

The NIH Record

Smoke If You Must, But Not At NIH

Director Appoints Smoke-Free Advisory Committee

By Anne Barber

Preparations are now under way to make sure that the no-smoking policy at NIH goes smoothly once it begins on Sept. 1. As it is currently written, no smoking will be permitted anywhere in NIH buildings on or off campus.

To advise and help implement this policy, Director James B. Wyngaarden has appointed 12 members to serve on NIH's Smoke-Free Advisory Committee. The members represent a cross-section of the NIH population—from a wage grade employee to a senior cardiovascular surgeon, smokers and non-smokers, intramural and extramural staff. Dr. John T. Kalberer, coordinator for disease prevention and health promotion, will serve as committee chairman.

The smoke-free policy was introduced by Wyngaarden following agreement by NIH directors. The advisory committee will consider all aspects of a smoke-free policy, including counseling services and smoking cessation programs, guidelines for enforcement of the smoke-free policy, and an education program on the risks of smoking and exposure to passive smoke. (See sidebar for listing of members.)

Established the first of June, the committee is scheduled to convene through May 31,



1988. In preparation for the big smoke-out, several meetings have already been held and will continue to be held every Monday morning at 8:30.

In order to help addicted smokers break the habit, NIH has entered into an agreement with the American Lung Association to conduct smoking cessation programs on campus during the workday.

The first smoking cessation course will be held, Aug. 18 at 1 p.m. and can accommodate approximately 40-50 persons. Sessions will run for 6 weeks and the total cost is \$35.

One of the committee's first decisions was to ask the participants to pay the \$35 up front as a commitment; after they successfully complete the course, NIH will reimburse them for half of the money.

The committee reached this decision based on the experiences of the Indian Health Service and NIH's own experience in September 1986 that the only persons completing the course were those who paid for it themselves.

Announcements regarding the course will be made desk-to-desk, via R&W's newsletter. Supervisory approval will be needed and participants will be selected on a first-come basis.

"We will continue to support these sessions as long as there is a need, even if it takes 2 years," says Kalberer.

"We have no feel for how many people will avail themselves of the course," he said. "It was

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Left Field—Fertile Ground To Dig Around In

By Leslie Fink

No matter how orderly and logical the search for scientific truth is said to be, most researchers will shamelessly admit that many important discoveries have come with some surprise out of left field. Never ones to use a short word when a long one will do, scientists call this phenomenon "serendipity." It means "fortunate and unexpected."

There is a lot to be said for the unexpected in scientific pursuit. There is as much to be said for a research environment that allows, even encourages, bright and imaginative minds to muck around in the fertile but uncharted ground of left field. They're sowing the seeds of discovery. In time, their labors will bear fruit, and our knowledge and the quality of our lives will be enriched. I accepted that notion mostly on faith during my years in the laboratory and even now as I chronicle the day-to-day process of science. The belief is a sort of dogma. Once in a while, when everything lines up just right, I have the good luck to witness a harvest.

This happened recently when Michael Zasloff, an NICHD scientist, reported a newly

found way that frogs, and possibly humans, protect themselves against infections. It is the first time a chemical defense system separate from the immune system has been discovered in backboned animals. Zasloff found that two potent extracts—protein-like molecules he calls "magainins"—from the underside of the frogs' skin kill a range of common bacteria, fungi, and protozoa in the test tube. These antibiotics, naturally produced by animals, kill microbes faster than do currently used antibiotics made from fungi or bacteria.

"If my scientific director had told me to invent these compounds, I never could have done it," says Zasloff. "It would have been a bust." The task would have been tough because, although magainins are ruthless against microbes, they leave body cells untouched. "These are natural substances that pick their targets selectively," Zasloff says. Such discrimination makes the magainins an exciting possibility as a new therapy for certain diseases. And it was

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Heart Transplant Operations Increasing

By Blair Gately

Transplantation has emerged as the foremost area of cardiac surgery in the 1980's, according to a leading cardiac surgeon who recently visited NIH.

Dr. Bruce A. Reitz, cardiac surgeon in charge, Johns Hopkins Hospital, told his audience at a lecture in the Clinical Center that about 1,500 heart transplants will be performed in the United States in 1987, up from only 40 done in 1977.

Recipients of new hearts are most frequently afflicted with cardiomyopathy or coronary artery disease, Reitz said.

The selection criteria for heart recipients has changed somewhat in the last few years. "The upper age limit used to be 50-55, but some programs will now take people in their sixties," he said. Donors are also older. The cutoff used to be 35 years of age, but it is now higher.

Reitz said the causes of death for patients receiving heart transplants are "primarily rejec-

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SMOKE-FREE

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agreed to have the course during working hours to show that NIH wants to help smokers get over the addiction."

The committee will publicize its initiatives through posters and tent cards that will be distributed throughout NIH. "This is to reinforce the fact that there will no longer be designated smoking areas in cafeterias or elsewhere in the buildings at NIH," says Kalberer.

"No excuses will be accepted in regard to the Sept. 1 deadline—nobody may smoke in a building."

Kalberer and the committee encourage every supervisor to be understanding and patient with regard to the policy. "We want to be sympathetic and help people get free from smoking on the job. But ultimately we will have to rely on the Federal Code of Conduct Handbook for final action, in those cases of habitual offenders," he said.

Several difficult situations arise with groups of people smoking outside. "We do not want people congregating in certain places, especially in the front portico of Bldg. 1." Another issue that must be addressed is what kind of receptacles should be provided for disposing of cigarette butts before entering buildings.

"Most everyone is proud of being an NIH employee since NIH is highly regarded the world over, and now we can provide leadership in another area of health—a smoke-free work

environment," Kalberer says.

Since the original article announcing the smoke-free policy appeared in the *NIH Record* on May 19, several actions have taken place. The station regulations under which visitors to NIH and employees are bound have been changed to include this new policy. Once approved through channels, this means if visitors don't adhere to our no-smoking policy, they can be fined.

The CC Patient Handbook has been modified to reflect the no-smoking policy and the form used to admit patients clearly states this new policy.

However, because of certain cases where the patient may have a psychological or chemical dependency, certain exceptions can be made. "Exceptions can only be made by the attending physician. You can't ask a person to overcome two addictions at the same time," says Kalberer.

The personnel office continues in the process of getting the official government application form 171 changed to reflect this new policy also.

"The committee and myself would like to especially give our thanks to Randy Schools and R&W for their excellent cooperation in helping us distribute this important information," Kalberer continued.

