Bioethicists Hold National Conference at NIH; Weigh Ethical Decisions in Biomedical Dilemmas

Some 53 bioethicists from around the Nation attended the first National Conference on Ethics Consultation in Health Care and Research held recently at NIH.

Meeting at the American College of Cardiology's Heart House just off campus, the bioethicists and 21 official observers met for 2 days to discuss and define the role bioethicists play or should play in assisting physicians, patients or other qualified inquirers in reaching a moral consensus on what should be done in medical care or research situations where the ethical way to proceed is not clear.

Dr. John Fletcher, NIH bioethicist attached to the Clinical Center, convened the conference. He and six other principal speakers delivered prepared papers on key aspects of the bioethicist's role.

The conference was cosponsored by the Clinical Center and the division of medical ethics of the department of medicine of the University of California at San Francisco.

Dr. Albert Jonson, professor of ethics in medicine at UCSF was a principal speaker. His topic: "The State-of-the-Art of Ethics Consultation in Health Care."

Other principal speakers and their bioethical topics were: Dr. Judith Areen, professor of law at Georgetown University Law Center, "Legal Implications of Ethical Consultation"; Dr. Terrence F. Ackerman, director, program on human values and ethics, University of Tennessee Center for Health Sciences, "Role Conflicts in Ethics Consultation"; Dr. Charles McCarthy, director of NIH's Office of Protection from Research Risks, "Ethics Consultation in the Context of Federal Regulations to Protect Human Subjects of Research"; Dr. Fletcher, "Standards for Ethics Consultations"; and Dr. Maxwell Bowerman, "Ethics Consultation and Patterns of Professional Collaboration."

Four small groups were convened twice a day (on 2 days) to discuss the main concerns and role conflicts that emerge in the bioethicists' carrying out of ethical consultations.

Among the bioethicists conferences present there were 30 Ph.D.s in philosophy or religion, 8 physicians, 7 in religious roles, 4 lawyers and 4 nurses. Employed by university-based teaching hospitals, general hospitals, or health care corporations owned by religious orders or private plans, their duties also include teaching, working with hospital ethics committees, institutional review boards, and policy development on bioethical problems.

A survey reported on at the conference confirmed that the position of bioethicist is a relatively new one. Of those responding to the questionnaire, the average time in the position was 3½ years.

One question considered in the conference colloquies was how a bioethicist should arrive at the ethical advice or opinions he delivers in a consultation requested by a physician, patient or other qualified inquirer.

The consensus appeared to be that he does not and should not act as a person who has all the right moral answers. There are no cut-and-dried answers for many ethical problems in medicine and research, it was noted.

The group, by and large, agreed that the bioethicist should act as "facilitator of moral inquiries." He or she cannot reach the "right answer" alone and whatever is agreed on must be reached with the input of the inquiring physician and that of other persons participating in the consultation. (Six of the observers at the

Dr. M. Lipsett, Renowned Endocrinologist, Dies; Served Outstandingly in Several Roles at NIH

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Dr. Mortimer B. Lipsett, Director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, National Institutes of Health, died of cancer on November 10 at the Clinical Center, NIH. He was 64 years old.

Dr. Lipsett, known internationally for his expertise in a variety of endocrine-related disorders, served the NIH for over 25 years as a biomedical investigator, physician, and administrator. He had the distinction of having been named director of three major components of the NIH: the Warren Grant Magnuson Clinical Center, the world's largest research hospital; and two NIH Institutes.

After receiving his medical degree at the University of Southern California in 1951, Dr. Lipsett worked as a research fellow at the Sloan-Kettering Institute in New York City and came to the NIH in 1957 to continue his research. He was Chief of the Endocrinology Branch, National Cancer Institute, from 1966-70. In 1970, he was appointed to the dual roles of Associate Scientific Director and Chief, Reproduction Research Branch, National Institute of Child Health and Human Development, positions in which he served until 1974.

Dr. Lipsett left the NIH to organize and direct the Cancer Center of Northeast Ohio from 1974-76. He then returned to the NIH to become Director of the Clinical Center, a 500-bed research facility. Under his leadership, the Ambulatory Care Research Facility for out-

(See DR. LIPSETT, Page 12)
The NIH Record will publish only once during December—on the 17th—because of the holiday season. Copy will be accepted through Dec. 3. 

The first 1986 issue will be published Jan. 14. Deadline for copy will be Dec. 31.

**TRAINING TIPS**

The following courses are sponsored by the Division of Personnel Management, the NIH Training Center.

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**Support Staff Training 496-6211**

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- Effective Listening & Memory Skills: 1/27
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- Computer Literacy: 1/30

**SHARE TRAINING:** For complete NIH Training Center information sign on to WYLBUR and enter SHARE TRAINING. First-time users enter: xfr &agdulq@&agdulq on file57

**The CAREER CURRICULA PROGRAM 496-6211**

**PHS Initiates Recruitment of Handicapped**

The Public Health Service has begun a special program to recruit handicapped individuals and disabled veterans for its most numerous jobs within the metropolitan area of Washington, D.C.

As a major component of the Department of Health and Human Services, PHS sponsors a wide variety of national health programs and employs a large and diversified workforce to implement these programs. Within this workforce, numerous employment opportunities occur among the most common PHS technical, administrative, and professional groups:

- Administrative Officer
- Biological Technician
- Biologist
- Chemist
- Clerk & Assistant
- Clerk-Typist
- Computer Specialist
- Consumer Safety Officer
- Contracts & Procurement Specialist
- General Administration
- General Health Scientist
- Grants Management Specialist
- Health Aid & Technician
- Medical Officer
- Microbiologist
- Nurse & Nursing Assistant
- Program Analyst
- Public Health Program Spec.
- Secretary
- Statistician

To be considered, applicants must have a disability designated for affirmative action by the Equal Employment Opportunity Commission, meet basic qualification requirements for any of these PHS occupations, and desire employment in the metropolitan Washington, D.C. area. Designated disabilities include paralysis, convulsive disorders, mental retardation, mental or emotional illness and severe distortion of limbs and/or spine.

**Computerized File**

Qualifications of applicants who meet basic requirements will be entered into a computerized applicant file. As vacancies occur among these designated PHS occupations, the names of eligibles will be referred to the appropriate PHS agency. These include the Office of the Assistant Secretary for Health, the Alcohol, Drug Abuse and Mental Health Administration; the Health Resources and Services Administration; and NIH. Names of eligibles not selected for a particular vacancy will be returned to the computerized file so that they may be considered for other opportunities.

**Reasonable Accommodations**

Reasonable accommodations include making facilities accessible, job- restructuring, modifying work schedules, using assistive devices and services and any other logical adjustment that enables qualified handicapped individuals and disabled veterans to perform the duties of target occupations safely. Because these accommodations are made on a case-by-case basis, applicants will be given the opportunity to discuss individual needs when they are being considered for specific vacancies.

For more information, contact Carol Storm, NIH selective placement coordinator, Room B3C15, Bldg. 31, 9000 Rockville Pike, Bethesda, MD 20892; (301) 496-2403 or TTY 496-7460.

