

The NIH Record

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National
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of
Health

Commemorative Stamp Honors NIMH Scientist



Nobel Prize winner Dr. Julius Axelrod of the National Institute of Mental Health is the first NIH scientist to be honored on a Swedish Postage Stamp. He shares the honor with two other scientists, Prof. Ulf von Euler of Sweden and Sir Bernard Katz of England. The three men were awarded the Nobel Prize in Medicine or Physiology in 1970 for their independent research into the chemistry of nerve transmission.

Dr. Robert Gallo and 3 Japanese Scientists Share Hammer Prize for Cancer Research

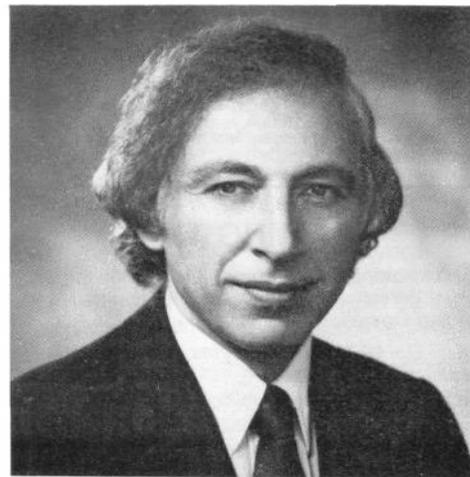
Dr. Robert C. Gallo, chief of the Laboratory of Tumor Cell Biology in the National Cancer Institute, has been awarded the 1984 Hammer Foundation Cancer Research prize along with three Japanese scientists.

Dr. Gallo was awarded \$50,000—half the \$100,000 prize—and three other scientists will share the remainder.

The three Japanese scientists are: Yorio Hinuma, professor at the Institute for Virus Research, Kyoto University; Isao Miyoshi, Kochi Medical School; and Kiyoshi Takatsuki, Kumamoto University School of Medicine.

The award was presented Feb. 11 at a luncheon in Los Angeles by Dr. Armand Hammer, chief executive of the Occidental Petroleum Corporation who is currently serving a third term as chairman of the President's Cancer Panel.

The independent work of the award recipi-



Dr. Gallo

CONSENSUS CONFERENCE

Avoid Drugs to Prevent Travelers' Diarrhea; Prompt Treatment Is Best and Safer Method

By Judy Murphy

An NIH consensus panel recently advised travelers against taking medication to prevent diarrhea while traveling abroad. Rather, it recommended that antibiotics or certain over-the-counter products be used for rapid relief of symptoms after they occur, limiting diarrhea in most cases to 30 hours or less.

More than one-third of the 8 million Americans visiting developing countries each year develop diarrhea, the most common health problem encountered by these travelers.

The consensus conference on travelers' diarrhea, held at NIH Jan. 28-30, was sponsored by the National Institute of Allergy and Infectious Diseases and the Office of Medical Applications of Research. The meeting was attended by more than 250 epidemiologists, gastroenterologists, representatives of the Armed Forces, and members of the travel industry, among others. Participants heard presentations by experts in diarrheal disease, including travelers' diarrhea.

Travelers' diarrhea is caused by a wide range of infectious agents transmitted primarily through contaminated food or water. Although it is rarely life-threatening, travelers' diarrhea can cause considerable discomfort,

days in bed, and restricted activity.

Tourists traveling beyond their nations' borders spend more than \$100 billion annually. The economic costs of travelers' diarrhea are therefore substantial due not only to medical costs but also to lost tourist dollars. Fear of illness is reported to be a major deterrent to travel in developing countries.

A number of antibiotics are available today that can prevent or ameliorate travelers' diarrhea, but questions have been raised as to whether the benefits outweigh the risks inherent in the use of such drugs, which medications are effective, and whether the drugs should be used as prophylaxis or treatment.

The panel concluded that treatment begun early after the onset of symptoms and continuing for 2 to 3 days is preferable to the prophylactic (preventive) use of antibiotics, which requires a 2- to 3-week course of the drug and increases the risk of adverse drug reactions.

The symptoms of travelers' diarrhea include a twofold or greater increase in frequency of unformed bowel movements, abdominal

ents and their subsequent collaboration has established a direct causal relationship between the adult T-cell leukemia virus and adult T-cell leukemia, Dr. Hammer indicated.

In presenting the award, Dr. Hammer added: "The work of these distinguished scientists is important because for some years it has been known that certain tumor viruses can cause naturally occurring leukemias and lymphomas in a number of animal species. Until the time of the discoveries we are recognizing today, none of these tumor viruses causing leukemias and lymphomas in animals had been linked to human leukemias and lymphomas.

"It was in 1979 that Dr. Gallo's laboratory isolated the first human leukemia virus from the 'T' lymphocytes of certain forms of adult leukemias and lymphomas. The virus was first found in an American patient, and later in close association with clusters of similar cancers in southwestern Japan.

"The work of Dr. Gallo, Dr. Hinuma, Dr. Miyoshi and Dr. Takatsuki is providing new and valuable insights into the nature of the devastating group of diseases we call cancer. It is an impressive example of dedication, persistence and hard work combined with scientific insight.

"Another very significant aspect of the research," Dr. Hammer continued, "is the fact

(See TRAVELER'S D, Page 9)

(See GALLO, Page 11)

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.

	Course Starts	Deadline
<i>Administrative Systems</i> (Call 496-6211)		
Basic Time & Attendance	4/11	3/28
Delpo (for new users only)	4/8	3/25
<i>Technical/Occupational Related Training</i> (Call 496-6211)		
Computer Literacy for Secretaries and Office Support or Personnel	3/12 3/14	2/21 2/21
Programs (Call 496-6211)		
<i>Adult Education Program</i>		
<i>Training and Development Services Program</i>		
<i>Executive, Management and Supervisory</i> (Call 496-6371)		
Communication Issues	3/26	3/8
Supervising in the Federal Wage System	3/11	2/22
Supervising the Clerical & Support Staff	3/25	3/8
Capitol 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 Skills	4/22	4/5
	5/2	4/5
	5/6	4/5

Chamber Orchestra Concert, Mar. 9

The R&W Chamber Orchestra will present a concert featuring Meir Rimon, principal horn of the Israel Philharmonic, on Saturday, Mar. 9, at 3 p.m., in the Masur Auditorium, Bldg. 10, Clinical Center. Buy tickets at R&W. □

OMS Director Leaves NIH; Joins Nat'l Health Services

Dr. Julio Rivera, director of the NIH Occupational Medical Service, Division of Safety, left NIH Feb. 1 to join the National Health Services Inc.

Before coming to NIH, Dr. Rivera had served as an occupational medical officer for the Navy for 20 years in a program which focused on the medical and health implications associated with submarine, diving, industrial, environmental, hospital, and radiological exposures.

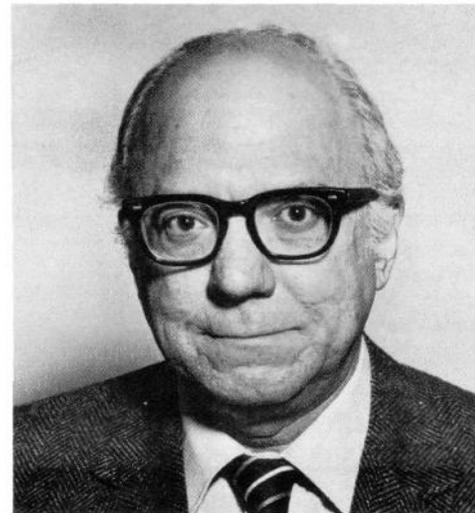
He was attracted to the position as the director of OMS because of the technical overlap between the occupational medicine program at NIH and the Navy, the broad range of responsibilities, the large staff and the complex variety of potential hazards in every NIH job classification.

The knowledge and experience gained at Navy was an invaluable resource when he and his colleagues at OMS began designing medical surveillance programs for NIH workers exposed to asbestos, PCB, ethyloxide and chemical carcinogens.

Among notable achievements in medical surveillance program design and implementation spearheaded by Dr. Rivera and his colleagues at OMS was the development of a program to monitor chemical carcinogens which accompanies the NIH medical surveillance program and guidelines. This model program has been adopted and implemented by numerous other government agencies as well as by the private sector.

Dr. Rivera names two significant events during his career at NIH which fostered his continued interest in practicing occupational medicine at NIH.

The first occurred when OMS administratively joined the Division of Safety in 1981. This allowed for greater technical exchange between the various DS branches which see



Dr. Rivera

and respond to the myriad of technical problems concerning fire, chemical, occupational and environmental safety.

The second event was OMS' move to the ACRF in Bldg. 10. Because of its proximity to Clinical Center clinicians, OMS enjoyed a broad exchange of ideas and technical expertise. In turn, Dr. Rivera offered his expertise by serving on several CC committees such as the Infection Control and, the CC Safety and Disaster Planning Committee.

Dr. Rivera will serve as a senior consultant in occupational medicine for the National Health Services Inc. which currently provides the contract service for OMS. Dr. Rivera will continue to consult with NIH's OMS through clinical and administrative troubleshooting.

Dr. Barbara Wasserman, previously assistant medical director for OMS, will now serve as medical director. □

Barcodes on NIH ID Cards To Replace Library Cards

NIH Library cards are now being replaced by barcodes attached to the back of NIH ID cards.

The NIH Library is making the change as part of the new automated circulation/catalog system that will go into operation soon. Current NIH Library cards will be invalid in that system.

To expedite the change, library staff members are available at a table near the circulation desk Feb. 25-Mar. 22, Monday through Friday, 8:30 a.m. to 5 p.m., ready to attach barcodes to ID cards of current NIH Library cardholders.

