NIH Centennial Ceremony Opens Year-long 'Century of Science for Health' Observance

Oct. 16 marked the opening of NIH’s year-long centennial observance saluting "A Century of Science for Health."

HHS Secretary Dr. Otis R. Bowen and HHS Assistant Secretary for Health Dr. Robert E. Windom participated in the program which included the reading of a message from President Reagan, the reading of a congressional resolution and a brief historical view of NIH.

Dr. James B. Wyngaarden, NIH Director, and all living former Directors of NIH attended.

The objectives of the centennial observance," according to Dr. Wyngaarden, "are to improve the public’s understanding of the worth and benefit of biomedical research and of the essential roles played by the 'partners in discovery’—NIH, academia, and the private sector, which includes industry and the voluntary and professional health organizations.

Attract Students

"The centennial gives an opportunity to remind a public that has forgotten or never knew what the world was like before the advances of modern medicine. The year 1887 is a long way back in the context of human health. We can remind the public of how far we have come."

Dr. Wyngaarden continued, "Also, we can use the observance as an effective mechanism in our efforts to attract more bright students into the adventure that is biomedical research. We are beginning to realize the awesome positive potential of modern research techniques, but we need to remind young people particularly of how far we have yet to go."

Among dignitaries who attended the opening ceremony were Dr. Donald S. Fredrickson, president and chief executive officer of the National Institutes of Health.

Windy and Wyngaarden were among dignitaries attending the centennial opening ceremony. Standing l to r are: Drs. James A. Shannon (1955-1968); P. Roy Vagelos, Merck & Co., Inc; Dr. Wyngaarden; Sec. Bowen; Dr. William H. Schell (1950-1955); Dr. Robert Q. Marston (1968-1973); Asst. Sec. Windom; Dr. Robert S. Stone (1973-1975), and Dr. Donald S. Fredrickson (1975-1981). Photos by John Crawford.

Human Herpes-like Virus Isolated by NCI

National Cancer Institute scientists have isolated a new human herpes-like virus from the white blood cells of six patients.

The double-stranded DNA virus has been named human B-cell lymphotrophic virus (HBLV) for its ability to infect and eventually kill human B cells in culture. HBLV was isolated from the lymphocytes of six patients, ages 17 to 57, all of whom reside in the U.S. The patients had either lymphomas (cancers of the lymph system) or other disorders involving the immune system. Although two of the patients were also infected with the HTLV-III/LAV virus, four were not, indicating that the new virus is not exclusively associated with AIDS.

"We are confident that this is a new DNA virus and a member of the human herpesvirus family, but different from each of the five known human herpesviruses," said Dr. Robert C. Gallo, chief of NCI’s Laboratory of Tumor Cell Biology. "We do not yet know whether the new virus is a human pathogen, but all of the known herpesviruses cause disease, and we expect that it will be true of HBLV as well."

Dr. Gallo said that his laboratory is currently investigating whether the new virus plays a role in lymphoma and other abnormalities of the immune system as well as more chronic diseases such as fatigue states similar to that caused by Epstein-Barr virus, the cause of mononucleosis.

Dr. Gallo emphasized that there is no evidence to suggest that the new virus is spread by casual contact. "Like herpes simplex, the cause of cold sores and genital herpes, HBLV probably requires close personal contact for transmission," he said. In addition, although the virus was isolated from two patients with HTLV-III/LAV infection, there was no special association with AIDS in these studies. Like other herpesvirus, HBLV may be one of the many types of infections that affects patients who are immune deficient (although viral infection does not appear to be especially prevalent in these patients).

"There is no reason to change our thinking about the cause of AIDS nor alter current public health recommendations regarding transmission of HTLV-III/LAV," Dr. Gallo emphasized.

Dr. Gallo directed the research on the new herpes-like virus which was published in the Journal of Clinical Investigation.
TRAINING TIPS

The NIH Training Center, Division of Personnel Management, offers the following:

- **Course and Programs**
  - **Course Starts**
  - **Management and Supervisory** 496-6371
  - Strategic Planning for Productive Results 11/19
  - Performance Appraisal Counseling 12/19
  - Working With Personal Differences 12/10
  - Manage Your Meetings 11/21
  - Effective Presentation Skills 12/21
  - **Office Skills** 496-6211
  - Working With Personal Differences 11/3
  - Effective Listening Skills 11/24
  - Basic Time and Attendance 12/10

- **Special Programs** 496-6211
  - Adult Education
  - Training and Development Services Program

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**M. Mylander to Speak Nov. 14**

At NIH Science Writers’ Meeting

Maureen Mylander will speak on “The Best of Both Worlds: NIH by Day and Freelancing by Night” at the next hour-long meeting of the NIH Science Writers’ Guild on Nov. 14 at 12:15 p.m. in Bldg. 31, Rm. 8A28.

