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The NIH Record

NIH Museum Opens May 21 in ACRF

Already an art gallery of some repute, the Clinical Center will become a museum as well on May 21 when NIH Director Dr. James B. Wyngaarden opens the NIH Museum of Medical Research. A ribbon-cutting ceremony and speeches will mark the occasion, beginning at 10 a.m. Anyone interested may attend.

Located in the lobby of the ACRF, the museum will be anchored by a series of centennial exhibits called "Windows into NIH History." The title of this exhibit derives from its location along an inner wall of the hospital, where windows from old Bldg. 10 look out on the Visitor Information Center.

"We feel it is appropriate to dedicate this museum during NIH's centennial year," said Dr. Victoria Harden, a historian who is curator of the museum. "The cutting edge of science is just the skin of science—the body beneath the skin is its history."

Harden and Dr. DeWitt Stetten Jr., NIH deputy director for science emeritus, collaborated to create the museum, which was first opened in October 1986. Stetten has a long association with NIH, beginning in 1954. Harden is a relative newcomer, having joined NIH in 1984. Stetten calls her perhaps the world's greatest authority on the history of the NIH.

Author of *Inventing the NIH: Federal Biomedical Research Policy 1887-1937*, Harden spends half her time as curator of the museum and the other half writing a book on Rocky Mountain spotted fever for NIAID.

Six of the oldest institutes will erect "window" exhibits, starting with NIDR's "The Story of Fluoride." A running fountain of fluoridated water will be featured in the exhibit; visitors will be free to have a taste. NIAID will spotlight Rocky Mountain spotted fever, a tick-borne disease. Other exhibits include "Cell Culture" (NCI); "The Heart-Lung Machine" (NHLBI); and "Windows into the Brain" (NIMH/NINCDS). The window exhibit space is 80 feet long by 8 feet wide.

Authorities from two area medical museums, the Smithsonian and Walter Reed, will be on hand May 21 for the opening of what Harden calls a "museum without walls." Emphasis in the collection will be on 20th century medical research instruments.

"We're very interested in collecting items developed at NIH," she said.

A native of Marietta, Ga., Harden says she "got into the history of NIH by the back door." After having obtained a B.A. in history at Emory University in Atlanta, she earned a master's degree in American history at the Uni-

(See MUSEUM, Page 2)

Dr. DeWitt Stetten Jr.: Muse of the NIH Museum

When the NIH Museum of Medical Research officially opens on May 21 in the Clinical Center lobby, it will lack two items that would undoubtedly assure its success but which it can never adequately possess—the mind and voice of its chief proponent, Dr. DeWitt Stetten Jr.

It is perhaps easiest, but by no means just, to describe Stetten in the tidy terms of chronology: he first came to NIH in 1954 to be scientific director of the National Institute of Arthritis and Metabolic Diseases, remaining for 8 years before he left Bethesda to found Rutgers Medical School. In 1970 he came back as director of NIGMS. Three years later he became NIH deputy director for science, a position from which he retired in 1980. Stetten then became NIH's first senior science advisor, a title that has since been adjusted in recombinant fashion to read "deputy director for science emeritus."

Today, the bearer of this formidable title sits in the semidark of a private office in the Stone House, his eyesight having failed but his vision, after 77 years, quite clear.

A brilliant spring day has been building around the Stone House this morning; a bright board of sunlight passing into Stetten's office is the most obvious evidence of its construction. Stetten is seated at a neat wooden desk clear of all paper. He has been dictating notes to himself into a small tape recorder, preparing for that evening's address to a class of Howard Hughes Medical Institute students.

"I expect they will be a bit restless," he confides, then launches into a joke he hopes will loosen them up.

If there weren't so many more stories to tell, Stetten might have indulged himself in a good laugh at his own joke. Perhaps memory and clarity exert their own pressure on a man who knows that, though titles may be long, life is short.



"More than our buildings, our laboratories and our campus, the greatest virtue of NIH is its people."

(See STETTEN, Page 4)

No Ifs, Ands or Butts

NIH To Be Smoke-Free by Sept. 1

By Anne Barber

NIH is to be an entirely smoke-free workplace by Sept. 1, meaning no smoking will be permitted anywhere in NIH buildings, on or off campus. This new policy was described by Dr. James B. Wyngaarden, NIH director, in a memo addressed to all employees.

"There is compelling cause for a smoke-free policy when one considers that each year thousands die prematurely due to smoking-related chronic obstructive pulmonary diseases, cancer, and cardiovascular diseases," Wyngaarden said.

Responsibility for implementing and coordinating the new smoke-free policy belongs to the Office of Disease Prevention. "We are not telling people they cannot smoke, we are just telling them they cannot smoke at work," said Dr. John Kalberer, coordinator for disease prevention and health promotion.

The General Services Administration issued revised smoking regulations, effective Feb. 6, 1987, for those buildings controlled by GSA, including all of NIH's off-campus buildings. The new GSA policy differs from the old in that smoking is not permitted in the workplace, except in designated areas. The new regulations also permit agencies to establish more stringent guidelines if they choose.

Even before the new GSA regulations came about, NIH had and continues to have a "no smoking" policy. This means no smoking in the auditoriums, conference rooms, restrooms, elevators, libraries and certain sections of the cafeteria. Current policy states that smoking is permitted in the workplace unless considered disruptive to other workers. If smoking causes a problem in an office, an agreement is worked out between the parties by the supervisor. Sometimes this means getting smoke absorbers, or moving the person.

(See SMOKING, Page 3)

MUSEUM

(Continued from Page 1)

versity of Florida. In 1979 she returned to Emory to begin Ph.D. studies under the tutelage of Prof. James Harvey Young.

One of Young's favorite didactic tools was to have students visit the special collections section of Emory's library and write papers based on their findings. Harden dipped into the archives of Charles Holmes Herty, an applied chemist whose credits range from bringing football to the University of Georgia to trying to establish the nation's first federal chemotherapeutic institute.

Handling primary historical sources agreed with Harden. "Who else beside spies and private investigators get paid for reading other people's mail?" she enthused.

The Herty papers led Harden to the tangled legislative history of NIH, which was formally established in 1930 with passage of a bill that changed the name of the Hygienic Laboratory to the National Institute of Health.

Today Harden sits in the attic of the original Infectious Diseases building, Bldg. 5. Surrounded by plywood packing crates, old medical instruments and a new personal computer with "laser jet" printer, she is literally atop her profession.

"History is the record of what survives," she says. With the opening of the new museum, history is getting richer. □

NIH Emergency Unit Serves as National Example

By Steve Moore

On a chilly October 1986 weekend, about 40 NIH personnel clustered in a camp of tents and field equipment in upper Montgomery County, simulating a field hospital (and emergency demonstration).

The individuals who participated belong to the DMAT (Disaster Medical Assistance Team) that is supported by NIH and housed on its Bethesda campus. DMATs are the functioning arm of the recently formed National Disaster Medical System.

Faced with the possibility of a catastrophic national disaster that would exceed the capability of local emergency personnel, the NDMS was established jointly by HHS, PHS, DoD, FEMA and VA. Designed for domestic use only, DMATs may be deployed as backup aid when huge disasters such as earthquakes or explosions occur.