If you wish to continue as a library cardholder, please bring in your current NIH ID according to the following schedule:

Last Name	Week to Report
A thru F	Feb. 25-Mar. 1
G thru J	Mar. 4-8
K thru M	Mar. 11-15
N thru Z	Mar 18-22

If you are unable to visit the library at the scheduled time, feel free to ask for a barcode at any time there is no line at the table.

The barcoded NIH ID is not transferrable to non-NIH personnel to obtain library services.

The card, with a memorandum of permission, may be given to NIH staff doing library work for the cardholder, but the staff person will also be required to show his/her NIH identification card. Any questions about this procedure should be directed to the head of the circulation unit (496-5611).

New applicants for NIH Library privileges should continue to apply at the circulation desk.

Overdue Items

Library staff and the NIH Library Advisory Committee have agreed on two procedural changes on overdue items. These changes appear in a list of "Library Privileges and Responsibilities" distributed to patrons as they receive their barcoded ID card.

The two new procedures are as follows:

- Overdue notices are sent 7 days, 21 days, and 84 days after an item is due. The third notice will also be sent to the borrower's supervisor.

- A borrower with six overdue items, or one overdue item recalled for another borrower, will not be permitted to borrow until the overdue material has been returned. □

SECURITY WATCH

■ OFFICE ■ LABORATORY □ OTHER
■ HOSPITAL □ PERSONAL

New Access Rules Adopted for ACRF Garage To Improve Security After Hours, Holidays, Etc.

The NIH Division of Safety in collaboration with the Clinical Center has been studying ways to improve security measures in and around the CC and the Ambulatory Care Research Facility. There has been particular concern about uncontrolled access to the ACRF garage at night.

Beginning Monday, Mar. 4, the following changes will be made to improve security and protection:

All vehicles entering or exiting the ACRF garage between 7 p.m. and 6 a.m., Monday through Friday, and weekends and holidays, must do so at the P-3 entrance, via Memorial Rd., at the east end of the garage. The Police booth at the P-3 entrance will be staffed 24 hours a day.

At 7 p.m., Monday through Friday, the P-1 entrance located at the west end of the garage from Convent Dr., and the P-2 entrance, located at the east end of the garage from Memorial Rd., will be closed by chain link gates.

New Publication Started On NIH Security Issues

A new publication which will deal with security issues at NIH has been announced by the Protection and Security Management Branch of the Division of Safety OD/ORS. "Security Watch" will be published monthly and distributed desk to desk.

The objective of Security Watch is to inform NIH employees how to take preventive action on security problems occurring in the office, laboratory, and hospital. Practical advice is given on how an employee can prevent security problems, or if one occurs, how to handle the problem, and where it should be reported.

The first issue of Security Watch entitled, "Equipment in the Office or Laboratory" explains how to better secure office, laboratory and hospital equipment.

The Division of Safety and PSMB welcomes your interest in security issues at NIH. To suggest topics for future issues of Security Watch and the poster program, call 496-2801. □

FAES Offers 30 Grants of \$500 For Summer Student Research

The FAES will award 30 grants of \$500 each to students conducting research at the NIH this summer. High school, undergraduate, graduate and medical students who work for a minimum of 8 weeks are eligible.

Applications are available in the FAES office, Bldg. 10, Rm. 2C207A. Completed applications including a description of the research to be performed and the supporting statement from the NIH sponsor must be received by Apr. 1. Awards will be made May 1. □

The interior barriers separating the P-1 and P-2 levels, and the P-2 and P-3 levels, will also be removed at 7 p.m. to allow vehicles uninterrupted travel throughout all three levels of the garage.

At 6 a.m., Monday through Friday, the gates will be opened and the interior barriers replaced.

On weekends and holidays, the only vehicular entrance to the garage will be at the P-3 level, via Memorial Rd. There will be no interior barriers separating the three levels of the garage during those times.

As a result of the changes described above, all vehicles entering or exiting the ACRF garage after the usual working hours will travel directly past the Police booth. A police officer will be present to monitor vehicles, and to provide assistance and information as necessary.

For additional information, contact the NIH Police Section, Bldg. 31, Rm. B1A04, 496-5685. □



STEP Presents Seminar, Mar. 14

The Staff Training in Extramural Programs Committee will present Module 1—Seminar IV on computer capabilities and program administration in the Lister Hill Auditorium, Bldg. 38A, on Thursday, Mar. 14, from 1:30 to 4:30 p.m.

No advance registration is required; registration will begin at 1 p.m. All extramural staff are invited to attend.

For additional information, call 496-1493. □

NIH Police Crack Down On Unpaid Tickets, Fines

NIH employees are advised to pay their parking tickets promptly. Recently Congress passed a bill enabling magistrates of U.S. District Courts nationwide to collect an additional \$25 assessment fee from any individual found guilty of a misdemeanor or criminal act. The fee will be assessed for all failures to pay parking tickets or other violations which occurred after Oct. 12, 1984.

The \$25 fee will benefit victims of crime acts under the Federal Victim Relief Fund established by the Comprehensive Crime Control Act of 1984, Public Law 98-473, Chapter XIV, Victims of Crime Act 1984.

The assessment fee can be avoided by paying the fine within the 15 days after receiving the violation, or by paying it prior to appearing before a magistrate. If these options are ignored and the individual fails to appear in court, he or she may be faced with the following consequences:

- An increase in the original fine. After 15 days, the fine is scheduled to appear in court. If he/she fails to appear, the original fine doubles. If that fine is not paid, a warrant for arrest is issued and the fine is tripled. The warrant must be satisfied immediately or the person could be picked up by the U.S. Marshal, transported to Baltimore, and jailed.

- No receipt of vehicle registration application. If the original fine for the misdemeanor (parking ticket) is not paid, the registration application for that individual is flagged by the Motor Vehicle Administration, and that person will not receive a vehicle registration application.

According to the office of Magistrate James J. Lombardi, U.S. District Court, Baltimore, who presides over the Bethesda jurisdiction, there are more warrants issued at NIH than at any other station in the state. Capt. Howard S. Davenport, NIH Police, says there are currently 20 warrants for arrest issued for NIH employees. □

E, F and G Parking Permits Must Be Renewed in March

General parking permits for NIH employees whose last name begins with E, F, or G must be renewed during March.

Employees may renew parking permits any workday at the NIH Parking Office, Bldg. 31, Rm. B1C19, between 8:30 a.m. and 3 p.m. Parking permits will also be available as follows:

- Blair Bldg., Wednesday, Mar. 13, 1 to 2 p.m., Conf. Rm. 110
- Federal Bldg., Wednesday, Mar. 20, 1 to 2 p.m., Conf. Rm. B119
- Landow Bldg., Wednesday, Mar. 20, 2:30 to 3:30 p.m., Conf. Rm. C
- Westwood Bldg., Wednesday, Mar. 13, 9 to 11 a.m., Conf. Rm. 3

Affected employees will receive a memo about the upcoming renewal providing specific instructions to obtain replacement permits. Employees with preferential (red) or carpool parking permits whose last name begins with E, F, or G need not obtain new parking permits during March.

New March general parking permits must be displayed beginning Monday, Apr. 1. □

NIH Will Observe March as National Nutrition Month With Emphasis on 'Ways and Whys of Weight Control'



As part of the "Resolutions" campaign sponsored by the Woodward and Lothrop stores, the "Eat Well, Be Well II" series was shown at all 16 stores during January. Karen A. Donato (l), an NIH nutritionist and cochairperson of the NIH-Nutrition Coordinating Committee's Subcommittee on Nutrition Education, was present at a number of stores in order to answer any questions on the nutrition information in the videotapes, and to offer samples of the featured recipes.

Photo by Sally Dunkerson

Dieting is an obsession for many Americans but national surveys indicate that obesity is still widely prevalent among both children and adults.

Activities planned for March—National Nutrition Month—at NIH will emphasize proper ways to lose weight (diet and exercise) and explain reasons why maintaining a "desirable weight" is important.

NIH-supported investigators have shown obesity to be a significant independent predictor of cardiovascular (heart) disease, and a risk factor or associated with a number of other diseases including diabetes, hypertension, complications of pregnancy, osteoarthritis, and some cancers and infections.

A workshop on body weight, health and longevity sponsored by the NIH Nutrition Coordinating Committee and the Centers for Disease Control in 1982, concluded that in the U.S. persons with below average weights tend to live longer, if such weights are not a result of illness or a history of significant medical impairment.

Overweight persons tend to die sooner than average-weight persons, particularly those who are overweight at younger ages.

The following activities to address the "Ways and Whys of Weight Control" during National Nutrition Month are sponsored by the NIH-NCC and its Subcommittee on Nutrition Education, the Occupational Medical Service, the Recreation and Welfare Association, NIH Fitness Center and GSI Cafeteria Service.

3-Part Videotape

OMS will present a 30-minute videotape entitled "The Fit or Fat Test" and a three-part 45-minute slide/tape program on "Dangerous Dieting" at the following locations and times: "The Fit or Fat Test": ACRF Amphitheater, Monday, Mar. 11, 11:30 a.m. and 12:15 p.m.*; Poolsville T-8, Tuesday, Mar. 12, 2 p.m.;

Bldg. 1, Wilson Hall, Thursday, Mar. 14, 11:30 a.m. and 12:15 p.m.; Bldg. 38A, Rm. B1N30B, Thursday, Mar. 14, 11:30 a.m. and 12:15 p.m.*; Federal Bldg., Rm. B119, Wednesday, Mar. 20, 11:30 a.m.*

(*NIH Fitness center personnel will present a special seminar on the importance of exercise at these sessions.)

