Camp Fantastic: Bigger and Better

Almost twice as many children as last year participated in the third annual—and best, to quote a camper who has made all three—Camp Fantastic, sponsored by Special Love Inc. in Front Royal, Va.

"It gets better and better," said Norman, 24, of Washington. Better known as "Stormin' Norman," he is among the oldest of the 72 young people with cancer who attended the week-long camp held Aug. 18-24.

"The children, the staff and the activities," are what bring Norman back each year.

The children come not only from the Clinical Center, but from half a dozen other medical centers, including Georgetown University, Johns Hopkins, the Medical College of Virginia, the University of Virginia and Children's Hospital.

The staff includes a combination of permanent and volunteer 4-H staff, since the camp is held on the grounds of the Northern Virginia 4-H Educational Center. Tom Baker, head of Special Love Inc., is the originator and main organizer of the camp. Helping him each year are CC physicians, nurses, social workers, therapeutic recreation specialists, local college students (some of whom either have waged or are waging battles with cancer) and volunteers such as the CC Nuclear Medicine Department's Suzanne Waters.

Camp activities would exhaust Rambo. The day the Redskins visited, they included morning classes in archery, canoeing, horseback riding, crafts, and aerobics, followed by a trip to Luray Caverns. The evening featured a cookout during which one of the Washington Redskin "Hoggers" arrived, hot air balloon rides, outdoor olympics, and a camp fire. Capping the evening was a special treat engineered by Kathy Russell, administrative officer, NCI's Clinical Oncology Program—the world's largest banana split.

In between and during these activities, an unusually affectionate and supportive staff made up mainly of young men and women handpicked by camp director and Virginia 4-H official John Dooley kept morale high. During a 45-minute bus ride to Luray Caverns, campers kept up a nonstop medley of songs learned only hours before the trip.

On the ride home from the caverns, while most other campers compared gifts they had bought with the $10 each was given to spend, counselor Vikas Kun德拉, a cancer survivor, gave practical advice on how best to cope with therapy to a young girl from Pennsylvania named Karrie. Next to them, Suzanne Waters of the CC cuddled a snoozing young camper named Tera.

OMS Expedites Handling Of Employee-Patients' Ills

The mission of the Occupational Medical Service (OMS) is to promote the health of NIH employees at the worksite. To this end, OMS efforts are geared to provide the following services: (1) evaluation and treatment of occupational injuries and illnesses; (2) medical surveillance of employee groups exposed to specific hazards; (3) pre-employment examinations. Also (4) health promotion programs, for example, smoking cessation; CPR training; (5) evaluation and treatment of medical emergencies and (6) counseling for alcohol, substance abuse and other mental health problems.

To assure that these services are provided in a timely and efficient manner with emphasis on high quality medical care, the OMS has recently implemented a triage system staffed by nurses and nurse practitioners in the 6th floor ACRF clinic.

Using the triage or sorting system, OMS staff will interview employees to determine the nature of their problem, and recommend service through OMS or another health provider (for example, private physician, local health department).

Persons with occupational injuries and illnesses or with non-work related medical emergencies will be promptly evaluated in OMS. If a non-work related problem is not considered to be an emergency or in need of prompt attention, the person may be referred to his/her private physician.

Persons reporting for pre-employment examinations or participating in a particular medical surveillance program should go directly to the appointment clerk at the scheduled time.

Calcium's Role in HBP To Be Studied at NHLBI

Two new pilot studies on causes and treatment of high blood pressure (hypertension) were recently launched by investigators at the National Heart, Lung, and Blood Institute.

Combining the efforts and resources of the Hypertension-Endocrine and Cardiology Branches, the studies will look at the effect of high blood pressure on the heart and why it sometimes causes chest pain, difficult breathing or other heart related symptoms in patients who have this disorder. These studies will help clarify the development of heart disease in the presence of hypertension while shedding new light on drug treatment.

The studies concern the role calcium might play in patients with high blood pressure. Recognition of calcium's role in generating high muscle tone in arteries (a major feature of hypertension) has led to an innovative breakthrough in the treatment of this disease over the past several years.

Drugs called calcium channel blockers (agents that inhibit the entry of calcium into cells) have been shown to be highly successful in controlling high blood pressure in some patients.

Often the calcium channel blockers can be used as single drugs, without many of the potential side effects of diuretics or other antihypertensive medications. They also have potentially beneficial effects on heart function and therefore might be ideal drugs for many patients with high blood pressure.
Films, Drills, Training Mark Fire Prevention Week

Events planned by the NIH Fire Department, Division of Safety, to observe Fire Prevention Week will take place Oct. 7-11. The theme for this year's events is "With Fire Prevention There Is No Fire."

A film festival will be presented Oct. 7 in the ACRF Amphitheater, Bldg. 10. A different film will be shown each hour; each film is approximately 20 minutes long. The schedule is as follows:

9 a.m. Incendio The story and actual footage of a high-rise disaster in Sao Paulo, Brazil.
10 a.m. MGM Grand Hotel Fire A case study of the fire which struck the MGM Grand Hotel, claiming 85 lives.
11 a.m. 11 a.m. Film of a fire in a nursing home in Silver Spring just 2 days before the NIH fire in Bldg. 10, 9 West.
12 p.m. Flash Over, Point of No Return A film which illustrates the acceleration of fire in different environments and conditions.
1 p.m. Surprise Short Film A surprise short film.

NIH employees are encouraged to stop by the NIH Fire Prevention booth which will be located in Bldg. 10, IC174 ACRF, Oct. 7-11, between 9-11 a.m. and 1-5 p.m. each day.

The importance of fire drills and knowing evacuation exits will be evident in the films. To reinforce this point, fire drills will be held to acquaint all NIH building occupants with procedures, evacuation alarms and various exit routes.

Fire extinguisher training programs are sponsored at regular intervals. The regularly scheduled programs for September and October are already filled; however, the Fire Department will teach additional classes if groups of 10-30 are willing to organize the program.

For further information about the Film Festival, Fire Prevention Week and Fire Extinguisher Training, call the NIH Fire Department at 496-2372.

Printing Adds New Service

Starting Oct. 1, a new service will be available from the Printing and Reproduction Branch. Their Copy Centers will be able to provide v-u graph slides in four different colors.

A new Copy Center has also been opened in the ACRF, Rm. 1C282.

Administrative reproduction will be produced on new high speed copier/duplicators. All other printing is provided through NIH's Printing Procurement Section.

Films, Drills, Training Mark Fire Prevention Week

Activities at the Fitness Center have been running smoothly with memberships and classes expanding. New classes have been added to the regular Alive, Quik Fit, and Stretch 'n Strengthen. The new classes will be E-Z Action, Spot Stretch and some Health and Fitness Workshops. The Fitness Center will be offering some new equipment soon, so stop by and see what new things they have to offer.