Ms. Mylander, special assistant for public information in the OD Office of Communications, wrote The Great American Stomach Book and is now writing a health guide for men.

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**Nov. 17 News Briefing On Sexual Impotence**

A science writers news briefing on sexual impotence—will be held at NIH on Nov. 17. The event will take place from 9 a.m. to 12 p.m. in Conf. Rm. 4 of Bldg. 31A.

Dr. William H. Masters of the famed Masters and Johnson Institute in St. Louis, Mo., will conduct the briefing along with Dr. E. Darracott Vaughan, Jr., of Cornell University Medical College in New York City; Dr. Robert J. Krane of the Boston University Medical School; and Dr. John Morley of the University of California, Los Angeles, all leading experts in the field of male sexual dysfunction. For information, call Jim Fordham, 496-3583.

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**NCI Seeks Twins for Study**

The Family Studies Section, NCI, is seeking pairs of male twins and pairs of female twins, age 17 or older, who have not smoked tobacco for the past year, to participate in a study of nicotine metabolism. Individuals will be reimbursed for their time and inconvenience (including travel); call Drs. Caporaso or Bale, 496-4775.

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**Basic Research Support Pays Off in Understanding Cell Growth Better, New Therapies, and Nobel Prize**

When Dr. Stanley Cohen received one of the first NICHD basic research grants 23 years ago, it may have been difficult to see exactly where it would lead. Such is often the case in basic research. But this December, Dr. Cohen’s contributions to science will take the biochemist from Vanderbilt University to Stockholm to receive this year’s Nobel Prize in Physiology or Medicine.

Although the payoff has been a long time coming, his scientific findings also promise to take medicine several steps closer to better treatments for a variety of illnesses. Turning basic laboratory results into therapies is “an example of what can be accomplished by long-term, stable support for top-notch researchers,” said NICHD Director, Duane Alexander. The NICHD continues to finance Dr. Cohen’s research in addition to over 23,000 other basic and clinical research projects it has funded since 1964.

From the beginning, Dr. Cohen’s studies have focused on substances known as growth factors, which he discovered and characterized in collaboration with Dr. Rita Levi-Montalcini, with whom he shared the prize. Nerve growth factor (NGF) and epidermal growth factor (EGF) help regulate the basic mechanisms by which cells grow, divide, or specialize into one cell type or another.

“He went looking for growth factors, not knowing if they were there, and found them. Not everybody who goes looking finds things,” Dr. Alexander said. “The clinical applications are now flowing from this basic research.”

In a statement announcing the award, the Nobel Assembly said these basic science studies “may increase our understanding of many disease states such as developmental malformations, degenerative changes in senile dementia, delayed wound healing, and tumor diseases.” The studies are expected, the statement said, “to result in the development of new therapeutic agents and improved treatment in various clinical diseases.”

In the early 1960’s, Dr. Cohen’s relentless fascination with mouse eyelids had apparently little to do, for example, with burn patients. Newborn mice, he found, opened their eyelids earlier than expected if the mice were injected with a crude slurry containing what Dr. Cohen later showed to be EGF. “This observation was of interest to me,” said Dr. Cohen of his 1982 General Motors award lecture, “since I felt that any substance which accelerated developmental processes would be of biological significance.”

Today, through continued research, particularly in the fields of molecular biology and genetic engineering, EGF promises to play an important clinical role as well.

And what could mouse eyelids possibly have to do with abnormalities in human cell growth and division such as cancer or birth defects? Adding evidence to the growing idea that the processes of development and cancer may share common genetic mechanisms, Dr. Cohen showed how EGF-binding to its cell surface receptor triggers a series of biochemical events inside the cell that result in cell division. “I, of course, did not foresee that the biochemical mechanism by which [EGF] induced precocious eyelid opening would be related” to those involved in the cancer process, said Dr. Cohen in the GM lecture.

His later studies uncovered the first suggestion that the EGF receptor may influence cell division in both normal development and cancer by interacting directly with genetic material. Interest in how EGF and its receptor affect cell division has increased since the discovery that a cancer-causing gene, known as erb-B, encodes a protein closely resembling the EGF receptor.