"Dangerous Dieting": ACRF Visitor Center, Little Theater, Monday, Mar. 4, Tuesday, Mar. 5, 9 a.m.—4 p.m. continuous; ACRF, Rm. 6C306, Wednesday, Mar. 6, Thursday, Mar. 7, 9 a.m.—4 p.m., continuous, 5:30—9:30 p.m.; Westwood Bldg., Rm. 28, Monday, Mar. 11, 9 a.m.—4 p.m. continuous; Federal Bldg., 5C01, Wednesday, Mar. 13, 9 a.m.—4 p.m. continuous; Blair Bldg., Rm. 110, Friday, Mar. 15, 9 a.m.; Bldg. 13, Rm. G901; Tuesday, Mar. 19, 9 a.m.—4 p.m. continuous; Landow Bldg., Rm. 7B01, Thursday, Mar. 31, 9 a.m.; Bldg. 31, Rm. B2B57, Monday, Mar. 25, 2:30 p.m.; Bldg. 38A, Rm. B1N14A, Wednesday, Mar. 27, 2:30 p.m.

Special Prizes

Special prizes will be awarded by R&W and GSI Cafeteria Service to winners of the "Nutritional Pursuit" quiz (distributed desk-to-desk to NIH employees) at the sites of the "Fit or Fat Test." At each of these locations, besides films and videotapes, information will be provided on a special 12-week weight loss program available to NIH employees through OMS.

This special program offers sound nutritional advice to help you lose weight safely without special gimmicks, supplements or foods under the supervision of OMS health professionals.

The GSI Cafeteria Service also plans to help dieters stick to their weight-loss program by offering "lean lunch and breakfast bunch" specials that will specify calorie count. Calo-

ries for salad bar toppings and other special entrees will also be posted in all of the NIH cafeterias on campus.

A special seminar on "Body Weight and Health" will be given by Dr. Artemis P. Simopoulos, NCC chairman, on Friday, Mar. 8, in Bldg. 31, Conf. Rm. 9, 12-1 p.m.

The "NIH-NCC Nutrition Research Exhibit" will be on display at the ACRF Visitors Center. Copies of the NIH pamphlet, *Nutrition Research at the National Institutes of Health* will be available at the exhibit site.

All nutrition pamphlets currently available to the public from the various Institutes will be displayed for pickup at the publications area of the Visitors Center.

Diet Contest

OMS, with the assistance of the NCC Subcommittee on Nutrition Education, is also planning to sponsor a "Weight Loss Competition" among various Institutes and Divisions beginning in April. Details on this competition will be available during March through OMS to all interested persons.

Plan to attend National Nutrition Month activities and learn more about the "ways and whys of weight control." Get help in shedding those extra pounds that may have accumulated during the long winter months. □

Pediatric Branch Sponsors Benefit For 'Kids at the NCI', Mar. 16-17

The Pediatric Branch, National Cancer Institute, will sponsor Katherine Mizell's Model-

Katherine Mizell's
MODELLING MOPPETTS & STAGE II'S
Sixteenth Annual Bunny Benefit
presents
THE
"Cotton-Tail Circus"
with Special Guest
"T-BEAR"

SATURDAY MARCH 16
at 7:00 PM
& SUNDAY MARCH 17
at 2:30 PM
in the
NIH-CLINICAL CENTER
BUILDING-10
NATIONAL INSTITUTE OF
HEALTH-BETHESDA, MD.

tickets - \$ 2.50

TO BENEFIT PEDIATRIC ONCOLOGY
PROCEEDS DONATED TO "KIDS AT THE N.C.I."
NATIONAL CANCER INSTITUTE-PEDIATRIC BRANCH

FOR TICKETS or MORE INFORMATION:
call 279-0083 or 279-0307 by MAR. 11

ling Moppetts & Stage II's Sixteenth Annual Bunny Benefit, presenting the "Cotton-Tail Circus" with special guest "T-Bear" on Saturday, Mar. 16, at 7 p.m., and Sunday, Mar. 17, at 2:30 p.m., in Masur Auditorium, Bldg. 10, Clinical Center.

Tickets cost \$2.50. All proceeds will be donated to "Kids at the NCI" Pediatric Oncology Branch.

For tickets and more information call 279-0083 or 279-0307 by Mar. 11. □

Obesity Is a Disease That Can Kill, Conferees Conclude

"Obesity is a killer. It is a killer as smoking is," says Dr. Jules Hirsch, a professor and senior physician at Rockefeller University and the panel chairman of the recent NIH consensus development conference on the Health Implications of Obesity.

Based on the scientific evidence that was presented at the conference by medical experts in the field of obesity, a 14-member consensus panel concluded that people who are 20 percent or more over their desirable weight should be considered obese. Approximately 34 million Americans fall into this category, and for these people, Dr. Hirsch said, "Treatment is strongly advised."

Millions of Americans are constantly waging a battle of the bulge to shed excess weight so they can look and feel better about themselves. Although a better cosmetic appearance is the driving force for many people to lose those extra pounds, there is overwhelming evidence that obesity has adverse effects on one's health and longevity, the conferees concluded.

"We want the American people to know that obesity is an illness. It is not a state like loneliness. It is a disease," Dr. Hirsch said. Obesity, which is defined as an excessive storage of energy in the form of fat, has been clearly associated with diseases such as type II (maturity onset) diabetes, hypertension (high blood pressure), hypercholesterolemia (high cholesterol blood levels), certain cancers, and certain other medical problems.

The panel also pointed out that many people who are as little as 5 to 10 pounds over their desirable weight may also be at an increased health risk.

As a guide for determining desirable weights, the panel suggested that the 1959 Metropolitan Life Insurance weight tables, and in some cases the 1983 charts, are useful for establishing obesity and determining approximate health risks.

The panel noted that neither table is an

ideal measure of obesity because a person's age and percentage of body fat are not taken into account.

However, the panel recommended that physicians also use the body mass index (BMI) formula as an additional test for obesity. To determine the presence of obesity using the BMI formula, the weight of a person in kilograms is divided by the square of the height in meters. According to the panel, a person whose BMI is above 26 suffers from "medically significant obesity."

Results of studies conducted both in the United States and in Sweden have shown that the *location* of body fat may be just as important as the *amount* of fat in determining the health risks associated with obesity.

Although scientists do not yet fully understand the mechanisms involved, it has become clear that fat cells located in the upper body—especially in the abdominal area—exhibit greater adverse metabolic activity and may pose a more serious threat to health than fat cells found in the thighs, hips, and buttocks. Thus, the panel members agreed that a person with a "pot belly" may be in more serious danger for developing complications from obesity than someone with a wide bottom.

The panel recommended that new tables be developed that not only take into account a person's height and weight, but also fat cell distribution, which can be described by the ratio of a person's girth at the waist to that at the hips.

Speaking on behalf of the consensus panel, Dr. Hirsch said future research in obesity should include the search in infants and children for biologic markers that might serve as predictors of adult obesity. Because less is known about the health risks of obesity in children, Dr. Hirsch said that overzealous or misplaced treatment of childhood obesity could possibly do more harm than good.—**Bill**

Hall □

STEP Forum Will Present Video Teleconferencing

The STEP Forum Series will present "Video Teleconferencing—Is the Technology Ready for NIH?" on Tuesday, Mar. 5, from 1:30 to 4 p.m. in Wilson Hall, Bldg. 1. The guest will be Polly Rash, vice president of SatServ, Services by Satellite, Inc.

The forum will include displays, demonstrations, discussions, and dialogues on the capabilities, utilities and costs of video teleconferencing in relation to the NIH needs.

Possible applications of video teleconferencing include the face-to-face interactions associated with the peer review process—site visits, study section meetings, and national advisory councils.

Many Uses

Other NIH-related activities that could be accomplished through video teleconferencing include providing information about programs and issues such as small businesses, minorities, academic research enhancement, AIDS, animal welfare, human subjects, scientific ethics, national research resources, medical appli-

cations of research, grantsmanship, changes in PHS policies, requests for proposals, contracts, etc.

Workshops and conferences could be presented at a single site—for example—Bethesda and distributed by satellite to the entire United States reaching medical schools, universities, hospitals, and other locations including businesses and public access studios if needed.

Case Studies

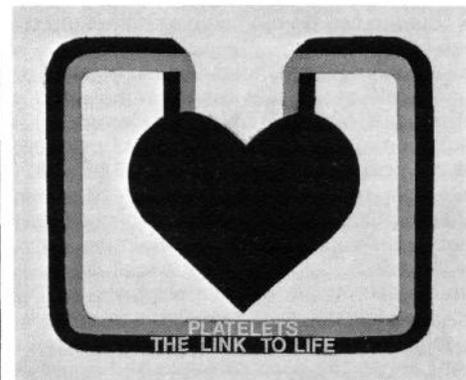
In addition to specific NIH possibilities, Ms. Rash will present video case studies on medical training and research, as well as those involving other government agencies already using this technology. She will present a suitable mix of history, work with a provocative balance of success and horror stories.

STEP forums are open to all NIH professional and support staff. For more information call Arlene Bowles, STEP Program Office, Bldg. 31, Rm. 1B63, 496-1493. □

Senior Wins Logo Contest At Plateletpheresis Center

Launching a new recruiting campaign for volunteer donors, the NIH Plateletpheresis Center recently sponsored a "Design Our Logo" contest at the Montgomery County Public Schools Visual Arts Center.

The winning logo was designed by Cari McBroom, a senior at Albert Einstein High



School in Kensington. Miss McBroom is the daughter of Dr. Cheryl Reichert, a pathologist in the Clinical Center.

Her effort, entitled "Platelets—the Link to Life"—earned her a \$75 U.S. Savings Bond, which was presented by Gail Carter, director of the Plateletpheresis Center.