The new fall session (14 weeks) is now under way but you can still join. Class fees are: $2 per class per session-NIHFC member; $2.50 per class per session-nonmember; and $3 per class drop-in.

Class sessions are as follows:

Quick Fit—High level, 45 minute total workout of stretching, strengthening, muscle toning, stomach exercises, and cardiovascular endurance exercises.
MWF: noon to 12:45 p.m.; 5:15 to 6 p.m.

Alive—Too tired to move at the end of the day? Come Alive! Increase your energy, posture, and endurance.
MWF: 6 to 7 p.m.
Tu/Th: 5 to 6 p.m.

Stretch 'n Strengthen—A great class for the beginner as well as the advanced conditioned person, combining stretching, strengthening, toning, and relaxation.
Tu/Th: 12:15 to 12:45 p.m.

E-Z Action—a 45 minute easy approach to acrobatic exercises with no jumping, spotting, or just two. Class involves warm-up, stretching, light aerobics and walking and dancing, and cool down.
Tu/Th: 4 to 4:45 p.m.

Spot Stretch—a serious minutes of concentrated, uncoordinated body toning and stretching, with special emphasis on arms, hips, thighs, abdomen and posture.
MWF: 7 to 7:45 a.m.

Health & Fitness Workshops—Various workshops dealing with weight loss, nutrition, weight training, etc. See "Smoke Signals" and "Record" for announcements & details.
Tu/Th: 11:30 a.m. to 12:15 p.m.

For more information on the Fitness Center and classes, call Janet or Tom at 496-TRIM or the R&W Activities Desk, Bldg. 31, 496-4600.

Judo Demonstration

There will be a demonstration of Kodokan Judo in Bldg. 1, Wilson Hall, from 10 a.m. to 1 p.m., Wednesday, Sept. 25.

Members of the NIH Judo Club and their Sensei (teacher), Dr. Thomas E. Malone, NIH Deputy Director and holder of the Second Degree (Nidan) Black Belt, will demonstrate the art of Judo—"the gentle way."

The third annual NIH Walk/Run will be held on Oct. 23 to launch the 1986 Combined Federal Campaign. This popular event, co-sponsored by the NIH Health's Angels and the NIH Recreation & Welfare Association, attracted more than 250 participants last year.

Runners and walkers will begin the 5,000 meter run (3.1 miles) and the 2,000 meter walk (1.2 miles) at noon in front of Bldg. 1. Registration forms are available at R&W Gift Shops and at the NIH Fitness Center.

For the entry fee of $4, each walker or runner will receive a white-and-red T-shirt featuring this year's CFC theme, "Give Somebody a Chance." To ensure receipt of a T-shirt prior to the event, be sure to register by Friday, Oct. 1.

First, second, and third place runners will be presented awards in each of four divisions: male, 39 and under; female, 39 and under; male, 40 and over; and female, 40 and over. All walkers and runners will receive certificates of accomplishment.

The Walk/Run is open to all NIHers who wish to participate. Exercise your options—give your body a chance to walk or run on Oct. 23.
U.S.-French Naval Teams Use New Cameras To Locate Sunken Titanic 12,000 Feet Down

A railing and other remains of decking aboard the Titanic are mute reminders of havoc wreaked as the luxury liner sank to the bottom of the Atlantic Ocean, more than 12,000 feet below the surface. Photographs taken by cameras aboard unmanned vehicles have revealed in detail the remains of the gigantic luxury ship, heralded as unsinkable but doomed. —Photo by Woods Hole Oceanographic Institution.

By Jim Pomeroy

Just before midnight on April 14, 1912, the much-touted but ill-fated Titanic, on her maiden voyage, struck an iceberg in the Atlantic Ocean and a few hours later sank to the ocean floor, killing 1,500 people in the worst sea disaster in history. The exact location of the Titanic remained an enticing mystery until Sept. 1, 1985, when, using newly developed camera and sonar systems, American and French collaborating teams finally located theTitanic 12,000 feet below the ocean's surface.

The scientific objective of the search was to test these American camera and French sonar imaging systems. Locating the Titanic was a dramatic means to illustrate the advanced capabilities of the systems. What more dramatic demonstration could be made? (However, the ship could have been buried beneath a landslide after settling on the bottom of a deep sea canyon. Then, even if the instruments proved themselves, the location of the Titanic could have remained lost.)

Two months earlier the French had "mowed the grass" in a 12 by 15-mile search area. But some types of ocean floor terrain are inaccessible to the French sonar system. The U.S. Navy ship, the Knorr, searched these small remaining areas to the Argo, a video camera-laden submersible craft, along canyon tributaries and desert areas of the difficult seascape.

Ironically the Titanic was first located by the Knorr's simpler 25-year-old sonar device, the type used daily by fishermen. The sophisticated French and American equipment zeroed in on the general area of the sunken Titanic but the simpler sonar first spotted the actual ship.

In their earlier outing the French team had narrowly missed finding the Titanic. After the U.S. team finally located the sunken liner, the Argo craft used its video capability to fix the exact locations and heights for the operation's next phases: letting the Angus, the sister craft, guided by the Knorr's computer and communication systems, take camera shots from the previously Argo-designated locations above the bow, deck and bridge areas toward the front of the ship.

Full rolls of Angus film, 1,200 feet in length, were routinely processed in 4 hours in the Knorr's on-board photo lab. The news media have published these state-of-the-art pictures.

To preserve the Titanic in its resting place, the U.S. Congress may establish the ship as an International Memorial.

On Sept. 11, the National Geographic Society, which helped fund this research project, hosted a Washington press conference at which John Lehman, Secretary of the Navy, formally congratulated Dr. Robert D. Ballard of the Woods Hole Oceanographic Institution for his scientific contributions to the technology of ocean floor exploration.

After accepting these congratulations, Dr. Ballard went on to explain the scientific techniques and procedures used in ocean floor exploration operations. He also cautioned that no overall analysis had been made to fit all the findings about the Titanic into a single mosaic and some of his preliminary findings may be altered.

The U.S. Navy is the primary sponsor for ocean floor exploration which the Woods Hole Oceanographic Institution manages. The U.S. Navy owns the research ships and craft and stipulates the research results be made immediately available to the public.

Not all basic research systems prove themselves as dramatically as in the Titanic's discovery. But without the discovery of the Titanic, the ocean floor exploration systems, though just as successful, would have gained much less public recognition.

Now that the major testing is completed, the first real scientific exploration mission planned for these camera and sonar systems is surveying a 120-mile section of the East Pacific Rise which extends south from an area near San Diego.