With this knowledge in hand, the Nobel Assembly statement said, chemicals that block the action of EGF or its receptor “could be useful in the treatment of tumors in which deregangement of EGF or the EGF receptor is involved.”—Leslie Fink

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**The NIH Record**

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The NIH Record reserves the right to make corrections, changes, or deletions in submitted copy in conformity with the policies of the paper and HHS.
“OPEN SEASON”—Nov. 10 thru Dec. 5;
Five New Plans Offered This Year

"Open Season" for the Federal Employees Health Benefits Program (FEHBP) is Nov. 10 through Dec. 5. During that period, eligible employees may change their plan, option, type of enrollment, or any combination of these. One cannot be covered as an employee under their own enrollment and as a family member under someone else’s enrollment in the FEHBP. Likewise, a member of one’s family cannot be covered under more than one enrollment in the program.

Commissioned Corps personnel, employees serving under appointments limited to 1 year or less and intermittent employees are not eligible for enrollment in the FEHBP.

Eligible employees will receive a booklet, CG 70-1, entitled "1987 Enrollment Information Guide and Plan Comparison Chart (1986 Open Season)," from their personnel office. This booklet contains open season enrollment instructions and general information about the FEHBP. It itemizes major features of all plans and contains general categories of coverage such as dental and vision care, outpatient and inpatient services, etc. Five new plans are offered this year.

The OPM has authorized this year a significant change in the distribution of 1987 brochures to enrollees. Employees who are currently enrolled in a fee-for-service plan, a prepaid plan, or a plan sponsored by an employee organization will receive a copy of the 1987 brochure at their home address by mail from the plan carrier. Employees who are eligible for enrollment and not currently enrolled or covered by a Federal plan may contact their personnel office for information on the program or plan brochures.

The plans for which NIH employees are eligible are:

- **Government-wide, Fee-for-Service Plans (2)**
  - Indemnity Benefit (Aetna) Plan
  - Service Benefit (Blue Cross/Blue Shield) Plan

- **Employee Organization Plans (12).** An employee must either belong to, or join, the organization which sponsors the plan. The employee will need to pay membership fee (dues) in addition to the health plan premium.
  - American Federation of Government Employees Plan
  - Alliance Health Benefit Plan
  - American Postal Workers Union Plan
  - *Federal Managers’ Association Health Plan
  - Government Employees Hospital Association Benefit Plan

- **Mail Handlers Benefit Plan**
- **National Association of Government Employees Plan**
- **National Association of Letter Carriers Plan**
- **National Federation of Federal Employees Plan**
- **National Treasury Employees Union Plan**
- **Postal Supervisors Health Benefit Plan**
- **Postmasters Benefit Plan**

**Comprehensive Medical Plans/Health Maintenance Organizations (14).** To enroll, an employee must live within the plan’s enrollment area.

- **CapitalCare, Inc. Medical Plan**—Washington, D.C. metro area
- **Care First Medical Plan—Greater Baltimore, Md. area**
- **CHOICE Healthcare Plan—Washington, D.C. metro area**
- **Columbia, Md., Medical Plan—Portions of Baltimore City; and Howard, Anne Arundel, Baltimore, Carroll, Montgomery, and Prince George’s Counties, Md.**
- **Free State Health Plan—Baltimore, Md. area**
- **George Washington University Health Plan—Washington, D.C. metro area**
- **Group Health Association Medical Plan—Washington, D.C. and eight surrounding counties**
- **HealthAmerica Maryland Health Plan—All of Baltimore City and County and portions of Anne Arundel, Carroll, Howard, and Prince George’s Counties**
- **HealthPlus, Inc. Health Plan—Washington, D.C. and surrounding counties in Maryland and Virginia**
  - Johns Hopkins Health Plan—Baltimore County, Baltimore City, Anne Arundel, Howard and Cecil Counties
- **Kaiser/Mid-Atlantic Health Plan—Washington, D.C. metro and metro Baltimore area**
- **M.D. Individual Practice Association Health Plan—Washington, D.C. metro area**
- **NETWORK Health Plan—Washington D.C. metro area and northern Virginia**
- **Physicians Care Health Plan—Prince George’s and Montgomery Counties**

*Denotes new plan offered this year.

Employees and the government share the cost of the premiums. The employee’s bi-weekly cost is shown in the GC 70-1 booklet. The share of the rates shown in the booklet reflects the cost of coverage for full-time employees. Part-time employees receive a prorated share of the government contribution toward the cost of enrollment and the employee pays the difference. This means that part-time employees contribute an additional percentage of the government’s contribution and, therefore, the cost of coverage is greater for part-time workers.