Susan Chamberlain, a senior at Northwood High School, received honorable mention and a \$25 gift certificate.

The NIH Plateletpheresis Center, located in trailers adjacent to the CC Blood Bank, began its second decade of service in April 1984. Functioning under the auspices of the Department of Transfusion Medicine, the center is charged with providing all the platelets needed for transfusion at the CC.

With the assistance of modern, efficient cell-separating machines and the current recruitment campaign, the center is optimistic about meeting its goals for 1985.

"NIH employees are essential to the platelet-donor program because of their proximity to the Clinical Center and their willingness to donate, especially in case of emergency," said Ms. Carter. "However, the need for platelets far exceeds the present employee-donor population."

Approximately 50 volunteer apheresis donors are required to meet the present demand of 500 units of platelets each week. Therefore the Plateletpheresis Center must rely upon the willingness of members of surrounding communities to help fill this need.

Recruiters are hard at work cultivating existing ties between the center and the community in and around NIH. They are also trying to establish new relationships in search of new donors.

In order to continue meeting the growing need for platelets, the CC must retain its current donors and expand the donor file by at least 25 percent.

Those between the ages of 18 and 65 who are in good health may donate platelets to help save lives. Anyone interested in becoming a donor may call 496-4321 for more information. □

Prostate Cancer Common Among U.S. Men; Incidence of Disorder Increases With Age

Prostate cancer is one of the most common cancers among United States men. Mainly a disease of men over age 65, its incidence increases with age.

The prostate gland, located at the base of the penis surrounding the urethra, produces seminal fluid. The two most common conditions that affect it are enlargement and cancer, but the two do not seem to be related to each other.

Black men in the United States have the highest rate of prostate cancer in the world. Between 1975 and 1977, the rate among black men in Atlanta was about 133 per 100,000, compared with 74 per 100,000 for white men in the same city.

The high incidence of prostate cancer among blacks has occurred only in the last few decades, suggesting that social rather than genetic factors are responsible.

Prostate cancer is also common in northwestern Europe. Incidence is lower in the Near East and in parts of Africa and South America. The lowest rate of prostate cancer is found in Japan.

Studies of migrating populations have suggested that environmental factors such as diet and lifestyle play an important role in the risk of developing prostate cancer. For example, prostate cancer and fat intake are higher among Japanese in Hawaii than in Japan.

Mormons who, for religious reasons, do not

use tobacco, alcohol, coffee, or tea, but whose fat consumption is similar to that of other white males in the United States, have about the same risk of prostate cancer as other white men. Prostate cancer is the most common type of cancer among Mormons.

Prostate growth and function depend on the hormone testosterone, formed in the testicles. It is possible that diet affects the production of sex hormones, and that this, in turn, may affect the risk of prostate cancer.

Prostate cancer as well as cancers of the colon, rectum, and female breast may be associated with dietary fat intake. Prostate cancer has been linked with the consumption of animal fat and protein among several ethnic groups in Hawaii.

Workplace exposures to cadmium during welding, electroplating, and the production of alkaline batteries may increase the risk of prostate cancer. But dietary exposures to cadmium—from oysters for example—do not seem to increase risk.

Workers in the rubber industry may also be at increased risk.

None of these studies is conclusive, however.

Thus, the causes of prostate cancer are unclear. Although there are no known methods of prevention, the link between diet and cancer and the role of workplace carcinogens are now being studied.—NCI Report □

Seminar on Magnetic Imaging Scheduled for February 28

Magnetic resonance imaging (MRI)—formerly known as nuclear magnetic resonance—will be the subject of the next NIH Science Writers Seminar. It will be held on Thursday, Feb. 28, from 9 a.m. to 12:30 p.m. in the ACRF Amphitheater, Bldg. 10.

NIH intramural scientists will describe how MRI works and how they are using it to study various diseases.

Dr. Richard Knop, staff physician and radiologist, Diagnostic Radiology Department, Clinical Center, will be the moderator.

An introduction and overview of MRI will be presented by Dr. David I. Hoult, physical scientist, Biomedical Engineering and Instrumentation Branch, Division of Research Services.

Dr. Giovanni Di Chiro, chief, Neuro-radiology and Computed Tomography Section, Surgical Neurology Branch, National Institute of Neurological and Communicative Disorders and Stroke, will describe the current status of MRI in evaluating the central nervous system.

The use of MRI to study cardiac hypertrophy—one of the leading causes of sudden death—will be discussed by Dr. Barry J. Maron, senior investigator, Cardiology Branch, National Heart, Lung, and Blood Institute.

Dr. Andrew J. Dwyer, staff radiologist, Diagnostic Radiology Department, CC, will explain how MRI is being used in cancer detection.

Dr. Victor J. Sank, MRI physicist, Diagnostic Radiology Department, CC, will comment on future applications of MRI.

Following the seminar, there will be a demonstration of the CC's MRI scanner.

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

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



The first Wallace P. Rowe Award for Excellence in Virologic Research was presented to Dr. Rex Risser, (second from l.) of the McArdle Laboratory for Cancer Research, Madison, Wis. Dr. Janet Hartley, (l.) head of the Viral Oncology Section, Laboratory of Viral Diseases, announced the award at the first annual Wallace P. Rowe Symposium on Animal Virology, held at Lister Hill Auditorium Feb. 11 and 12. Dr. Risser was cited for his contributions to the "understanding of the biology and genetic control of Abelson virus lymphomagenesis and to the concept of murine leukemia viruses as endogenous elements." The symposium was convened to honor the late Dr. Rowe, a renowned NIAID virologist. Others shown are: Dr. Malcom Martin (second from r.), chief, Laboratory of Molecular Microbiology, and Dr. Robert Chanock (r.), chief, Laboratory of Infectious Diseases.



FIC Director Dr. Craig K. Wallace and Nancy Wallace hosted a reception at the Stone House on Jan. 16 for 67 newly arrived visiting fellows and their spouses. Also in attendance were Drs. Wyngaarden, Rall, Chen, and Wyatt and various Fogarty Scholars-in-Residence. The reception provided an opportunity for the new arrivals to get to know one another as well as the senior staff.

VISITING SCIENTISTS

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

12/18 **Dr. Gregory Harper**, Australia. Sponsor: Dr. William A. Gahl, Human Genetics Branch, NICHD, Bg. 10, Rm. 8D44.

12/19 **Dr. Chaiyod Bunyagidj**, Thailand. Sponsor: Dr. John McLachlan, Laboratory of Reproductive and Developmental Toxicology, NIEHS, Research Triangle Park, N.C.

12/21 **Dr. Fumitake Ogushi**, Japan. Sponsor: Dr. Ronald Crystal, Pulmonary Branch, NHLBI, Bg. 10, Rm. 6D06.

12/23 **Dr. William J. Dinning**, Australia. Sponsor: Dr. Robert Nussenblatt, Clinical Branch, NEI, Bg. 10, Rm. 10N202.

12/23 **Dr. Avi Eisenthal**, Israel. Sponsor: Dr. Steven A. Rosenberg, Surgery Branch, NCI, Bg. 10, Rm. 2B44.

12/23 **Dr. Wang Ning**, China. Sponsor: Dr. Andrew Bryd, Division of Biochemistry and Biophysics, NCDB, Bg. 20, Rm. 514.

12/24 **Dr. Mitsuhide Noshior**, Japan. Sponsor: Dr. Masahiko Negishi, Laboratory of Pharmacology, NIEHS, Research Triangle Park, N.C.

01/01 **Dr. Narayan Bhat**, India. Sponsor: Dr. Richard Ascione, Laboratory of Molecular Oncology, NCI, FCRF, Bg. 469, Rm. 102.

01/01 **Dr. Elizabeth Bone**, U.K. Sponsor: Dr. Leonard Kohn, Laboratory of Biochemical Pharmacology, NIADDK, Bg. 4, Rm. B1-31.

01/01 **Dr. Keith Brocklehurst**, U.K. Sponsor: Dr. Harvey Pollard, Laboratory of Cell Biology and Genetics, NIADDK, Bg. 4, Rm. 312.

01/01 **Dr. Diana Callender**, Jamaica. Sponsor: Dr. Dan Longo, Medicine Branch, NCI, Bg. 10, Rm. 12N236.

01/01 **Dr. Kyouhoon Han**, Korea. Sponsor: Dr. Chien-Hua Niu, Laboratory of Experimental Carcinogenesis, NCI, Bg. 37, Rm. 3B27.

01/01 **Dr. Michael Hubbard**, New Zealand. Sponsor: Dr. Claude Klee, Laboratory of Biochemistry, NCI, Bg. 37, Rm. 4C06.

01/01 **Dr. Juan-Carlos Lacal**, Spain. Sponsor: Dr. Stuart Aaronson, Medicine Branch, NCI, Bg. 10, Rm. 1E24.

01/01 **Dr. Fathia Mami**, France. Sponsor: Dr. Thomas Kindt, Laboratory of Immunogenetics, NIAID, Bg. 5, Rm. B104.

01/01 **Dr. Hidetaka Masuda**, Japan. Sponsor: Dr. Robert Ozols, Medicine Branch, NCI, Bg. 10, Rm. 13N260.

01/01 **Dr. Hiroshi Nonoguchi**, Japan. Sponsor: Dr. John Pisano, Laboratory of Chemistry, NHLBI, Bg. 10, Rm. 7N262.

01/01 **Dr. Zhao Li-Kan**, China. Sponsor: Dr. Clarence Gibbs, Laboratory of Central Nervous Systems Studies, NINCDS, Bg. 36, Rm. 4A17.