Further system developments are already under way to enhance ocean floor explorations whose results are expected to have military and commercial applications. —Mr. Pomeroy, a computer programmer at NINCDS, has a personal interest in oceanography. He covered the Sept. 11 "Titanic" press conference for The Record. □
NIH Director Issues Revised Guidelines on Outside Work
By NIH Civil Service and Commissioned Corps Staff

Dr. James B. Wyngaarden, NIH Director, has issued revised guidelines on approval of requests to do outside work by all NIH Civil Service and Commissioned Corps employees. The new document (NIH Manual Chapter 2300-735-4 dated Aug. 1, 1985) had its origin in recommendations by the Committee on Outside Work. Additions to the guidelines cover:

- new criteria for consultative service to industry;
- acceptance of honoraria by the incumbents of certain NIH positions;
- conditions under which private medical and dental practice may be permitted, and
- deletion of the requirement for a renewal form HHS-520 for continuing activities where neither the position of the employee nor his activity has changed since the initial approval.

The last official NIH statement on issues of outside work by NIH staff members was the 1970 NIH Manual Chapter, "Outside Work and Other Outside Activities." A Committee on Outside Work was appointed by the NIH Director in 1982 to update the guidelines and Dr. Philip S. Chen, Jr., NIH Associate Director for Intramural Affairs, was named chairman. Recommendations submitted in 1983 were successively considered by the Board of Scientific Directors, the BID Directors, the Assistant Secretary for Health, and reviewed by a joint NIH-ADAMHA committee.

Executive Order 11222, Section 202, sets the Federal policy on outside work: "An employee shall not engage in any outside employment, including teaching, lecturing, or writing, which might result in a conflict, or an apparent conflict, between the private interests of the employee and his official government duties and responsibilities, although such teaching, lecturing, and writing by employees are generally to be encouraged so long as the laws, the provisions of this order, and Office of Personnel Management and agency regulations governing conflict of interest and outside employment are observed."

Outside work and activities requiring approval for NIH employees include: teaching, lecturing, and speech making; professional and consultative services with outside organizations; private medical and dental practice; consultative services relating to patient care; service on boards or committees; writing, editing, or publishing; holding office in a professional organization; any outside work or activity by an NIH employee, in his/her Government capacity or otherwise, which creates a real or apparent conflict of interest or a question about the propriety of which the employee is uncertain; any other outside activity for which the NIH Director imposes an approval requirement through an amendment to this manual chapter.

In general, previous NIH policies on outside work continue; however, a major exception is consulting for industry. This change, which allows consulting under certain circumstances, recognizes the increasing desire of NIH scientists to consult for nongovernmental for-profit organizations engaged in biomedical research, the increasing importance of these organizations in contemporary biomedical research, Executive Branch encouragement of closer governmental/private sector cooperation, and the belief that conflict of interest problems can be avoided if safeguards in the NIH manual chapter are followed.

No NIH employee should engage in any outside activity which would:
- constitute a real or apparent conflict of interest;
- damage NIH in its appearance of objectivity in the eyes of the biomedical community, particularly those organizations whose products are tested by NIH or with which NIH participates through grants, cooperative agreements, or contracts;
- interfere with an employee's regularly assigned duties. "Regularly assigned duties" include the total set of obligations and responsibilities which characterize the performance of professional researchers and research administrators at NIH.

Consulting for Industry

Consulting for industry raises special concerns. "Industry," in this case, means a for-profit firm or a nonprofit organization which seeks to develop and/or market, directly or indirectly, a technique, process or product. The following requirements apply to consultations for industry:
- consulting work using the general knowledge and expertise of an employee may be approved to be performed on an ongoing basis for a particular individual, company or institution.
- but information concerning the employee's ongoing NIH research should be available on a non-exclusive basis, through, for example, lectures such as those presented at an open conference.
- outside consultation with private industry for compensation requires approval of the NIH Director.
- total compensation from consulting is limited to $25,000 per year, with no more than $12,500 from any individual company. Compensation may not include stock options, nor may an employee own stock in the company for which he/she consults.
- no government time, facilities, or other resources may be used.

• a company may not list the name of the NIH scientist or his/her affiliation with the NIH in material used for publicity or promotional purposes.
• annual leave or leave-without-pay must be used by an NIH employee if outside consulting work is to be performed during normal NIH working hours.

(Commissioned Officers are required to take 1 day of annual leave for each day during which any consulting takes place.)

High-Level Officials

Outside work on the part of high-level NIH officials, particularly BID Directors, may, under certain circumstances, be permissible. There are occasions when these officials can separate themselves from their official role and accept payment.

Remuneration may not be accepted from recipients of Federal financial assistance or from persons, institutions or organizations potentially falling into those categories. With these restrictions in mind, the following types of work are examples of permissible outside activities:
- writing or editing scientific material for publication;
- teaching, lecturing, or participating in preparation of examinations for nonprofit professional societies.
- serving as a lecturer sponsored by a private endowment not connected with or controlled by an institution or person receiving a contract, or cooperative agreements. If a proposed activity is disapproved, the high-level official may request that the NIH Director seek an advisory opinion from an appeals committee composed of three NIH Deputy Directors.

No major change has been made from the previous policy that generally restricts outside work for remuneration by extramural program administrators, because of their responsibilities for grant, cooperative agreement or contract review or administration.

Clinical Practice

Private clinical practice may be requested on Form HHS-520 and is generally permitted, if performed on one's own time. It is generally limited to a maximum of 8 hours per week (400 hours per year). Each employee requesting authority to engage in private practice of medicine must agree that:
- no patient, with whom a continuing (Continued on Page 5)
Marguerite Kennedy Dies Of Cancer at Age 49

Marguerite (Bonnie) Kennedy, who retired last year from the National Institute of Allergy and Infectious Diseases, died of cancer at the Washington Home and Hospice in Bethesda, Md., on Aug. 26. She was 49.

A native of this area, Ms. Kennedy joined NIAID in 1968 as secretary to Dr. Clarence Sooter, chief of the Virology and Rickettsiology Branch of the Institute’s Extramural Programs. Until her retirement, she worked with his successor, Dr. William P. Allen, virology program officer in the Microbiology and Infectious Diseases Program.

Dr. Allen said that “Bonnie was an invaluable aide, not only in my office, but in her dedicated efforts in behalf of the U.S.-Japan Panel on Viral Diseases. She was particularly effective as one of the technical assistants who worked tirelessly in the preparation and publication of the 1979 six-volume Task Force Report on Virology. She will be missed by her many friends at NIH.”

OMS Mounts Weight Loss Program for All NIHers; Some at NCI and NICHD Start to Melt Pounds

Beginning Oct. 15, National Cancer Institute employees from the Blair Bldg., will compete against National Institute of Child Health and Human Development employees from the Landow Bldg. in a 12-week contest to determine which team has “the guts” to achieve their desirable weight goals.