The Office of Personnel Management requests that employees not rely solely on the contents of the chart but should review the total brochure of the plan for a complete description of benefits. Some plans now offer inpatient drug and alcohol rehabilitation coverage, enhanced coverage for drug treatment, hospice and well-baby care. Employees interested in reviewing the brochure of additional plans should contact their BID personnel office for brochures.

After reviewing the literature, employees who wish to enroll or to change enrollment should contact their BID registration assistant and obtain an SF-2809, Health Benefits Registration Form. The names and locations of these assistants are listed on official bulletin boards.

The Division of Personnel Management will sponsor an “Open Season Health Benefits Fair” on Thursday, Nov. 13, in Wilson Hall, Bldg. 1. Plan representatives will be available from 9 a.m. to 12:30 p.m. to answer individual questions on the 1987 contracts. All employees are invited to attend as long as they have their supervisors approval.

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**Safety Alert**

HAZARD ASSOCIATED WITH AGAR MELTING IN MICROWAVE OVENS

Recently three similar accidents occurred when NIH scientists used microwave ovens to melt agar in screw-cap bottles. In each case the bottle exploded; one exploded in an investigator’s hand; the second on a bench top; and the third in a waterbath used to cool the agar.

Typically such accidents occur when pressure builds up as a consequence of heating the agar in closed vessels. In order to avoid such accidents, screw-caps on bottles must be very loose to ensure adequate pressure relief. When removing agar which has been melted in bottles from microwave ovens, use protective gloves, goggles and a face shield to minimize any possible injury.

Contact your Occupational Safety and Health Consultant at 496-2346 for additional information or assistance.
The Division of Research Grants Celebrates Its 40th Birthday

Then . . .

On the first day of 1946 at the National Institute of Health, a second BID came into existence. On that day, the Office of Research Grants was created and took its place beside the National Cancer Institute. The immediate task facing the handful of people in the new office was to manage 66 medical research contracts that had been transferred to the Public Health Service from the defunct Office of Scientific Research and Development. The long-range goal was to develop and administer a broad extramural program for the PHS.

Dr. C.J. Van Slyke was the first chief of the office. He and his staff of five were located in Bldg. 1. Acting under Section 301 of the PHS Act they established panels of scientific experts from outside the NIH, and called these panels study sections. The study sections were to provide a scientific peer review of grant applications and also to survey and evaluate the status of research in their fields. The first study section was the Malaria Study Section. By the end of 1948, qualified scientists were among the membership. It soon became clear, however, that the complexity and demands of the job required a full-time commitment; and so by the end of 1948, qualified scientists were appointed to the DRG staff to be executive secretaries.

Information Management

Originally, DRG not only provided a scientific merit review of applications but also made awards of grants outside the specific interests of the NIH Institutes and, in addition, was responsible for the financial control and management of all research grants. While this would be an impossible task today, given the size and diversity of the NIH extramural programs, in the 1940's it was far more manageable. (In fiscal year 1946, the NIH awarded only 80 research grants for a total of $780,000.)

In 1947, the DRG was asked to develop and manage a research fellowship program. As a reflection of this new responsibility, its name was briefly changed to the Division of Research Grants and Fellowships; in 1950, the name was changed back to the Division of Research Grants.

Scientific Merit Review of Grant Applications

And Now . . .

Today, 40 years and nine Directors later, the DRG has grown dramatically. The 100 or so applications that were reviewed in FY 1946 have become an avalanche of paper. In FY 1985, DRG received and refereed approximately 32,000 applications, and reviewed approximately 24,000 of these applications in its study sections. The number of chartered study sections has increased to 68, with many of these containing one or more standing subcommittees. DRG's staff of 5 is now 407.

Of course, DRG quickly outgrew its accommodations in Bldg. 1. The staff moved first to Bldg. T-6, which has since been torn down, then to Bldg. 31, and finally, in 1963, to its present location in the Westwood Bldg.

As NIH expanded, some of DRG's responsibilities were channeled elsewhere. Thus as each new Bureau or Institute was created, the new entity took over the awarding and postaward management of research grants and fellowship awards in areas within its mandate. DRG continued to support all other grants until 1958, when this responsibility was transferred to a new Division—now the National Institute of General Medical Sciences.

DRG, however, branched into new areas. In 1959, the Statistics and Analysis Branch was established in response to the need for central information and data and for the rapidly growing requests for statistical analyses and trend studies.

The Statistics and Analysis Branch is now one of the two major subdivisions of DRG.