1/1 **Dr. Wiestaw Buchowiecki**, Poland. Sponsor: Dr. Josef Pitha, Laboratory of Cellular and Molecular Biology, NIA, GRC.

01/02 **Dr. Michael Marks**, U.S. Sponsor: Dr. Henry Metzger, Arthritis and Rheumatism Branch, NIADDK, Bg. 10, Rm. 9N240.

1/3 **Dr. Donald T. Drinkwater**, Canada. Sponsor: Dr. Reubin Andres, Clinical Physiology Branch, NIA, GRC.

01/04 **Dr. Jon Askaa**, Denmark. Sponsor: Dr. Albert Kapikian, Laboratory of Infectious Diseases, NIAID, Bg. 7, Rm. 103.

1/4 **Dr. Mario Maggi**, Italy. Sponsor: Dr. Andreas Chrambach, Laboratory of Theoretical and Physical Biology, NICHD, Bg. 10, Rm. 12N212.

1/6 **Dr. Bernard D. Dufy**, France. Sponsor: Dr. Jeffrey Barker, Laboratory of Neurophysiology, NINCDS, Bg. 36, Rm. 2C02.

1/6 **Dr. Max R. Dursteler**, Switzerland. Sponsor: Dr. Robert H. Wurtz, Laboratory of Sensorimotor Research, NEI, Bg. 10, Rm. 6C420.

1/6 **Dr. Masafumi Fujimoto**, Japan. Sponsor: Dr. Erminio Costa, Laboratory of Preclinical Pharmacology, NIMH, William A. White Bldg., St. Elizabeths Hospital.

1/6 **Dr. Angelika Hahn**, West Germany. Sponsor: Dr. Henry D. Webster, Laboratory of Experimental Neuropathology, NINCDS, Bg. 36, Rm. 4B17.

1/6 **Dr. Elinar Stefansson**, Iceland. Sponsor: Dr. Robert Nussenblatt, Clinical Branch, NEI, Bg. 10, Rm. 10D19.

1/7 **Dr. Ryo Abe**, Japan. Sponsor: Dr. Richard J. Hodes, Immunology Branch, NCI, Bg. 10, Rm. 4B10.

1/7 **Dr. Claudio Dati**, Italy. Sponsor: Dr. Barbara K. Vonderhaar, Laboratory of Pathophysiology, NCI, Bg. 10, Rm. 5B56.

1/7 **Dr. Fabian Gusovsky**, Argentina. Sponsor: Dr. John Daly, Laboratory of Bioorganic Chemistry, NIADDK, Bg. 4, Rm. 212.

1/7 **Dr. Genevieve Inchauspe**, France. Sponsor: Dr. Frank DeFillippes, Laboratory of Viral Diseases, NIAID, Bg. 5, Rm. 333.

1/9 **Dr. Francoise Forquignon**, France. Sponsor: Dr. Igor B. Dawid, Laboratory of Molecular Genetics, NICHD, Bg. 6, Rm. 408.

1/9 **Dr. Essam Karawya**, Egypt. Sponsor: Dr. Robert Martin, Laboratory of Molecular Biology, NIADDK, Bg. 2, Rm. 310.

1/9 **Dr. Yasuo Kubota**, Japan. Sponsor: Dr. Thomas J. Lawley, Dermatology Branch, NCI, Bg. 10, Rm. 12N252.

1/10 **Dr. David Findlay**, Australia. Sponsor: Dr. Marian Young, Mineralized Tissue Research Branch, NIDR, Bg. 30, Rm. 406.

1/10 **Dr. Peter Gierschik**, Germany. Sponsor: Dr. Allen Spiegel, Metabolic Diseases Branch, NIADDK, Bg. 10, Rm. 9C101.

1/10 **Dr. Yuji Karasaki**, Japan. Sponsor: Dr. Kathryn Zoon, National Center for Drugs and Biologics, Bg. 29, Rm. 518.

1/10 **Dr. Lucia PIRISI**, Italy. Sponsor: Dr. Joseph DiPaolo, Laboratory of Biology, NCI, Bg. 37, Rm. 2A19.

1/11 **Dr. Huixin Jiang**, China. Sponsor: Dr. Jay Robbins, Dermatology Branch, NCI, Bg. 10, Rm. 12N258.

1/14 **Dr. Karl Belanger**, Canada. Sponsor: Dr. Jerry Collins, Clinical Pharmacology Branch, NCI, Bg. 10, Rm. 6N119.

1/14 **Dr. David Parry**, United Kingdom. Sponsor: Dr. Alasdair Steven, Laboratory of Physical Biology, NIADDK, Bg. 6, Rm. 114.

1/14 **Dr. Thyagarajan Srikantha**, India. Sponsor: Dr. Michael Bustin, Laboratory of Molecular Carcinogenesis, NCI, Bg. 37, Rm. 3D20.

1/14 **Dr. M. B. Vasudevachari**, India. Sponsor: Dr. Norman Salzman, Laboratory of Biology of Viruses, NIAID, Bg. 5, Rm. 326.

1/14 **Dr. Geoffrey Sunahara**, Canada. Sponsor: Dr. George W. Lucier, Biometry and Risk Assessment Program, NIEHS, Research Triangle Park, N.C.

1/15 **Dr. Valerie Anne Lucas**, United Kingdom. Sponsor: Dr. Samuel Zigler, Laboratory of Vision Research, NEI, Bg. 6, Rm. 235.

1/16 **Dr. Koiti Inokuchi**, Japan. Sponsor: Dr. Arthur W. Nienhuis, Clinical Hematology Branch, NHLBI, Bg. 10, Rm. 7C103.

Research Physiologist in VRB Wins in Student Competition

Patricia M. Schmidt, research physiologist in the Veterinary Resources Branch, DRS, won the graduate student research competition at the 1985 International Embryo Transfer Society meeting held in Montreal, Canada on Jan. 20-22.

Ms. Schmidt is in charge of the Embryo Cryopreservation Program of VRB's Small Animal Section. She is also a doctoral candidate in a collaborative reproductive physiology program involving the National Zoological Park, Smithsonian Institution, and the department of physiology at the Uniformed Services University of the Health Sciences.

Rodent Embryos

The VRB Embryo Cryopreservation Program freezes and stores laboratory rodent embryos from the NIH genetic resource to help ensure the survival and genetic purity of valuable strains.

During 1984 VRB banked 10,000 frozen embryos—1,000 from each of 10 selected rodent strains. As embryo cryopreservation techniques improve, the numbers of embryos required will decrease. The genetic resource in VRB contains more than 250 rodent and rabbit varieties. Most of the frozen embryos will be used for re-deriving particular strains at appropriate times, but some will be used for embryo longevity studies.

Embryos to be preserved in this way are bathed in a cryoprotectant fluid to prevent ice crystals, frozen slowly (0.5°C per minute) to a predetermined temperature, and then plunged into liquid nitrogen for long-term storage at -196°C.

Ms. Schmidt's award-winning poster-oral presentation was titled "Variables Influencing Post-thaw Embryo Survival Rates in Mice." She compared various kinds of techniques and



Patricia Schmidt, VRB Embryo Cryopreservation Program, regularly evaluates new preservation techniques for valuable rodent strains.

equipment to identify those producing the best results with embryos from three NIH mouse strains. □

Fish and visitors smell in three days.—*Benjamin Franklin*

All the troubles of man come from his not knowing how to sit still.—*Blaise Pascal*

Experience constantly proves that every man who has power is impelled to abuse it.—*Montesquieu*

Experience is the name everyone gives to their mistakes.—*Oscar Wilde*

Three New Dental Centers Funded by NIDR To Study Causes of Crown and Root Decay

The National Institute of Dental Research recently established three new research centers—the first of their kind in the U.S.—to study dental caries, decay that attacks the crowns and exposed roots of teeth. Over the next 5 years, approximately \$6.2 million will be allocated to the centers, enabling scientists to increase knowledge about the causes and prevention of caries.

Located at the University of Iowa, the University of Rochester, and Forsyth Dental Center in Boston, the centers will integrate findings from basic and clinical research and promote the use of preventive methods to benefit the public.

Although tooth decay among children in the United States is declining, the average American child still has 11 cavities by age 17.

In addition, a new caries problem is emerging in a different segment of the population. The expanding number of elderly in this country—and the growing proportion of elderly who retain their own teeth—is making root surface caries an increasingly important problem. Old age is often accompanied by shrinking gums, a process that exposes root surfaces. The resulting decay of these surfaces is particularly painful and difficult to treat.

Too, bacteria which cause root decay appear to be different from those associated with caries in the crowns of teeth.

Dr. Brian Clarkson, who has been head of the division of cariology, department of pedodontics at the University of Iowa Dental School since 1976, will direct the Specialized Caries Research Center at the College of Dentistry, University of Iowa. This center will receive \$1.8 million over the next 5 years to study the prevention of caries, including the influence of microbial products on the solubility of tooth surfaces; the acidity of plaque that has accumulated between teeth; simple and complex carbohydrates as possible causative factors in root caries; immunological investigations of root surface caries; synthesis and testing of potential antiplaque agents; and bacterial relationships in an animal model.

Dr. William H. Bowen, professor of microbi-

ology and chairman of dental research at the University of Rochester Medical Center, will oversee the Rochester Cariology Center, a collaborative effort between the University of Rochester Medical Center and Eastman Dental Center. Besides studying root surface caries, the Rochester Center will concentrate on the early identification of caries-prone individuals of all ages so that preventive methods and treatment can be started.

Other studies will focus on combating harmful oral bacteria; the formation of plaque; increasing host resistance to decay-promoting agents; preventing caries through diet modification; and treating cancer patients receiving head and neck radiation therapy to avoid rampant caries. The Rochester Center will receive \$2 million over a 5-year period.

