.C. of Heart Attack

H. Neil Deese, a former NCI aide, died of a heart attack on Dec. 5 at Grand Strand General Hospital, Myrtle Beach, S.C. He was 64.

Born in Hopewell, Va., Mr. Deese lived in the Washington, D.C., area for most of his life. He worked in construction and held a variety of other positions before coming to NIH in the industrial hygiene department. He interrupted his employment at NIH to serve in the 25th Infantry Division during World War II.

Upon his return from service, he began working at NCI as a biological aide and property custodian in the Laboratory of Pathology, DCBD, in November 1947 and remained there until his retirement in June 1975.

According to Dr. Harold Stewart, NCI scientist emeritus, "Mr. Deese was an expert in experimental activities and a great asset in teaching the proper techniques to others."



**H. Neil Deese**

Ralph Isenburg, a fellow worker, says, "He was an enjoyable person and well liked by everyone."

While in the D.C. metropolitan area, Mr. Deese was an active member of the Veterans of Foreign Wars and the American Legion. He held local, district, and state offices with the VFW, headed the Fly our Flag Committee, and was listed in the Washington Social Register.

After his retirement, he and his wife, Mary Jane Adams Deese, moved to Arcadian Shores, S.C., where they operated a family business, Tropic Lightning Electronics. The Deeses traveled extensively throughout the United States and Mr. Deese also grew many tropical plants in his greenhouse.

He is survived by his wife, three children, and two grandchildren.

## Return Requested by CC Scientist

A Sorvall refrigerated centrifuge Model RC-2B was inadvertently removed from the lobby of elevators 35-38 on the 8th floor of Bldg. 10 (Clinical Center).

This was not a surplus item and prompt return of this instrument is urgently requested or call Dr. Jan Wolff at 496-2685. □

## VISITING SCIENTISTS

11/16 **Dr. Antonello Novelli**, Italy. Sponsor: Dr. Richard C. Henneberry, Molecular Neurobiology Section, NINCDS, Bg. PK, Rm. 431.

11/19 **Dr. Fathia Mahmoud**, Sudan. Sponsor: Dr. Lynn Loriaux, Developmental Endocrinology Branch, NICHD, Bg. 10, Rm. 10B09.

11/19 **Dr. Rosette Tran**, France. Sponsor: Dr. Patricia Horan Hand, Laboratory of Tumor Immunology and Biology, NCI, Bg. 10, Rm. 5B50.

11/20 **Dr. Kohei Yamauchi**, Japan. Sponsor: Dr. Ronald Crystal, Pulmonary Branch, NHLBI, Bg. 10, Rm. 6D06.

11/21 **Dr. Rachel Dromy**, Israel. Sponsor: Dr. Constance Oliver, Laboratory of Oral Biology and Physiology, NIDR, Bg. 30, Rm. 212.

11/25 **Dr. Yoshihiro Makino**, Japan. Sponsor: Dr. Ching-Juh Lai, Laboratory of Infectious Diseases, NIAID, Bg. 7, Rm. 26.

11/27 **Dr. Toshiharu Tokoru**, Japan. Sponsor: Dr. Roscoe O. Brady, Developmental and Metabolic Neurology Branch, NINCDS, Bg. 10, Rm. 3D04.

11/29 **Dr. Marina Lanciotti**, Italy. Sponsor: Dr. Charles Y. Huang, Laboratory of Biochemistry, NHLBI, Bg. 3, Rm. 218.

12/01 **Dr. Sorour Amirhaeri**, Iran. Sponsor: Dr. Eugene O. Major, Infectious Diseases Branch, NINCDS, Bg. 36, Rm. 5C13.

12/01 **Dr. Ziva Breznitz**, Israel. Sponsor: Dr. Marian Yarrow, Laboratory of Developmental Psychology, NIMH, Bg. 15k.

12/01 **Dr. Catherine Dubois**, France. Sponsor: Dr. Victor Ginsburg, Laboratory of Biochemical Pharmacology, NIADDK, Bg. 4, Rm. 327.

12/01 **Dr. Egon B. Hansen**, Denmark. Sponsor: Dr. Maxine Singer, Laboratory of Biochemistry, NCI, Bg. 37, Rm. 4E28.