Based on the medical model of a field hospital (such as the MASH unit of television fame), DMATs include medical and support personnel who comprise a self-sufficient unit to provide emergency care or support treatment for trauma patients until they can be evacuated, or give on-the-spot care to patients with minor illnesses or injuries.

Headed by physicians, personnel in the NIH DMAT unit include nurses, pharmacists, engineers, dietitians, and a variety of scientific and technical personnel who train as a coordinated emergency unit.

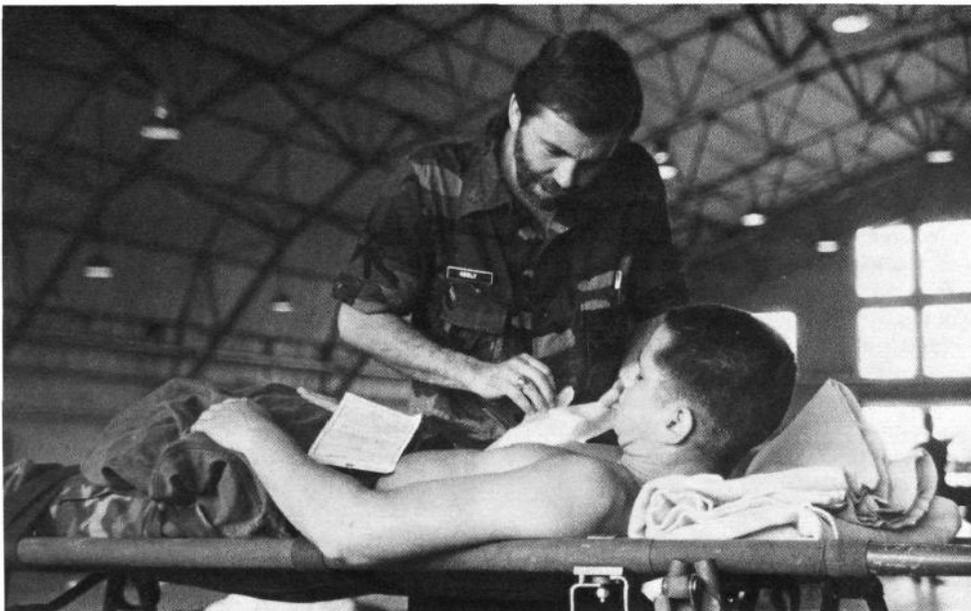
Though training requires some normal working time, much of the effort is undertaken off-hours on a voluntary basis. Specialized training in emergency services and management is provided by NIH and related organizations in the emergency medical system.

In keeping with the research mission of NIH, the practical experience and demonstration capability of DMATs will be made available to similar units that will be forming around the country.

According to Dr. Floyd J. Brinley, unit commander and director of the convulsive, developmental and neuromuscular disorders program at NINCDS, "Few opportunities at NIH allow such a wide variety of scientific and support personnel to train and function as an integrated unit, largely if not totally removed from their normal job activity, while still in the realm of providing an extremely valuable service to NIH and the community at large."

There is a continuing need for DMAT volunteers. People with medical and nursing training are especially valuable, but additional support is also needed, especially staff with experience in emergency medicine, trauma management or related support services.

For further information and an application, contact John Wassell, executive officer and deputy director, DRG, 496-7881. □



Chief Nurse Officer Lev Keely assists a "victim" at a mock disaster exercise held at Andrews Air Force Base recently for NIH volunteers to the National Disaster Medical System. NDMS has trained a model Disaster Medical Assistance Team (DMAT) at NIH, under the leadership of Dr. Floyd Brinley of NINCDS. New volunteers to the NIH team are currently being sought.

The NIH Record

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Katrin Andreasson, a Howard Hughes Medical Institute research scholar working with NICHD neurochemist Y. Peng Lob, received the Alfred Steiner Award on May 6 for developing techniques to study how endocrine and nervous system cells make and secrete neuropeptides and peptide hormones. The award plus \$2,000 is given by the Columbia University College of Physicians and Surgeons, where Andreasson will enter her fourth year of medical school.

SMOKING

(Continued from Page 1)

Some concerns that need to be addressed before NIH can implement its own directives are: What about people who are addicted to cigarettes? Classes need to be offered to help them break the habit. This is being discussed now with Occupational Medical Services. What time limit, if any, will be given as a grace period allowing smokers to make the adjustment? What kind of punitive action should be taken if people disobey the rules?

"Ideally none of these actions will have to be taken," said Kalberer. "Hopefully, adjustments can be made between both parties. We cannot have a smoke-free environment without having cooperation and understanding by all individuals."

There are more than 14,000 employees at NIH and more than 16,000 if you consider guest workers. Although the percentage of smokers on campus has not been determined, it is thought that NIH falls below the national average of 33 percent. That still leaves several thousand smokers.

Of tremendous concern to Kalberer since issuance of Wyngaarden's memo is the increased and improper use of restrooms as smoking lounges. "In addition to this behavior being inconsiderate to fellow workers since everyone has to use restrooms," Kalberer says, "it is in viola-

tion of not only the new, but even the old GSA regulations."

The Clinical Center presents a special challenge to a smoking policy. The scientific directors located in the CC would like to see smoking banned throughout the building. But some medical directors, all of whom are responsible for dealing with patients, relatives and visitors, find it difficult to accept this. How, they ask, do you tell a patient with only a few months to live that he or she can't smoke? Why forbid a relative dealing with the possibility of the death of a loved one from lighting up?

NCI Director Dr. Vincent DeVita, Jr. issued a no smoking policy for the staff in the Office of the Director in 1986 and encouraged his division directors to implement similar policies; they all complied, including those in Cancer Prevention and Control, housed in the Blair Bldg.

The Indian Health Service early in 1986 issued a total ban on smoking in all its hospitals and clinics with no designated areas for smokers established. Their canteens, equivalent to our concession stands, also volunteered to cease selling cigarettes. Thus far, only one law



suit has been brought against the agency; the hearing took place in federal court in Oklahoma in September 1986. The judge has not yet made a decision because he recognizes this case will serve as a precedent for future cases.

The Centers for Disease Control also has a no smoking policy with designated areas for smoking and has been successful in persuading its concession store operators not to sell tobacco products. Additional space was given to the stores to offset the revenue loss from cigarettes and allow them to set up space for health foods and fruit juices.

"It is my understanding that CDC hopes to have a total ban on smoking in its facilities by The Great American Smoke Out which is Nov.

19, 1987," Kalberer said.

NIH, unfortunately, has not had the cooperation of its concession stands. They were established by the Randolph-Sheppard Act to operate on federal property and therefore NIH has no absolute jurisdiction or authority over their operation.

A Smoke-Free Policy Advisory Committee will be established to advise the director on the steps necessary to implement the new policy. The committee will represent NIH as a whole—male, female, wage-grade workers, mid-management and high-senior workers including both smokers and nonsmokers, extramural as well as intramural staff.