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The NIH Record

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Prize-Winning Science Writer Will Speak at NIH on Dec. 6

Baltimore Sun science writer Jon Franklin, winner of two Pulitzer Prizes for science writing, will share some of his writing secrets on Dec. 6 at a meeting sponsored by the NIH Science Writers Guild. Writer Franklin will speak at 1 p.m., in Bldg. 31, C Wing, 6th Fl. Conf. Rm. 6.

Mr. Franklin is one of the few journalists to have won major awards from both the scientific and journalism communities. The American Chemical Society awarded him the 1975 Grady Medal, a prize that in other years has gone to writers such as Isaac Asimov and Loren Eiseley.

The first Pulitzer Prize ever awarded for feature writing went to Mr. Franklin in 1979 for his "Terrifying Journey through the Tunnels of the Brain," a dramatic story about brain surgery. Earlier this year, he won his second Pulitzer Prize for a series of Sun articles called "The Mind Fixers," which he wrote to "explain and explore the new science of molecular psychiatry and its impact on mental illness and behavior." The series featured several NIMH and NIH scientists and grantees.

Molecular Psychology

Molecular psychology is also the subject of a book Mr. Franklin is now writing. His other books include "Shocktrauma," which was made into a television movie, and a new textbook on feature writing.

Mr. Franklin will talk about "Effective Structures for Science Stories." Copies of his Pulitzer Prize-winning articles will be available. All interested persons are welcome. For more information, call Maureen Gardner, NICHD Office of Research Reporting, 496-5133.

Questions and Answers About Combined Federal Campaign

What Is the Combined Federal Campaign?

The Combined Federal Campaign (CFC) is a fund-raising effort that collects money for more than 300 private voluntary agencies. It is the only on-the-job solicitation for Federal employees in the National Capital Area.

The CFC was established by Executive Order in 1961 in response to requests for a single fund-raising campaign that would permit deduction for charitable contributions.

Who Does the CFC Support?

The CFC supports agencies that provide health and welfare services available to everyone, regardless of race, national origin or level of income. In addition, contributors may donate to any human health and welfare charity recognized as tax-exempt by the Internal Revenue Service under 26 U.S.C. 501(c)(3).

Can Contributions Be Designated To Specific Agencies?

The Federal Government encourages its employees to direct their gifts to specific agencies. Each employee can decide whether his or her contribution will be designated to one or more agencies. Part of the gift can be designated and part undesignated, or all of the gift may be undesignated.

Flu Season Is Here; Consider Vaccination

Influenza (flu) season is here, and now's the time to consider vaccination to minimize its spread especially among Clinical Center patients and staff.

The Centers for Disease Control (CDC) has recommended that all medical personnel be immunized each year.

Influenza can be spread in health care facilities from patients to staff and from staff to patients.

Because many hospital employees could be absent from work during an epidemic, all Clinical Center employees (both professional staff and support personnel) are encouraged to be immunized against influenza.

The new vaccine provides better protection and has fewer side effects than earlier vaccines.

To schedule an appointment to receive the free flu vaccine, call the Occupational Medical Service, 496-4111. For more information about influenza or the vaccine, please call the hospital epidemiology service 496-2209.

Al-Anon Family Group Meets Weekly at NIH

Weekly meetings of an Al-Anon family group are held every Tuesday at 11:30 a.m. in Bldg. 31, Rm. B2B57 (Employee Assistance Program's office suite).

Family members and friends of alcoholics meet to share their experiences, strengths and hopes. A self-help, sharing and caring group, the "Bethesda NIH Al-Anon" has been operating at NIH for the past 12 years.

Al-Anon family groups assure confidentiality and anonymity. When you attend, use first name only.

Attend Al-Anon to learn what you can do for yourself, whether or not the alcoholic close to you has stopped drinking. This meeting is a regular open Al-Anon group.

Give Somebody a Chance

If the gift is undesignated, it will go to the United Way of the National Capital Area for distribution among various agencies. All contributions are tax deductible and strictly voluntary.

How Are Contributions Made?

Contributions can be made by cash or check. However, payroll deduction is the easy way to give more help. By pledging support through payroll deduction, a Federal employee is able to spread his or her donation over the entire year in relatively small amounts. Payments on payroll deduction pledges do not begin until the first paycheck in January. Employees using payroll deduction can terminate their pledges at any time, for any reason.

Further information about CFC can be obtained from BID CFC coordinators and keyworkers.

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Dr. Wm. J. Zukel, Deputy Director, NHBLI, Receives 1985 Paul Dudley White Award

Dr. William J. Zukel, deputy director in the NHBLI Division of Heart and Vascular Diseases, has been named recipient of the 1985 Paul Dudley White Award by the Association of Military Surgeons of the U.S.

The award, which consists of a scroll and an honorarium of $1,000 was presented on Nov. 13 in Anaheim, Calif., at the annual meeting of the association. It is being conferred in recognition of Dr. Zukel's outstanding contributions in epidemiology, preventive medicine, and clinical trials of promising new approaches toward the prevention, diagnosis, and relief of cardiovascular disease.

Dr. Zukel received his undergraduate training at Massachusetts State College and his medical training at Hahnemann Medical College, Harvard Medical School, and the London School of Hygiene and Tropical Medicine.

He joined the PHS Commissioned Corps in 1949, first serving with the Newton (Massachusetts) Heart Demonstration Program. This was a short-term community heart disease prevention study begun at the same time as the Framingham Heart Study, whose subsequent findings regarding the identification and quantification of risk factors for premature coronary heart disease, stroke, and other manifestations of atherosclerosis have largely shaped current approaches to their prevention.

Following further cardiology training at the Massachusetts General Hospital and at Albany Medical College, Dr. Zukel served with the PHS Heart Disease Control Program as chief of its Operational Research Section before joining the staff of the (then) National Heart Institute as assistant director. Except for a 2-year stint in the Office of the Surgeon General, he has been with the Institute ever since.

As director of the Institute's programs in epidemiology and biometry during the 1960s and 1970s, Dr. Zukel oversaw the planning and implementation of major epidemiological studies among diverse population groups in the continental U.S., Hawaii, and Puerto Rico as well as with collaborating investigators in Japan, Israel, and Yugoslavia.

These studies helped further to define the impact of constitutional factors, habits, diet, and modes of life (including changes occurring with acculturation into more "westernized" lifestyle) on subsequent heart disease risk.

A Cooperative Lipoprotein Phenotyping Study, established by Dr. Zukel with the directors of the Framingham, Albany, Evans County, Honolulu, and San Francisco population studies, demonstrated the protective effect of high density lipoproteins and added confirmation of the potentially harmful effects of low density lipoproteins as risk factors for coronary heart disease.

He also played a major role in the planning and supervision of a number of large scale, long-term clinical trials undertaken by the Institute.

His other awards have included the PHS Meritorious Service Medal (1974), Distinguished Service Medal (1983), and an honorary doctorate from the University of Puerto Rico (1985). □

Flexitime Authorization Extended Through Dec. 31

President Reagan has signed legislation extending the authority to establish flexible and compressed work schedules in the Federal Government through Dec. 31. The Alternative Work Schedule (AWS) authority was due to expire Oct. 31.