12/01 **Dr. Edgar Neil Lewis**, United Kingdom. Sponsor: Dr. Ira Levin, Laboratory of Chemical Physics, NIADDK, Bg. 2, Rm. B1-27.

12/01 **Dr. Li Zhen-Hua**, China. Sponsor: Dr. Robert I. Gregerman, Clinical Physiology Branch, NIA, Gerontology Research Center, Baltimore.

12/01 **Dr. Philip Morgan**, United Kingdom. Sponsor: Dr. Paul J. Marangos, Biological Psychiatry Branch, NIMH, Bg. 10, Rm. 3C210.

12/01 **Dr. Naoko Nakagawa**, Japan. Sponsor: Dr. Anthony S. Fauci, Laboratory of Immunoregulation, NIAID, Bg. 10, Rm. 11B09.

12/01 **Dr. Kinya Otsu**, Japan. Sponsor: Dr. Jeffery P. Froehlich, Laboratory of Molecular Aging, NIA, Gerontology Research Center, Baltimore.

12/03 **Dr. Jorgen Frokjaer-Jensen**, Denmark. Sponsor: Dr. Thomas Reese, Laboratory of Neurobiology, NINCDS, Bg. 36, Rm. 3B26.

12/06 **Dr. Ranju Ralhan**, India. Sponsor: Dr. George S. Johnson, Laboratory of Molecular Biology, NCI, Bg. 37, Rm. 2E26.

12/07 **Dr. John Richard Atack**, United Kingdom. Sponsor: Dr. Stanley I. Rapoport, Laboratory of Neurosciences, NIA, Bg. 10, Rm. 6C103.

12/10 **Dr. Girish Kotwal**, India. Sponsor: Dr. Bernard Moss, Laboratory of Viral Diseases, NIAID, Bg. 5, Rm. 316.

12/10 **Dr. Beresford Stock**, Australia. Sponsor: Dr. John R. Bend, Laboratory of Pharmacology, NIEHS, Research Triangle Park, N.C.

12/17 **Dr. Murali Krishna Cherukuri**, India. Sponsor: Dr. Peter Riesz, Radiation Oncology Branch, NCI, Bg. 10, Rm. B3B38.

12/17 **Dr. Masakazu Miyata**, Japan. Sponsor: Dr. Erminio Costa, Laboratory of Preclinical Pharmacology, NIMH, St. Elizabeth's Hospital.

12/17 **Dr. Anil Tulpule**, India. Sponsor: Dr. Kenneth Cowan, Chemical Pharmacology Branch, NCI, Bg. 10, Rm. 6N116.

12/18 **Dr. Anthony Kai-Cho Ho**, Hong Kong. Sponsor: Dr. David Klein, Laboratory of Developmental Neurobiology, NICHD, Bg. 6, Rm. 1A15.

## Dr. Siegel Appointed Acting Director, NEI Program

Dr. Daniel Siegel has been named acting director of the Biometry and Epidemiology Program of the National Eye Institute. In his new post, he will administer the program's functions in clinical trials, epidemiology, and biometry, as well as its consultation services.

Dr. Siegel joined NEI in 1977 and served as deputy to the director of the Biometry and Epidemiology Program, Fred Ederer. Mr. Ederer plans to retire from government service later this year to become a private consultant in epidemiology.

Before coming to the NEI, Dr. Siegel was director of the Epidemiology and Biometry Program, NICHD.

An editor of the *American Journal of Epidemiology* and the *Archives of Ophthalmology*, he is the author of over 50 journal articles on statistical methods and health study results.

In 1982 Dr. Siegel received the PHS Superior Service Award in recognition of his statistical leadership in several health studies of national significance and for the development of new methods of analysis for epidemiological data.

He is a fellow of the American Statistical Association. □



Dr. Siegel

## Four Management Interns Picked for 1-year Training

Four NIH management interns have been selected by the Division of Personnel Management for the 1-year training program which commenced in January.

Under the guidance of the Office of the Assistant Director for Development and Training and a mentor from the NIH Administrative Training Committee, each intern undergoes 3 weeks of program orientation, and then enters into a series of four separate 3-month assignments in various managerial disciplines.