"Again, I would like to reemphasize, 'We are not telling people they cannot smoke, we are just telling them they cannot smoke at work.'" □

NIH Smoke-Free Policy Advisory Council Members

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Dr. Daniel Cowell
Assistant Director, CC

Dr. Gail Glotfelty
Occupational Medical Services, CC

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Grants Management Officer, NEI

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Dr. Charles McIntosh
Senior Surgeon, NHLBI

Albert Parrish
Electrician, ORS

Patricia Pluchino
Secretary, NIGMS

Maxine Richardson
EEO Officer, NCI

FROGS

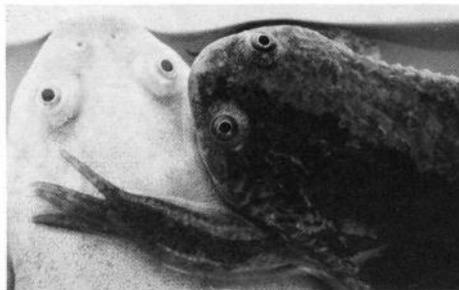
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unexpected.

The magainin discovery is an offshoot of experiments in which Zasloff uses frog eggs to study certain aspects of molecular biology. To get the eggs for his studies, Zasloff operates on the animals, sews them back up and returns them to an unsterile aquarium. Zasloff noticed that none of the frogs got infections as the wounds healed, and a light came on in his head.

Although he had been thinking a long time about the infection-fighting properties of mucous membranes similar to the magainin-producing layer in frog skin, he "just couldn't figure out a way to approach the problem experimentally." When he realized what was happening in his laboratory aquarium, "I went home and said, 'I've just seen a miracle.'" Zasloff began the bench work to isolate and characterize the peptides, which, he says, "any competent scientist could have done."

Maybe so. But "in the fields of observation," it is written, "chance favors only the mind that is prepared." Because Michael Zasloff and oth-



Frogs produce an antibiotic substance that may open new doors to the treatment of human disease. This discovery was unexpected.

ers like him are not so myopic in their observations as to miss the miracles dangling in front of their noses, science and our lives are made better. I don't take it just on faith anymore that the best tool for digging around in the fertile ground of left field is a sharp mind. □

The NIH Record

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CHEMLINE Course Created**NLM Software Transforms PCs into Professors**

Some people want to teach the world to sing, in perfect harmony. Miriam Perkins wants to teach it chemistry.

Perkins, a technical information specialist at the National Library of Medicine, has written a do-it-yourself course on how to get information out of CHEMLINE, the library's online, chemical dictionary file. She has packed seven chapters of instruction onto two floppy disks dubbed Chemlearn. Anyone with a personal computer can shove Chemlearn into the disk drive and take off into the world of pyrantel tartrate, methyl isocyanate and three-quarters of a million other chemicals of greater or lesser interest.

"It's a comprehensive course—it goes into the minutest detail," said Perkins, adding that it is the first microcomputer-based training package the library has produced.

Unlike Grateful Med, a software package that actually searches NLM's computer files of medical literature, Chemlearn is a classroom—it teaches you how to search, but won't do it for you. Like Grateful Med, however, it is a menu-driven, user-friendly system. From the moment you stick it in your computer, it wants to help you so bad you practically have to put a leash on it.

Aware of our keen interest in chemicals, Perkins gave a copy of Chemlearn to the *Record* to play with. It proved to be a rigorous instructor, though not without a streak of charity. Included in its syllabus are chapter quizzes—when you answer a question correctly it rewards you with an "Excellent!" or "Very Good!" The part we liked best was its steadfast willingness to cheat. Anytime you don't know an answer, a touch on the F3 key gives the correct response.

Chemlearn also remembers your name, can tell you where you left off in a lesson, is always asking if you need help, and will sit there patiently while you go to the cafeteria for a cup of coffee. When you return to it, Chemlearn is glad to see you and can help you find every chemical constituent in the coffee you just had, from the formula of its prized ingredient, caffeine, to the ring structures of the chemicals that comprise it.

Why do people need a course telling them how to search a database? In this case, because the data are so complex. CHEMLINE gives registry numbers (assigned by the Chemical Abstracts Service), molecular formulas, CA chemical index nomenclature, generic and trivial names (Did you know that Tylenol® also goes by the less marketable moniker "acetaminophen"?), classification codes, and ring information. It also points to other files in

the NLM system that may contain useful, related information.

"Chemlearn is the first in a series of selected MEDLARS databases for which microcomputer-based training will be developed," said Perkins.

There are 21 other databases in MEDLARS beside CHEMLINE, and it takes someone with a fair amount of sophistication to search them competently. (Unless, of course you use NLM's Grateful Med—currently available only for use with MEDLINE and CATLINE). However, with instruction such as Chemlearn, anyone can learn to do the kind of search that zeroes in on the relevant information.

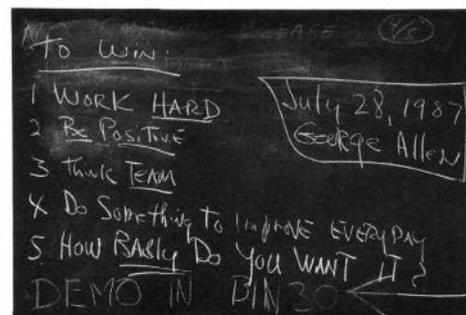
It is no accident that NLM targeted CHEMLINE for the Chemlearn treatment. It is modeled on a mainframe version written in 1979 by Dr. Melvin Spann, chief of NLM's Biomedical Information Services Branch, and Perkins' boss. Where Spann's version involved logging onto the mainframe computer, thus costing the searcher money, Perkins' invention is self-contained on two low-density diskettes costing \$25.

Those who would like to take Chemlearn home as a tutor should contact the National Technical Information Service, 487-4650 (refer to Product Number PB87-183612).

"I'm really excited to see how it sells and what our users think of it," said Perkins, who may be reached at 496-1131. □

George Allen Visits NLM

The chairman of the President's Council on Physical Fitness and Sports, former Washington Redskins' head coach George Allen, visited the National Library of Medicine on July 28. Allen, who is also the chairman and CEO of the National Fitness Foundation, met with NLM Director Donald A.B. Lindberg, and



other library officials, and had an extensive tour of the facilities. Highlights of the tour included the History of Medicine rare books collection and a Grateful Med demonstration.

The library has cooperated with the President's Council for more than 10 years in the publication of the MEDLINE-based bibliography, *Physical Fitness/Sports Medicine*, published by the Council and distributed quarterly by the Superintendent of Documents, U.S. Government Printing Office.

Allen also visited other facilities at NIH, meeting with staff of the National Institute on Aging as well as the National Institute of Arthritis and Musculoskeletal and Skin Diseases.



George Allen (center) holds one of NLM's historical volumes—Jean Goeurot's *The Regiment of Life* (1546). He is flanked (l to r) by NLM Deputy Director Kent Smith; Pat Morse, consultant to the President's Council on Physical Fitness and Sports; Dr. Donald A.B. Lindberg, and Dr. John Parascandola, chief of the History of Medicine Division.

NIH Establishes Office of Animal Care and Use

In response to the recently revised Public Health Service Policy on Humane Care and Use of Laboratory Animals, NIH has established a new office to ensure that intramural programs are in compliance with all policies and rules on animal care and use. Dr. Robert E. Windom, assistant secretary for health, approved establishment of the Office of Animal Care and Use (OACU) last spring.