The legislation signed by the President extends the AWS authority without interruption through Dec. 31, while Congress continues its deliberations concerning the permanent authorization of AWS. □

Graph Drawing With Computers

A 1-hour "Draw Your Own Publication Graphs Using the Computer" presentation will be given on Monday, Nov. 25 at 2 p.m. in the ACRF Little Theatre in Bldg. 10.

A program called GRAPH, which runs on the DEC-10 Computer at NIH will be discussed. GRAPH is very easy to use; no previous computer experience is required. For further information call Marvin Shapiro, DCRT, 496-6037. □

Art Moore, Ex-MAPB Chief, Dies; Was at NIH 14 Yrs.

Arthur F. "Art" Moore, chief of the Medical Arts and Photography Branch, DR5, from 1971 to 1981, died Oct. 29 after a brief illness. A memorial service was held Nov. 9 at the Cedar Lane Unitarian Church.

Art retired on Christmas Eve of 1981 after 14 years of service at NIH.

A motion picture producer since the 1930s, who also worked in advertising and in national radio and TV production, Art began work for NIH as a consultant in 1965 writing, producing, and directing films on scientific subjects. He became chief of the MAPB Motion Picture Section in 1967.

He won the international Cine Golden Eagle Award in 1970 for a film on artificial placentas.

As chief of MAPB, Art supervised a staff of artists, designers, graphics specialists, photographers, cinematographers, and others producing products to express biological research results and to meet a wide array of NIH communication needs.

Before coming to NIH, Art did film work for the U.S. Information Agency and the Social Security Administration. He also produced the TV commercials with which the U.S. Postal Service introduced ZIP Codes to the American public.

Combined 19 Federal Campaign
Surgical Brain Bypass Doesn't Prevent Stroke Any Better Than Aspirin and HBP Control

By Lynn J. Cave

A widely used neurosurgical procedure to direct blood past obstructed brain arteries is no more effective than aspirin and standard hypertension control for preventing stroke, according to an NINCDS-supported international clinical trial reported in the Nov. 7 New England Journal of Medicine.

The study concludes that the procedure—known as the extracranial/intracranial (EC/IC) bypass operation—should be abandoned for safer, equally effective medical alternatives.

The EC/IC bypass has been the most common neurosurgical procedure used to prevent stroke caused by a narrowing of the arteries. Several thousand EC/IC bypasses are believed to be performed in the United States each year at an estimated cost of $15,000 per operation.

The 8-year NINCDS-supported study, carried out by Drs. Henry J.M. Barnett and Sydney J. Peerless of the University of Western Ontario and their colleagues from 71 centers around the world, showed no significant difference in the number of strokes and stroke deaths occurring between patients who received both medical treatment and the EC/IC operation and those who received only medical treatment.

Stroke is the Nation's third leading cause of death and a major cause of long-term disability. Often, stroke is caused by an internal plumbing problem: major neck and head arteries gradually narrow as fatty substances build up in them, decreasing and eventually halting the flow of life-giving oxygen and nutrients to the brain.

Reroute Blood Flow

The EC/IC bypass operation was developed in 1967 to route blood past obstructions in the internal carotid artery or its major branch, the middle cerebral artery. During the operation, a scalp artery located near the temple is passed through a hole in the skull. At a point downstream from the obstruction, the scalp artery is joined to the middle cerebral artery, completing the bypass and replenishing blood flow to the brain.

"The operation has been commonly applied," says Dr. Michael D. Walker, director of the NINCDS Stroke and Trauma Program. "It intuitively makes sense. But we had to ask, 'Does the surgery make any difference in stroke prevention?'

The NINCDS began the international controlled clinical trial in 1977 to answer just that question. Over the next 8 years, 1,377 stroke-prone patients participated in this first major randomized test of a neurosurgical procedure.

Patients were considered stroke prone if they had suffered a minor, nondisabling stroke or a transient ischemic attack (TIA) within 3 months of entering the study. A TIA is a "little stroke" that temporarily causes symptoms such as numbness, loss of muscle strength, speech difficulty, or blindness. Stroke-prone patients were admitted to the study only if special X-rays showed blockage in specific areas of the internal carotid artery or middle cerebral artery.

Monitored 5 Years

All patients received medical treatment: four aspirin a day and aggressive control of high blood pressure. About half also received bypass surgery. All patients were monitored for nearly 5 years through followup visits every 3 months.

"The results of the study are clear-cut," says NINCDS Director Dr. Murray Goldstein. "The operation is unnecessary.

The trial showed that strokes occurred slightly more frequently and earlier in patients who had undergone the operation. Although the difference between treatment groups was not significant according to statistical tests, the risks inherent in performing a surgical procedure make medical management the preferred treatment for stroke-prone patients, Dr. Goldstein says.

Medical Management Preferred

Other study findings also support this conclusion, he says. The trial showed that when stroke did occur, bypass patients had no better or faster neurological improvement than did patients receiving only medical treatment. Both groups showed a similar drop in the frequency of TIAs, indicating that the bypass procedure was no more effective than medical management for halting these attacks. In addition, the occurrence of stroke-related deaths was the same in both groups.

"We were disappointed that the surgery didn't work better," says Dr. Barnett. He believes clots from elsewhere in the body may have traveled to the brain and caused strokes by choking off blood vessels.

"We do not recommend that patients have this surgery to prevent stroke," Dr. Barnett says.

"I know some neurosurgeons will question the interpretation of the bypass study data," says Dr. Goldstein. "But the data are unassailable; the results are crisp.

In addition, he says, this study has "demonstrated to the surgical community that controlled clinical trials of a surgical procedure are ethical and feasible. Neurosurgery has set an example for the rest of surgery to follow."

Only surgeons with a proven success rate for the operation who agreed to perform the procedure according to protocol participated in the study. The performance of surgeons in the study compared well with that of bypass specialists: the frequency of death in the 30-day postoperative period was lower for study patients than that reported in the literature for other EC/IC bypass recipients. The results were the same whether the operation was performed by surgeons in North America, Europe, or Asia.

Patients Tracked

Another exemplary feature of the trial is that the scientists did not lose track of a single patient. "Unless you make a religion of it like we did, 10 to 15 percent of your patient population can get lost," Dr. Barnett says. One patient in this study was traced to a prison in Holland.

"Controlled clinical trials like this one are extraordinarily efficient for providing answers about the worth of a procedure," Dr. Walker says. "It would have taken many more years of anecdotal and sequential reports to reach a conclusion about the effectiveness of the operation."

In addition to bringing in a relatively quick verdict, the trial has resulted in a large database of information on stroke patients.

"I expect perhaps 25 to 30 papers to be spun off from this study as the investigators mine the data base looking for cross correlations," Dr. Walker says. "Some of this work may lead to additional important research projects."

Lowers Health Costs

But perhaps the most striking aspect of the study is its potential for lowering health care costs. "We calculated that had the 700 patients in our medically treated group undergone surgery in the United States, the cost to the health care system would have exceeded what the NINCDS spent to evaluate the procedure," Dr. Barnett says. Scientists involved in the study speculate that because the EC/IC bypass was found ineffective, insurance companies will evaluate the results and stop paying for the procedure.