A majority of these assignments are conducted at NIH, but program flexibility allows assignments at PHS, HHS, Congress or other government agencies.

A degree of pliancy is necessary since every intern must design the nature and sequence of each training experience. The interns frequently attend meetings in which a variety of guests present informal talks on selected subjects. In addition, several group activities such as visits to facilities at NIEHS are also planned.

At the end of the year, each intern will assume a permanent position in a chosen administrative or managerial area. Interns of past years now occupy a spectrum of re-



Richard Striker, Administrative Training Committee (l) and Calvin Baldwin, NIH Associate Director for Administration (background, r); welcome the 1985 management interns, (l-r) Cynthia Fox, E. Ward Pettis, Donna Adderly, and Sandra Howard.

sponsible positions throughout the entire NIH and DHHS community. □

## Stop Smoking Program Offered

A 6-week "Stop Smoking" program beginning Wednesday, Mar. 13, is being offered by the Employee Counseling Service of the Occupational Medical Service.

The program will be held in Bldg. 31, Rm. B2B57 from noon to 1 p.m. To register, call Morris Schapiro, 496-3164. □

One should be either sad or joyful. Contentment is a warm sty for eaters and sleepers.—Eugene O'Neill

**Do Not Block  
Fire Alarm  
It Could Mean  
Your Life**

## Methods of Protecting Impaired Research Subjects Reviewed by NIA-Sponsored Panel at Gerontology Meeting

Publicity on such cases as the recent cross-species transplantation of a baboon's heart into Baby Fae, has drawn much attention to the issue of patients' rights. Medical practitioners and researchers alike are grappling with the ethical considerations in treatment and research as they try to assess the risk to the patient in light of the ultimate benefit to society. The patient's willingness to participate must weigh heavily in this decision.

While much has already been done to protect the subjects of biomedical research, special consideration must be given to elderly human subjects. Their increased physical vulnerability contributes to potential difficulties in conducting research on this age group.

Clinical signs of illness are milder and more subtle in elderly patients. For example, myocardial infarction (heart attack) can occur without symptomatic chest pains. Additionally, various physiological systems decline with age in many, though not all, older people. Declines in kidney function, in particular, will alter responses to drugs.

### Ethical and Legal Issues Discussed

When dealing with persons with reduced mental competence, does their consent (to participate in a study) satisfy all moral and legal obligations of the researcher? How can the welfare of human subjects be protected while advancing the cause of scientific progress on their behalf? At what point should the line be drawn between safeguarding the rights of individuals and fulfilling our duty to society?

These questions spurred a panel discussion of bioethics in geriatric research at the annual meeting of the Gerontological Society of America held in San Antonio in late 1984.

The panel, sponsored by the NIA, addressed ethical and legal issues surrounding the judgment of individual competence, proxy decisionmakers, and patient protection. They also considered diverse aspects of informed consent by the elderly.

"Informed consent" is the process by which individuals agree to participate in research studies. The term implies that the prospective participant understands the conditions of the research and agrees to become involved of his/her own free will.

### Points Raised by Panel

Panel participants raised various points:

- Dr. Christine K. Cassel from the department of geriatrics and adult development at Mt. Sinai Medical Center presented ethical concepts from the perspective of a practitioner, reviewing the history of bioethics in research, the principles of informed consent as they affect the patient, and the obligations of the scientific community;
- Nancy Dubler from the department of social medicine, Montefiore Hospital and Medical Center, dealt with legal aspects of the consent process and the notion of "legally effective" informed consent.
- Dr. David Bentley, infectious diseases unit, Monroe Community Hospital in

Rochester, N.Y., discussed his research experience with elderly subjects and offered practical suggestions for obtaining informed consent.

Consent procedures are fairly forthright when dealing with competent volunteers, but no written guidelines exist for obtaining consent from mentally impaired subjects. Mental impairment can seriously reduce a person's capacity to provide informed consent. Many disorders of aging cause cognitive loss in the elderly. It is estimated that 50 percent of all institutionalized elderly persons suffer from some degree of cognitive deficit, making this population particularly vulnerable to exploitation.