Through its two main computer systems—IMPAC (Information for Management Planning Analysis and Coordination) and CRISP (Computer Retrieval of Information on Scientific Projects)—the branch performs a variety of information management activities. These include preparing documents used by the NIH in its peer review system, periodic reports and publications dealing with the NIH extramural programs, and analyses of NIH extramural trends such as characteristics of members of review groups and types of grant support.

The other major subdivision is the Referral and Review Branch, which is responsible for DRG's receipt, referral, and review activities. Perhaps the largest branch at NIH, the Referral and Review Branch consists of 243 employees. DRG is the central receipt point for most grant applications to the PHS. After the applications are received and processed, they are referred by DRG staff to the appropriate initial review groups or DRG study sections for scientific merit review and to the appropriate awarding components for a second level review and consideration for funding.

Directors of the Division of Research Grants

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<tr>
<th>Name</th>
<th>Years</th>
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<tr>
<td>Dr. C.J. Van Slyke</td>
<td>1946-1948</td>
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<td>Dr. David E. Price</td>
<td>1948-1951</td>
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<td>Dr. Ernest M. Allen</td>
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<td>Dr. Dale R. Lindsay</td>
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<td>Dr. Eugene A. Confrey</td>
<td>1963-1969</td>
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<td>Dr. Stephen P. Hatchett</td>
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<td>Dr. Carl D. Douglass</td>
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<td>Dr. S. Stephen Schiaffino</td>
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(acting)

Dr. Jerome G. Green    | 1986-       |

The DRG study sections in the Referral and Review Branch review most applications submitted to the NIH. These applications are for investigator-initiated research project grants (RO1's), First Independent Research and Support Transition (FIRST) Awards, Research Career Development Awards (RCDA's), Small Business Innovation Research grants, Academic Research Enhancement Awards (AREA's), some large, multidisciplinary program project grants, and individual postdoctoral fellowships.

DRG also assists the Office of the Director, NIH, and the other NIH Bureaus, Institutes, and Divisions in the formulation of grant policies and procedures. For the past 40 years, DRG has worked actively with the NIH leadership in a variety of ways to ensure excellence in peer review.
Receipt, Processing, and Referral of Grant Applications

Letter from Dr. Jerome G. Green
Director, Division of Research Grants

The peer review system at the NIH has been widely praised and emulated. Indeed, as far as we know, the NIH now has the largest and most renowned peer review apparatus for science in the world. With its well-developed procedures for the receipt and referral of grant applications for scientific merit review, and for information management activities, DRG is at the center of this NIH system—it has been referred to as the “palace of peer review.”

As we all know, the system is not perfect; problems do occur, although remarkably frequently. That’s why, with great care and deliberation, some well-designed experiments to improve peer review may be warranted.

Although I have been with DRG a relatively short time, I have been impressed by the dedication of the staff and the efficiency and cost-effectiveness of the Division’s policies and procedures. The procedures utilized are basically sound, and I join with the many who are deeply committed to preserving and protecting the DRG and the NIH peer review system.

NEW VIRUS
(Continued from Page 1)

Oct. 31 issue of Science. The new B-cell virus was isolated in his laboratory by Zaki Salahuddin with the assistance of Dr. Dharam Ablashi of NCI’s Laboratory of Molecular and Cellular Biology, and Dr. Peter Biberfeld of the Karolinska Institute of Stockholm, Sweden. Drs. Steven Josephs and Flossie Wong-Staal contributed to the molecular analysis of HBLV and Dr. Bernhard Kramarsky of Electro-Nucleonics Inc., performed the electronic microscopy.

The NCI scientists were also assisted by two clinical investigators: Drs. Mark Kaplan of the North Shore University Hospital in Manhasset, Long Island, N.Y.; and Gregory Halligan of St. Christopher’s Hospital, Philadelphia, Pa.

To determine whether there were any significant biochemical similarities between HBLV and other known human herpesviruses, the scientists performed Southern blot hybridizations (the pairing of two single-stranded DNA molecules to find out if they are homologous or complementary). The test helps determine whether genetic information from different sources is related. The scientists compared the DNA of the HBLV with that of Epstein-Barr virus, cytomegalovirus, herpes simplex virus 1, varicella zoster virus, and herpesvirus saimiri (a herpesvirus of squirrel monkeys). These results show that the new virus does not hybridize with the known members of the human herpesvirus family, and is therefore different from any of the known viruses. The scientists believe, however, that because of the size, shape, and DNA content of the virus, HBLV is a herpesvirus.