The caries research center at Forsyth will be directed by Dr. Paul F. DePaola, who has been active in clinical testing and epidemiological studies for 20 years. Populations at especially high or low risk for developing caries—including diabetics, chronic users of antibiotics, consumers of refined sugar at restricted levels, and individuals receiving various levels of fluoride—will be studied. The center will receive \$2.4 million over the next 5 years to conduct clinical and basic studies of root caries.

Basic studies will focus on the microbial origin of root surface caries; biochemical and microbiological aspects of root surface caries; immunological aspects; physical-chemical and microbiological aspects of root caries formation; interactions between root surface plaque and fluoride; and the structural characterization of root caries in naturally occurring lesions, experimental animal models, and in vitro (laboratory) systems.

"The goal of the new centers is to broaden and strengthen the scientific base underlying caries research by developing interdisciplinary research efforts to attack the caries problem," explains NIDR Director Dr. Harald Løe. "We anticipate that this focused combination of basic and clinical research will achieve very useful and practical health benefits that will further help reduce or eliminate tooth decay." □

Dr. Robert L. Berger Elected Fellow of Physical Society

Dr. Robert L. Berger, chief of the Section of Biophysical Instrumentation, Laboratory of Technical Development, National Heart, Lung, and Blood Institute, has been elected a fellow of the American Physical Society.

The citation reads "For pioneering and sustained contributions in the application and analysis of physical measurements in the research in molecular biophysics."

Dr. Berger received his Ph.D. in physics from the Pennsylvania State University. He then spent 2 years at Cambridge University as a British-American exchange fellow of the American Cancer Society. He joined the physics department at Utah State University where he rose to the rank of associate professor. He came to NIH in 1962.

During his years at NIH, he has developed a variety of stopped and quench flow apparatus, the latter presently being used in over 14 laboratories worldwide for sarcoplasmic reticulum and ATPase kinetic research.

He developed the "Berger Ball Mixer" which is widely used in flow apparatus. The great improvement in thermistors which he initiated with a commercial firm led to the development of the thermodilution catheter.

From this collaboration also came an absolute temperature standard for use in biochemical and clinical chemistry laboratories and a new fast thermistor detector useful in his research on fast enzyme reactions in which the heat of the reaction can be observed.

In the early 1970s, Dr. Berger initiated the use of microprocessors for instrument control. As an adjunct to the digital computer, he developed—with Prof. Norman Davids at Penn State—the finite element simulation technique for the analysis of complex heat conduction or diffusion problems in which simultaneous chemical reactions occur.

The method has been applied to many areas of science, particularly where economizing of computing time is needed and the complexity of the problem is beyond the scope of classical mathematical methods. The method has been extensively used to model pulsatile bifurcated flow in the aorta.

Recently, Dr. Berger has developed a series of calorimeters for studying a wide variety of biochemical reactions both in whole cells and in solution.

He is the author of over 90 papers and is chairman and originator of the biophysical discussions of the Biophysical Society. □



Four employees of the Data Editing and Research Unit, Supply Operations Branch, received an award for special achievement. (L to r): Sari Tenn, Pat Sealon, Mae Bate and Tanja Maseley. Presenting the awards are James V. Marx, chief, Cataloging Requirements and Data Editing Section, and Robert M. Masucci, Sr., chief, Supply Operations Branch.

CHAMPUS Mailing Address Changed for Officers

Effective Feb. 1, CHAMPUS claims in the Mid-Atlantic Region and the District of Columbia will be processed by the Wisconsin Physicians Service. Claims should be sent to the appropriate address below based on the state in which the care was received:

CHAMPUS/CHAMPVA, Wisconsin Physicians Service, P.O. Box 8960 (Del.); 8961 (D.C.); 8962 (Md.); 8963 (N.C.); 8964 (Pa.); 8966 (Va.); Madison, WI 53708.

The toll free number for all five states and D.C. is 1-800-356-5954.

Only the dependents of active duty/retired, or deceased members are eligible for

CHAMPUS. Retired members are also eligible for CHAMPUS. However, active duty members are not eligible.

CHAMPUS questions should be directed to the health benefits advisor at the nearest uniformed services medical facility or the NIH commissioned officer staff (496-4212). □

Words are . . . the most powerful drug used by mankind—*Rudyard Kipling*

The golden rule is that them who has the gold rule.—*The Wizard of Id.*

CC Scientists Test Out Immune Suppression Therapy Which Might Reverse Heart Muscle Deterioration

An immunosuppressive treatment that may reverse heart muscle damage in patients suffering from progressive deterioration of the heart muscle's ability to pump blood is now being tested by scientists in the Clinical Center Critical Care Medicine Department.

Drs. Joseph E. Parrillo, chief of the CC's Critical Care Medicine Department, Anthony S. Fauci of the National Institute of Allergy and Infectious Diseases, Douglas Rosing of the National Heart, Lung, and Blood Institute and colleagues are focusing on idiopathic dilated cardiomyopathy—its cause and response to the anti-inflammatory agents—prednisone and cyclophosphamide.

Congestive cardiomyopathy, a disease marked by progressive deterioration of the heart muscle, strikes Americans of all ages. The majority of its victims die within 4 years following the onset of cardiac dysfunction.

Symptoms of the disease include shortness of breath, fainting episodes, fatigue, swelling in the ankles, palpitations, heart enlargement or occasionally pains in the chest.

Currently, there is no proven therapy that reverses heart muscle damage although some medications will improve symptoms of heart failure.

Dr. Parrillo and his collaborators hope to determine if anti-inflammatory therapy is beneficial and in which form of the disease it would be most helpful.

Recent studies conducted by Dr. Parrillo suggest that inflammatory heart infection—myocarditis—may be involved in the disease process of a significant portion of patients with congestive dilated cardiomyopathy.

By using a state-of-the-art catheterization technique that samples pieces of weakened heart tissue—transvenous endomyocardial biopsy (TEB)—Dr. Parrillo confirmed that 19 of 100 patients with suspected congestive cardiomyopathy had had myocarditis. Used for more than 10 years the catheter technique has been used to obtain myocardium (heart sac) samples in a wide variety of heart disease. It is also used to predict rejection of cardiac transplants.

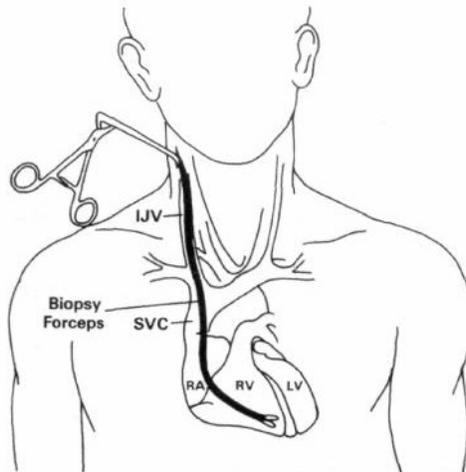
The current study revealed inflammatory cells in the biopsied heart tissues of a significant proportion of congestive cardiomyopathy patients.

What causes myocarditis is not clear but often the patient suffers flu-like symptoms, fever, elevated erythrocyte (red blood cell) sedimentation rate (a nonspecific marker of inflammation) and leukocytosis (increase in white blood cells). Many patients suffer with symptoms of heart failure and only myocardial biopsy can determine if myocarditis is the underlying cause.

Some data suggest a small percentage of these patients had viral infections prior to contracting the disease. Another therapy suggests that individual's own immune system may produce an inappropriate inflammatory response, damaging the heart muscle. A combined theory states that an initial viral infection damages the heart muscle and precipitates an abnormal immune response.

Recent evidence has shown that a small group of patients with myocarditis may re-

TECHNIQUE OF TRANSVENOUS ENDOMYOCARDIAL BIOPSY



A diagram of the transvenous endomyocardial biopsy technique shows the IJV (internal jugular vein), the SVC (superior vena cava), the RA (right atrium), the RV (right ventricle), and the LV (left ventricle).

spond to an anti-inflammatory treatment. The study indicates the importance of diagnosing myocarditis and instituting an anti-inflammatory therapy which may produce improvement in some of these patients. More research is needed to support this theory.

Immunosuppressive therapy with prednisone and cyclophosphamide has been successful in a wide variety of inflammatory diseases. Although considered effective treatment for inflammatory diseases the drugs have potentially harmful side effects. Prednisone can be associated with a high rate of infections, especially in chronic users of this corticosteroid hormone.

The myocarditis study employs an alternate-day prednisone regimen to minimize the risk of infection. Cyclophosphamide can cause sterility in men and women of childbearing age.

All patients entering the heart study are informed of potential risks. However, by carefully monitoring the patients receiving these medications and by employing special dosing adjustments, NIH researchers are able to prevent most of the serious side effects of the medications.

With 2 more years of investigation to go, Dr. Parrillo and colleagues are at the forefront of cardiac research. The future looks promising for innovative treatments in the field of heart disease.—**Mickey Hanlon**

Real Estate Seminar Planned

Merrill Lynch Realty will present a real estate seminar on Monday, Mar. 4, from noon to 1 p.m. in Conf. Rm. 4, Bldg. 31.

Ingrid Blitz of Golddome Mortgage Company will discuss adjustable and fixed rate mortgages, as well as refinancing, second trusts and creative techniques and how this affects your purchasing power both as a buyer and a seller. □

TRAVELER'S D

(Continued from Page 1)

cramps, nausea, malaise, and, less commonly, fever or vomiting. It usually begins suddenly, lasts for several days, and is self-limiting. Approximately 2 percent of cases may persist for longer than 1 month.