Though the panelists differed on proposed methods, all agreed on the need to refine

### NIH Committee Sets Rules

Sensitive to the issue of protecting impaired subjects of research, NIH appointed a committee to draft a policy on informed consent. Although aging was not the focus of that committee's deliberations, their recommendations were unquestionably relevant to research involving elderly subjects.

The 13-member committee, chaired by Dr. John Fletcher, assistant for bioethics, Clinical Center, sought experts' advice in the fields of law, biomedical research, research ethics, social work, nursing, administration, and the ministry. The committee's final report, "Protection of Impaired Human Subjects of Research," was completed in October, 1984, and will serve as a guideline for NIH intramural investigators, following its clearance by the Medical Board of the Clinical Center.

certain aspects of the informed consent process. Specifically, the panelists expressed concern that current approaches deny the elderly the right to fully participate in—and to ultimately benefit from—research studies.

Dr. Cassel noted that the only way to provide better care for the elderly is to know more about the clinical disorders they face. This can be best accomplished through a true partnership in research, she indicated.

Prior to obtaining consent, it must first be determined that the potential subject is competent to make a decision on participating. For those of questionable competence, proxy decisionmakers such as next-of-kin or those with legally designated powers of attorney, can be considered. When the question of determining the best interests of the patient becomes problematic, the use of a "consent auditor" is suggested.

Cassel and Dubler favored an expanded role for Institutional Review Boards (IRB) which currently review grant applications to ensure that human research subjects are protected.

Under the proposed system, the IRBs would help investigators design research projects that ensure valid consent will be obtained from those with severely diminished abilities.

The panelists recognized that any conflict

of interest must be avoided in obtaining informed consent. Some have suggested that the primary care physician should not ask his patients to participate in his research project; rather researchers should use third-party approach with those patients to explain the project and solicit participation.

The panel concluded that empirical research is badly needed to provide data for evaluating competence of impaired research subjects.

The NIA is encouraging research on the elderly, their level of understanding, readiness to participate and recall; potential risks unique to elderly research subjects; innovative ways to increase the quantitative and qualitative outcome of informed consent, and attitudes of clinicians and researchers about the elderly. (See accompanying box on NIH actions on informed consent.)—**Claire McCullough** □



NIH Director Dr. James B. Wyngaarden (r) joined NIADDK Director Dr. Mortimer Lipsett (l) in welcoming Dr. Bruce Merrifield, winner of the 1984 Nobel Prize in chemistry, to NIH on Jan. 17. At an NIADDK reception for Dr. Merrifield and his family, Dr. Wyngaarden noted that Dr. Merrifield's development of solid phase peptide synthesis, the work for which he won the prize, "has opened up a vast amount of opportunities for the study of proteins." Dr. Merrifield, a grantee of NIADDK for 29 years, conducts his research at the Rockefeller University, New York City.



Rita Klopff (r), committee management assistant in the Division of Research Grants, is shown with Dr. Carl D. Douglass, DRG Director, at a retirement party in her honor on Jan. 23. Mrs. Klopff had more than 21 years of Federal service when she retired.

### Buyers' Guide Available

The 1985 Recreation and Buyers' Discount Book is now available at all R&W gift Shops and the Activities Desk, Bldg. 31.

Cost is 35 cents and includes discounts at selected hotels, sailing schools, dinner theaters, appliances, auto leasing, china/crystal, and many more services and products. □

## CYCLOTRONS

(Continued from Page 1)



This is a bird's eye view of the building that will house the Nuclear Medicine Department's two cyclotrons. The two covered rectangular "boxes" at the top of the picture are the vaults into which the cyclotrons will be lowered by cranes. Center Dr. can be seen just beyond the construction area.

build NIH a cyclotron in 1982, the Cyclotron Corporation of America missed its delivery date for the 46-Mev machine. Instead, TCC announced that it was in severe financial difficulty and had filed for reorganization under chapter 11 of Federal bankruptcy law.

"NIH was faced with either taking a \$2 million loss or working to salvage something," said Dr. Paul Strudler, administrative officer, who joined the Nuclear Medicine Department in mid-morass, April 1983.

A compromise was worked out. NIH would purchase a less expensive model—the CS-30—from TCC. This machine would still produce those four particles, but it would only have a 30-million electron volt capacity.