According to Kalberer, NIH has already begun working on changing the patient's admittance form making sure patients are aware that NIH is smoke-free and they agree to abide by the rules. Also, the PHS and NIH work application forms are being changed to include this statement. In addition, the four major unions that NIH interacts with have also been informed of NIH's intended smoke-free policy. The regulations by which visitors are bound when they come to NIH are also in the process of being changed to include no smoking in any NIH facility beginning Sept. 1.

"I recognize this policy may create inconvenience for some people, and I am asking that all of you show patience and consideration toward your fellow workers," Wyngaarden says in his memo.

"This ultimate goal to make NIH a smoke-free work place," Kalberer continues, "would put NIH in compliance with the DHHS secretary's and the surgeon general's goal of a smoke-free society by the year 2000." □

PHS Decentralizes Recruitment of Handicapped

The Public Health Service has recently decentralized its special program to recruit handicapped individuals and disabled veterans for several job categories in the Washington area.

PHS has provided each institute and division at NIH with a set of applications for these technical, administrative and professional jobs. Previously, a list of eligible applicants was maintained by PHS and names of candidates were referred to each agency.

To be considered, applicants must have a disability designated for affirmative action by the Equal Employment Opportunity Commission and meet basic qualification requirements for the position.

For more information, contact any of the NIH personnel offices. □

STETTEN

(Continued from Page 1)

The NIH Museum is opening because DeWitt Stetten thinks it is important to remember. The son of a New York City surgeon, Stetten studied medicine because his father wanted him to become a surgeon also. He graduated from Harvard College in 1930, having majored in biochemical sciences under the tutelage of "a lovely man named Frank Fremont-Smith." Fremont-Smith's students were permitted to conduct research at Boston City Hospital. It was in the hospital laboratory that Stetten "decided that [medicine] was for me."

Though he attended Columbia University's

"For one brief moment in time, NIH had more space than people," Stetten recalls.

College of Physicians and Surgeons, Stetten found medical school "kind of dull." An internship and residency at Bellevue Hospital, however, were "exciting and consuming."

Stetten went on to obtain a Ph.D. and taught briefly at Harvard. He then joined the Public Health Research Institute in New York, "the only pure research institute funded by a city." In 1954, Stetten and his colleagues were invited to come to NIH, which had just built the world's largest medical research hospital and was having trouble filling it.

"For one brief moment in time, NIH had more space than people," Stetten recalls.

One of Stetten's proteges at the time was a young investigator named Dr. James Wyngaarden.

"Jim was a very gentle, mild-mannered and industrious fellow," he remembers. "In those days he was learning the trade and learning it fast."

Wyngaarden was recruited to NIH by Dr. James Shannon (who later became one of NIH's most distinguished directors) in an effort to fill the CC with promising young researchers. Originally hired to be an associate in the heart institute, Wyngaarden was assigned to Stetten for want of space in Shannon's laboratory.

While working for Stetten in 1953, Wyngaarden volunteered to be a normal control subject in an experiment to determine if uric acid is broken down in normal human metabolism. He labeled uric acid with a stable isotope of nitrogen, injected it into himself, then measured the amount excreted.

"We gave him a fairly heavy dose," Stetten says. "[The experiment] established to our sat-

isfaction the occurrence of uricolysis (uric acid breakdown) in man. We did it twice on Jim and he wrote up the results in the *Journal of Biological Chemistry*."

No artifact of this experiment, save the normal volunteer, has been preserved for the museum. Dr. James Wyngaarden, now better known as the director of NIH, will be the keynote speaker at the Museum's opening on May 21.

* * *

The idea for an NIH museum began 11 years ago when DeWitt Stetten "learned of the existence of a little book in Building 4—the diary of Joseph Goldberger."

Goldberger's story, to Stetten, captures in microcosm the beauty of NIH as an institution: it costs relatively little, it helps people immensely and it searches for the truth, even in those vexing seasons when truth has few champions.

Goldberger was an obscure investigator who set out to discover the cause of pellagra, a disease characterized by dermatitis, diarrhea and psychic disturbances that had been killing about 200,000 people each year.

"He approached it first as an infectious diseases man," said Stetten. "Then he realized it was a dietary deficiency. His diary covers the months during which he revised his opinion."

Yeast was found to prevent and cure the dis-



Listening to live radio coverage of the Iran-contra hearings, Stetten said, "NIH has fortunately had few scoundrels. We've been lucky."

"I have no doubt that Congress recognized what a bargain it was getting in Goldberger, a one-man research institute," says Stetten. "For a few thousand dollars invested in research, many thousands of lives were saved."

Though it took a few years for Goldberger's discovery to reach the medical world, "the simple fact of the matter is that he was right (about pellagra) and the rest of the world was wrong," declares Stetten. "I was rather proud of that."

ease, though Goldberger did not live to find out why. Nicotinamide, a part of yeast, was later shown to be the protective agent.

Goldberger's diary has been on display in the CC for some time, along with other items of historical interest arranged somewhat haphazardly around what Stetten calls the "rather baffling" ACRF lobby.

* * *

If discovery of a diary led to the idea of an NIH museum, Stetten's progressive blindness, first noticed in 1968, helped motivate him to see the project through to completion. Sightlessness has forced him to rely on his memory of the world (and on talking books, tapes and "live readers, when I can capture them"). In his view, the medical world's memory of its past grows shorter each year, leading to a vision perhaps worse than blindness—tunnel vision.

"Youngsters these days are not much interested in the history of their subjects," he observed. "Their knowledge goes back only 5 years—anything before that is not relevant. Young scientists should get a sense of how things were done by their predecessors. We

"I think what has happened to science is what has happened to medicine—too much specialization," he said.

happen to have a heritage and we shouldn't lose it."

Stetten says that as he has gotten older, he has become more concerned about the broad scheme of things.

"I think what has happened to science is what has happened to medicine—too much specialization," he said. "There is no one doctor who can treat you. I wish I could find a generalist."

Suffering from heart disease in addition to blindness, Stetten at least enjoys authority when he pauses to lament.

"Sometimes we physicians lose sight of what the problem is, what the patient's complaint is," he said. An article he wrote for the *New England Journal of Medicine* called "Coping with Blindness" drew hundreds of letters from strangers impressed with his acuity.

"When blindness set in, I was seen by a number of ophthalmologists, all of whom were concerned with the globe of the eye and what goes on inside it. The fact that I was depressed (as many people losing their vision are) was overlooked completely. And depression is a treatable condition! The ophthalmologists were concerned with the quarter-inch circle of light visible to them during the eye exam."



Perceptions such as this, delivered with quiet eloquence, form the basis for the argument that the museum might best be served if Stetten himself would consent to be a part of it, much as storytellers are parts of folklife festivals.

Stetten sighs and adds, "Are we perhaps training technicians rather than scientists? It's sad. But this is an old man's view of things and I've probably overstated the case. The picture has changed, and it must change. Pretty soon the field will be so large and complex, no one will be able to master it."

He begins another aside: "Years ago there used to be such a thing as a service station and the man who worked there fixed the whole car. Nowadays the dent repairer doesn't communicate particularly with the man who handles the car's electrical system."