Winning the weight loss game is often a matter of will power, determination, and stick-to-itness for many individuals. Sticking to a diet or exercise program to lose weight often is easier if done with a friend, spouse, or with group support provided by one of the popular weight loss programs such as Weight Watchers, Overeaters Anonymous and scheduled exercise classes.

A new approach to weight loss is currently being conducted at NIH using the spirit of “competition and cooperation” among employees.

All competitors will be asked to make a small contribution toward the prize money pool and will be given a copy of a behavior modification manual for weight loss. The winner will be the team that achieves the greatest percentage of its goal weight. Prizes will be awarded to team winners by R&W. Any interested employee located in these two NIH buildings can compete for their team by contacting Ed Maibach, NCI (427-8656), and Joyce Pilcher, NICHD (496-9593).

This pilot competition is based on research done by Dr. Kelly Brownell, associate professor, department of psychiatry, University of Pennsylvania School of Medicine, who has conducted this type of weight loss competition. In competition thus far, most competitors have been quite successful in achieving their goal weight.

Dr. Brownell and his colleagues have established guidelines for the NIH competition with assistance and cooperation from NCI and NICHD personnel, members of the NIH Nutrition Coordinating Committee’s Subcommittee on Nutrition Education, R&W, and Occupational Medical Service personnel.

Join this team effort! Use your competitive spirit in the fight to lose unwanted pounds and achieve a desirable weight for the sake of your team and your overall good health!

More information on the first NIH Weight Loss Competition will be provided in the next issue of The NIH Record.

Occupational Medical Service, along with the NIH Nutrition Coordinating Committee’s Subcommittee on Nutrition Education, will conduct a 12-week weight reduction program for NIH employees beginning Oct. 15.

Safe weight loss, using behavior modification techniques and nutritionally balanced diets, will be emphasized. Employees will weigh in weekly and receive written material to help them learn new eating patterns for losing weight and keeping it off.

Employees will determine their individual diets, and OMS staff will be available at the times and locations listed below to review employees’ progress, make recommendations and provide counseling.

OMS recommends that all participants first check with their doctors before starting a diet.

Employees serious about losing weight and willing to make a 12-week commitment, may sign up on sheets which will be available the first week of October at these locations:

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<td>Federal</td>
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OUTSIDE WORKS

(Continued from Page 4)

physician-patient relationship is established in outside private practice, will be referred to NIH as either an inpatient or outpatient as a consequence of that relationship;

• the employee will never knowingly establish a physician-patient relationship in outside private practice with any current or recently discharged NIH patient, and

• no employee with final responsibility for admission of patients to the Clinical Center can receive a fee for service as a consultant to another physician where the condition of the patient would appear to make that patient eligible for CC admission in an area currently supervised by that employee.

• the NIH employee should not accept a primary responsibility for the care of one or more patients except in circumstances where it will clearly not impose on, or interfere with, his/her responsibilities as a Federal employee.

Time Off

Approved outside work and activities must be undertaken outside of officially scheduled work hours or during periods of approved leave. In the case of Commissioned Officers, station leave may not be used for outside work, and annual leave must be taken in whole days rather than in hours.

Before commencing any outside activity requiring advance administrative approval, an employee must obtain that approval by filing Form HHS-520, Request for Approval of Outside Activity. Renewals of continuing activities (for example, private practice) must be submitted if the employee changes positions or if there is a change in activity. —Joyce McCarthy
Exercise During Pregnancy—Will It Harm Baby? NICHID-Supported Scientists Find Some Answers

Because of the increasing popularity of exercise among women—about half of all women exercise regularly—many are continuing to exercise when they become pregnant. Most physicians agree that healthy women who exercised regularly before pregnancy can carry themselves and their fetuses safely to term while continuing to exercise.

Still, no exercise standards for pregnant women have been set. Only a handful of studies in humans have explored the possible benefits or risks to the mother and fetus.

"Because the exercise phenomenon is relatively new, human studies on the effects of exercise during pregnancy are in short supply," said Dr. Jean-Claude Veille, an obstetrician at Case Western Reserve University. But some of the questions about the safety of exercising during pregnancy are beginning to be answered.

Dr. Veille and his colleagues recently conducted a study supported by NICHD on pregnant women to see what effect, if any, moderate exercise had on the uterus, the organ that holds and supports the developing fetus. The muscle of the uterus contracts irregularly during pregnancy, causing the abdomen to harden periodically in preparation for labor. But the amount of uterine activity concerned the researchers because, although some activity during pregnancy is normal, excessive uterine activity may lead to early labor.

Two Types of Exercise

But the results were reassuring. "None of the women had any increase in uterine activity," Dr. Veille said. He added that "exercise itself did not trigger premature labor in these healthy women."

Dr. Veille's conclusions come after studying 17 women's responses to two types of exercise performed during the last 8 weeks of their pregnancies. The women either walked for 30 minutes or pedaled a stationary bicycle for 15 minutes. All of the women were healthy and had participated in a regular exercise program before the experiment began.

The researchers measured uterine activity with a device called an external tocotometer, which is strapped to the outside of the woman's abdomen. The device records the movement caused by the uterine muscle relaxing and contracting. The woman's uterine activity was measured before exercising and for 30 minutes following the exercise.

The researchers found that neither type of exercise increased uterine activity above normal levels during the 30 minutes after the women stopped exercising. The researchers did not measure the contractions while the women actually performed the exercise.

However, Dr. Veille said if the exercise did cause the women to be more susceptible to premature labor, the postexercise readings would probably have shown increased uterine activity. Even more reassuring, noted Dr. Veille, was that none of the infants born to the women was premature.

In addition to monitoring uterine activity, the researchers also measured the fetuses' heart rate and the mothers' heart rate and blood pressure before and after exercising. As expected after any type of exercise, the mothers' heart rate increased. The fetuses' heart rate also increased following exercise, but returned to normal within 30 minutes.

Dr. Veille recommends that women continue to exercise as long as they feel comfortable, but within limits. "If a woman is healthy and exercised regularly before pregnancy, then exercise probably has more benefits than risks," he said. "But if a woman has never exercised before, then she shouldn't start exercising when she's pregnant," added Dr. Veille.

Besides giving a woman a positive self-image and sense of well-being, he said, exercise during pregnancy can maintain a woman's muscle tone, strength and endurance. —Patricia Blessing

"If a woman is healthy and exercised regularly before pregnancy, then exercise probably has more benefits than risks," Dr. Veille says.
NICHD's Child Health Day Symposium Salutes Intensive Care for Premature, Low-Weight Babies

To celebrate Child Health Day 1985, NICHD is sponsoring a symposium to commemorate the 25th anniversary of the introduction of neonatal intensive care units for premature and low birth weight infants. The symposium will be held on Monday, Oct. 7, at 1:30 p.m. in the Masur Auditorium. All NIH employees are invited.