"We had to modify the contract in order to make it one TCC could perform and one that would meet our needs," expalined John Eaton, an intramural contracting chief in the Procurement Brach. "We took credit against the money already spent for the 46-Mev machine and received additional money for completion of the CS-30."

Since the original cyclotron was to be larger than the CS-30, it occurred to the Nuclear Medicine Department that two cyclo-

trons could be squeezed into the building being constructed. They asked the NIH administration to permit purchase of a smaller second machine as insurance so that the program's progress would not be hampered if the first cyclotron acquisition continued to be a problem. Administration officials agreed to the purchase.

The two cyclotrons will be lowered by a crane through hatches in the roof of the new facility. The smaller machine was due to arrive first. Constructed in Muroran, Japan, the cyclotron should have arrived as six large crates of parts on Feb. 6.

The large cyclotron, currently being tested in Berkeley, Calif., is scheduled to arrive here on Mar. 15.

It will take 3 months to install and test both cyclotrons. It is anticipated that the large one will be used to produce carbon<sup>11</sup> and nitrogen<sup>13</sup>, while the small one is scheduled to make oxygen<sup>15</sup>. This isotope, in gas form, will be piped directly from the B3 level to scanning rooms located above.

In addition to the cyclotrons, two new PET scanners have been ordered by NIH. □

## Care and Use of Miniature Pigs Topic of USUHS Research Seminar

A seminar on the care, handling, and use of the miniature pig in research will be held Thursday, Feb. 14, from 9 a.m. til noon, in Bldg. A, Lecture Room B of the Uniformed Services University of the Health Sciences.

Transportation to and from the seminar will be available at 8:30 a.m., leaving from the Motor Pool area at the rear of Bldg. 1.

The seminar is aimed at NIH investigators and technicians interested in the use of miniature swine in research, and is sponsored by the NIH Animal Research Committee.

The lecturer will be Linda Panepinto, department of physiology, College of Veterinary Medicine, Colorado State University. Ms. Panepinto will discuss "New Concepts in Laboratory Methodology for Miniature Swine," with a focus on comfortable, minimal stress techniques. Her easy, caring manner is changing the way in which laboratory pigs are reared and handled.

For reservations and further information contact the Interagency Research Animal Committee, 496-5424. □

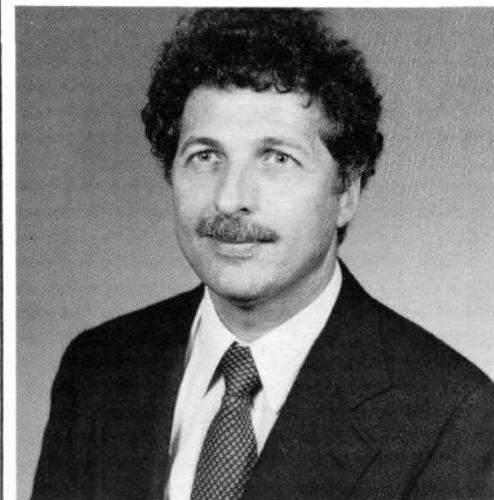
## Dr. E. L. Schneider Named Deputy Director of NIA

Dr. Edward L. Schneider has been named deputy director of the National Institute on Aging. Prior to his appointment, he was associate director of NIA for biomedical research and clinical medicine. As associate director, he promoted clinical research on aging as well as encouraged NIA's growing support of basic biomedical research.

He was previously director of the Davis Institute on Aging in Denver, Colo., where he also held positions as professor of medicine and biochemistry at the University of Colorado School of Medicine.

After receiving his M.D. degree from Boston University School of Medicine in 1966, Dr. Schneider was an intern and resident in internal medicine at the New York Hospital-Cornell University Medical Center.

He began his research career at NIH in 1968 as research associate at the National Institute of Allergy and Infectious Diseases. In 1973, following a position as research fellow in medical genetics at the University of California Medical Center in San Francisco, he served as chief of the cell aging program at NIA's intramural laboratories of the Gerontology Research Center in Baltimore until his move to the Davis Institute.