The EC/IC bypass operation won't disappear overnight, but the number of operations performed is expected to drop rapidly in the next year or two as more stroke-prone patients receive the safer, equally effective medical alternative.
PRAT Program Celebrates 20th Birthday

By Wanda Warddell

The Pharmacology Research Associate (PRAT) Program of the National Institute of General Medical Sciences is celebrating 20 years of training outstanding scientists who become leaders in pharmaceutical research.

The program is intended for researchers who have made a commitment to the pharmacological sciences in their training or research, and for those with a background in clinical medicine or basic science who want to acquire specialized experience in the field of pharmacology.

Fellows receive 2 years of postdoctoral training in one of the laboratories of the National Institutes of Health or the Alcohol, Drug Abuse, and Mental Health Administration (ADAMHA). Upon completion of fellowships, these scientists generally take positions in academic, industrial, and Federal research laboratories.

This intramural program was created in 1965 at the request of Dr. James A. Shannon, then NIH Director, who assigned it to NIGMS because of the Institute's strong commitment to pharmacological research and training. Until that time, NIGMS supported only extramural programs in the sciences basic to medicine.

Advisory Committee Established

In 1964, Dr. Shannon had appointed an advisory committee of NIH scientists, many of whom were pharmacologists, to advise him on actions that might be taken to meet the need for increased national emphasis on problems related to chemical-biological interactions in an environment where chemicals were becoming ubiquitous.

Among the committee's recommendations, published in Science in June 1965, was development of an intramural NIH fellowship program that would "provide training in broad aspects of pharmacology and toxicology."

Six members of this advisory committee were chosen to plan the pharmacology research associate program. They set criteria for training, selected preceptors and associates, and set up a program of seminars. "Originally, it was an informal intramural group whose aim was to develop excellence in pharmacology," said NIAADDK's Dr. Herbert Tabor, a committee member.

The other committee members (and their affiliations at that time) were: Dr. Bernard B. Brodie (National Heart Institute), chairman; Dr. George J. Cosmides (NIGMS); Dr. David P. Rall (National Cancer Institute); Dr. Sidney Udenfriend (NHI); and Dr. Herbert Weissbach (NHI).

The committee decided that associates would study principles of pharmacology and toxicology and applications of physical and chemical concepts to pharmacology. Included were courses in applied mathematics, biometrics, organic chemistry, biochemistry, physics and instrumentation. The candidates would receive personal guidance from senior scientists (preceptors), who would be chosen by mutual agreement between the scientist and the associate.

The committee's task also included creating a new training mechanism for the program. At that time, the NIH Associate Training Programs in the Medical and Biological Sciences—now called the Medical Staff Fellowship Program—were open only to those holding professional degrees such as an M.D. (medical doctor) D.D.S. (doctor of dental surgery) or D.V.M. (doctor of veterinary medicine). The pharmacology program was to be open to individuals with a Ph.D. degree in pharmacology or a related science.

First Program Director

The program's first director was Dr. George J. Cosmides, now deputy director of the Division of Specialized Information Services at the National Library of Medicine. Assisting Dr. Cosmides in the program's administration at that time were: Dr. John Scigliano, an NIGMS health scientist administrator, and Marilyn Forgie, a program assistant. As a result of national advertising, the Institute was flooded with applications, but only those individuals with outstanding records and references that indicated exceptional research training and potential were accepted. Ten positions were available for the first applicants, who could pick among 15 laboratories and preceptors.

Nine people were chosen to become the first pharmacology research associates. They were: Colin F. Chignell, Ph.D.; Palmer W. Taylor, Ph.D.; Watson D. Reid, M.D.; Saul M. Schanberg, M.D., Ph.D.; Peter E. Pool, M.D.; Jordan L. Holtzman, M.D., Ph.D.;

Dr. S. Anne Hendrick, a 1984 PRAT graduate, worked in the laboratory of Dr. Jesse Roth in the NIADDK's Diabetes Branch. She is now in the department of pediatrics at the University of Wisconsin.

(Continued on Page 7)
Anthony M. Guarino, Ph.D.; Robert J. Ertel, Ph.D.; and James W. Gibb, Ph.D.

Ten more positions were added to the program in 1966. By 1969, the program had added other NIH laboratories and preceptors, raising the total to 21.

Dr. Cosmides left NIGMS in 1974 to join the National Library of Medicine. Later that year, Dr. Sara A. Gardner joined NIGMS as a program administrator whose responsibilities included directing the PRAT program. Also in 1974, Dr. Ruth L. Kirschstein became the NIGMS Director. Dr. Gardner remembered that, "When Dr. Kirschstein came to NIGMS, her interest was that the PRAT program should be an integral part of the Institute, and she gave it her full support."

Dr. Gardner refined the program in a number of ways during the 10 years that she was with NIGMS, the last 5 of which she was also director of the Pharmacological Sciences Program. She was instrumental in developing a special 1-day "grantsmanship workshop" to help PRAT fellows understand the research grant process.

The first two workshops were held for PRAT fellows only, but interest was so great that future workshops were open to all NIH postdoctoral fellows and are now offered annually.

Dr. Gardner also initiated "PRAT Day," when the PRAT fellows could hear a lecture by prominent former PRAT fellow and then present their own work to each other and interested NIH staff at poster sessions.

In the late 1970s, Dr. Irwin J. Kopin, then a PRAT preceptor in the NIMH Laboratory of Clinical Science, expressed the widespread concern that the U.S. needed to develop more clinical pharmacologists. As a result, NIGMS added two positions to the PRAT program specifically for fellows who wanted to acquire training in this specialty, thus raising the total to 22 (11 each year), where it has remained ever since.

To guide the clinical pharmacologists in their training, Dr. Gardner also brought in an intramural clinical pharmacologist, former PRAT fellow Dr. William Z. Potter. His role is to review the overall training of the clinical associates and help plan their individual experiences to meet their needs, based on their previous training and career goals.

In 1984, Dr. Gardner retired from NIGMS and Dr. Christine K. Carrico was appointed director of the Pharmacological Sciences and PRAT Programs. Dr. Carrico joined NIGMS in 1979 as a program administrator after coming to NIH in 1977 as a PRAT fellow in the laboratory of Dr. David G. Johns, NCI. Assisting Dr. Carrico with the administration of the PRAT program is Ruth Linn, who has been on the program staff since 1975.

Speaking of the program's growth, Dr. Carrico said: "It is evolving to meet the needs of the pharmacological sciences; we are training people not only in areas of pharmacology but also in areas where pharmacology interfaces with other disciplines such as molecular biology and immunology."

Program Evaluated

An evaluation of the PRAT program was made in 1982 by Dr. Martin Frank, a former Division of Research Grants staff member who is now executive secretary-treasurer of the American Physiological Society.

Since the primary goal of the program is to produce leaders in pharmacology, Dr. Frank followed the progress of 115 fellows who had entered the program from 1965 to 1976.