The first neonatal intensive care unit specifically designed to meet the special needs of very premature and low birth weight infants was opened at Yale University 25 years ago this month.

The quality of care available through these nurseries is primarily responsible for the dramatic drop in infant mortality that has occurred over the past 25 years. NICHD has sponsored much of the research on the metabolism and nutrient requirements of these very small babies, temperature regulation in newborns, treatment of respiratory distress syndrome, and techniques to monitor respiration, heart rate, levels of oxygen in the blood and other bodily functions that has led to improved survival rates for these gravely ill infants.

Improved Care

Many of the findings from this research benefit other seriously ill infants and much of it is applicable to improved care for normal newborns.

The symposium at NIH will feature some of the pioneers in the development of neonatal intensive care and will focus on the history, current status and future of neonatal intensive care units.

Dr. Lawrence Gartner, University of Chicago, will present a historical overview of the care of premature infants; Dr. Louis Gluck, University of California at Irvine, will speak on the conceptualization and initiation of the neonatal intensive care nursery in 1960; Dr. Joseph Butterfield, University of Colorado, will discuss the regionalization of neonatal intensive care, and Dr. Mildred Stahlman, Vanderbilt University, will present advances from research on neonatal physiology in intensive care units.

Also, Dr. Mitzi Duxbury, University of Illinois, Chicago, will speak on contributions of nursing research to improve neonatal intensive care; Dr. George Little, Dartmouth Medical School, will discuss the impact of 25 years of neonatal intensive care on infant outcomes; Dr. Philip Sunshine, Stanford University Medical School, will speak on the neonatal intensive care unit today; and Dr. Duane Alexander, NICHD Acting Director, will discuss the NICHD low birth weight initiative.

Dr. Sumner J. Yaffe, director of the Center for Research for Mothers and Children, NICHD, will moderate the symposium.

As part of the Child Health Day commemoration, NICHD, in conjunction with the PHS Division of Maternal and Child Health, will sponsor a dinner in the Great Hall of the National Academy of Sciences. Dr. Robert J. Haggerty, president of the American Academy of Pediatrics, will be the featured speaker.

Presentation of this year's "Healthy Mothers, Healthy Babies" awards will conclude the evening program. These awards are presented to members of the National Healthy Mothers, Healthy Babies Coalition whose outstanding programs or projects have promoted the health of mothers and babies through public education and awareness.

For more information about the symposium, call the NICHD Office of Research Reporting, 496-5133.

The trouble with the dictionary is that you have to know how a word is spelled before you can look it up to see how it is spelled.—Will Cuppy

Microcomputer Club Sponsors P.C. Lab Automation Display

The NIH R&W Microcomputer Club will sponsor a presentation on laboratory automation using Personal Computers (PCs) on Thursday, Oct. 3, from 8 a.m. to 3 p.m.

The sessions will be held in the Bldg. 10, 14th floor assembly hall.

Representatives of the IBM Corporation, BBN Software and Laboratory Technologies Inc. will demonstrate PC hardware and software used to collect and analyze data from a variety of lab instrumentation and sensors.

Data collection can be automated using LabTech Notebook, and a set of more powerful statistical tests and analysis tools are available through RS/1.

A 1-hour overview of the products will be presented at 10 a.m. and at 1 p.m. Ongoing demonstrations will feature data acquisition, LabTech Notebook, RS/1 and high-resolution graphics.

Venice Art Scholar to Speak Under FAES Auspices Oct. 22

Prof. Terisio Pignatti will present a lecture entitled "Piety and Irony in 18th Century Venice: Tiepolo and Longhi," Tuesday, Oct. 22 at 8 p.m. in the ACRF Amphitheatre.

Prof. Pignatti is currently the director of Museums, City of Venice, Italy and is internationally known for his studies of Venetian Art, especially the works of Tiepolo and Longhi. He has recently served as visiting professor of Italian Civilization at Harvard University and professor of Italian Art at the University of North Carolina at Wake Forest.

This cultural experience is sponsored by the Foundation for Advanced Education in the Sciences Inc.

Foreign Scientists Assistance Relocated to Building 16A

The Foreign Scientists Assistance Branch (FSAB) of the Fogarty International Center has relocated to Building 16A, which the FIC likes to think of as the International House.

The new accommodations will offer greater accessibility to FSAB staff for Visiting Program participants and sponsors. Phone numbers for the FSAB remain the same, 496-4335 and 496-6166. Welcome!

The Record September 24, 1985 Page 7
CAMP FANTASTIC: A HIVE OF ACTIVITY

"I got involved with the camp through the fund-raising barbecue held last June," said Ms. Waters, a procurement specialist at the CC for the past 5 years. "I'm spending the whole week here. This is my vacation." She is also teaching aerobics and explaining to curious campers why she follows a vegetarian diet.

Another volunteer is Jenny Evans, a child psychiatric nurse from Children's Hospital who edited the daily "Special Love Ink" newspaper. The paper was read eagerly at lunch each day, mainly by campers who wanted to see if their affairs had made the gossip page.

"Everybody who knows about this camp just wants to help," said one young mother from Front Royal who taught a basketweaving class each morning. "Word of mouth gets around this town so fast."

Another young man from town, normally a lifeguard at the local pool, volunteers a week out of his summer to work with the campers. Beverly "Beaver" Edwards, a student at Shepherd College in nearby West Virginia and a Winchester native, teaches canoeing.

The mayor of Front Royal welcomed the campers on Aug. 18 and a police escort heralded their arrival at the Northern Virginia 4-H Educational Center, home of Camp Fantastic. Area businesses and Rotary Clubs have all been generous in holding cookouts and arranging hot air balloon rides, among other special events. The town seems genuinely proud to host the campers.

One of the best things about the camp is the chance it offers campers to share their stories with youngsters from other hospitals and different social and economic backgrounds who have borne similar burdens.

Norman says he thought seriously of killing himself when, at age 16, he was operated on for a brain tumor. "I knew there was something wrong with me before the operation," he related. "I used to run track and I would get so tired. I also was clumsy when I tried to do certain things." Following surgery, the normally athletic Norman was confined to a wheelchair.

"If it weren't for my uncles, I would have taken my life," he said. "They told me just to be patient. They said things would get better if I kept trying."

"I like people in general," he said. "I've learned that love can be a hurting thing. If you depend on someone to do everything for you and you lose that person, you're in trouble. You've got to love yourself; do for yourself."

Looking at his interviewer in the eye, he added: "Someone might look at you and think you're ugly. But I take you for what you are, and I like you."