Dr. Gallo stressed that this new discovery does not in any way change the medical concept that AIDS is caused by HTLV-III/LAV and is not a casually transmitted disease. This virus, HBLV, is not a cause of AIDS.

As part of the long-term objectives of this laboratory to understand the mechanisms regulating normal and cancer cells and defects leading to dysfunction of these cells, Dr. Gallo’s laboratory has recently focused on diseases frequently associated with AIDS-brain encephalopathy, B-cell lymphoma, Kaposi’s sarcoma and other lymphoproliferative disorders. These studies include the development of methods for a long-term cultivation of different types of fresh human white blood cells in liquid suspension culture, for the purpose, in part, of finding new viruses. Using such cells from six different patients, the scientists found HBLV.
Retirement Briefings Offered

The Federal Employees Retirement Act of 1986 will have a profound effect on the way Federal employees make retirement decisions in the future. Whether you are automatically covered by the new system or have an opportunity to convert to FERS, you undoubtedly have many questions about it.

Arrangements have been made to give half-day briefing sessions on FERS for groups of 500 employees per session in the Masur Auditorium. Each session will be simultaneously broadcast to other locations as indicated below:

Employees hired after Dec. 31, 1983, who have less than 5 years of service under CSRS, should attend the following briefings:

**Date:** Nov. 20, 1986
**No. of Briefings:** Two half-day sessions
**Time:** 9 a.m.-12 p.m.
**Place:** Masur Auditorium*

*Video to the following locations:
 Bldg. 10, 14th Floor Auditorium
 Bldg. 31, Conf. Rm. 4
 Bldg. 31, Conf. Rm. 9
 Shannon Bldg., Wilson Hall—(morning session only)
 Westwood Bldg., Conf. Rm. D

Meetings Noted

Employees covered by the current Civil Service Retirement System (CSRS) will have an opportunity to transfer into this new system during a 6-month period beginning July 1, 1987, should attend the following briefings:

**Date:** Jan. 28, 29, & 30, 1987
**No. of Briefings:** Six half-day sessions
**Time:** 9 a.m.-12 p.m.
**Place:** Masur Auditorium*

*Video to the following locations:
 Bldg. 10, 14th Floor Auditorium
 Bldg. 31, Conf. Rm. 7
 Bldg. 31, Conf. Rm. 9
 Westwood Bldg., Conf. Rm. D

Employees should first determine which of the two briefings will benefit them, and then with supervisor approval attend one of the above half-day sessions.

Scholars-in-Residence Arrive at Fogarty Center

Dr. Pablo Rudomin, professor of physiology and chief of the section of neural control in the department of physiology, Center for Research and Advanced Studies of the National Polytechnic Institute, Mexico City, has returned to NIH for 1 month to attend the workshop on "Neuronal Circuits" which he has organized together with Dr. Robert Burke, NINCDS. This workshop will take place at the Stone House (Bldg. 16) on Nov. 17-18.

Dr. Itzhak Parnas, professor of neurobiology at the Hebrew University in Jerusalem, Israel, recently began a 10-month scholarship. Prof. Parnas is a leading international authority on synaptic transmission, axonal conduction, axonal growth, and regeneration. During his tenure he will be affiliated with Dr. Harold Gainer’s laboratory, NICHD.

Arrived Oct. 1

Dr. Quentin H. Gibson, professor of biochemistry at Cornell University, arrived Oct. 1 to begin the first term of his scholarship. During his 3-month stay, Dr. Gibson will interact with Dr. William Eaton’s laboratory, NIDDK. Dr. Gibson is a pioneer in the study of biochemical reactions using fast kinetic methods.

Dr. Robert Porter, director of the John Curtin School of Medical Research, at the Australian National University in Canberra, Australia, is visiting NIH for a period of 6 months. Dr. Porter’s work on the innervation of spinal motorneurons by direct connections from the motor cortex in primates, in collaboration with Prof. Phillips in the early 1960s, was truly pioneering investigation which remains classic today. During his tenure Dr. Porter will be with Dr. Robert E. Burke’s laboratory, NINCDS.

Dr. Kaze Berg, professor of medicine and chairman, Institute of Medical Genetics at the University of Oslo, Norway, has returned to NIH for a second term. Prof. Berg is an outstanding human geneticist who has made important contributions to the genetics of cardiovascular diseases. During his stay he will continue to work in Dr. John Mulvihill’s laboratory, NCI.

The Scholars can be reached at the Stone House on 496-4161.

Friends of Clinical Center Can Now Benefit From CFC

The Friends of the Clinical Center (FOCC), a nonprofit organization incorporated in the State of Maryland, makes funds available to patients of the Clinical Center and their families for purposes that may not be supportable through normal government channels.