OACU is in the Office of the Deputy Director for Intramural Research, OD, headed by Dr. Joseph E. Rall, who has ultimate responsibility for the intramural animal care and use program.

Dr. Robert A. Whitney, Jr., has been appointed director of OACU in addition to his responsibilities as director of the Division of Research Services and chief veterinary officer of the PHS Commissioned Corps.

Creation of this office is one part of a continuing NIH commitment to make the intramural animal care and use program a model of excellence. OACU is responsible for orchestrating this commitment and for ensuring compliance with the PHS policy. Animal program management procedures are being improved, and new facilities are being designed, including conversion of the former Clinical Center surgery wing (Bldg. 10A, former home of the Blood Bank) into a "state of the art" small animal facility.

In compliance with PHS policy, NIH has an Animal Care and Use Committee (ACUC), chaired by Whitney, to advise Rall on all matters of animal care and use. Its members are the chairpersons of the NIH institute animal care and use committees. These committees, which function as subcommittees of the ACUC, advise their scientific directors and the OACU on relevant issues. They review animal use research proposals, inspect animal facilities, and investigate allegations of improper care or use. Members include institute scientists, veterinarians, a nonscientist, and a federal employee from an agency outside the NIH.

The ACUC is responsible for developing appropriate training for scientists and technicians such as the course "Using Animals in Intramural Research," offered each quarter. After Dec. 31, 1987, it will be required for each investigator before initiating projects with animals. The NIH Animal Awareness Program, with posters in each building, is designed to address animal issues of interest to the NIH scientific and nonscientific community.

One of NIH Director James Wyngaarden's goals is that the NIH animal facilities and pro-

grams, as a whole, become accredited by the American Association for the Accreditation of Laboratory Animal Care. AAALAC accreditation is voluntary, but highly regarded as evidence of program excellence. The OACU is coordinating the accreditation plan and will become the focus for ensuring maintenance of accreditation, once achieved.

OACU also administers the Interagency Re-



search Animal Committee (IRAC), chaired by Whitney, which advises the assistant secretary for health on animal-related matters affecting federal programs. It serves as a liaison with other federal agencies that sponsor or regulate the use of animals in research, testing or training as well as with international organizations on matters of animal care and use. A primary role of this committee is to foster the development of federally coordinated animal care and use policies within each participant agency.

The OACU is located in Bldg. 12A, Rm. 4003. In support of Whitney, it is staffed by two veterinarians and a program analyst. Dr. Thomas L. Wolfle is the deputy director and also serves as the executive director of the Interagency Research Animal Committee and executive secretary of the ACUC. Dr. Martin Morin, associate director for assurance, coordinates the development of policies and mechanisms for achieving accreditation and also serves as the Clinical Center veterinarian. Suzanne Moore manages contractual activities of the IRAC and is developing electronic mail and computer facilities in the office.—Jim Doherty

Posters Bolster Awareness

You have probably noticed posters around the campus bearing messages such as "Animal care is everyone's business" and "Good animal care and good science go hand in hand."

They are part of the NIH Animal Awareness Program, a project of the NIH Animal Care and Use Committee. The members of this NIH-wide committee are the chairpersons of the bureau, institute and division (BID) committees overseeing animal care and use in each NIH component.

These committees work closely with NIH scientists and technicians to ensure that our intramural programs equal the high standards NIH requires of its grantee institutions.

The posters reflect the committee's belief that NIH employees are committed to good animal care and that nonscientists and scientists alike can be effective ambassadors for NIH's animal care and use programs.

Others have the same idea. The committee is finding it hard to keep up with visitors' frequent requests for copies of the posters to be used at other biomedical research institutions.

You can learn about your BID Animal Care and Use Committee, and the important role it plays in our animal programs, from the office of your scientific director, your BID veterinarian, or the NIH Office of Animal Care and Use (496-5424).

Learn to Use PC To Acquire Data

The Computer Systems Laboratory of the Division of Computer Research and Technology is offering the course "Laboratory Data Acquisition using an IBM-PC" this fall.

The course offers an understanding of laboratory data acquisition and hands-on training using a data acquisition hardware and software package on the IBM-PC. If you would like to learn about collecting data from laboratory instruments and storing the data in your PC, this course could be helpful to you. Look for this course in the DCRT Computer Training Center's fall schedule.

The catalog is available from the DCRT Technical Information Office, 496-5431. Deadline for signing up is Aug. 20. Familiarity with PC-DOS is a prerequisite. If you have any questions about this course, please call Ramon Tate, 496-2969. □

What Goes Up Must Come Down

Hector Gives Reagan Elevator Ride

By Anne Barber

Giving the president and vice president of the United States a lift has been both the job and pleasure of Brenda Hector, an elevator operator in the Clinical Center.

How does she feel about being chosen for this honor? "It was just a stroke of luck," she said. Hector has been an elevator operator at the CC for 7 years and thinks "it is just one of the fringe benefits of being an elevator operator here at NIH."

According to Samuel Chapman, assistant chief of the Housekeeping and Fabric Care Department, "There are five elevator operators at the CC that are the elite corps of elevator operators. That means this is their full-time job. However, all the people in our department are trained to run the elevators.

"On special days such as this, our elite corps are on duty but our backups are still able to perform 'code blue,' patient care, food and other services normally required," he continued.

Annie Harrison, elevator coordinator, established the procedures to be used in carrying out their duties.

"Some of this elite corps even came in on their day off to assure we had experts in the field to provide this service," said Chapman.

According to Hector, their names and security clearances were submitted to the Secret Service 2 days in advance of the visit. On the day of the visit, they received their briefing, and pins and stickers needed for access to the elevators.

Harrison stayed on the first floor, directing elevators to take the press and other authorized persons up to the briefing room on the 14th floor. Hector, Aaron Bundick, Harry Welch, and Lillie Harris each stayed with their assigned elevators.

Beginning at 8:30 a.m., they were on duty in the center bank of elevators and stayed with the same elevator all day without a break or lunch until 2:45 p.m.

All the elevators were checked by Secret Service agents, a search dog, along with elevator maintenance staff. It took about 30 minutes to check out each elevator, including the cables and wires.

As the time of the president's visit got closer, two elevators were kept on the first floor in anticipation of his arrival. Hector and Bundick's elevators were chosen. No one was sure which elevator Reagan would get on—Hector's was the chosen one.

"He stepped in among a group of agents and



Brenda Hector

said 'Good afternoon' to me and then just talked to the agents," Hector said. "I took him up to the 14th floor and waited and brought him back down again." According to Hector, that is the procedure; once you take him up, you have to bring him down.

"As I brought him back down from the 14th floor and he left my elevator, he said, 'Thank you.' He was very pleasant."

The same procedures were followed with Vice President Bush. "Bush was extremely pleasant and chatted a lot. He gave me a handshake and a vice president pin."

Hector is a native of Washington, D.C., and has three sons, ages 10, 17, and 18 who were very excited that she got to meet the president.