Dr. Schneider

While at the Gerontology Research Center, Dr. Schneider's laboratory provided many important findings related to the nature of the aging of human cells. He demonstrated that cells taken from older individuals had impaired abilities to divide and to repair DNA damage. In addition, he was a pioneer in the in the development of techniques for measuring DNA damage through the analysis of sister chromatid exchanges.

He is an adjunct professor of biochemistry at the George Washington University. He is a member of the American Society for Clinical Investigation and a fellow of the Gerontological Society.

Dr. Schneider has authored over 100 scientific papers, edited several books on aging, and is on the editorial boards of *AGE*, the *Journal of Gerontology*, *Mechanisms of Aging and Development*, and *Experimental Aging Research*. □

## New Infectious Agent Named as Cause of One Dementia; Possible Future Link to Alzheimer's Disease Suggested

A new infectious agent, the "prion," similar to the agent that causes the slow infectious disease scrapie in sheep, has been shown to cause a rare but fatal type of human senility, according to reports from University of California scientists.

In an article published Jan. 10 in the *New England Journal of Medicine*, virologist David Kingsbury of University of California, Berkeley; Kingsbury's graduate student, Jeffrey M. Bockman and neurologist Stanley Prusiner of the University of California, San Francisco and colleagues reported that they have found proteins similar to those which infect the brains of sheep, goats, and hamsters with scrapie in the brains of human victims of Cruetzfeldt-Jakob disease.

Cruetzfeldt-Jakob disease is a fatal degenerative neurological disease which recently achieved public attention as the cause of the death of famed choreographer George Balanchine.

Dr. Prusiner and colleagues named the smaller-than-the-smallest-virus protein infectious agent "prion."

It appears unusual in that it has no discernible (thus far) genetic material (DNA) by which other such agents reproduce themselves.

The scientists developed antibodies for Cruetzfeldt-Jakob disease which allow easy diagnosis of that ailment and may lead to easier diagnosis of other degenerative neurological ailments.

Dr. Prusiner predicts that the principles developed in the work on scrapie and discovery of the prion will also in time be applicable to the study of Alzheimer's disease and other senile dementias.

The work is supported in part by funds from the National Institute of Neurological and Communicative Disorders and Stroke and the National Institute on Aging as well as gifts from R. J. Reynolds Industries, Inc., Sherman Fairchild Foundation, and W. M. Keck Foundation.

Dr. Prusiner has been studying scrapie since 1974, using a hamster model for the

disease. In 1982 he and his UCSF coworkers isolated the infectious agent of scrapie, which appears to be composed solely of protein. He dubbed the agents "prions," and refers to the prion protein as "PrP."

In 1983, Dr. Prusiner, Dr. Michael McKinley and others at UCSF found that PrP proteins clump together in groups of approximately a thousand to form rods, which in turn aggregate into plaques indistinguishable from amyloid, a material commonly found in the brains of victims of senile dementias.

Because of the similarity between aggregations of prion rods and the amyloid plaques found in the senile dementias, Prusiner and his coworkers suggested a link between prions and diseases such as CJD and Alzheimer's disease.

Last month's report, however, was the first conclusive evidence that prions actually cause a disease other than scrapie.

Dr. Prusiner considers this work a major extension of studies he did in 1980 with Dr. William J. Hadlow, of NIH's Rocky Mountain Laboratory, showing CJD could be transmitted to goats to produce a disease clinically and pathologically identical to scrapie.

Dr. Prusiner suspects that prions also cause two rare human and two animal slow infectious diseases already known to be transmissible. Among these is kuru, which several decades ago was common among cannibals in New Guinea who ritualistically ate the brains of deceased relatives.

Slow infections typically have incubation periods from months to decades, but progress rapidly to death after the first symptoms appear. Dr. Hadlow was the first to draw a connection between kuru and scrapie in 1959.

Although they have suggested a link between prions and Alzheimer's disease, the UCB and UCSF teams have yet to find any cross-reacting substances in the brains of victims of that disease.

Because prions apparently contain no genetic material, their means of reproducing remains a mystery. □

## NIH Police and Fitness Center Team Together To Sponsor Fundraiser for Mentally Retarded

The NIH Fitness Center will hold a LiftAmerica event on Mar. 27, 10 a.m.-7 p.m. in Bldg. T-39, the Fitness Center to raise funds for the mentally retarded.