The FOCC qualifies as a group to which Federal employees may contribute through the Combined Federal Campaign, and is listed in the CFC brochure. For further information, contact your CFC keyworker.

*Graphics for the Executive* 
At Computer Open House, Nov. 6

Dr. David J. Stang, nationally known ADP educator and writer, speaks on "Graphics for the Executive" at 9:30 a.m., Nov. 6 in Wilson Hall, Bldg. 1.

The presentation opens the multivendor "hands-on" exhibit of graphics and office automation capabilities. Federal Data, Xerox, Maxum Technology, Pansophic Software, etc., are just several of the 17 exhibitors that will be on hand from 9:30 a.m. to 2:30 p.m.

This event is open to all personnel and there is no cost or registration. Refreshments will be served.

"A Sentimental Journey Through the 1940's," featuring 75 songs, 40 performers, and the voice of WWDG's Eddie Gallaher (above), opens Friday, Nov. 7, at 8 p.m. in Masur Auditorium of the NIH Clinical Center, Bldg. 10. It will run Friday and Saturday evening and Sunday afternoon through Nov. 22 with proceeds benefitting the NIH Patient Emergency Fund. Ticket information is available by calling 983-2135. Eddie Gallaher will appear live on-stage for the first performance, thereafter, his voice will be on tape.
**‘Conflict Management’ Topic of OMS Lecture Series**

“Conflict Management” is the theme for the 1986-1987 NIH-OMS Employee Counseling Services Guest Lecture Series. Conflict is present in all human relationships and in all societies. Like stress, conflict can have a positive or negative effect on us. Depending on our reaction to it, conflict can help us change to make our lives more satisfying or it can decrease our ability to deal adequately with everyday situations.

This series of lectures will examine conflict in various daily experiences, including work and home, and will explore strategies for effectively managing conflictual situations. All lectures will take place in Wilson Hall from 12 -1 p.m.—the dates and titles follow:

Nov. 19: “Conflict Resolution—What’s Your Style?” Linda Hale, M.S.
Mar. 18: “Caught Between Trains: Reducing Conflict in Life Transitions,” Dr. Michael Bowler
Apr. 15: “Taking Charge: Dealing with the Inner Critic,” Drs. Laurence Dalton and Regina Dottan
June 3: “Smooth Talk/Smart Talk: Working with Conflict in Social Situations,” Dr. Phil Appel.

**Cytoplasmic Localization in Eggs Subject of NICHD Workshop**

A workshop on “Cytoplasmic Localization in Eggs” will be held in the Masur Auditorium, Bldg. 10 on the NIH campus, Nov. 13-14. In egg cells, factors in the cytoplasm are arranged so they are inherited differentially by cells making up the early embryo. The distribution of these cytoplasmic factors thus influences the developmental path embryonic cells take, which is reflected by the patterns of gene expression in the developing embryo. This phenomenon is important in the early development of many kinds of animals.

**Topics Noted**

Cytoplasmic localization in such animals as Drosophila, C. elegans, Xenopus laevis, sea urchins, ascidians, and mammals will be discussed at the meeting.

The workshop will be moderated by Dr. Eric Davidson, professor of molecular biology at the California Institute of Technology, Pasadena.

No preregistration is required. The meeting runs from 9 a.m. to 5 p.m. each day. For more information, call Dr. William Sadler, chief of the NICHD Reproductive Sciences Branch, 496-6155.

**NICHD Celebrates Child Health Day**

An overflow crowd filled Wilson Hall recently to hear nine senior physicians discuss historic advances made in child health as a result of pediatric research. The 2-hour symposium was on “Pediatric Research: A Century in Review.”

The distinguished speakers, which included Dr. Albert Sabin, who developed the oral polio vaccine, spoke from an era when very premature newborns had little chance of survival, when some hospitals did not allow mothers to see their Down syndrome babies at birth to avoid attachment to the infants destined for lifelong institutionalization, when tuberculous meningitis was uniformly fatal, and when children born with the metabolic disorder PKU (phenylketonuria) grew up mentally retarded because a diagnostic test and dietary treatment had yet to be developed.

The symposium was part of the Institute’s celebration of Child Health Day, which usually takes place on the first Monday in October. This year’s celebration also marked the beginning of the centennial year of the National Institutes of Health. A Presidential Proclamation for Child Health Day, signed on Sept. 23 by President Ronald Reagan, read:

“It is fitting that we celebrate Child Health Day in the month marking the beginning of the centennial year of the National Institutes of Health (NIH). The NIH has served all Americans through research that has helped us to safeguard and enhance the health of our Nation’s children.