Hector was late getting home to her family following the Bush visit, Apr. 8. Asked by her husband where she had been so late, Hector calmly replied, "Sweetheart, the vice president held me up this evening so you'll have to talk to him about that."

Dorothy Zimmerman, also of the housekeeping department, put extra effort into the president's visit. She stitched approximately 100 patches, representing all areas of NIH, onto a lab coat presented to Reagan. □

USUHS Seeks Volunteers

Married, employed, healthy persons ages 25 to 45 are needed for a study of the effects of work and home demands on blood pressure. Participants will receive \$50.

For further information call USUHS, 295-3263. □

New Alzheimer Drug To Be Tested

The National Institute on Aging has announced a special 2-year clinical trial of tetrahydroaminoacridine (THA), an experimental drug that may help control memory loss in some patients with Alzheimer disease.

The \$5 million study will be funded by NIA in cooperation with the Alzheimer's Disease and Related Disorders Association and the Warner-Lambert Company.

In the clinical trial, a group of independent investigators from 17 research facilities across the country will measure the safety and efficacy of THA by testing the drug in approximately 300 Alzheimer patients. This study follows a report by Dr. William K. Summers (*New England Journal of Medicine*, Nov. 13, 1986) of favorable results in 16 of 17 patients treated with THA, 12 of them for an average of 1 year.

Although designed to take place over 2 years, the study will be monitored periodically to look for any beneficial or adverse effects of the drug.

"We expect to know within a year whether the drug might benefit Alzheimer patients," said Dr. Andrew Monjan, acting associate director of the NIA program on neuroscience and neuropsychology of aging. "The investigators will be able to make the earliest possible informed decision about whether to continue the trial."

Experts in the field are cautiously optimistic about THA's potential as a treatment for Alzheimer disease. However, THA is not expected to stop or reverse the disease's devastating course. The drug may modify the symptoms of the disease by blocking the brain's normally fast breakdown of acetylcholine, a chemical messenger that seems to be involved in memory.

As Alzheimer disease progresses, brain cells die. THA, or any drug of this kind, can work only as long as there are enough living cells to produce needed levels of acetylcholine, which is just one of several chemical messengers affected by the disease.

If the results of this clinical trial prove favorable, it is expected that the data will be submitted to the Food and Drug Administration for marketing approval, and that the drug will be developed and released to the public. □

The whole art of government consists in the art of being honest.—Thomas Jefferson (1774)

An Angel of Mercy

Bill Stancliff Loves Working With Young Patients at CC

By Anne Barber

When a young patient at the Clinical Center needs someone to help make a wish or desire come true, in steps Bill Stancliff.

Such was the case with a 12-year-old girl with leukemia. She wanted to tour the White House and the CC office that usually handles these requests could not get her a ticket.

"Fortunately, through my contacts at the White House, I was able to get her and her mother tickets. In fact, I drove them down and went on the tour with them," says Stancliff.

Another patient, a teenage boy suffering from bone cancer, wished to speak with President Reagan. Two days after his 16th birthday, the president called, again through arrangements by Stancliff. The patient was overjoyed with his 6-minute conversation with the president.

These are only two examples of how Stancliff, a visual information specialist with

The therapists who work directly with the kids "are my heroes."

DRG, helps make the wishes of young CC patients come true.

He first became involved with patients when a friend's daughter who had leukemia was hospitalized in the CC. "I would visit her and also other kids while I was there."

Stancliff understands the feelings and fears involved with illness—he was operated on in 1973 for a brain tumor and suffered some loss of memory and feeling in his limbs.

"I still have problems with pain sometimes. But overall, I consider myself very lucky to be alive."

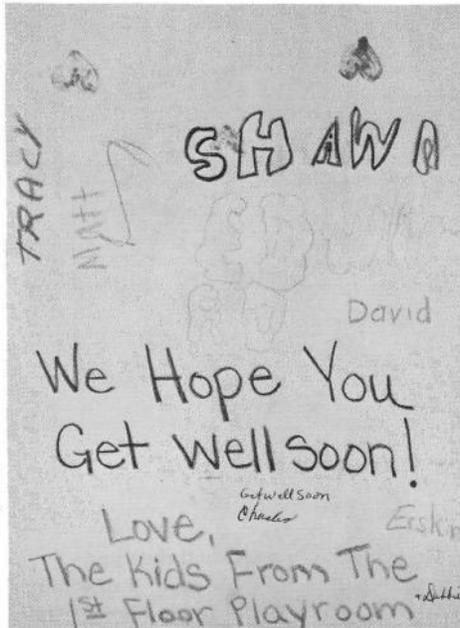
According to Stancliff, the CC therapists who work directly with the kids "are my heroes. You can't put a price on the work they do."

The therapists get involved with patients, looking for the right frame of mind as well as the healing of the body, he said. "They have a great feel for their patients," he adds.

"Most places tend to underestimate a child—they don't do that here at NIH," he continues. "These kids astound me with their medical knowledge. They are tough kids."

"I think the teenagers are hit the hardest—they need moral support. And these caregivers at the CC give a lot of love."

Stancliff visits the CC an average of one to



two times a week, mostly in the evenings when it is quiet. Sometimes his own children will go with him—a son, 18, and a daughter, 21. Bill reassures patients that anytime they have a

problem or need to talk with someone, he is available.

Some have taken him up on this; he picks them up (if they are allowed to leave the CC) and takes them out for a soda or to his home for a barbecue. He took one patient to Great Falls for an afternoon visit. "They just need to

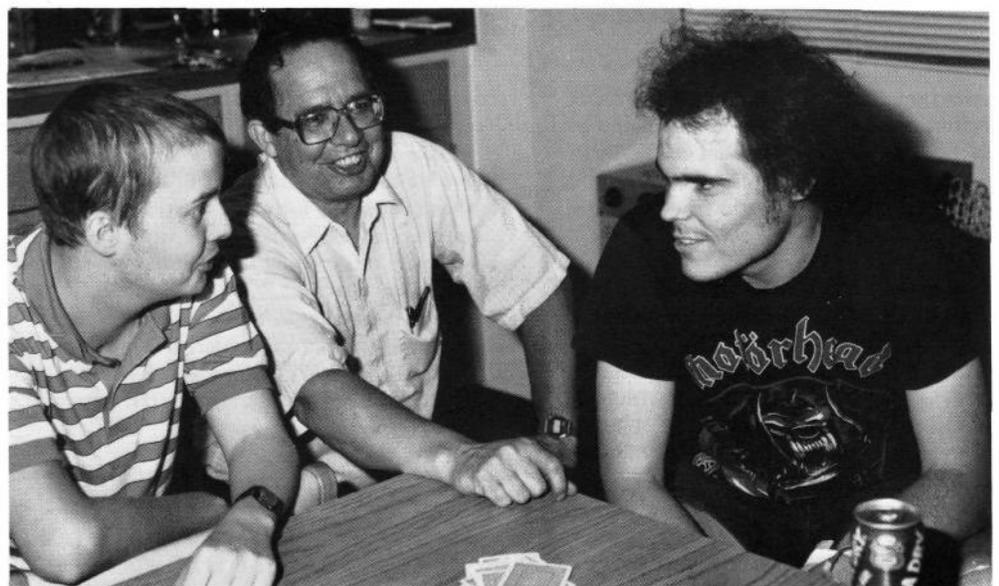
"These kids astound me with their medical knowledge."

get away and get their thoughts together," he says.