That might be why they call it Camp Fantastic. □

Comedy About Life at NIH
Written by Dr. Robert Martin

Dr. Robert G. Martin of NIADDK will present his reading—no sets, no costumes—of a comedy based on life at NIH, Oct. 7. The reading, "Causal Relationships," written by Dr. Martin, will take place at the Harris Theater on the George Mason University campus in Fairfax, Va., at 7:30 p.m. on Oct. 7. Admission is free. □
Four New Members Named to DRR Advisory Board

Four new members—two college presidents, the dean of a medical school and an associate professor of medicine at a major research university—have been named to the Division of Research Resources’ National Advisory Research Resources Council.

The new members are: Dr. Stuart Bondurant, professor of medicine and dean, School of Medicine, University of North Carolina at Chapel Hill; Dr. Linda Collins Cork, associate professor of comparative medicine, The Johns Hopkins University School of Medicine; Dr. Norman C. Francis, president, Xavier University, New Orleans, La.; and Dr. David Satcher, president, Meharry Medical College, Nashville, Tenn.

Major responsibilities of the 18-member Council are to review grant applications and advise the Division on matters relating to its programs, including the General Clinical Research Center, Animal Resources, Biomedical Research Technology, Biomedical Research Support, and Minority Biomedical Research Support programs. DRR also oversees NIH’s new Research Centers in Minority Institutions Program.

Dr. Bondurant, recognized for his clinical research on circulatory and respiratory dysfunctions, has been dean of UNC’s School of Medicine since 1979. Before being named dean, Dr. Bondurant was chairman of the department of medicine at the Albany Medical Center in Albany, N.Y., and served as president and dean of that school from 1974 to 1979. In 1966 Dr. Bondurant served as chief of the Medical Branch of the National Heart Institute’s Artificial Heart-Mycardial Infarction Program.

Included among Dr. Bondurant’s many awards and honors are the Duke University Distinguished Alumnus Award in 1974; Fellow, Royal College of Physicians (Edinburgh) in 1981; and Fellow, American Association for Advancement of Science in 1982.

Dr. Cork, a native of Texas and a graduate of Texas A&M and Washington State Universities, has been associated with Johns Hopkins since 1976, and has been an associate professor of comparative medicine and pathology since 1982. Prior to her appointment at Johns Hopkins, Dr. Cork was an assistant professor of pathology at the University of Georgia’s College of Veterinary Medicine.

A productive research investigator with more than 100 abstracts and publications to her credit, Dr. Cork is nationally recognized as an expert in veterinary medicine and comparative pathology. In addition to membership in such professional societies as the American Association of Neuropathologists, and the American College of Veterinary Pathologists, Dr. Cork has served on the editorial board of Veterinary Pathology, and on an NIH Special Study Committee.

Dr. Francis has served nearly 18 years as president of Xavier University, the nation’s only Catholic university with a predominantly black enrollment. During his career at Xavier, he has also served as chairman of the board of the Educational Testing Service, and as a board member of the Carnegie Foundation for the Advancement of Teaching, the Earl Warren Legal Training Program, and the National Assessment of Education Progress.

His past professional affiliations include presidency of the United Negro College Fund; the National Commission on Excellence in Education; the Committee on Education, United States Catholic Conference; and the Vatican’s Pontifical Commission on Justice and Peace.

Dr. Satcher, who became president of Meharry Medical College in 1982, was previously chairman of the department of community medicine and family practice at Morehouse College of Medicine. From 1976 to 1979, he was a faculty member at the Charles R. Drew Postgraduate Medical School in Los Angeles and chairman of the department of family medicine. In 1977, Dr. Satcher was named interim dean of the school.

He brings to his appointment on the Council strong ties with NIH from his role as project director of the King-Drew Comprehensive Sickle Cell Center and as principal investigator of a comprehensive educational screening and counselling program in sickle cell disease.

HBP STUDY
(Continued from Page 1)

These research projects will assist in developing drug treatment strategies for high blood pressure which are individually tailored to a given patient’s needs.

At this time, NHLBI is actively looking for individuals in the community who are between the ages of 18 and 60, have high blood pressure (with or without other symptoms), and would be willing to participate in such studies. Individuals with a strong family history of high blood pressure are of interest as well.

Everyone accepted into the program will receive a comprehensive history and physical examination as well as laboratory work related to their evaluation. These will be performed at the NIH Clinical Center at no cost to patients. Medications for the study also will be provided at no cost during the study.

Individuals who would like more information about these studies should contact Drs. Frederic Sax or Martin Leon by calling (301) 496-4042, or by writing to the Cardiology Branch, Bldg. 10, Rm. 7B-15, NIH, Bethesda, MD 20892.

Mother Who Adopted 20 Speaks on Handicapped

NIH will celebrate Employ the Handicapped Week with special programs in the Clinical Center’s Masur Auditorium and in the ACRF on Wednesday, Oct. 2, between 11:30 a.m. and 1 p.m.

Mrs. Dorothy DeBolt, coauthor with her husband of the inspiring book, Nineteen Steps, Up the Mountain, will be the featured speaker. She will relate the uplifting story of how the DeBolt family adopted and raised 20 children in addition to their own youngsters.

Included among the score of children adopted by the DeBolts were disabled orphans from war-torn Vietnam as well as those who joined the family with delayed mental or physical development.

Mrs. DeBolt will share both the trials and the triumphs experienced in bringing up her birth children and their adopted brothers and sisters. Many of these children are adults now and engaged in successful careers in spite of handicaps or the early disadvantages they suffered before adoption.

Entertainment on stage will feature the magical/musical performances of “Whyll and Dohn,” back again to delight NIH audiences. In the ACRF lobby, Inwood House Artists will display arts and crafts created by disabled craftsmen.

These programs are being sponsored by the NIH Division of Equal Opportunity and its Handicapped Employees Committee. All NIH employees are invited to attend.

Sign language interpretation will be provided. If accommodation for other handicapping conditions is needed, please contact the NIH Division of Equal Opportunity on 496-6301.
**Electron Microscope Melded with Microcomputer Yields Deep Look into Cells' Chemical Actions**

The melding of an electron microscope with a powerful minicomputer by NIH intramural scientists has yielded a unique system that is revolutionizing several research disciplines. This new and more powerful instrument allows scientists to see the chemistry of a specimen, not just its structure.

At a recent NIH Science Writers Seminar, investigators using this analytical electron microscope system (AEM) described how it has made possible new understanding of normal cell processes and the role of some elements in development of certain neurologic diseases.

The new and more powerful microscope system is the result of 4 years of intensive collaboration by physicists, engineers, and computer scientists from DRS' Biomedical Engineering and Instrumentation Branch, and DCRT's Computer Systems Laboratory, the seminar's moderator, Dr. Murray Eden, BEIB chief, pointed out.