Of the 106 graduates he was able to track, 91 percent had embarked on research careers, 6 percent were in clinical practice, and 3 percent were scientist administrators. Of the graduates involved in research, 64 percent were employed by an academic or research institution, 15 percent worked for a profit-seeking organization, and 21 percent were employed by government research programs.

Eighty-nine percent of the fellows with an M.D. or M.D.-Ph.D. degree were working in a research environment compared to 94 percent of the Ph.D. recipients. Dr. Frank concluded that "at a time when fewer M.D.s are going into research, the PRAT program serves as an example that has successfully directed M.D.s and M.D.-Ph.D.'s into research careers."

Over the course of the program, four PRAT fellows have won the J.J. Abel Award, the most prestigious award given to young investigators by the American Society for Pharmacology and Experimental Therapeutics. They are: 1973 award winner Colin F. Chignell, Ph.D., a 1965-1967 PRAT fellow; 1975 award winner Alfred G. Gilman, M.D.-Ph.D., a 1969-1971 PRAT fellow; 1977 award winner Jerry R. Mitchell, M.D.-Ph.D., a 1970-1972 PRAT fellow; and 1981 award winner Sidney Nelson, Ph.D., a 1974-1976 PRAT fellow.

A number of former PRAT fellows now hold various key scientific positions. They include: Henry R. Bourne, M.D. (1966-1968), now chairman of the department of pharmacology at the University of California, San Francisco; Richard M. Weinshilboum, M.D. (1969-1971), now professor of pharmacology and medicine at the Mayo Medical School in Rochester, Minn.; Martin Zatz, M.D.-Ph.D. (1974-1976), now chief of the Section of Biochemical Pharmacology in the NIH Laboratory of Cell Biology; Robert J. Ruffolo, Jr., Ph.D. (1977-1979), now director of cardiovascular pharmacology at Smith Kline and French Laboratories; and Thomas Seeger, Ph.D. (1982-1984), now a research scientist at Pfizer Pharmaceuticals. Many graduates of the PRAT program now working at NIH and ADAMHA have become PRAT preceptors.

This year the program has added 9 new preceptors, bringing the total to 96. In addition, fellows who have already received adequate graduate training or conducted meritorious research in pharmacology may request any other senior NIH or ADAMHA scientist as a preceptor.
PRAT
(Continued from Page 7)

Nobel Laureate Dr. Julius Axelrod of the Section on Pharmacology, Laboratory of Cell Biology, NIMH has served as a PRAT preceptor since the program's inception.

Copies of a catalog that describes the program, lists preceptors, and discusses some of the work going on in their laboratories are available from the NIGMS Office of Research Reports, Bldg. 31, Rm. 4A52, 496-7301. The PRAT program was advertised nationally during the past 2 months. Application receipt deadline was last Friday, Nov. 15.

As it has been for the past 20 years, NIGMS is once again searching for 11 new pharmacology research associates who will join the 182 already trained.

Give to the NIH Patient Emergency Fund

The holiday season is a time for giving. NIH employees have a special opportunity to give by donating to the Patient Emergency Fund.

The PEF provides services not supported by appropriated funds such as assistance to families who are here to give patients emotional and physical support. The PEF also assists in transportation expenses.

Mail contributions to the R&W Office, Bldg. 31A, Rm. B1W30, or to the Social Work Department, Bldg. 10 (ACRF), Rm. IC144, or contribute at any R&W Gift Shop. You may donate extra change at the GSI cafeterias.

Patient Emergency Fund Auction

A Christmas auction to benefit the NIH Patient Emergency Fund will be held Dec. 20 at 1 p.m., in Bldg. 10, Rm. B1NII (Clinical Center).

NIH employees are asked to donate any items appropriate for a white elephant, garage or yard sale.

Money realized from sale of the items will go into the PEF. Deliver items to Don Spence, Bldg. 10, Rm. B1NII or call 496-1676 for pickup or more information.

FIC Fellowships Awarded To Foreign Scientists

The International Research and Awards Branch of the Fogarty International Center annually awards fellowships to foreign scientists in the formative stages of their career, enabling them to extend their research experience in institutions of their choice throughout the United States.

The program was established in 1958 and presently 50 countries throughout the world participate. Since the beginning of the program in 1958, 2,322 fellowships have been awarded. In FY 1985, fellowships were awarded to 100 foreign scientists, 11 of whom are carrying out their research in Federal laboratories in the area.

These are:

Dr. Jose R. Cunha-Melo, from the Federal University of Minas Gerais, Brazil, working with Dr. Michael Beaven at NHLBI on a research project entitled "Calcium Signal and Histamine Release in Rat Mast Cells." Fellowship period: Sept. 5, through Sept. 4, 1986.

Dr. Jan N. De Meo, from the Federal University of Rio de Janeiro, working with Dr. Ralph Nelson, at NINCDS on a research project entitled "Amacrine Cell System in the Opossum's Retina." Fellowship period: Sept. 9, 1985 through Sept. 8, 1986.

Dr. Graeme F. Eisenhofer, from the Wellington Clinic School of Medicine, Wellington, New Zealand, working with Dr. Irwin J. Kopin, at NINCDS on a research project entitled "Catecholamine Release and Uptake in Hypertension." Fellowship period: June 10, 1985 through June 9, 1986.

Dr. Yong-Yong Ji, from the Shanghai Institute of Cell Biology, Shanghai, China, working with Dr. Richard Asofsky, at NIAID on a research project entitled "T-Cell Regulation of Ig Class During Antibody Response." Fellowship period: Sept. 1, 1985 through Aug. 31, 1986.

Dr. Francisco Laurindo, from the Heart Institute, Sao Paulo University, Brazil, working with Dr. Robert E. Goldstein at USUHS on a research project entitled "Cardiac Effects of Leukotrienes." Fellowship period: July 1, 1985 through June 30, 1986.

Dr. Veli P. Lehko, from the Finnish Academy of Science, working with Dr. Stuart A. Aaronson at NCI on a research project entitled "Molecular Mechanisms of Foreign Body Tumorigenesis." Fellowship period: Sept. 1, 1985 through Aug. 31, 1986.

Dr. Therese Loughlin, from the Sr. Vincents Hospital, Dublin, Ireland, working with Dr. Lyman Loriaux, at NICHD on a research project entitled "The Endocrinology of the Stress Phenomenon." Fellowship period: Sept. 1, 1985, through Aug. 31, 1986.

Dr. Ashok Mukherjee, from the Institute of Pathology, ICMR, Saltarajang, India, working with Dr. Wayne M. Meyers, at the Armed Forces Institute of Pathology on a research project entitled "Endothelial Cell Changes in Human & Experimental Leprosy." Fellowship period: Nov. 1, 1985 through Oct. 31, 1986.

Dr. Yikuan Xie, from the Institute of Basic Medical Sciences, Beijing, China, working with Dr. Ronald Dubner at NIDR on a research project entitled "Noradrenergic Effect on Dorsal Horn Nociception." Fellowship period: Nov. 1, 1985 through Oct. 31, 1986.