Stancliff is also known as the "cookie man." It started when he took some of his wife's cookies to one patient. Soon more kids wanted them. So he made a list of volunteers willing to bake cookies for patients on special occasions.

"I don't know what I would do without my support group," Stancliff said. He places flyers soliciting help in the elevators of the Westwood Bldg. (where he works) and in the R&W gift shop.

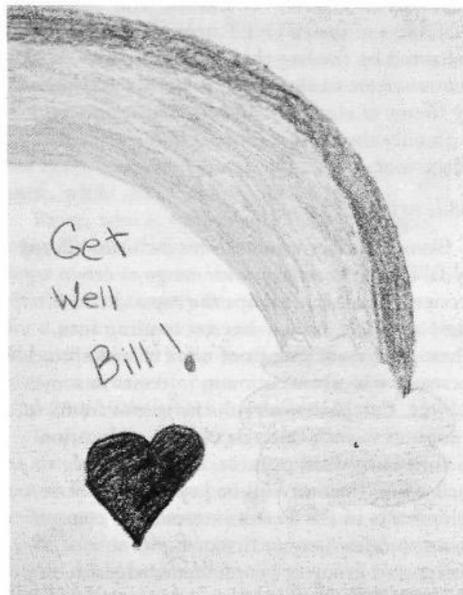
Last month he held a cookie contest and the kids judged the best cookie. The winner received a \$10 gift certificate to the R&W gift shop.



Stancliff visits with patients Raymond Emerick (l) and Damon Yeagain (r). He had brought with him a box of gifts from the Westwood R&W Gift Shop so the patients could choose a present for Father's Day. Wrapping materials were provided and assistance offered where needed.

"We not only furnish cookies for the kids, we also volunteer our services to help out during picnics, carnivals, Christmas parties, etc." Stancliff continues.

"We also helped man a Las Vegas night for the patients. We provided a dealer and all the



other things required. It went over real well up on the 14th floor of the CC. The volunteers want to do it again."

Last August, Bill took time off from his job and helped kids make kites from scratch and afterward took them out to fly them. This month they are going to make boats. "Now, I'm looking for a place for us to sail them," he says.

Stancliff has been at DRG for 21 years and was at the National Bureau of Standards for 7 years before that. He is the recipient of many

"I work for the children and a smile."

awards including the Outstanding Service Award from R&W, DHHS Volunteer Award in 1983 and many CC awards.

"The biggest reward for me," said Stancliff, "was from the kids themselves. Last year, I was real sick for about 6 weeks and couldn't visit. They made me get well cards and mailed them to me. That's what this is all about—the kids." Says Stancliff proudly, "I work for the children and a smile." □

Aspartame—How Sweet Is It?

By Lisa Datta

It is estimated that $\frac{1}{3}$ of the American population consumes up to 5 mg of aspartame per kilogram of body weight daily. Sold under the brand name Nutrasweet, aspartame is a non-nutritive sweetener with 180 times the sweetness of sugar. It was approved for public consumption by the Food and Drug Administration (FDA) in 1981 and hailed as a safer and better tasting additive than saccharin, which had been found to cause cancer in laboratory animals.

Soon after aspartame's introduction into the market, however, questions were raised concerning its safety. Within 6 months of aspartame's introduction, the Centers for Disease Control received 517 complaints from people claiming they had suffered symptoms ranging from rashes to seizures after using aspartame.

According to Dr. Dean Metcalfe, head of NIAID's Mast Cell Physiology Section, it is unlikely that many of the complaints of allergic reactions are related to aspartame use. Many people reported allergic reactions such as hives that occurred 1 to 2 days after use or that lasted 7 days. Typically, allergic reactions occur within an hour of exposure and last only a few hours. Metcalfe said that "hypersensitivity is not a major issue with aspartame use."

In addition, some people report headaches and seizures after drinking 10 to 20 cans of diet soda a day. There are studies in progress exploring the possibility that aspartame is causing these symptoms. Metcalfe said that "we have found no one in the last 6 months who is aspartame-sensitive."

One problem with the studies is that they focus on aspartame rather than on compounds that result from its decay, said Metcalfe. Aspartame decays into several compounds when exposed to heat or acidity. These include diketopiperazine, phenylamine, and methanol. A person who has a reaction after consuming a product containing aspartame may actually be sensitive to one of these compounds rather than aspartame itself. There is no evidence, however, that aspartame decay products in small amounts are harmful.

Aspartame was accidentally invented by a lab worker for Searle Co. in 1965. The worker reportedly got a solution consisting of two amino acids on his fingers and discovered, upon licking them, that it tasted sweet. He realized the solution was probably a non-toxic compound that could be used as an artificial sweetener.

Despite reports of seizures in monkeys subjected to high doses of aspartame and, in some cases, a slightly higher rate of brain tumors in

rats given aspartame, the FDA approved the drug for public consumption in 1981.

Aspartame was initially approved in 1975, but this approval was suspended in order to review the results of previous studies and investigate findings that aspartame decays into other compounds after exposure to heat or acidity. The fears raised by these findings were allayed when it was shown that the breakdown process is unlikely to occur under normal conditions. Even if aspartame did break down, the decay products are considered non-toxic.

The popular soft drink Diet Coke was used to demonstrate the improbability of aspartame's decaying. Although Diet Coke is a strongly acidic solution—one in which aspartame decay would presumably occur rapidly—nearly 5 to 6 weeks must pass for significant decay to occur. Since soda is usually stored on a shelf only 1 to 2 weeks before it is sold, only slight decay is expected to occur before the product is consumed. The improbability of major decay is a "main defense" of aspartame manufacturers, according to Metcalfe.

A simple way to tell if aspartame has decayed is by tasting it; it loses its sweetness when it degrades. This is the reason that aspartame cannot be used in baked foods. This is also why a can of diet soda that has been left in the sun may not taste sweet, said Metcalfe.

Metcalfe questioned the FDA's current drug approval policy. He said that "there is no attempt to prove the product is safe in clinical trials before it is released for general usage."

The advantage of testing a drug on human beings during a final screening of the product is clear. Animals cannot tell scientists if they "feel funny" after being given a drug. Scientists may only detect symptoms that are obvious, such as seizures. More subtle symptoms, such as headaches, dizziness, or nausea, may escape detection.