LiftAmerica is a nationwide fundraising program based on community lift-a-thons.

The program helps support Special Olympics for mentally retarded athletes and the National Strength and Conditioning Association's continued sports science research and education.

LiftAmerica is the first national fundraising program to emphasize strength training and conditioning. This local lift-a-thon is jointly sponsored by the NIH Police and the NIH Fitness Center.

Participants secure pledges based on their tested performance in a specific exercise. Exercises can include bench press,

pushups, situps, bicycle riding, rope jumping, etc., and involve a training period.

Pledges are based on the maximum number of repetitions, miles, or minutes. After the event, LiftAmerica then collects the pledges by mail. Participants also receive incentive awards based on pledges collected.

The NIH Lift-a-thon is open to any NIH employee or family member over 16 years of age.

Individuals who want to participate in LiftAmerica should contact James Koerber, NIH Police Department, 496-3211, or Janet Vizard, NIH Fitness Center, 496-TRIM.

Be part of LiftAmerica at NIH by taking part or pledging a donation. □

A man is a reasoning rather than a reasonable animal.—*Alexander Hamilton*

## PDQ

(Continued from Page 1)

PDQ in its current format first became available last spring to subscribers of a computerized database (MEDLARS) at the National Library of Medicine. More than 2,000 medical libraries and health care institutions, as well as individual physicians, already have access codes to PDQ through NLM. NCI used the first year of operation as a test period to hone the database software and perfect the database content.

Beginning this month, PDQ will be available to a larger number of physicians from BRS/Saunders, a private database company. BRS/Saunders, which recently signed an NCI license agreement to carry the database, is offering PDQ to physicians on its colleague system.

Unlike the NLM database, which is accessible only 11 hours weekdays and 8 hours Saturdays, BRS/Saunders allows thousands of physicians to access PDQ simultaneously for 22 hours a day Monday through Saturday and 17 hours on Sundays.

NCI is also negotiating licensing agreements with other database companies.

On the NLM database, PDQ information is formatted so that physicians can easily and rapidly find what they need to know about a particular cancer. The system prompts the user to make one or more selections from a series of menus designed to facilitate searching.

"Private companies may format PDQ information differently from the NLM system," Dr. DeVita said. "However," he added, "the key elements of PDQ will always be the same: up-to-date information on an easy-to-use system. Users can select whichever information delivery system they find the most practical. Like NLM, all private vendors must agree to update the database each month with the latest information supplied by the PDQ editorial board."

The information in PDQ is designed for physicians. Cancer patients and other lay persons can obtain cancer treatment information by calling NCI's nationwide Cancer Information Service on the toll-free number 1-800-4-CANCER. Trained counsellors respond to patient inquiries by using multiple resources.

A physician who wishes to learn more about or subscribe to PDQ through NLM MEDLARS system may write to the PDQ Information Coordinator, R.A. Bloch Bldg., Rm. 105, Bethesda, MD 20205. Information about subscribing to PDQ from BRS/Saunders can be obtained by calling 1-800-468-0908. In Pennsylvania or Canada, physicians should call collect 1-215-527-4155.

As a way of introducing PDQ to the Nation's medical community, the PDQ press conference and a 13-minute film demonstrating the database were carried live to nearly 200 hospitals by Hospital Satellite Network. HSN is a year-old television network offering educational programs through hospitals to physicians, nurses, administrators and patients. □

There are three things which are real: God, human folly and laughter. Since the first two pass our comprehension, we must do what we can with the third.—*Aubrey Menen*

## NIH Could Save \$1 Million On Postage, Surveys Show

An exercise of increasing importance at NIH is the search for ways to reduce cost—to continue necessary and desirable operations under reduced budget allocations. Reducing personnel ceilings, cutting travel allowances, decreasing the number of planned conferences, organizational changes and many other means of cost reduction are being scrutinized in this effort.

However, an additional, but seldom considered, way of saving dollars is also readily available. That is **mail management**.

An example of the value of a functional mail management program is shown by recent plans of an NIH program area to mail out some 5 million mail items in response to a health campaign advertisement. The plans included using first class postage for the large volume of prepackaged mail items.