**Microscopes Plus Computer**

Charles Fiori, one of the BEIB physicists on this team, explained how they coupled two variants of the electron microscope to an interactive computer.

This computer system is what puts the AEM in a class by itself: it collects and stores an incredible amount of information generated when the microscope's beam electrons interact with a specimen.

With the standard electron microscope, only an infinitesimal amount of this information could be recorded on photographic film.

The added computer simultaneously records all these signals, and through powerful mathematical and statistical transformation, produces color images of the distributions of all the periodic table elements except hydrogen and helium.

Each spot in the image corresponds to a quantitatice chemical assay of about 500 atoms.

According to Fiori, "No other procedure can touch us for doing chemistry on such a small volume. We are doing chemistry of nature at its most fundamental level."

**Developed at NIH**

Changes in the electron microscope, the computer system's hardware and software, and methodologies for actual specimen analysis were all developed by the NIH team.

Dr. Richard Ornberg, senior staff fellow in NIAADD's Laboratory of Cell Biology and Genetics, described how he used the AEM to study the normal secretory process—how cells manufacture, store, and release biological effector molecules to control body functions. Such information should help scientists to eventually understand secretory disorders—such as diabetes and cystic fibrosis—that afflict 3 to 4 percent of Americans.

The model cell for secretory research is the bovine (ox) adrenal cell. This cell manufactures catecholamines—adrenaline and noradrenaline—and stores them, along with protein and ATP (the major energy molecule in all cells), in its granules until they are released into the bloodstream to maintain blood pressure and heart rate.

**Locating Calcium's Sites**

He has coupled the AEM with special sample preparation techniques, including quick freezing and frozen sectioning, to determine the precise location and amount of calcium in neurons at any given time.

Calcium is known to play several critical roles in normal neuron function. Furthermore, scientists have speculated that the repeated influx and removal of calcium at a synapse (the 'gap' or point where separate nerve cells make contact) may influence the "strength" and "stability" of that synapse, thereby determining its relative importance to the overall response of the receiving neuron. Researchers have long suspected that neurons might contain special sites dedicated to the proper in-and-out shuttling of calcium ions.

Until the AEM, it has been impossible to prove the existence of such sites because no method could detect calcium in its natural location within small and specific areas of cells.

**Observing 'Chemistry' in Action**

With the new system, Dr. Andrews examined the synapses between the presynaptic (transmitting) parallel fiber axons and the postsynaptic (receiving), club-like extensions known as spines in a mouse cerebellar cortex. In resting synapses, he was able to show the absence of calcium-rich sites, which might function as storage depots.

But he found many small sites of high calcium concentration in synapses that had just been fired. This would be expected if neurons had buffering sites that would scavenge calcium after a nerve transmission in order to terminate the signal and ensure against a calcium overload.

**Valuable Clues**

His research should provide valuable clues to the cellular mechanisms underlying the development and regulation of brain circuits and the basis for diseases such as Alzheimer's in which the neurons' ability to handle calcium is impaired.

These subcellular studies of Drs. Andrews and Ornberg were done with the AEM system that uses a scanning transmission electron microscope.

(Continued on Page 11)
AEM
(Continued from Page 10)

NIH's other AEM system, using an electron beam x-ray microanalyzer, provides quantitative images of structures at the cellular level in bulk specimens.

Dr. Ralph Garruto, a senior research biologist in the Laboratory of Central Nervous System Studies, NINCDS, told the science writers how he used this latter system to identify deposits of calcium and aluminum in nerve cells of Guam natives who had died from two fatal neurologic diseases.

Amyotrophic lateral sclerosis (ALS) and parkinsonism-dementia (PD) had occurred in the Chamorro population on Guam at a high rate, accounting for 20 percent of all adult deaths. However, in the past 30 years while the disease has been monitored by scientists at NINCDS' research center on Guam, the incidence and mortality rates have dropped to levels only moderately above those of the continental U.S.

Tracking Brain Disease

ALS on Guam, clinically the same as seen elsewhere, affects the motor neurons of the brain and spinal cord, leading to eventual paralysis and death. PD on Guam is basically the same parkinsonism as seen in the U.S. but patients also have an early-onset, progressive dementia. Both disorders show the hallmark of Alzheimer's disease—neurofibrillary tangles (NFT) or bundles of fibrous proteins—in the brain and spinal cord.

Using the x-ray microanalyzer system, Dr. Garruto was able to demonstrate the colocalization of calcium and aluminum deposits in NFT-bearing neurons in the hippocampal area of the brains of patients who had died from ALS and PD.

Based on these and other generic, epidemiologic, and environmental findings by the NINCDS team, they believe that the Guam natives have a basic defect in mineral metabolism. When this is provoked by chronic nutritional deficiencies of calcium and magnesium—the water and soil in this area of Guam are extremely depleted of calcium but high in other elements such as aluminum—there is increased intestinal absorption of the toxic metals, which are then deposited in the neurons along with calcium. This interferes with axonal (nerve impulses) transport, resulting in excessive accumulation of neurofibril lament proteins and formation of neurofibrillary tangles.

According to Dr. Garruto, this hypothesis would account for the dramatic decrease in ALS and PD on Guam since the Chamorros have become increasingly westernized and have changed their dietary habits and sources of food and water.—Bobbi Bennett

Dr. Wilford Nusser, NIEHS Associate Director, Retires After Twenty-Five Years Govt. Service

Dr. Wilford L. Nusser retired recently as associate director, Extramural Program of the National Institute of Environmental Health Sciences at Research Triangle Park, N.C. At his retirement he had completed 25 years with the Federal Government, including work for the U.S. Coastal and Geodetic Survey, Navy Service during World War II, and 20 years with NIH.

Dr. Nusser served with the National Eye Institute and the National Institute of Arthritis, Diabetes and Digestive and Kidney Diseases before joining NIEHS in 1977.

The Extramural Program that Dr. Nusser headed for 8 years administers grants to researchers at universities, colleges, and private research organizations throughout the U.S.

It also oversees grants to establish and operate environmental health science centers, marine and freshwater biomedical centers, and various training programs to increase professional expertise in the field of environmental health sciences.

NIEHS is the principal Federal agency for biomedical research on the health effects of environmental agents.

Dr. Nusser joined NIH in 1966 as an NIH grants associate, which he remembers as one of the wisest career decisions he ever made. As a department chairman at St. John's School he had found himself more and more involved with administration, and decided if he was going to be an administrator he wanted to devote himself to it full time.