With the doubts and uncertainties about the safety of aspartame, and the knowledge that saccharin has been determined to cause cancer in laboratory animals, many dieters may think they are caught between a rock and a hard place. Some may set aside their misgivings and continue to sweeten their foods and beverages with aspartame. Others may revert to using high-calorie, natural sweeteners. The choice is up to the individual. □

*A Little Bitnet Goes a Long Way***BITNET Communications Network Available at NIH Computer Utility**

By Marc Arlen

Since March 1986, users of the NIH Computer Utility at the Division of Computer Research and Technology have had the extensive and globe-spanning facilities of the BITNET telecommunications network available to them. In addition to the academic institutions in the continental United States, BITNET includes the European Academic Research Network (EARN) and NETNORTH (the network of academic institutions in Canada).

What Is BITNET?

BITNET is an international communications network of computer systems (referred to as nodes) in the U.S., Canada, Mexico, a number of countries in Europe and the near East, and Japan. The network links together almost 2,000 such BITNET nodes at nearly 400 educational institutions and research facilities around the world, and the number is growing daily. Each node on the network is identified by a unique node-name so that one site can support multiple nodes. For example, the IBM System/370 and the DECSys-10 in use at the NIH Computer Center are two separate nodes, identified as NIHCU and NIHCUDC, respectively.

Through the electronic pathways of this network, research scientists can communicate almost instantaneously with their colleagues worldwide. International cooperation on research projects is possible with members of a research team working in laboratories half a world apart. As a result of the ability to communicate rapidly with fellow scientists working in related fields, research efforts can be directed into the most productive channels by reducing redundant pathways of investigation and other costly, time-consuming efforts. Collaboration on technical and scholarly papers is now also greatly facilitated, without the extended delays formerly incurred when using conventional mail systems for sending manuscripts or data. Using BITNET, collaborators can edit and review multiple drafts of the paper in a matter of hours rather than weeks.

In a typical example of the use of BITNET, the international conference on "Computers In Cardiology" is planned by an organizing committee with members in both Europe and the U.S. The American member of the organizing committee, an employee at NIH, keeps in close contact with the European members via the BITNET network. The network has been used to plan the program book, as well as for details of the actual conference, and for reviews of pa-

pers. The conference is to be hosted at NIH in 1988 under the sponsorship of DCRT, NHLBI, and the Clinical Center.

Because of the immediacy of contact that BITNET permits, its use is radically altering the manner in which many events have historically been conducted. For example, international conferences can now be announced to the worldwide research community via the BITNET network. Those wishing to attend can communicate their intentions within minutes or hours instead of the days or weeks normally required to accumulate responses. Calls for papers to be read at a conference can be handled in a similar manner. Owing to the hands-on nature of communication via BITNET, the organizers of a conference will be more keenly aware of such things as lack of a response from a key researcher in the particular field, and can contact the individual immediately to inquire about any problems. Information on travel arrangements and accommodations near the conference site can be instantly transmitted to those planning to attend.

How Does BITNET Function?

In actual practice BITNET operates as a "store and forward" network. A communication via BITNET, entered at a terminal in an originator's office or laboratory, is first transmitted to an intermediate node where it is entered into the queue for transmission to its ultimate destination. Under ideal network conditions, a communication across the country will be completed in somewhat less than a minute. Communication with nodes in Europe and Asia can be achieved within several minutes. Under conditions of heavy network traffic, it may take up to several hours for a transmission to be completed. Thus, even under the worst conditions, BITNET is faster than any conventional form of mail.

How Is BITNET Accessed?

Access to BITNET at NIH is through Wylbur or the DECSys-10. For registered users of the IBM System/370 at the NIH Computer Utility, enhanced Wylbur commands permit the sending and receiving of interactive messages, mail, and files of formatted material such as manuscripts or research data. DECSys-10 users can avail themselves of the mail and file transfer facilities of BITNET, but interactive messages are not supported by that system. Utilization of BITNET merely involves an extension of the system of user identification familiar to every member of the NIH Computer Utility. For new users, learning the iden-

tification system is simple. The message, mail, and file transfer facilities of the NIH Computer Utility—such as Wylbur mail—have been enhanced to "recognize" the modified identifier and so direct the communication to the appropriate BITNET node.

In addition to BITNET there are other networks of computer systems that have been established for a variety of reasons. The usefulness of the BITNET network is further enhanced by the fact that BITNET nodes can communicate easily with these other networks by means of electronic links called "gateways," with only the most minimal effort on the part of the user.

Other BITNET Facilities?

Beyond the communications facilities offered by BITNET, there is a wide range of other services available. Perhaps the most useful of these are the common-interest mailing lists. These are lists of groups of users at widespread locations who share common interests in some subject. Categories can run the gamut from computer science through topics in education to current medical practice. By subscribing to such a list, the user will be kept abreast of developments in the area of interest, can communicate questions on particular topics to a widespread group of people knowledgeable in the field, and can transmit results and discoveries to the list for consumption by the group at large. Each list for a particular interest group is "operated" from a certain node. When a message is sent to the "list," it goes to that node and from there copies are sent to all of the subscribers to the list. The user is relieved of the labor of personally sending out large numbers of messages.

Relays are another useful feature offered by BITNET. Relays link together small numbers of nodes and allow each user linked to the relay to communicate with or "speak to" all of the other users on the relay simultaneously. The manner in which this is accomplished is virtually "transparent" to the users and the overall result appears to each user to be a "chat" or conversation with a group of friends or colleagues. This is equivalent to engaging in interactive communication with a group rather than with a single individual.

There are also a variety of servers available from the Network Information Center, known as BITNIC. NICSERVE is BITNIC's information file server, which makes available information and software tools that facilitate the use of BITNET's services. An index of more than 250 documents available through NICSERVE can be readily accessed. LISTSERVE is BITNIC's mailing list server and offers help files under a number of headings to aid the user in making use of BITNET's mailing list facilities.

HEART

(Continued from Page 1)

tion and infection," with most deaths occurring 6 months to 1 year after the operation.

Efforts have been made to use a number of antirejection drugs, including cyclosporine, in smaller doses in order to minimize the toxicity of any one drug. When cyclosporine alone was administered, patients often experienced side effects, including hypertension and renal dysfunction, which sometimes necessitated a kidney transplant operation.

According to Reitz, the 1-year survival rate for heart transplant patients is currently 86 percent, while the 2-year rate is 75 percent.

Reitz, who is well-known for his performance of heart-lung transplants, said the problems of infection and bleeding associated with that type of surgery are "much greater" than for a patient receiving only a heart. He said the survival rate for heart-lung recipients is lower too—currently 66 percent after the first year and 25 percent after a 5-year period.

In discussing mechanical assist devices, such as the Jarvik-7 artificial heart, Reitz said he did not think they were going to be used much as permanent implants, but they would continue to be used as temporary "bridges" until donor hearts could be found.

"The basic underlying problem with transplantation remains donor availability," Reitz said. He said surgeons are hopeful that pending legislation that will require hospitals to ask family members to donate the organs of a deceased person will increase the number of organs needed for transplants.

Reitz reminded his audience that it was just 20 years ago that Dr. Christian Barnard performed the first heart transplant and that the field of transplantation is still in its infancy. □

Workshop on Nonradioactive Assays Cosponsored by NICHD and G. U.