Stetten's thirst for the big picture in modern science has not gone unslaked. Every Friday morning for the past 15 years he has invited leading NIH investigators to join him and other interested employees for intimate seminars for the frontiers of knowledge. Each institute is invited in turn to these seminars; the scientific directors nominate two speakers for each meeting.

"I must admit I find the science progressively more difficult to understand," he said. "Because of my blindness I can't see the slides our scientists often use. That limits my grasp of the problems."

While too little visual input hampers him, too much output by scientists irks him even more.

"We have become so overwhelmed by publications that we're hypnotized," he said. "Nowadays we count papers, we don't read or understand them. The number of publications one has is really quite unimportant." Stetten has published more than 200 articles ("I'm not proud of that number particularly."), one of

the most recent of which was a letter to *Science* decrying the current trend to deluge the continents with scientific articles of dubious merit.

* * *

One of life's happy paradoxes is that one man's garbage is another man's treasure, an oddment not lost on DeWitt Stetten. One of the museum's interesting objects is a cylindrical slide rule that was rescued from a Bethesda trash can by Stetten's colleague Dr. Makio Murayama. A collector of mahogany boxes, Murayama noticed a particularly fine specimen one day while walking; he kept the box containing the slide rule and Stetten claimed the instrument for his museum.

On another occasion Stetten and the late Huly Bray, former NIH protocol chief, commandeered a NIH truck to snatch a "Craig counter-current distribution apparatus" from the jaws of a county landfill.

"One of my frustrations is that I can't see my museum," says Stetten.

"It's a rather handsome piece of glass-blowing equipment," Stetten explained. "Scientific apparatus becomes archaic rather quickly. Artifacts of our scientific history should be preserved."

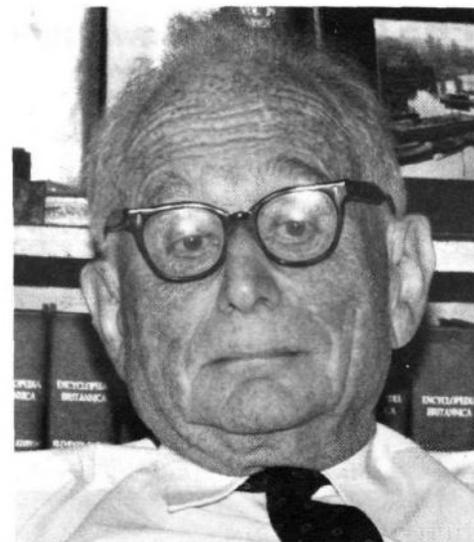
Anyone who works with a desk-top computer might be interested in seeing the ancestor of all personal computers—a LINC computer designed to NIH specifications many years ago. LINC is a dinosaur that ran on vacuum tubes, not the microchips of the eighties.

One of the instruments Stetten relied upon most during his research career is also accounted for in the museum—a twin-pan balance. Unfortunately, Stetten can't enjoy the museum the way most NIH'ers can: "One of my frustrations is that I can't see my museum."

* * *

DeWitt Stetten's main hope is that the museum becomes a source of history and scholarship, an adjunct to the teaching process. On its chances for success he is sanguine, but a bit restrained: "It will only thrive if people are interested in seeing it thrive."

The museum is preparing a number of exhibits in conjunction with NIH's 100th anniversary. Arranged along a wheelchair ramp that circumscribes the Visitor Information Center, the exhibits will feature the NIH effort to crack the genetic code, research on Rocky Mountain spotted fever, the nation's water fluoridation program ("Entirely an NIH venture," notes Stetten.) and other advances.



As NIH enters its second century, Stetten is convinced that it has become the best institution of its kind in the world. But, he cautions, it won't be easy to stay on top.

"We face very large competition from industry," he said. "We must do everything we can to make NIH an attractive place for basic and clinical investigators. Congress so far has treated us understandingly. The important thing about NIH, to my way of seeing it, is that it continue to attract the right sort of people."

* * *

His interview with the *Record* over, Stetten rises to bid his visitor goodbye. Morning has ripened into noon and there are other engagements for the deputy director for science emeritus. Standing beside his desk, he seems less the muse of a museum than a warm and caring gentleman. If DeWitt Stetten is any example, NIH clearly has a history of attracting the right sort of person. □

Extra! Extra! Extramurals

A 2-day orientation session entitled "Fundamentals of NIH Extramural Activities" will be held July 28–29 in Bldg. 1, Wilson Hall, starting at 8:30 a.m.

The course will give an overview of extramural activities, grants, contracts, cooperative agreements, their review and scientific and fiscal management. Participants will be limited to approximately 50 people and registration must be completed by June 30. Priority will be given to those who are new to the extramural side of NIH at all grade levels.

For more information, call A. Robert Polcari or Roberta Light at 496-1736, or Dr. Catherine Henley, NEI, at 496-5561. □

PHS Outstanding Handicapped Employee Award



Mr. Pilgrim

RICHARD C. PILGRIM

Computer Programmer
Data Management Branch
Division of Computer Research and Technology
"For demonstrating outstanding job performance and courage and initiative in overcoming handicaps and providing an inspiration to others."

PHS Volunteer Award



Dr. Reed

DR. GEORGE FISHER REED

Mathematical Statistician
Biometry Branch
Epidemiology and Biometry Research Program
National Institute of Child Health and Human Development
"For voluntary contribution of his time and efforts for the youth of the community and promotion and administration of mental health activities in Montgomery County, Maryland."

PHS Honors NIH Employees

NIH staff members will be recognized for their outstanding achievements and contributions at the Thirteenth Annual Public Health Service Honor Awards Ceremony on Friday, May 29, at 1:30 p.m. in Masur Auditorium. Dr. Robert E. Windom, assistant secretary for health, assisted by Dr. C. Everett Koop, surgeon general, and Dr. William F. Raub, deputy director, NIH, representing Dr. James B. Wyngaarden, director, NIH, will present the awards.

The PHS Superior Service Award, the highest award for civil service employees presented by PHS, recognizes superior contributions of an extraordinary nature over a period of time. Seven NIH staff members are to receive this recognition.

The PHS Special Recognition Award acknowledges and honors an outstanding and specific contribution of meritorious benefits to the service which has substantial impact toward the advancement of its mission. One NIH employee will receive this award as an individual and 16 additional NIH employees will be included as members of groups receiving this recognition. The assistant secretary for health will recognize the outstanding contributions of a group of civil service employees and commissioned officers from the Centers of Disease Control, Food and Drug Administration, and NIH by bestowing the PHS Special Recognition Award and the Outstanding Unit Citation on these selected employees. A group of 14 employees of the Surveillance, Epidemiology, and End Results Program (SEER), NCI, will also receive this award.

The Assistant Secretary's Special Citation will be presented to three NIH employees. It recognizes employees in clerical, administra-

Assistant Secretary for Health's Special Citation



Ms. Ahern

ROWENA M. AHERN

Information and Exhibits Assistant
Office of Scientific and Health Reports
National Institute of Neurological and Communicative Disorders and Stroke
"For providing the Nation's neuroscience and communicative science community with information about research and research training through superlative support of the NINCDS Scientific Exhibits Program."