When Dr. Nusser joined NIH, research grants were at a peak. "At that time we were able to fund 100 percent of the approved grants. A little later, in 1968 or 1969, for the first time we had to write letters to researchers telling them that their application had been approved, but that we couldn't fund their research. Even then, we were still funding about 95 percent of approved applications."

Now that he has retired, Dr. Nusser and his wife Donna plan to build a modularly constructed house on land they own near Lake Anna and Fredericksburg, Va., about 60 miles south of Washington, D.C. Their 5 acres will give them the best of both worlds—a feel for the country but without the work of a farm. Another item on their agenda: continuing to travel.

He and his wife have already been to Japan, the Hawaiian Islands, and on a driving trip in Europe, and they are now whetting their appetites for England, Spain, and perhaps Alaska, where Mrs. Nusser touched down briefly on route to Japan. They also plan a tour of the Midwest to visit family and old friends.

ILLS
(Continued from Page 1)

Information on various OMS health promotion programs is made available through announcements in the NIH Record, the Clinical Center Close-up, desk-to-desk announcements, posters and other publicity efforts.

In addition, interested persons may make direct inquiry to the Employee Counseling Service (496-3164), the CPR Office (496-4111), or the OMS clinics for additional information.

Blood pressure monitoring and allergy injections will be provided at designated times. Employees should check with the OMS clinic where they routinely obtain such services for the current schedule.

By emphasizing the above health services and improving patient flow, the OMS expects to improve delivery of occupational health care to NIH employees.

Bicycle Club to Meet

The Bicycle Commuter Club will hold a brown bag meeting from noon till 1 p.m. on Oct. 8 in Bldg. 31, Rm. 3. Touring will be discussed. Carl Frasch will talk about his experience touring on a tandem.

If you have slides of your summer tour, bring them. A projector will be available to show them. Everybody's welcome.

I hate careless flattery, the kind that exhausts you in your effort to believe it.—Wilson Mizner
Dr. Ronald Dubner, NIDR, Will Receive Carl Schlack Award for Pain Studies

Dr. Ronald Dubner, chief of the National Institute of Dental Research Neurobiology and Anesthesiology Branch, is the 1985 recipient of the Carl A. Schlack Award.

Presented annually by the Association of Military Surgeons of the United States, the award will be given to Dr. Dubner for building a world-renowned research program on pain and pain control through imaginative research and dynamic leadership.

The Schlack award was created to honor the memory of Captain Carl A. Schlack, DC USN Ret., whose accomplishments initiated and firmly established dental research as a full-time program in the Navy. It is given to a dentist in one of the five Federal services who has made outstanding contributions in either dental research or education.

Dr. Dubner, an international authority on pain research, has made unique discoveries about the mechanisms of pain and its control. His studies have increased our knowledge of how pain messages are relayed and encoded in the brain, and how these messages can be modulated by descending control systems originating at other sites.

These findings have been the basis of clinical studies on pain control conducted at the NIH Pain Research Facility. This collaborative pain research program was started by the Neurobiology and Anesthesiology Branch in 1983 under Dr. Dubner's leadership.

After earning his D.D.S. from Columbia University in 1958, Dr. Dubner joined the Public Health Service, in which he currently holds the rank of dental director. He came to NIDR in 1961, received a Ph.D. in neurophysiology from the University of Michigan in 1964, and then returned to the Dental Institute where he became chief of the neural mechanisms section in 1968. In 1973, he was named chief of the new Neurobiology and Anesthesiology Branch.

Dr. Dubner received a PHS Meritorious Service Medal in 1975 and the Frederick Birnberg Research Award from Columbia University in 1981. Author of more than 100 papers and books, Dr. Dubner is an officer of the International Association for the Study of the Plan and the American Pain Society.

NIH Sailing Association Offers Free Concert of Songs of Sea

The NIH Sailing Association will present a free special concert by "The Boarding Party" on Thursday, Sept. 26, at 8 p.m. in the Masur Auditorium, Bldg. 10.

This talented group of singers/musician has appeared in concerts at festivals, maritime museums and on board ships as well as in radio and television in both the U.S. and Britain.

Their songs are often bawdy, the stories behind them strange and funny, the singing enhanced by banjo, guitar, and mandolin.

This versatile group of Jonathan Eberhart, Bob Hitchcock, Tom McHenry, and K.C. King, combines strong solo work with tight harmonies to bring alive the musical heritage of the ocean and waters of the eastern seaboard.

VISITING SCIENTISTS

8/22 Dr. Alexander Eggemont, Netherlands. Sponsor: Dr. Paul Sugarbaker, Surgery Branch, NCI, Bldg. 10, Rm. 2B05.
8/26 Dr. Shoji Arakawa, Japan. Sponsor: Dr. Timothy Triche, Laboratory of Pathology, NCI, Bldg. 10, Rm. 2A10.
8/26 Dr. Ram Rudra Shukla, India. Sponsor: Dr. Phillip Alkoff, Laboratory of Molecular Biophysics, NIEHS, Research Triangle Park, N.C.
8/28 Dr. Osamu Isozaki, Japan. Sponsor: Dr. Leonard Koho, Laboratory of Biochemistry and Metabolism, NIADDK, Bldg. 4, Rm. B152.
8/29 Dr. Kunihiko Yokoyama, Japan. Sponsor: Dr. Steven Larson, Department of Nuclear Medicine, CC, Bldg. 10, Rm. 1C401.
8/30 Dr. Nor Chejanovsky, Israel. Sponsor: Dr. Barric Carter, Laboratory of Cell Biology and Genetics, NIADDK, Bldg. 4, Rm. 316.
9/1 Dr. Rachel Ehrlich, Israel. Sponsor: Dr. Dinah Singer, Immunology Branch, NCI, Bldg. 10, Rm. 5B17.
9/1 Dr. Fiorella Guadagni, Italy. Sponsor: Dr. John W. Greiner, Laboratory of Tumor Immunology and Biology, NCI, Bldg. 10, Rm. 8B04.
9/1 Dr. Grace Jung, Canada. Sponsor: Dr. C.P.J. Glaudemans, Laboratory of Chemistry, NIADDK, Bldg. 4, Rm. 203.

Booklet on Nobel Laureates Now Available from NIGMS

An updated edition of Nobel Prize Laureates: NIH Support of Excellence in Biomedical Research is now available from the National Institute of General Medical Sciences.

The brochure contains a brief history of the Nobel Prize and information about 64 Laureates—3 current and 1 former NIH scientist(s), and 60 scientists who received NIH support for research conducted prior to winning the Nobel Prize.

The booklet gives the year each scientist received the prize, the field in which the prize was given, and the research for which the scientist was cited. Also listed is the NIH component that funded the scientist and the work for which the scientist received NIH support.

For copies contact: NIGMS, Office of Research Reports, Bldg. 31, Room 4A52, (301) 496-7301.