Dr. Song-Cheng Yang, from the Institute of Pharmacology & Toxicology, working with Dr. Sanford Mark at NIMH, on a research project entitled "Comparative Metabolism of NMPTP in Rat and Rhesus Monkey." Fellowship period: Nov. 1, 1985 through Oct. 31, 1986.

Dr. Jae Y. Yoo, from the Catholic Medical College, Seoul, Korea, working with Dr. Anthony E. Jones at NIADDK, on a research project entitled "The Role of HBV Replication in Chronic HBsAg Carriers." Fellowship period: May 1, 1985 through Apr. 30, 1986.
Dr. R. Sprott Appointed Program Assoc. Director

Dr. Richard L. Sprott has been named associate director for biomedical research and clinical medicine in the extramural program of the National Institute on Aging.

In this position, Dr. Sprott is responsible for overseeing a program of basic and clinical research and for planning and implementing program policies and strategies for research development. BRCM focuses on developing knowledge about diseases associated with aging and the basic mechanisms involved in aging.

Dr. Sprott first came to NIH on expert appointments to the Division of Research Resources and the National Institute on Aging. Thereafter he accepted a permanent position as health scientist administrator for the DRR Biomedical Research Support Program.

In 1982 he joined the NIA extramural program to administer research grants in cellular and molecular biology and genetics, and to direct the Animal Resources Program. He was later promoted to chief of the Molecular and Cellular Biology Branch where he was presented the NIH Merit Award for his ingenuity in administering several large animal resource contracts.

Prior to his recent appointment, Dr. Sprott served as acting associate director for BRCM.

Dr. Sprott received his Ph.D. in experimental psychology from the University of North Carolina in 1965. After a period of postdoctoral training at the Jackson Laboratory in Bar Harbor, Me., he devoted 12 years to research on behavior genetics and studies of lifespan development. He was previously assistant professor of psychology at Oakland University in Rochester, Mich., where he started a research program for undergraduates as well as a Master's program in experimental psychology.

He is the author of over 30 scientific publications and several books on aging. He serves on the editorial board of the journal Experimental Aging Research.

Help a CC Patient at Christmas

Christmas is a time of gift giving. Why not do something special for the CC patients during the holiday season?

The Patient Activities Department is seeking volunteers who are willing to purchase a specific item such as perfume, plants, or slippers. The average cost of each gift will be $12.

Persons interested in helping a CC patient should contact Arnold Sperling, chief, Patient Activities Department, by Dec. 17, or call 496-2276.

1985-1986 HHMI-NIH Medical Students

HHMI scholars are medical students from all over the country who are taking a year out of their usual curriculum to work closely with leading NIH scientists. These students are selected in a very competitive program, and the first group is already hard at work in the NIH laboratories. First row: (1 to r) Doug Clark, Univ. of Illinois, Lab. of Molecular Biology, DCB/NICL; Bob Mozayeni, Albany Medical College, Lab. of Mathematical Biology, DCB/NICL; Greg Fox, Univ. of Michigan, Lab. of Vision Research, NEI; Andy Boyd, Univ. of New Mexico, Biological Psychiatry Branch, NIMH. Second row: Gary Gitsman, University of Michigan, Human Genetics Branch, NICHD; Michael Myers, Univ. of Michigan, Lab. of Molecular Genetics, NINCDS; Janet Lewis, Medical College of Ohio, Immunology Branch, DCB/NICL; Mary Jo Viglione, Univ. of Pennsylvania, Lab. of Tumor Immunology & Biology, DCB/NICL. Third row: Matt Piatel, Univ. of Michigan, Cell Biology and Metabolism Branch, NICHD; Brock Eide, Univ. of Washington, Metabolic Diseases Branch, NIADDK; Norman Horigy, Univ. of Michigan, Genetics & Biochemistry Branch, NIADDK; Leslie Parent, Duke University, Immunology Branch, DCB/NICL; (behind Leslie) Virginia Starr-Vauti, Univ. of Oklahoma, Lab. of Molecular Hematology, NHLBI. Fourth row: Peter Abcarian, Dartmouth, Lab. of Molecular Biology, NIMH; Caroline Philpott, Duke University, Lab. of Cellular & Developmental Biology, NIADDK; Anthony Aker, Wayne State University, Surgery Branch, DTC/NICL; Michael Schmeck, Cornell, Neuroimmunology Branch, NINCDS. Fifth row: Victor Ho, Duke University, Lab. of Cerebral Metabolism, NIMH; Jodell Boyle, Duke University, Lab. of Molecular & Developmental Biology, NEI; Richard Lopez, Stanford, Lab. of Immunology, NIAID; Alan Kramer, Northwestern, Lab. of Molecular Genetics, NICHD. Not pictured: Hratchia Hovannisian, Univ. of North Carolina, Lab. of Bioorganic Chemistry, NIADDK; and Ted Rock, Lab. of Parasitic Diseases, NIAID.

NIH Library Will Stop Circulating Five Most Popular Science Journals

The NIH Library will stop circulating the second copy of five very popular journals on Dec. 1, because patrons have been having difficulty finding copies of them in the library.

The journals affected are current year copies and previous year copies of:

- Journal of Biological Chemistry
- Lancet
- Nature
- Proceedings of the National Academy of Sciences
- Science

The Library obtains two copies of its most highly used journals, and the second copies, through a long tradition, have been allowed to circulate.

Second copies of other journals will continue to circulate. During December, noncirculation of the five journals named will apply only to 1985 issues. Beginning Jan. 1, it will apply both to current year and to previous year issues.

G. Burroughs Mider Lecture

Dr. Edward D. Korn, chief, Laboratory of Cell Biology, NHLBI, will deliver the G. Burroughs Mider Lecture at the Masur Auditorium, Bldg. 10, at 8:15 p.m. on Dec. 4. His topic: "Biomedical Regulation of Actomyosin-Dependent Cell Motility."
Cholesterol and Diet: Not a Simple Relationship

Blanket recommendations about dietary cholesterol don't appear to be possible, according to a study published this month in the American Journal of Clinical Nutrition.

In a study conducted at Oregon State University, Corvallis, Drs. Sek Y. Oh and Lorraine T. Miller found that even when six eggs a day were added to the normal diets of 13 middle-aged men, plasma cholesterol levels failed to change. But in eight other men, adding three eggs a day significantly elevated cholesterol levels in the blood.

The effects of egg feeding on plasma levels of the different cholesterol fractions (types) which are more important in determining atherosclerosis risk than is total plasma cholesterol, also varied from man to man, the researchers reported.

Drs. Oh and Miller commented that most people seem to think that cholesterol in eggs increases blood cholesterol levels, promoting atherosclerotic heart diseases. That idea is not only oversimplified, but also misleading, they said, noting that many animal and human studies have shown considerable differences in the magnitude of plasma cholesterol change induced by a given change in dietary cholesterol level.

Drs. Oh and Miller are not the first investigators to find that adding eggs to normal diets doesn’t necessarily elevate plasma cholesterol. An overriding feature of egg studies is the finding that plasma cholesterol concentrations vary considerably among persons fed a high cholesterol diet.