Mr. Jennings

ROSKEY JENNINGS

Biological Laboratory Technician
Laboratory of Viral Diseases
National Institute of Allergy and Infectious Diseases
"For dedicated and outstanding performance as a Biological Laboratory Technician for the National Institute of Allergy and Infectious Diseases."

PHS Equal Employment

JUANITA P. COOKE

Program Analyst
Office of Program Planning and Evaluation
National Heart, Lung, and Blood Institute
"For consistently promoting programs to enhance opportunities of minorities in research and aiding minority institutions in successfully entering the competition for scientific research support."

JACQUELINE K. OWEN

Supervisory Secretary (No photo available)
Medicine Branch, Clinical Oncology Program
Division of Cancer Treatment
National Cancer Institute
"For outstanding service to the Medicine Branch during the development of the Breast Cancer Study Group and the Biological Therapeutics effort, NCI."

for Outstanding Achievements

PHS Special Recognition Award

tive, technical, professional, and general support positions whose work is basic to meeting the goals of the PHS.

The PHS Equal Opportunity Achievement Award emphasizes the PHS policy to provide equal opportunity for its employees; to demonstrate the value that top level management places upon employees, supervisors, and managers who actively and effectively participate in equal opportunity activities; and to give honor and recognition to those employees who have excelled in their efforts to promote equal opportunity. One NHLBI employee will receive this award.

The PHS Outstanding Handicapped Employee Award brings recognition to employees who, in spite of severely limiting physical factors, have demonstrated outstanding job performance and courage. A DCRT staff member will receive this honor award.

The PHS Volunteer Award will be presented to one NICHD employee. This award is designed to encourage and to give recognition to PHS employees who engage in and perform outstanding volunteer services within their communities.

Two NIH Commissioned Officers will receive the Distinguished Service Medal, the highest award given to a Commissioned Officer. It is granted to an officer with a genuine sense of public service who has made outstanding contributions to the mission of the PHS.

Fifteen Commissioned Officers stationed at the NIH are to receive the Meritorious Service Medal. This medal recognizes a single important achievement, a career notable for accomplishments in technical or professional fields or unusually high quality and initiative in leadership.

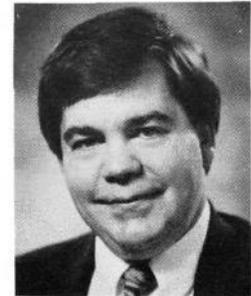
Equal Opportunity Award



Ms. Cooke

DR. DANIEL F. HOTH
Chief, Investigational Drug Branch
Cancer Therapy Evaluation Program
Division of Cancer Treatment
National Cancer Institute

"For establishing a distribution system for azidobymidine for patients with the acquired immunodeficiency syndrome (AIDS)."



Dr. Hoth



SURVEILLANCE, EPIDEMIOLOGY, AND END RESULTS PROGRAM (SEER) GROUP
National Cancer Institute. Pictured are: ARDYCE J. ASIRE, BETTY JEAN CICERO, JACK B. CUNNINGHAM, ELIZABETH B. DAVISON, JOHN W. HORM, MARY E. KRAUSE, MARY A.C.J. KRUSE, BARBARA A. LYLES, CONSTANCE L. PERCY, LYNN G. RIES, EVELYN M. SHAMBAUGH, DR. EDWARD J. SONDIK, VALERIE D. VAN HOLTEN, AND DR. JOHN L. YOUNG

"Members of the SEER Program, NCI, are recognized for their outstanding scientific management and use of the key data system in the assessment of progress on cancer research."

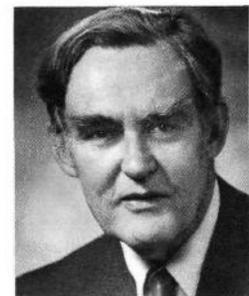
PHS Superior Service Award



Dr. Bialy

DR. GABRIEL BIALY
Chief, Contraceptive Development Branch
Center for Population Research
National Institute of Child Health and Human
Development

"For exceptional leadership in organizing and directing a program for the development of an array of new methods of fertility regulation."



Dr. Decker

DR. JOHN L. DECKER
Associate Director for Clinical Care, NIH, and
Director, Warren Grant Magnuson Clinical Center

"For expertise in management and for significant contributions to the long range goals and mission of the Clinical Center, NIH."

PHS Superior Service Award (Continued from Page 7)



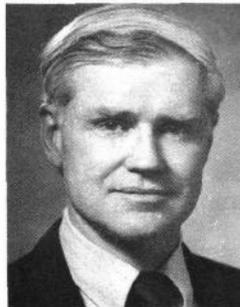
Dr. Ellenberg



Dr. Gay



Mr. Hedetniemi



Dr. Lawley



Mr. Whaley

DR. JONAS H. ELLENBERG

Chief, Biometry and Field Studies Branch
Intramural Research Program
National Institute of Neurological and Communicative
Disorders and Stroke

"For highly influential contributions in applications of statistics to medicine, especially to the understanding of the etiology, prognosis and prevention of cerebral palsy and epilepsy."

DR. WILLIAM I. GAY

Chief, Animal Resources Program Branch
Division of Research Resources

"For outstanding leadership in the field of Laboratory Animal Science spanning a period of 32 years in the Public Health Service."

JOEL R. HEDETNIEMI

Executive Officer
Office of Administrative Management
National Institute of Child Health and Human
Development

"For outstanding skills and achievements in the management of the National Institute of Child Health and Human Development as Executive Officer."

DR. THOMAS J. LAWLEY

Medical Officer (Dermatology)
Dermatology Branch
Division of Cancer Biology and Diagnosis
National Cancer Institute

"For important contributions to our understanding of skin diseases with particular emphasis on the role of inflammatory mediators in the pathophysiology of disease."

STORM H. WHALEY

Associate Director for Communications, NIH
Office of the Director

"For providing outstanding leadership in public affairs management and administration to the full NIH community."

Distinguished Service Medal



Dr. Broder



Dr. Whitney

Medical Director SAMUEL BRODER

Associate Director
Clinical Oncology Program
Division of Cancer Treatment
National Cancer Institute

"For outstanding and unique contributions to AIDS research resulting in discovery of effective treatment."

Veterinarian Director ROBERT A. WHITNEY, Jr.

Director
Division of Research Services

"For outstanding contributions to biomedical research and for untiringly seeking the highest standards of laboratory animal care and use and of other essential research support activities."

Meritorious Service Medal



Dr. Boice



Dr. Castelli

Scientist Director JOHN D. BOICE, Jr.

Chief, Radiation Epidemiology Branch
Division of Cancer Etiology
National Cancer Institute

"For development of a productive and imaginative program of epidemiologic research that has clarified the role of ionizing radiation in cancer causation."

Medical Director WILLIAM P. CASTELLI

Director, Framingham Heart Study
National Heart, Lung, and Blood Institute

"For extraordinary leadership in applying epidemiologic findings to the prevention of cardiovascular disease, and the interpretation and dissemination of these findings to the lay public."