The mail cost per item would have been 37¢ each using first class, or a \$1.85 million total postage bill.

However, mail management officials became involved and focused attention on the fact that this mail could be accomplished at approximately one-third the cost, using third class bulk postal rates.

Delivery times would vary only by a day-or-so. So the program officials opted to save a million dollars and readily cooperated in the redesign of mailing for this single job.

The Mail Management Program was introduced several years ago for the purpose of assisting BIDs and programs in the use of U.S. postal services. As a part of the program, mailing initiatives were introduced to emphasize the need and ways of reducing postage cost. One of these initiatives involved asking NIH program officials, who plan and mail out large volumes of mail, to use lower classes of mail postage.

The initiative pointed out that 200+ letters, weighing 1 ounce, presorted and in zip code order, could be mailed at the third class bulk rate of 11¢ per letter compared to a first class rate of 20¢ each.

Most NIH voluminous mailings, which overall have averaged some 10,000 or so letters each and constitute the larger portion of outgoing NIH mail, could be mailed at the third class bulk postage rate and thereby save a third or more of NIH's annual postage cost.

Another area of mail operations where use and cost are excessive is express mail. There are many mail items that require express service; however, BID development and use of a review program on mail use, especially express mail, would show that the actual need for express services would be less than half its present use.

The FY 1985 mail management initiative, recently announced by NIH memorandum, deals with the need to develop a systematic approach to mailing packages, using special fourth class postage rather than the commonly used and more expensive priority class of mail postage. This is another means of reducing postage cost considerably.

Mail cost reports are prepared and provided by the Travel & Administrative Services Branch each quarter to inform the BIDs of their spending for postage. Again, with present budget constraints, these reports should

## SENATOR HILL

(Continued from Page 1)

in 1923, he entered the U.S. Congress, later moving to the Senate in 1938, where he served until his retirement in 1968.

In tribute to Sen. Hill, Joint Resolution 193 creating the Lister Hill National Center for Biomedical Communications was passed and signed into law by President Lyndon Johnson on Aug. 3, 1968. This new Center, to be constructed as a part of the National Library of Medicine, was in the words of Senator John Sparkman, "to perpetuate the name of the man who has done so much for the health of the Nation, who has exhibited an abiding concern for . . . libraries in general and the NLM in particular."

In May of 1980, the Lister Hill Center was dedicated and then Secretary of the Department of Health and Human Services, Patricia Harris, in her speech at the ceremony, stated: "This building is a fitting tribute to a man who cared deeply about the health of the American people—a man who made that concern his special interest through his years of public service."

Sen. Hill not only cosponsored (with Senator John F. Kennedy) the legislation that created the National Library of Medicine by transferring the Armed Forces Medical Library to a civilian department, he also sponsored the original bill which established the National Institutes of Health.

Over the years Sen. Hill maintained a deep interest and knowledge of the Library's programs and a keen insight into the problems of biomedical communications. "We must," he said, "develop a communications system so that the miraculous triumphs of modern science can be taken from the laboratory and transmitted to all in need." Those words, so appropriate to the NLM mission, are engraved in marble in the Library's building named in his honor.

be useful and help in identifying means of cutting costs.

With the Feb. 17 scheduled increase in postage, NIH can expect its annual postage cost bill to exceed \$4 million. With combined mail management efforts \$1 million should be saved and directed to better use. □

### Johns Hopkins Scientist to Lecture At NLM on Pharmacology-Toxicology

NIH staff are invited to a lecture titled "Predictions of Pharmacology and Toxicology by Quantum Chemical and Other Theoretical Techniques," to be presented by Dr. Joyce Kaufman at the National Library of Medicine on Thursday, Feb. 21, at 10:30 a.m.

Dr. Kaufman is principal research scientist, department of chemistry, Johns Hopkins University.

The lecture will be held in NLM's Billings Auditorium, Bldg. 38, B-1 level. For further information, contact Dr. Kenneth Collins, 496-1131. □

### Followup Discussion Possible

If you are interested in a followup discussion group on "Love and Addiction," call Rachelle Selzer, chief, mental health counselor of the Employee Counseling Services, 496-3184. □

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