Data from a study of over 18,000 Swiss travelers suggest that the highest areas of risk for travelers' diarrhea are developing countries in Latin America, Africa, the Middle East and Asia. Inhabitants of these areas are at risk of diarrheal diseases as well. Diarrhea is a major cause of infant mortality in many of these countries.

The most common causative agents of travelers' diarrhea are bacterial, primarily enterotoxigenic *Escherichia coli*.

The 14-member consensus panel, chaired by Dr. Sherwood L. Gorbach, professor of medicine and microbiology at Tufts University School of Medicine, recommended prudent dietary practices as preventive measures. Reflected in the well-known phrase, "boil it, cook it, peel it, or forget it," these measures include avoidance of raw vegetables, raw meat, raw seafood, tap water and ice, unpasteurized dairy products, and unpeeled fruits.

Among beverages, bottled carbonated drinks, beer, wine, hot coffee or tea, and boiled or treated water convey the least risk. The panel conceded, however, that even with attention to dietary practices, travelers' diarrhea may still occur.

The panel's recommendations for treatment of travelers' diarrhea are:

- Take fluids such as fruit juices or caffeine-free soft drinks and salted crackers to maintain fluid and electrolyte balance. Alcohol and dairy products should be avoided.
- For rapid relief of symptoms, antitomotility drugs such as diphenoxylate (Lomotil) or loperamide (Imodium) may be taken. Alternatively, bismuth salicylate (Pepto Bismol) may be used.
- After three or more loose stools with associated symptoms, a short course of antimicrobial agents may be of benefit. These may be obtained in advance of travel to avoid buying potentially dangerous over-the-counter drugs abroad. Recommended antimicrobial drugs are trimethoprim/sulfamethoxazole, trimethoprim alone, or doxycycline.
- If diarrhea persists accompanied by serious fluid loss, fever, and blood or mucus in the stools, the traveler should seek medical attention.

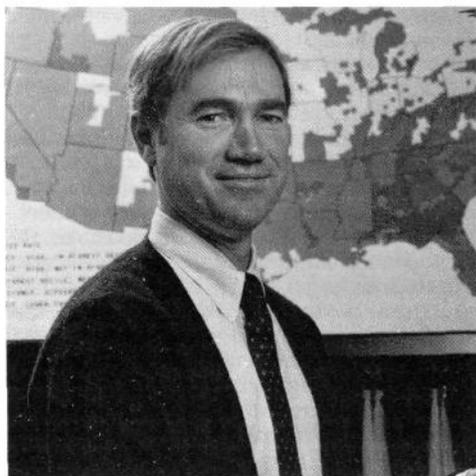
The consensus panel also considered what research areas need to be explored to improve current methods of preventing and treating travelers' diarrhea. The panel cited the need for expanded epidemiological studies, monitoring of drug-resistant pathogens in developing countries, development of rapid diagnostic techniques, new approaches to vaccine development for travelers' diarrhea, and large-scale drug surveillance studies.

The panel concluded with the recommendation that physicians discuss with their patients the potential risks of taking antimicrobial drugs and inform patients planning travel of the availability of effective treatment, which can provide prompt relief in most cases. □

Dr. Blot Appointed Chief, Biostatistics Branch, NCI

Dr. William J. Blot has recently been appointed chief, NCI Biostatistics Branch. The branch develops and uses statistical methods to identify and describe the environmental and host determinants of cancer.

Dr. Blot has over 120 publications in cancer epidemiology and biostatistics and has been primarily interested in evaluating environmental and lifestyle factors in areas with a high rate of a particular cancer.



Dr. Blot

Before coming to NCI in 1974 as a health statistician, he received a Ph.D. in statistics from Florida State University in 1970. He then spent 2 years in Hiroshima, Japan with the Atomic Bomb Casualty Commission, studying the long-range effects of radiation on populations exposed to the bomb. This was a joint effort between the Japanese Government and the U.S. National Academy of Sciences.

For the next 2 years, Dr. Blot was an assistant professor in the departments of international health and biostatistics at Johns Hopkins University. Since 1978, he has been chief of the analytical studies section in the Environmental Epidemiology Branch.

"We conduct research on statistical methods for a variety of cancer studies. We also work with other groups to design and perform studies to calculate the incidence and mortality of cancer and evaluate risk factors in certain population groups," says Dr. Blot.

"Some studies are done in collaboration with foreign countries. China, for example, offers excellent opportunities for epidemiologic and statistical studies," he continues. "There are unusual distributions of cancer and high levels of exposure to some environmental agents. The population is accessible and cooperative and the large populations provide expanded data for analyses of cancer etiology.

"In many of these studies, we compare the characteristics of people in a population both with and without a particular cancer and note the differences." He says, "We want to develop more precise statistical methods for these studies, so that each project will provide us with a maximum amount of information." □

Willard Lee, NIDR's First Black Professional, Retires After 37 years of Federal Service

Willard Lee, a chemist with the National Institute of Dental Research and the first black professional hired by the Institute, retired Jan. 4, having served 37 years in Federal service.

At his retirement, he worked in the Laboratory of Developmental Biology and Anomalies.

A graduate of Virginia Union University in Richmond in 1951, Mr. Lee later did graduate work at Howard and Georgetown Universities. His first assignment after joining the NIDR staff in 1955 was to conduct fluoride analysis studies.

By analyzing water, bone and soft tissue specimens brought in from all parts of the country, he was able to provide the necessary data needed to help establish the safety of fluoride for use as a preventive agent in combating dental caries.

At that time, Mr. Lee conducted his research studies under the direction of noted fluoridation pioneers Drs. McClure, Zipkin, and Armstrong. He also coauthored several articles published on the topic in professional dental journals.

A retirement party held Jan. 10 was attended by many friends and relatives.

Dr. Thomas Malone, NIH Deputy Director, and guest speaker, said, "Mr. Lee, you are an institution in your own right, a trail blazer for becoming the first black professional to be hired by the NIDR, and perhaps by the NIH."

Dr. Malone also pointed out that Mr. Lee had been active in the NIH and Montgomery County efforts to hire blacks during the early



(L to r): Dr. Thomas Malone, Willard Lee, and Dr. Harald Loe look at photos of the NIH campus taken in 1945 and 1957, which were presented to Mr. Lee at his retirement party.

1950s when segregation was still prevalent.

Dr. Harald Loe, NIDR Director, presented Mr. Lee with a certificate of merit and thanked him for his many years of service to NIDR, NIH, and the biomedical research community at large.

Now in retirement, Mr. Lee plans to become even more involved with his service fraternity activities. He also plans to spend as much time as possible with his 5-year-old granddaughter, Razi. □

Dr. Newburgh Joins Pharmacological Program

Dr. M. Janet Newburgh recently joined the National Institute of General Medical Sciences as a program administrator in the Pharmacological Sciences (PS) Program.

Dr. Newburgh was born in Miami, Okla., and received her B.A. in chemistry from Oklahoma State University. She attended graduate school at the University of Illinois, where she received M.S. and Ph.D. degrees in chemistry.

From 1968 to 1971, she was an honorary professor in the department of chemistry at the Universidad Nacional Autonoma de Colombia in Bogota. During part of this time, she was also an instructor in biochemistry at the Colegio Nueva Granada in Bogota.

Dr. Newburgh's interest in biochemistry led her to become a research associate at Oregon State University in the department of biochemistry and biophysics; she next worked as a research fellow in the division of medical genetics at the University of Oregon Health Sciences Center until 1973.

She then returned to Oregon State as an assistant professor in the department of biochemistry and biophysics. She was an associate professor by 1978, when she left Oregon to take a position at the University of North Carolina, Chapel Hill, as an associate professor in the department of chemistry.

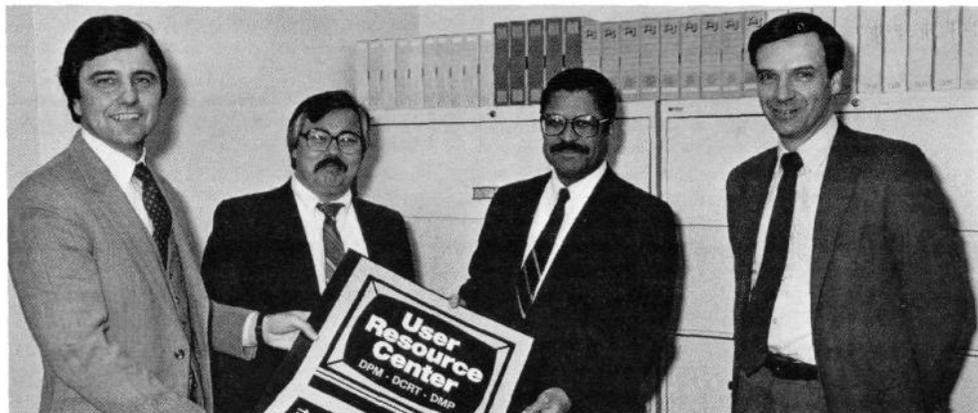
In 1980, Dr. Newburgh came to NIH as a grants associate, where one of her assignments was with the Pharmacological Sciences Program at NIGMS. In 1981, she became a program administrator in the Oculomotor Disorders and Strabismus Program of the National Eye Institute, administering research grants in disorders of eye movements, visual processing, and refractive error.

In her new position, she will administer research grants on the molecular basis of drug action. She will also oversee research training grants in basic and clinical pharmacology. "I really am looking forward to the work in PS because the science is so close to my own background," she said.