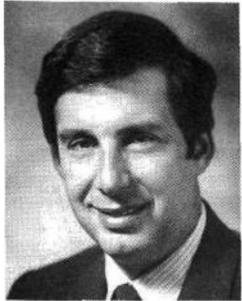
Senior Nurse Officer SUSAN P. HUBBARD

(No photo available)
Director, International Cancer Information Center
National Cancer Institute

"For conceptualization, implementation and maintenance of the PDQ cancer treatment information system which promotes the delivery of state-of-the-art treatment to all cancer patients."

Meritorious Service Medal

(Continued from Page 8)



Dr. Chabner



Dr. Dayton



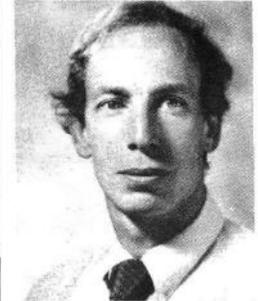
Dr. Greenwald



Dr. Lane



Dr. Levine



Dr. Lippman

Medical Director BRUCE A. CHABNER

Director, Division of Cancer Treatment
National Cancer Institute

"For exceptional and sustained scientific and administrative leadership in cancer research resulting in increased availability of new and effective cancer treatment."

Medical Director PETER GREENWALD

Director, Division of Cancer Prevention and Control
National Cancer Institute

"For conceptualizing and implementing the National Cancer Institute's Cancer Control Program and leadership of the Institute's cancer prevention research."

Medical Director ARTHUR S. LEVINE

Scientific Director
National Institute of Child Health and Human
Development

"For managerial excellence and scientific achievement in directing the research activities of the Intramural Research Program, National Institute of Child Health and Human Development."

Medical Director DELBERT H. DAYTON

Chief, Genetics and Teratology Branch
National Institute of Child Health and Human
Development

"For leadership in establishing a repository of human DNA probes as a national resource to facilitate research on the human genome."

Senior Surgeon HENRY C. LANE

Senior Investigator, Laboratory of Immunoregulation
National Institute of Allergy and Infectious Diseases

"For outstanding research on the human immune system in normal and disease states and the development of a clinical research program on the acquired immunodeficiency syndrome."

Medical Director MARC E. LIPPMAN

Head, Medical Breast Cancer Section, Medicine Branch
National Cancer Institute

"For major contributions to our understanding of the hormonal regulation of human tumor growth; for the identification of estrogen-induced growth factors in human breast cancer; and for the application of innovative and creative laboratory observations to the treatment of breast cancer patients."



Dr. Lowy



Ms. McKeon



Dr. Roberts



Dr. Rosen



Dr. Schwartz



Dr. Wyatt

Medical Director DOUGLAS R. LOWY

Chief, Laboratory of Cellular Oncology
Division of Cancer Biology and Diagnosis
National Cancer Institute

"For major contributions to viral oncology with emphasis on the regulation of retroviruses and papillomaviruses and the nature of their oncogenes; and for important role in providing dermatologic consultations for patients in the Clinical Center."

Dental Director MICHAEL W. ROBERTS

Chief, Patient Care Section, and
Deputy Clinical Director
National Institute of Dental Research

"For exceptional performance in redirecting the goals of the Patient Care Section and providing selfless support for the NIDR mission of bettering the public's oral health."

Medical Director

RONALD H. SCHWARTZ

Senior Investigator, Laboratory of Immunology
National Institute of Allergy and Infectious Diseases

"For exceptional contributions to modern research in cellular immunology and immunogenetics."

Senior Nurse Officer KATHRYN L. McKEON

Chief, Mental Health and Alcohol Nursing Service
Warren Grant Magnuson Clinical Center

"For outstanding contributions to the nursing management of the Clinical Center and Clinical Research Programs of NCI, NIMH and NIAAA."

Medical Director SAUL W. ROSEN

Deputy Director
Warren Grant Magnuson Clinical Center

"For outstanding contributions and service beyond the call of duty while serving as Acting Director of the Clinical Center from April 1986 to November 1986."

Medical Director RICHARD G. WYATT

Special Assistant for Intramural Affairs
Office of the Director

"For exceptional performance and contributions to the Office of the Director in the management of the NIH intramural programs."

(Continued on Page 10)

AWARDS

(Continued from Page 9)

Combined Award—PHS Special Recognition Award and Outstanding Unit Citation

Employees of the Centers for Disease Control, Food and Drug Administration, and the NIH are being recognized as a group for their work on PHS Reye's Syndrome Task Force. The NIH staff members are:

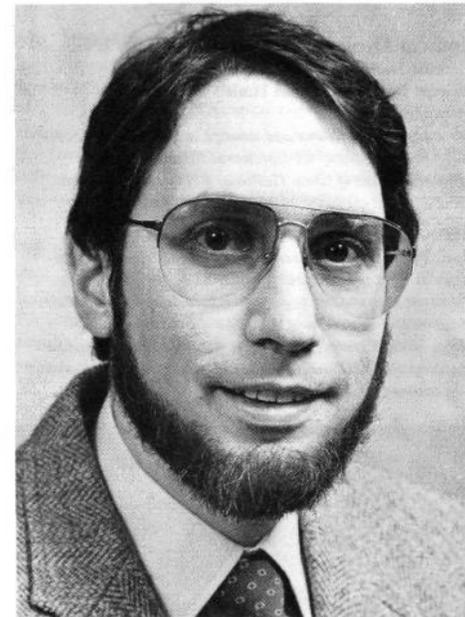
PHS Special Recognition Award:

Dr. Joseph S. Drage, NINCDS
Dr. John R. LaMontagne, NIAID

Outstanding Unit Citation:

Dr. Delbert Dayton, NICHD
Dr. Richard A. Kaslow, NIAID

Group citation: "In recognition of an outstanding group effort by the PHS Reye's Syndrome Task Force in conducting an epidemiologic study which contributed to the resolution of the Reye's Syndrome-salicylate controversy and to the significant decline in the incidence of this life-threatening disease in the United States." □



Dr. Michael J. Ackerman was recently selected to head the newly created Educational Technology Branch of NLM's Lister Hill National Center for Biomedical Communications. The branch conducts research on interactive educational technology including computer, audiovisual, and integrated methods of supporting health science education and information transfer.

Khoury Memorial Fund Established

A memorial service for Dr. George Khoury was held on Sunday, May 17, in Masur Auditorium. At that time it was announced that a fund has been established in honor of Khoury that will benefit both Princeton University and Harvard Medical School. Donations may be sent to: The George Khoury Memorial Fund, Recording Secretary, P.O. Box 39, Princeton, NJ 08544.

NIH Runners Smoke Federal Field

The NIH Health's Angels running team mauled all comers in a recent race sponsored by the Agriculture Department's R&W service on the Mall.

The team, made up of Alison Wichman (NINCDS), Jo White (NIAID), Anne Burkhardt (NCI), Rick Davey (CC), Bill Pitlick (NINCDS) and Tom Roach (OD) defeated 85 teams representing most federal agencies. The President's Council on Physical Fitness and Sports cosponsored the event, which featured 2,000 runners.