“Because of the NIH’s biomedical research, deaths from illness common to children—diabetes and infectious diseases—have been markedly reduced in this country and throughout the world. Many youngsters with chronic disorders like diabetes and asthma are leading nearly normal lives, thanks to research advances that have provided new medications and new therapeutic techniques. Childhood cancers, once inevitably and invariably fatal, are now yielding to treatment. Some are being cured. Infant mortality has shown a dramatic decrease in recent years, due in large part to a better understanding of the nutritional needs and environmental support systems needed to assure the survival of low-weight and premature infants.

“On this Child Health Day, 1986, we must affirm our commitment to protect and improve the health of our children, for they represent our future.”

To conclude the symposium, HHS Assistant Secretary for Health Dr. Robert E. Windom presented Healthy Mothers, Healthy Babies Coalition awards to six recipients whose programs excelled in promoting the health of mothers and babies during 1985.

**Poor Readers Sought**

Poor readers, ages 18 to 45, are wanted for an eye movement study. Requirements are slow or poor reading, good vision in both eyes (glasses okay), good general health, no serious emotional problems, 2 years of college, and English must be native language.

The study is being conducted by NIH and NEI. For information call Ashley Hanahan, 496-9070.
president, American Council of Life Insurance; and former Congressman Paul G. Rogers of Hogan & Hartson.

Sen. Weicker, chairman of the Senate Appropriations Subcommittee on Labor, HHS, and Education, said in his remarks, "What you do (at NIH) is the greatest of all our activities in government. It's what you do that gives meaning to the Statue of Liberty and what it represents—hope—and gives meaning to the ideals and aspirations expressed in the U.S. Constitution. (Both the Statue and the U.S. Constitution are celebrating anniversaries this year along with NIH.)"

"Nothing reflects a nation's priorities so unerringly and with no philosophy or partnership as the budget of the United States of America. Those dollars are very unemotional on the bottom line. I would hope that this celebration be one of dollars. Dollars in the sense of what can be further achieved by you and your many other compatriots not here today," Sen. Weicker commented.

"I remember these words: faith, hope and love, and I think the greatest of these words is hope. And that's the business that you've been about on behalf of this nation and the world. And that really is the business that honors America," he said.

General plans for the centennial year, including a four-part PBS television series, scholarship program, and reunion weekend, were announced.

"The NIH provides ongoing leadership in the relationship among government, academia, industry, and voluntary and professional organizations," Dr. Wyngaarden continued. "In addition to conducting scientific investigations in its own laboratories, NIH supports research activities of non-Federal scientists in universities, medical schools, hospitals, and in the laboratories of other public, private and voluntary entities."

NIH has evolved from a one-room Laboratory of Hygiene at the Marine Health Service Hospital, Staten Island, N.Y.—where Dr. Joseph Kinyoun was the lone researcher—to one of the world's largest biomedical research institutions.

Two Books Trace History of NIH

Two books about NIH and its history have been published recently.

Inventing the NIH, Federal Biomedical Research Policy, 1887-1937, by Victoria A. Harden, gives an historical view of how developments in public health and scientific research communities contributed to the "invention" of what was known between 1930 and 1948 as the National Institute of Health. It is available the FAES Bookstore ($32.50) or from Johns Hopkins University Press Institute, 701 West 40th St., Suite 275, Baltimore, Md.

Apprentice to Genius: The Making of a Scientific Dynasty, by Robert Kanigel, is "a look at the traditional master-apprentice relationship" in modern science. It traces four generations of eminent scientists as they carve out a new discipline in neuroscience. This is available from Macmillan Publishing Co., 866 Third Ave., New York, N.Y.

STEP Forum on Genetics

A Forum on "Genetics: Medical Applications and Ethical Implications" will be held Tuesday, Nov. 18 from 1:30-4 p.m. in Wilson Hall, Bldg. 1.

Ethical issues arising from new technologies in medical genetics will be discussed by Dr. Richard Erbe of Massachusetts General Hospital, Dr. W. French Anderson of NHLBI, Dr. Neil Holzman of the Office of Technology Assessment, and Dr. Robert Baumiller of Georgetown University.

The forum is sponsored by the STEP committee and is open to all NIH employees. No preregistration is required. For additional information, call Arlene Bowles, STEP program coordinator, at 496-1493.

The most dangerous thing in the world is to leap a chasm in two jumps.—David Lloyd George