What’s new about the Oregon study is that Drs. Oh and Miller looked at the effect egg feeding has on individual levels of the different cholesterol fractions.

Cholesterol is carried in the bloodstream in high and low density fractions of lipoproteins—complexes of fat and protein. While low density lipoprotein cholesterol appears to be bad for your heart and blood vessels, high density lipoprotein cholesterol seems to exert a protective effect.

So the total amount of cholesterol you have in your blood isn’t as important as what type of cholesterol. You could have less cholesterol and still be in worse shape than someone whose cholesterol levels are high. That would happen if your cholesterol were carried predominantly in low density fractions and his in mostly high density lipoproteins.

Drs. Oh and Miller found that men classified as "hyper" responders because their blood levels of total cholesterol failed to change as a result of eating an extra three eggs a day for 4 weeks, showed no significant elevation in very low density lipoprotein cholesterol even after eating an extra six eggs a day for 6 weeks.

Men classified as "hyper" responders because their total cholesterol levels rose significantly during the 4-week, three-eggs-a-day trial, showed significant elevations in low density and very low density lipoprotein cholesterol while on the three-eggs-a-day diet.

Both groups of men showed elevations in the cholesterol content of their whole high density lipoproteins when three eggs a day were added to their normal diets, although the elevation was statistically significant only for "hyper" responders. Throughout the experiment, there was a strong trend for "hyper" responders to have more high density lipoprotein cholesterol in each blood sample than the "hypo" responders.

The Utah scientists suggested that this tendency to have more high density lipoproteins could mean that the "hyper" responders have a lower risk of developing coronary heart disease.

Drs. Oh and Miller concluded that their study further illustrates the variability of individual responses to dietary cholesterol. And they said it appears to justify the National Academy of Science’s decision not to recommend that adult Americans reduce their cholesterol intakes.

Drs. Oh and Miller are both members of the American Institute of Nutrition, part of the Federation of American Societies for Experimental Biology. Dr. Oh is currently at the University of Utah in Salt Lake City. The egg study was supported by the National Institutes of Health and the American Egg Board. —FASEB Feature Service

Referral Issues Topic Of STEP Forum Session

The STEP Forum series will present a discussion on "The PHS Referral Office: How Should It Be Done Better? How Could It Be Done Worse?" on Wednesday, Dec. 11, from 1:30 to 4 p.m. in Wilson Hall, Bldg. 1.

All NIH employees are invited to learn more about this critical phase in the peer review process. No advance registration is required.

Topics to be addressed include major referral process changes under consideration, how overlapping areas of responsibility are negotiated or developed among BIDs, and causes of conflicts between BIDs and between individual BIDs and DRG.

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.

Who needs a computer terminal for bibliographic searches? On Halloween this year, NIH Library reference librarian Madama Flora (Jenny Harriman), seated, demonstrated her use of an older fact-finding method: the crystal ball.

Annual Leave: Use It Or Lose It

Annual leave in excess of the maximum carryover balance of 240 hours its normally forfeited if not used by the end of the current leave year. If you have not already planned to take those excess hours of annual leave, you should discuss your leave with your supervisor now while there is still time to schedule it.

Your bi-weekly Earnings and Leave Statement tells you how much annual leave you must use so that you will not lose it when the leave year ends on Saturday, Jan. 4, 1986.

In spite of planning, circumstances sometimes arise which prevent you from taking leave that has been scheduled and approved earlier during the leave year. In such cases, you and your supervisor are jointly responsible for ensuring that any "Use or Lose" leave is rescheduled in writing before the last three bi-weekly pay periods of the leave year.

This year, your "Use or Lose" leave must be scheduled in writing no later than Saturday, Nov. 23, 1985.

Save on Health Insurance

You can save as much as $800 on your health bills next year by choosing wisely among the health insurance plans offered during Open Season, according to Consumers’ Checkbook.

For the seventh Open Season in a row, Washington Consumers’ Checkbook, a nonprofit consumer research organization, has made an exhaustive study of the Federal/D.C. health insurance situation for publication in its annual Guide to Health Insurance Plans for Federal Employees. The guide will enable employees to answer the difficult questions about the dollar consequences of plan-to-plan benefit differences.

The guide is available in all R&W Gift Shops and the Activities Desk for $4.55.
Dr. Maxwell Boverman, Psychiatric Consultant
To CC Bioethics Program, Honored for Services

Dr. Maxwell Boverman, psychiatric consultant to the Bioethics Program, Office of the Director, Clinical Center, NIH, was recognized for his services by Dr. John L. Decker, CC Director, on Oct. 7.

A certificate of recognition was presented to Dr. Boverman by Dr. Decker during the Conference on Ethics Consultation in Health Care and Research (see other story), for which Dr. Boverman was an organizer and speaker.

The certificate contained this inscription:

"For expert psychiatric consultation, wise counsel and creative thought, often rendered beyond the conventional limits of duty since 1978, as Psychiatric Consultant to the Bioethics Program." The certificate was signed by Dr. Decker and by Dr. John C. Fletcher, chief of the Bioethics Program, CC.

Dr. Boverman, a psychiatrist in private practice in Potomac, Md., and Washington, D.C., was invited in 1978 to be a consultant to the then new Bioethics Program by Dr. Mortimer B. Lipsett, then CC Director, who initiated the program in 1977 by employing Dr. Fletcher.

Dr. Boverman assisted in clarifying the new role of bioethicist in the Clinical Center and implementation of the interdisciplinary cooperation required to resolve bioethical problems.

He also assisted the Medical Board in 1978 in the first stages of strengthening the Consultation-Liaison Psychiatry Service at the CC, a service provided by the National Institute of Mental Health. Dr. Boverman helped lay the groundwork for the current strong collaboration between Liaison Psychiatry, Social Work, and Nursing Services on ethical problems.

He has been active in the forming and training a 13-member liaison group to assist Dr. Fletcher with ethics consultation services for the Clinical Center.

Dr. Boverman received his M.D. from the University of California at San Francisco in 1942 and served as a psychiatrist in the Medical Corps of the U.S. Army until 1946, when he opened his private practice in Washington, D.C. He has served as a clinical assistant professor of psychiatry, George Washington University School of Medicine, since 1974.

Dr. Boverman and Dr. Fletcher conducted a study at the CC in 1978-79 of the effectiveness of involving family members in the informed consent process. The report of this research was presented to the American Psychological Association at its convention in 1980.

Dr. Boverman has also published papers on the mental health aspects of informed consent and the evolution of the role of a bioethicist in a research hospital.

Dr. Maxwell Boverman (c), psychiatric consultant to the Bioethics Program at the Clinical Center, was recently honored for his service as a consultant to the program since 1978. Dr. John Decker (r), Director of the Clinical Center under whose office the bioethics program operates, presents Dr. Boverman with a Certificate of Recognition. At right is Dr. John Fletcher, chief of the Bioethics Program, CC, with whom Dr. Boverman has collaborated.

**BIOETHICISTS (Continued from Page 1)**
conference were members of CC's new 13-member liaison group formed this year to assist Dr. Fletcher with ethical consultations.)