Each team of three men and three women ran the 3-kilometer course with the unique requirement of finishing together as a team. The NIH team had several anxious moments, but the heroics of Jo White prevailed; she continued to run after being flattened by a crowd of race walkers. The Health's Angels triumphed just a few breaths ahead of the defending champs from the Veterans Administration.

The Perpetual Challenge Trophy awarded to the winning team will be kept by NIH for 6 months; NIH will defend the right to keep it at the fall interagency race. Past champions have included the U.S. Army, Department of Transportation, U.S. Navy and VA.

The race walking portion of the competition drew 850 pedestrians and was sponsored by the NIH R&W. □

Are You Expecting a Baby?

Learn more about your baby's unique personality and development. NICHD/Child and Family Research Section needs the help of first-time pregnant women (close to the 28th week of pregnancy) and their spouses for a study of "the transition to parenthood." With your participation, you will receive a videotape of your infant demonstrating his or her special skills. For more information call Nancy Gist, 496-6832. □

Dr. Norman Gold Dies

Dr. Norman Gold, a former health scientist administrator in the Division of Research Grants, passed away recently.

Gold was executive secretary of the Biochemical Endocrinology (BCE) study section in the division's Referral and Review Branch until he retired last December. He managed the initial scientific review for the BCE study section of research grant applications submitted to NIH and PHS. He also nominated scientists to serve as reviewers on the study section.

Dr. Mischa E. Friedman, associate director for referral and review, DRG, said in tribute, "Dr. Gold was highly respected by the endocrinology research community with which he was associated for many years. His warm and friendly personality typified by his cheery smile and firm handshake will be missed by all his colleagues in DRG."

Before joining the division in 1978, Gold was a research associate in endocrinology at Children's Hospital Medical Center in Boston, Mass. He is survived by his wife, Phyllis, a son, and two daughters.

A Virus, By Any Other Name...

The term "human immunodeficiency virus (HIV)" will be used from now on in all PHS publications, documents and correspondence to refer to the AIDS virus, according to HHS Assistant Secretary for Health Robert E. Windom.

The AIDS retrovirus was formerly referred to as HTLV-III or HTLV-III/LAV.

The change in nomenclature follows recommendations by the Retroviruses Subcommittee of the International Committee on the Taxonomy of Viruses and the Conference of State and Territorial Epidemiologists.

PHS will also use the term "acquired immunodeficiency syndrome (AIDS)" in all its documents referring to the disease caused by HIV. □

Orchestra To Play Britten

The NIH R&W Chamber Orchestra, conducted by Vladimir Svojsky, will present its next concert on Sunday, May 24 at 7:30 p.m. in Masur Auditorium.

Soloists in the Benjamin Britten Serenade for tenor, horns and strings will be Howard Carr, tenor, and Philip Momchilovich, French horn.

Tickets for adults will be \$5, and children under 12 as well as all patients will be admitted free. For further information call Dr. J.B. Wolff, 496-7070. □

TRAINING TIPS

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

<i>Courses and Programs</i>	<i>Dates</i>
<i>Management and Supervisory</i> 496-6371	
Supervising in the Federal Wage System	6/4-8
Communication for Results	6/23-26
The Federal Budget Process	6/3-5
Successful Middle Management	6/9-11
Performance Appraisal Counseling	6/10-12
Report Writing	6/2-4
Conducting Effective Meetings	7/13-14
Interpersonal Relationships	7/15-16
Working with Personal MBTI II	6/19
Why Can't They Hear Me?	6/18
<i>Office Skills</i> 496-6211	
Effective Decision Making	6/8-9
Working with Personal Differences MBTI for Support	6/15-16
Improving Voice and Diction	6/29-30
Introduction to Working at NIH	6/17-18
<i>Adult Education</i> 496-6211	
<i>Training and Development Services</i>	
<i>Program Orientation</i> 496-6211	
May 19—Landon Bldg., Conf. Rm. E	
June 9—Bldg. 10, 11th floor Solarium	
June 16—Bldg. 31, Rm. B2C07	

SHARE TRAINING: An online catalog is available by accessing WYLBUR. Enter SHARE TRAINING. First time users only, enter: x fr &ags2ugL.@@share(setup) on file 37

Management Tactics Clinic Planned for June

The NIH Training Center will hold a Management Tactics Clinic on June 19. This 1-day session of seminars is designed to help NIH employees deal with pervasive issues in their work environment, especially in a time when the workload is up yet resources are down.

Leaders in various management fields will present concepts, models, and techniques that employees can use immediately. Best yet, no fee or application is required.

The following practical and informative sessions will be offered:

STRAIGHT TALK—Dr. Richard Underhill

A technique which will help you begin to find answers to your own communication problems will be provided in this session.

Session # 1: 8:30-10:30 31/B2C12
9: 12:30- 2:30 31/B2C12

THE MANAGEMENT CLINIC—William C. Thomas

You will be provided with practical and easy-to-apply techniques for effective diagnostic and problem solving skills which you may immediately utilize upon leaving this seminar.

Session # 2: 8:30-10:30 31/B2C05
#10: 12:30- 2:30 31/B2C05

SHAPING UP!—Dr. Al S. Fedoravich

An approach will be offered that encourages respect for the individual and also demonstrates how this can be consistent with high levels of productivity.

Session # 3: 8:30-10:30 31/B2C06
#11: 12:30- 2:30 31/B2C06

WHY CAN'T THEY HEAR ME?—Dr. Jackie Sheridan-Barnett

Techniques will be provided to assist you in extracting the substance of orally presented information.

Session # 4: 8:30-10:30 31/B2C07
#12: 12:30- 2:30 31/B2C07

NETWORKING—Dr. Jackie Sheridan-Barnett

Practical strategies will be provided for maximizing positive politics in our work environment.

Session # 4: 8:30-12:30 31/B2C07
#12: 12:30- 2:30 31/B2C07

IT TAKES ALL KINDS—Judith A. Vogel

You will be provided with a model for understanding, appreciating and using a highly researched, systematic model of the personal differences we find in the workplace.

Session # 5 10:30-12:30 31/B2C12
#13: 2:30- 4:30 31/B2C12

THE JOY OF WRITING—Myra Shulman

Techniques which will sharpen your skills and make writing a more enjoyable experience will be provided in this seminar.

Session # 6: 10:30-12:30 31/B2C05
#14: 2:30- 4:30 31/B2C05

POSITIVE POWER AND NEGOTIATION—Dr. William LeClere

It will be shown that negotiation is effectively used daily as an informal technique, with supervisors, subordinates, colleagues and others, the results of which are very positive for all concerned.

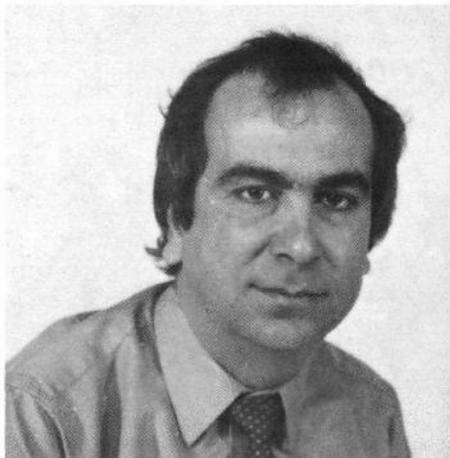
Session # 7: 10:30-12:30 31/B2C06
#15: 2:30- 4:30 31/B2C06

CONFLICT MANAGEMENT—Dr. Ralph Bates/Betty Harrison-Burns

An NIH case study will be used to explore root conditions that contribute to interpersonal conflict, and an interpersonal problem solving model will be provided as a context for achieving, when appropriate, a win-win outcome.