State-of-the-art nonradioactive assay technologies for routine hormone studies will be discussed and reviewed at a workshop cosponsored by the NICHD Center for Population Research and the Institute for International Studies and Natural Family Planning of Georgetown University Oct. 15-16 at 9 a.m. in Bldg. 31, Conf. Rm. 10.

Concerns over the safety of working with radioactive materials and the problems associated with the disposal of radioactive waste have prompted investigators to develop nonradioactive methods for routine hormone studies.

"This technology is safer, faster, and cheaper and many European countries have been able to expand their hormone assay capabilities using these methods," said workshop cochairman Dr. Barry Albertson, associate professor of

obstetrics and gynecology, Georgetown University Medical School. "However, these techniques have not been adapted as rapidly by laboratories in this country because of the excellent track record of radiometric assays to produce accurate and reliable data."

Lesser developed countries are also becoming more concerned about the problems of radioactive waste. Scientists from these countries, as well as World Health Organization representatives, will speak at the workshop.

Albertson emphasized that European investigators have published excellent data using these technologies. The workshop program will include some of these international experts who will discuss their own laboratory experiences. □

BITNET

(Continued from Page 8)

DATABASE is a sophisticated database server available to users of BITNET.

Those wishing to learn more about the use of BITNET should contact the Training Unit at the NIH Computer Center regarding a seminar to be held on Sept. 30. The training unit can be reached at 496-2339. Further information on the facilities of the BITNET network can be obtained from help files available from the BITNET Network Information Center, and from the NIH BITNET Users Manual soon to be available from the Technical Information Office located in Bldg. 12A, Rm. 1017 of the NIH Computer Center. That office can be reached by telephone at 496-5431. □

Let a crown be placed (on a Constitution) by which the world may know . . . that in America the law is king.—Thomas Paine (1776)



Angela Gift accepts a diploma and the congratulations of Richard L. Sherbert, executive officer, NINCDS, during the TDSP graduation. Gift completed the Learning Services Curriculum.



Graduates of the Training and Development Services Program (TDSP) relax following a ceremony July 22 acknowledging their achievements. Pictured are (from l) Loretta Alexander, Anne Brigham, Richard L. Sherbert (chairman of TDSP's Technical Advisory Board and executive officer, NINCDS), Angela Mease, Bea McKinley (Mease's supervisor) and Ruth Brown.

NCI's Frelick Flies to New Career in Delaware

By Francis X. Mahaney, Jr.

Several thousand feet above the Potomac River, the brown and orange single-engine aircraft made a slow descent, slicing its way through the skies above Montgomery County.

Easing back on the throttle, the pilot, 67-year-old Dr. Robert Frelick, looked over a dashboard of complicated dials and switches. As his plane tilted gently to the right, the NCI scientist saw the faint outlines of the U.S. Capitol and the Washington Monument.

While most people were battling rush hour traffic, Frelick often "flew the friendly skies" to work from his home in Wilmington, Del. He recently flew to new horizons.

Last month he left NCI to work for the Delaware State Department of Health and coordinate its chronic disease control program.

Flying is one of Frelick's greatest loves. But on the ground, his interest centers on improving the quality of life and medical care for thousands of cancer patients in community-based hospitals across the country. Since 1982, he has been program director of NCI's Community Clinical Oncology Program (CCOP).

Frelick's expertise in improving the quality of the nation's health care spans almost 4½ decades. He is board-certified in nuclear medicine, oncology and internal medicine.

Many officials credit CCOP's success to Frelick's skillful management of a complicated \$10 million per year program involving hundreds of cancer specialists.

"No one person can do it all," Frelick said. "The CCOP program has really been a team activity.

"CCOP has been a jewel in the crown of NCI because it has been able to accrue patients and strengthen the research clinical trials of the Division of Cancer Treatment," he said. "At the same time, the participating physicians are being stimulated to keep up with the latest state-of-the-art techniques found in the cancer research protocols."

Though he is best known for his CCOP efforts, Frelick has served NCI as a representative of the community practitioner, providing important information for a variety of programs ranging from smoking cessation to rehabilitation.

In March, the Association of Community Cancer Centers (ACCC) honored him with its annual award for "Outstanding Contribution to Community Cancer Care." This is the first time ACCC has presented the award to one of its original founders. He helped organize ACCC in 1974 and served as its president in 1980.

The son of a clergyman from Schenectady,

N.Y., Frelick was one of the first physicians to treat cancer patients with experimental chemotherapeutic agents. As an intern at Yale University Medical Center in 1944, he treated Hodgkin's lymphoma patients with a newly discovered agent called "compound X," later known as nitrogen-mustard.

During World War II, an American ship loaded with poisonous mustard gas was bombed and sunk off the coast of Naples, Italy. Medical tests performed on the dead crew and survivors revealed that the exploding mustard gas had destroyed the sailors' lymph cells. This discovery led to the development of compound X. The Yale researchers didn't publish their data until 1946 because of the secret nature of the U.S. Navy's gas warfare program.

From 1945 to 1947, Frelick served as a captain in the U.S. Army Medical Corps in Munich, Germany, assigned to an intelligence unit serving Gen. George Patton. During those years he eagerly watched the latest developments in cancer research; the era of cancer chemotherapy had finally been ushered in.

But it was not met without resistance, he says. "Even as late as 1947, surgery and radiotherapy were the only means of effectively treating cancer. Anything else was considered quackery. However, it seemed to us that chemotherapy provided some hope for those for whom surgery and radiotherapy provided no hope. Had we not taken a chance, nothing would have been done."

This became particularly true in the case of childhood leukemias where, prior to 1950, fewer than 4 percent of the children with this disease lived more than 5 years. Today, because of modern advances in chemotherapy, more than 50 percent of the children with this disease are apparently cured, he said.

During the 1950's Frelick urged physicians to treat some types of cancer with radiotherapy and helped establish one of Delaware's first multidisciplinary cancer clinics in which the surgeon, radiotherapist and medical oncologist worked jointly. In the 1960's and 1970's he helped start cancer tumor clinics in four Delaware hospitals.

Frelick has served on the staff of more than 14 hospitals. He is a member of more than 20 medical societies and 19 community advisory boards. Recently he visited India, where he served as an advisor on improving primary health care. He has taught at Yale University and has held professorships in medicine at Temple University, Hahnemann Medical School, and Jefferson Medical College in Phila-

delphia. He is either author or coauthor of more than 76 scientific papers.

In his position with the state of Delaware, Frelick hopes to concentrate on preventing heart attacks, cancer, diabetes and stroke by educating young school children.

"It won't be easy," he said, "but with time and perseverance, many goals can be met."

Back on board his airplane, Frelick cruised above the Chesapeake Bay bridge, hoping to make it home in time for his grandson's ice skating lesson. The evening sun burst through, turning the bay's water silver. He took one last look at the western skies as the tiny plane turned right, then sailed over the clouds and disappeared. □

Three Named to National Dental Research Council

Three new members have been appointed to the National Advisory Dental Research Council. Drs. Wilbert E. Fordyce, Evan H. Greener and Martha W. Wood will each serve 4-year terms.