The decision on what to do—for example, remove the life support system, or proceed or not proceed with a specific research protocol or the conclusion on whether true "informed consent" has been given by the patient-subject to research or treatment—must be one that is acceptable to the "moral community" at large, nor some abstractly "right" decision which ignores various views or social circumstances.

Dr. James B. Wyngaarden, NIH Director, opened the conference, recalling that group consideration of research involving human beings began at NIH with the opening of the Clinical Center in 1953. He noted that OPPR now supervises 660 IRBs at major institutions and another 2,000 at smaller ones.

He also noted that "health care providers have been leaders in recognizing ethical dilemmas" and have introduced procedures for dealing with them.

Dr. Wyngaarden also cited an American Hospital Association survey that showed that 25 percent of all hospitals had bioethics committees and that a new "specialty" had sprung up, that of "ethics consultant."

Calling the diversity of the assembled group, a strength, he recalled a sign he once saw in a hospital which said: "None of us is as smart as all of us."

Dr. John Decker, CC Director, set forth the purpose of the conference—to explore and illuminate the nature of ethics consultation and its special problems.

Biomedical ethics, he said, ought to be "an open window through which the highest values and ethical principles that ought to guide us all are allowed to permeate the ethics of medicine and research."

He defined the role of ethicist as a "servant of many lights that enlighten society rather than simply as an employee of the institution." The CC Director also stressed that biomedical ethics is not "the exclusive business of experts" but the "business of everyone in a hospital."

At the final session, the conferees decided to remain organized as a conference and to convene again in 2 years. They approved appointment of a steering committee to be convened by Dr. Fletcher with three assignments: to contact other ethics consultants about the work of the conference, to conduct further research on the questions posed to the conference, and to plan a second conference.

Publication of the proceedings, pre-conference papers and newly invited papers from conference participants is expected in May 1986. Interested persons can correspond with Dr. Fletcher at Bldg. 10, Rm. 2C202, NIH Bethesda, MD 20892 or call (301) 496-2429.

(NO T E: Financial support for the conference was both public and private. Grants for total cost of the conference, prior survey research of participants and subsequent publications of proceedings and invited papers were made by Eberhard Foundation (Exton, Pa.); Blue Cross/Blue Shield and the Kaiser Foundation Health Plan Inc. The Clinical Center and NIH's Office for Protection from Research Risks supported costs of travel and per diem for most invited participants.)

**DR. BURTON (Continued from Page 1)**

Dr. Burton joined NIADDK in 1960 as special assistant to the director. In 1965, he became chief of NIADDK's artificial kidney-chronic uremia program, which laid the foundation for large-scale dialysis treatment in the United States for patients with terminal kidney failure.

It was through his leadership that the collaborative research and development efforts in kidney dialysis with Poland were accomplished.
DR. LIPSETT

(Continued from Page 1)

patient services was constructed. While Director of the Clinical Center, he instituted a lecture series, *Medicine for the Layman*, which is still regularly presented.

Dr. Lipsett was named Director of the National Institute of Child Health and Human Development in 1982, a post he held until he was appointed Director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases in January 1985. In the latter position, he was responsible for recognizing growth hormone being administered to children and for hastening its replacement by a synthetic substitute.

Dr. Lipsett's early research focused on how the adrenal steroid hormones, then newly discovered, regulated the body's handling of salt and water. His extensive research included studies of patients undergoing endocrinologically directed treatments for advanced cancer of the breast. This led to a major, career-long interest in the relationship between hormones and cancer.

He was organizer and founding chairman of the Breast Cancer Task Force, and, along with colleagues at NCI, he studied the effects of hormones on breast cancer which helped establish the scientific basis for the modern treatment of this disease. He was a major participant in the NIH group that revolutionized cancer treatment by curing a large fraction of patients with an aggressive cancer, chorionicarcinoma, by chemotherapeutic agents. This approach has been adapted successfully to numerous cancers, especially leukemias and related conditions.

In collaboration with NIH chemists, he developed a series of more sensitive tests to accurately measure in human blood many adrenal and gonadal steroid hormones and closely related substances. The hormone measurements, in addition to applications to cancer, led to innovative studies in reproductive endocrinology, a field in which Dr. Lipsett soon achieved a major leadership role. Studies by Dr. Lipsett and his colleagues of hormonal changes in the normal and disturbed menstrual cycle are especially noteworthy.

Despite a heavy program of administrative duties, he continued a serious commitment to research. Recently, he returned to his early interests in adrenal hormones and how they work. Along these lines, Dr. Lipsett and his colleagues were the first to characterize an inborn defect in receptors on cells of patients who cannot respond properly to the major adrenal hormone, cortisol.

Among his many honors and awards are two Bronze Stars with Oak Leaf Cluster for "heroic achievement in action" as a combat medic by the U.S. Army in 1945; the Alfred P. Sloan Award for Cancer Research in 1953; the Distinguished Leadership Award of the Endocrine Society in 1976; the Department of Health and Human Services (DHHS) Senior Executive Performance Award in 1980; the DHHS Distinguished Service Award in 1981; the DHHS Senior Executive Service Meritorious Rank Award in 1982; and the Distinguished Andrologist Award in 1984.

Dr. Lipsett authored or coauthored over 275 scientific papers and is one of the most frequently cited scientists in the world. He served as President of the American Endocrine Society in 1979; Secretary General of the International Society of Endocrinology from 1976-84; and President of the American Physicians Fellowship since 1984. Dr. Lipsett was editor-in-chief of the *Journal of Clinical Endocrinology and Metabolism* from 1968-73 and coeditor-in-chief of the journal *Hormone and Metabolic Research* since 1984. He had served as a consultant to the Food and Drug Administration for endocrinology and metabolism since 1975.


In addition to his professional activities, Dr. Lipsett was a Life Master at bridge, an accomplished chess player, and an avid tennis and squash player.

His marriage to the former Marie Nieft ended in divorce. Survivors include his wife, Lois, of Bethesda; two sons from his previous marriage, Roger, of Bethesda and Edward, of Tokyo, Japan; two stepchildren, Alan Tomkins of Silver Spring and Janice Jackson of Rockville, and five grandchildren.

A memorial service will be held in the Masur Auditorium in the Clinical Center at NIH on November 19 at 1 p.m.

Donations in Dr. Lipsett's memory may be sent to the Endocrine Society, 9650 Rockville Pike, Bethesda, MD. 20814, and will be used to establish a Mortimer B. Lipsett Memorial Fund.

Dr. Richard D. Leapman

Received Burton Medal

Dr. Richard D. Leapman, Biomedical Engineering and Instrumentation Branch, DRS, was awarded the Burton Medal at the 1985 Annual Meeting of the Electron Microscopy Society of America in Louisville, KY.

Dr. Leapman

He received the award for "having made (within the past 5 years) a most important contribution in the field of electron microscopy." His research in electron energy loss spectroscopy was particularly cited by the society.

The award, which is named after a leading pioneer in electron microscopy in North America, is presented annually to a scientist under 35 years of age. Dr. Leapman is in the BEIB Electron Beam Imaging and Microscopy Group.