Session # 8: 10:30-12:30 31/B2C07
#16: 2:30- 4:30 31/B2C07

For further information, or assistance with your training needs, call 496-6371. □



Dr. Joshua Shemer, a visiting fellow in NIDDK's section of molecular and cellular physiology, received the 1987 Caroline tum Suden Professional Opportunity Award given by the Committee on Women in Physiology of the American Physiological Society. The award was presented at the 1987 Federation of American Societies for Experimental Biology meeting held in Washington, D.C.

Former DCRT Scientist Harry Blum Dies

Harry Blum, 63, former DCRT research scientist, died Apr. 19 at the Washington Hospital Center of diabetes and complications following heart bypass surgery.

Blum had been with DCRT for 14 years before his 1982 retirement. He was best-known in the scientific community as the originator of "symmetric axis function" as a descriptor of shape, and for his global theory of brain function.

Born in New York City, he graduated from Cornell University, and then received an M.S. in electrical engineering from Syracuse University.

Before coming to NIH, Blum was a research scientist for NATO in the Hague, where he worked on missile defenses of Europe. He also worked at Hanson and Rome Air Force Bases.

He is survived by his wife, Irene; daughters, Hanna Blum of Asheville, N.C. Florence Blum of Towson, Md. and Rachel Blum of Boston, Mass., a brother, Lester, of Fullerton, Calif., and a grandson, Michael Malone.



Blum was best known in the scientific community as the originator of "symmetric axis function" as a descriptor of shape, and for his global theory of brain function.

A memorial service was held at the Garrett Park Town Hall on Apr. 23. Contributions may be made in his memory to the American Diabetes Association, 1660 Duke Street, Alexandria, VA 22314.

Katherine Bick Named NIH Deputy Director For Extramural Research

Dr. Katherine L. Bick was recently named NIH's deputy director for extramural research and training. She will coordinate the development and implementation of policies affecting NIH extramural programs.

Under Dr. William F. Raub, NIH's deputy director, Bick and Dr. Joseph E. Rall, NIH deputy director for intramural research, will



Before joining NIH, Dr. Bick was an assistant professor in the department of biology at Georgetown University.

serve as the principal advisors to the NIH director.

Bick joined NIH in 1976 and previously served as deputy director of NINCDS.

Dr. James B. Wyngaarden, NIH director, characterized Bick as "particularly well qualified to meet the challenges and opportunities in NIH's extensive extramural programs" and noted that "she has consistently sought to maximize the value of research training in NIH programs."

Among her many honors are the PHS Superior Service Award (1986), Senior Executive Service Bonus Award for Performance (1984, 1985, and 1986), NINCDS Special Achievement Award (1981 and 1983), and the NIH Director's Award (1977).

Bick is a member of the American Neurological Association, American Academy of Neurology, American Association for the Advancement of Science, American Society of Zoologists, Society of the Sigma Xi, Association for Research in Nervous and Mental Disease, International Brain Research Organization, World Federation of Neurology Research Group on the Dementias, and the Society for Neuroscience. □

NCI Study Links Alcoholic Beverages to Breast Cancer; Exact Connection Still Unclear

NCI scientists have found that women who drink alcoholic beverages, even in moderate amounts, may be at greater risk of developing breast cancer than women who do not drink.

The study, by Dr. Arthur Schatzkin and a team of researchers, was published in a recent issue of the *New England Journal of Medicine*. It points out that women who consumed about three drinks per week were 1½ times more likely to develop breast cancer than non-drinkers.

Scientists found that the risk of developing breast cancer rose with the number of alcoholic beverages consumed. In addition, younger women were more at risk of developing cancer related to alcohol consumption than were postmenopausal women.

"The available evidence does not prove that alcohol consumption causes breast cancer, and it is not strong enough to support a public health recommendation," Schatzkin said. "There is as yet no biological mechanism to explain the association and additional research is needed."

The NCI study shows a statistically significant excess breast cancer risk for women who have three or more alcoholic drinks per week. Although a safe drinking level cannot be determined from the study, there does seem to be an increased risk at levels of alcohol consumption that are considerably below what is considered to be excessive drinking.

There is no evidence whether it is alcohol itself or other ingredients in alcoholic beverages that contribute to the development of breast cancer.

The NCI scientists studied the relationship of breast cancer, alcohol consumption, and other factors in more than 7,000 women who had initially participated in a health and nutrition survey in the 1970's. They were traced between 1981 and 1984 for the current study.

To rule out the possibility that the association between alcohol and breast cancer was related to other factors, the researchers used statistical procedures to adjust the results. After taking a number of them, including age, weight, smoking habits, and dietary fat intake into consideration, there was still a link between alcohol consumption and breast cancer.

Similar results from another study on the relation between drinking and breast cancer, conducted by Harvard Medical School researchers, were also published in the *New England Journal of Medicine*.

The results of two studies prompted the journal to publish an editorial suggesting that women with other risk factors for developing breast cancer "curtail their alcohol ingestion."

Breast cancer is the most common form of fatal cancer in women in the United States. The American Cancer Society estimates that more than 40,000 women will die from the disease in 1987. □

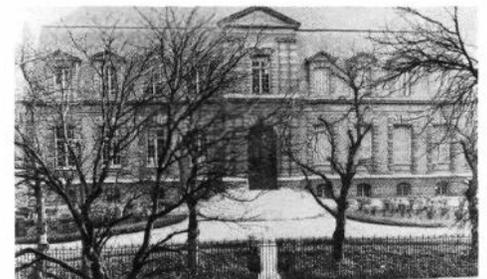
NIH and Pasteur Institute Turn 100 Together

The Pasteur Institute and the National Institutes of Health are both celebrating their 100-year anniversaries in 1987.

To celebrate the occasion, the two institutions will hold a joint symposium May 26-28 in Masur Auditorium on the "Impact of Molecular Biology on Biomedical Research." Speakers will be drawn from the staffs of both institutions and from among their alumni.

Dr. James B. Wyngaarden, NIH director, will open the meeting at 8:30 a.m. on Tuesday, May 26. He will introduce Dr. Raymond Dedonder, director-general of the Pasteur Institute, who will give an address entitled "Louis Pasteur and 100 Years of Research at His Institute."

The Pasteur Institute was created to honor Louis Pasteur's scientific career and to provide him with research resources. Funds were raised for an international rabies treatment center following Pasteur's success in developing a rabies



The Pasteur Institute in Paris will be featured in an exhibit in NLM, Bldg. 38, through October.

vaccine. Land was purchased in 1887 and construction was begun on the initial buildings.

Those wishing to attend the symposium should register by calling Wendy Walker, Courtesy Associates, 347-5800. □