The 12-member council is comprised of leading dental, medical and scientific authorities and lay members who are skilled in the study, diagnosis or treatment of dental diseases and conditions. It reviews program developments related to the National Institute of Dental Research.

Fordyce is a professor of clinical psychology in the department of rehabilitation medicine and pain service at the University of Washington in Seattle. He is an expert in behavior modification in the treatment of chronic pain, disability and illness.

Greener is chairman of the department of biological materials at Northwestern University Dental School. Internationally renowned for his expertise in dental materials, he received a patent for dental amalgams in 1976.

Wood is executive assistant to the president of the University of Texas Health Science Center at San Antonio. From 1981 to 1983 she was acting dean and then interim dean of the dental school at the same institution. □

Fidelity to the public requires that the laws be as plain and explicit as possible, that the less knowing may understand, and not be ensnared by them, while the artful evade their force.—Samuel Cooke (1770)

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	
Attitudes—How They Influence	
Productivity in the Workplace	8/20
Art of Remembering	8/20
Working With Personnel Differences	
MBTI I	9/29-30
Effective Presentation Skills	9/14-15
Effective Communications	9/29-10/2
Introduction to Supervision	9/21-25
Dealing With Daily Conflict	9/16-18

Office Skills 496-6211
Introduction to Working at NIH
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Training and Development Services Program
496-2111
Ongoing fall registration
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James B. Davis Dies; Former NIH Official

James B. Davis, 70, a retired director of the Office of Administrative Services at NIH who was active in church organizations, died of heart ailments Aug. 2 at Holy Cross Hospital.

Davis, a resident of Silver Spring, was born in Washington. He graduated from Eastern High School. During World War II he served in the Navy in the Pacific.

He began his career at NIH as a clerk-typist in 1938. In 1969 he was named director of the Office of Administrative Services, a post in which he supervised 1,000 people and a budget of \$80 million. He also attended trade exhibits in Europe and Asia to oversee exhibits of U.S. medical equipment. He retired from NIH in 1974.

For the next 2 years Davis was president and general manager of the NIH Recreation and Welfare Association. Since 1976, he had been a consultant to a medical equipment firm.

Davis was a past grand knight of the Rosensteel Council of the Knights of Columbus and an usher and lector at St. Bernadette's Catholic Church. While at NIH, he started a program under which employees, instead of exchanging Christmas cards, make donations to a fund to assist the families of patients. He won a Superior Service Award, a Distinguished Service Award and the EEO Achievement Award of the Year (1975).

Survivors include his wife, Irene Davis of Silver Spring; two sons, William T. Davis of Takoma Park and John M. Davis of Silver Spring; five daughters, Irene Clagett of Olney, Bonnie Seidle of Muncie, Ind., and Violet Fortuna, Patricia Davis and Kathleen Adams, all of Silver Spring; a sister, Margaret Smith of Hyattsville, and 12 grandchildren.

Personnel Expert Harrington Retires

James M. Harrington, a veteran of 48 years of government service and NIH's leading expert on the Senior Executive Service, retired July 31. A special assistant in the Division of Personnel Management, Office of Administra-



tion, OD, he spent the last 20 years of his career at NIH.

His expertise in SES personnel matters was broadly recognized and sought out by top NIH management, and earned him a solid reputation at high levels of DHHS.

Helen C. Stafford, assistant director for operations, DPM, paid tribute to Harrington's contributions, saying, "Unfortunately for us, Jim takes with him the insight, keen perception of technical problems, and outstanding judgment of many years of experience in personnel matters. We wish him well in his retirement years."

A native of Fall River, Mass., Harrington graduated from Durfee Technical Institute and obtained a B.S. degree in business administration from Georgetown University School of Foreign Service.

He began his federal employment as a statistical clerk at the Census Bureau, served in the U.S. Army, and held various personnel positions within the Department of the Army. In 1967 he transferred to NIH and served as personnel officer, NCI.

During his career, he received various letters of commendation, the Certificate of Achievement from the U.S. Army Supply and Maintenance Command, a quality increase, and in 1986 merited a Special Achievement Performance Award from Dr. James B. Wyngaarden, director, NIH.

He is a member of the Society of Personnel Administration.

In his retirement, Jim plans to play golf more frequently, continue to collect and enjoy jazz music, and to travel with his wife, Mary Lou. □

NICHD Seeks Volunteers

NICHD needs volunteers for a study on parenthood. They should be married women, ages 20-40, without children, to participate in a study of responses to infant cries.

Two 1-hour visits, approximately 5 months apart, are required. Participants will be paid \$20.

For more information, call Dr. Yvonne Bryan, 496-6832. □



Dr. Joost J. Oppenheim recently won the Avery-Landsteiner-Preis 1987, an award bestowed by the Die Gesellschaft fur Immunologie Society. It is granted on a biannual basis to outstanding scientists. Oppenheim is chief of NCI's Laboratory of Molecular Immunoregulation, in Frederick, Md.

Dear N.I.H.,
 I'm 10 years old and
 my name is Andrew Barr. I
 am writing to you because
 I think that I have figured
 out why you can't tickle
 yourself. I think its verry
 simple. What happens is
 when I tickle myself my
 nerves are not surprised
 because my nerves know
 what my hand is going to
 do and whats going to
 happen. This is true beca
 your brain lets your
 body know what you're going
 to do. There for if
 someone else tickles me my
 nerves are surprised.
 Try it out

sorry for the
 sloppiness

One in a Half Million

Every year, NIH gets between 400,000 and 500,000 pieces of mail, all of which get a response. The letter reprinted above came from a young thinker in Providence, R.I. We think it deserves a wider audience than just the News Branch, Office of Communications, where it arrived recently. After all, it is addressed to all of NIH.

Panel To Discuss Experiments On Human Subjects

A program titled "The History of Research Involving Human Subjects" will be held Sept. 8 at 9 a.m. in Lister Hill Auditorium, Bldg. 38A.

Speakers from the scientific community, the law, the media, and theology will present their views during a 3-hour program.

NIH Director James Wyngaarden will welcome the guests, whose diversity suggests a lively exchange.

To reserve a seat, call Darlene Ross, 496-8101, by Sept. 1.

The program is a Centennial event sponsored by the Office for Protection from Research Risks, Office of Extramural Research. □

Free Advice on FERS, CSRS

NIH has contracted with Government Retirement and Benefits, Inc., to provide the following services to NIH employees who must decide whether to continue in the Civil Service Retirement System or transfer to the Federal Employees' Retirement System:

- overview briefings and special topic lectures
- comparison computer analyses
- individual counseling

These services will be provided at no cost to employees during the "transfer open season" from July 1 through Dec. 31. For further information, contact the GRB staff at 496-8372. □

Reminder

Remember to set Sept. 11 aside on your calendar—Employee Recognition Day.