Among the honors Dr. Newburgh has received is the Parke-Davis fellowship for graduate research in chemistry. She was a national merit finalist in high school. She is a member of the American Chemical Society, the American Society of Biological Chemists, the American Association for the Advancement of Science, and the New York Academy of Sciences. □

The handwriting on the wall may be a forgery.—Ralph Hodgson

New Personal Computer User Center Opens; Group or One-On-One Instruction Available



Dr. Malone (second from r) receives the new center poster from the NIH User Resource Center. Steering committee members (l to r): Tom Barbour, DPM, Dave Songco, DCRT, and Ken Thibodeau, DMP.

NIH opened its first* Personal Computer User Resource Center on Feb. 11.

This is a joint program effort by Division of Personnel Management, Division of Computer Research and Technology and the Division of Management Resources.

Dr. Thomas E. Malone, Deputy Director, NIH; Calvin B. Baldwin, Associate Director for Administration and the Division Directors, Edward Nicholas (DPM), Dr. Arnold W. Pratt (DCRT) and George Russell (DMP) were given a tour and were presented with posters announcing the center.

The User Center will provide BIDs with a wide range of office automation services focusing on the administrative and scientific use of personal microcomputers, application software and word processing. Included in these services will be large and small group training, tutorials, demonstrations and individualized instruction programs.

In addition, a resource library is being developed that will include magazines, articles and catalogs as well as software demonstration programs and a list of NIH users with application experience using specific programs.

Classes for large and small groups being offered during the next 3 months include: lead user training, taught by DCRT staff and a series of computer literacy, data base, and spreadsheet courses, offered through DPM. Classes are open to all employees.

To focus class content to different employ-

ees and job performance needs, courses will be offered on several grade levels.

One area of the center will be dedicated to individual use of microcomputers and reference holdings, while an adjoining room will be used for group instruction. The group training area will also be available for demonstrations, user groups and by individuals when classes are not scheduled.

Additional training programs, software and resource materials will be added as the specific needs of BIDs are identified. The center will work closely with the DMP office technology coordinators, DCRT lead users program, and DPM training coordinators to maintain close contact with Institute needs and to assist in both on and off-site program development.

Employees who would like to learn or try out specific materials such as Lotus 1-2-3 and Wordstar will have the opportunity to set up an appointment with a tutor at the center. Instruction will be provided either one-on-one or in a small group.

The center staff includes: George Ziener and Bridgid Noonan from DPM and George Murray, Anna Perrone and Sue O'Boyle from DMP.

The center will be open on Fridays and Mondays during February and will expand to 4 days a week starting Mar. 1.

For more information, call George Ziener, director of the center, on 496-5025. □

Social Security Benefits Given for Working Beyond 65

A person who returns to work after beginning to get Social Security retirement benefits may qualify for higher benefits because of the additional earnings, Walter Miller, Social Security district manager in Silver Spring, Md. says.

"Social Security automatically refigures the benefits after the additional earnings are credited to the worker's record. People should, however, tell Social Security if they expect to earn more than the annual exempt amount.

"In addition, a worker's benefits can be increased by 3 percent a year (1/4 of 1 per-

cent a month) for each year after 65 that the worker does not get benefits because of his or her employment. This additional credit also increases the payments made to widows and widowers," Mr. Miller says.

"It is not necessary for the worker or widows and widowers to contact Social Security to take any action for the increases where possible," Mr. Miller said, "because refiguring is automatic."

Additional information about benefits may be obtained from the Social Security Office located at 962 Wayne Ave., Silver Spring, Md. The telephone number is 352-0447. □

GALLO

(Continued from Page 1)

that it is international in scope as well as impact, for we are honoring a scientist from the United States and three scientists from Japan, working independently and in collaboration, sharing ideas and results, all aiming for a common goal and a common good."

Joining Dr. Hammer for the presentation were the other members of the Hammer Prize Selection Committee: Dr. Ronald Levy of Stanford University; Dr. Vincent DeVita Jr., NCI Director; and Dr. Renato Dulbecco, distinguished research professor at the Salk Institute and Nobel laureate in medicine for cancer research.

The \$100,000 Hammer Prize will be awarded each year for the next 7 years to the scientist or scientists deemed to have made the greatest contribution toward a cure for cancer. The annual awards are part of a total \$2 million in contributions pledged in 1982 by the Hammer Prize Foundation.

In addition to the annual \$100,000 Hammer Prize, Dr. Hammer has announced the intent of the Prize Foundation to award \$1 million to the scientist or scientists who achieve a cure for cancer. □

Dr. Gallo Gets 3 Other Awards

Dr. Robert C. Gallo, chief of the Laboratory of Tumor Cell Biology, Division of Cancer Treatment, National Cancer Institute, recently received three awards for distinguished achievement in cancer research.

Dr. Gallo's laboratory discovered and isolated HTLV-III, a human RNA tumor virus that is believed to be the cause of acquired immune deficiency syndrome (AIDS).

He was recognized for his achievements in science and medicine at the Fifth Biennial awards dinner of the National Italian American Foundation on Sept. 15, 1984. Other honorees were: Daniel J. Travanti, actor; Gian Carlo Menotti, composer; Sister Margherita Marchione, biographer; and Arthur J. Decio, philanthropist.

Established in 1922

Dr. Gallo received the Lila Gruber Honor Award for Cancer Research, given by the American Academy of Dermatology, at the organization's annual business meeting last December. Established in 1922 by Murray Gruber in memory of his wife, this yearly award of \$10,000 is given to one or more scientists who have made outstanding advances in cancer research. Dr. Gallo was honored with this award "in recognition of his investigations of problems related to cancer."

On Dec. 11, 1984, Dr. Gallo received the Dickson Prize in Medicine from the University of Pittsburgh. Two prizes, the Dickson Prize in Science awarded by Carnegie-Mellon University, and the Dickson Prize in medicine, were established in 1969 by the estates of Dr. Joseph Z. Dickson, and his wife, Agnes Fischer Dickson, to honor America's leaders in science and medicine. □

There are several good protections against temptation but the surest is cowardice.—Mark Twain

Dr. Hans Falk, Expert on Health Hazards, Dies at 65; Cited as 'Distinguished Intellect,' Renowned Scientist

Internationally known cancer researcher and environmental health science authority Dr. Hans L. Falk, 65, died on Jan. 29 at Rex Hospital in Raleigh, N.C., after a 5-year struggle with cancer.

Before his retirement in January 1984, he was associate director of the Office of Health Hazard Assessment at the National Institute of Environmental Health Sciences at Research Triangle Park, N.C.

Dr. Falk joined the Institute in 1968 as associate director for laboratory research before assuming his post as head of the Office of Health Hazard Assessment. His work with the Institute and its sister agency the National Cancer Institute in Bethesda, Md., where he was associate scientific director for carcinogenesis, spanned nearly 20 years and was preceded by academic appointments at the University of California at Los Angeles, and the University of Southern California at Los Angeles.

Known throughout his career for his expansive knowledge, his lively and subtle wit, and his ability to convey and translate scientific knowledge for the complete spectrum of reading and listening audiences—from Nobel laureates to laymen, from journalists to members of Congress—Dr. Falk lent his vast knowledge and incisive critical sense to scores of panels and committees. These included scientific testimony before various congressional bodies and work with Federal agencies, as well as official committees within the World Health Organization and other international groups.

Though continually involved with stormy and controversial subjects, he was noted for his steady professional skepticism and integrity regardless of political currents or public feelings. He reviewed extensive literature and testified and wrote on a great array of environmental health topics, a small sampling of which include air pollution, tobacco smoking, pesticides, asbestos, various facets of radiation exposure, carcinogenesis and birth defects.

Dr. Falk authored and coauthored more than 100 scientific publications, some of which are the definitive overview studies of specific public health issues. His intellect went directly to the areas of potential error or fallacious logic—and his sense of humor could make such insight ring, and on occasion, sting.

He learned adversity early, emigrating from Breslau, Germany, months before the Nazis sealed the town. He lost family members to Nazi terror.

Dr. Falk was educated in London and Canada, receiving his Ph.D. in biochemistry at McGill University in 1947, with a thesis on steroid hormones.

Colleagues at NIEHS remember him for his rigor in researching and directing investigations of health hazards, his far-reaching command of the literature, and his astute and deft abilities in human relations, both within the Institute and in the scientific community at large.

Dr. David P. Rall, NIEHS Director, said: "With his passing, we have lost even more



Dr. Hans L. Falk

than a scientist at the top of the environmental health science field. We have lost a distinguished intellect who could both understand with total discipline the scientific complexities of questions, and then also see the broader questions in a context of policy and human values. His work stands as part of the foundation for future studies of the environment and its relation to health."

Dr. Falk is survived by his wife, Gabrielle C., Raleigh; sons, Raymond W. and Donald H., both of Chapel Hill; Stephen T. of Durham; and a sister, Eva Wulkan of Chicago, Ill.

Dr. Gerald Kanter Named To NIGMS Advisory Council

Dr. Gerald S. Kanter has been appointed to a 4-year term of the National Advisory General Medical Sciences Council. He is associate dean for graduate studies and research and a professor of physiology at Albany Medical College, N.Y.

Dr. Kanter received a B.S. degree in chemistry from Long Island University and a Ph.D. in physiology from the University of Rochester. He has been on the faculty of Albany Medical College since 1952. During a leave of absence in 1963 and 1964, he served as a branch chief at the U.S. Army Institute of Environmental Medicine in Natick, Mass.

He is a member of the American Physiological Society, the Association of American Medical Colleges, and the National Council of University Research Administrators. He is also a fellow of the American Association for the Advancement of Science.

The council, which meets three times a year is composed of leaders in the biological and medical sciences, education, and public affairs. Its members review applications for research training grants and make recommendations to the Secretary of the Department of Health and Human Services and the Directors of the National Institutes of Health and the National Institute of General Medical Sciences on policy matters and science manpower needs related to the Institute's programs. □

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