

The NIH Record

The Portrait Photographer of the Broken Heart

Time was when only the Shadow knew what ills lurked in the hearts of men. Nowadays, anyone desiring to know need look no further than the second floor of the Clinical Center.

That is where Richard Frederickson of NHLBI's Pathology Branch works, surrounded by dozens of cold hearts.

The hearts weren't always cold. Not long ago they were bearing in the breasts of patients at a variety of local hospitals, including the CC. But the hearts stopped when the patients died of heart attacks and other cardiac diseases.

The organs are shipped to the Pathology Branch to be examined by a team of NHLBI physicians led by Dr. William C. Roberts. Frederickson photographs them—both entire and in pieces. You might call him the portrait photographer of the broken heart.

"I thought I'd have trouble with it when I took this job a little over a year ago," says Frederickson, holding in his gloved hands the heart of a patient who died recently at Georgetown University Hospital. "It helps that the heart does not look like a recognizable body part, such as an arm or a leg."

The heart he bears has been sliced cleanly

into sections. Pathologists call this a "breadloaf" cut. Frederickson lays each of the slices out on a stainless steel sink to show how he photographs them.

"This is a pretty average size heart," he observes. "In grade school I learned that hearts were about the size of your fist, but often they are bigger."

Nearby on the sink is a thick stalk of aorta. It is surprisingly large, bigger than anything you may have seen pulsing in your forearm or thigh. Until recently it was attached to the neighboring heart, but the heart failed and now the researchers want to know why.

Frederickson's job is to illuminate the innermost cavities of the heart and to present plainly the damage that has occurred.

The poet Ezra Pound said there is no end of things in the heart; the Pathology Branch is validating that claim. Frederickson has made pictures of hearts with a bewildering variety of defects, not all of which were necessarily the cause of death.

For instance, one photograph shows a cancer that has invaded the muscle of the heart. To the eye it is a mere discoloration compared to surrounding tissue. But to the heart the consequences are more dire. Another photograph

shows a heart completely encapsulated by a tumor that has slowly strangled it. A third shot shows an abdominal aorta almost totally clogged with plaque.

"I've gone to low-fat milk since working here," said Frederickson. "But I still have the occasional cheeseburger."

Frederickson became interested in photography while a student at Rockville's Magruder High School.

"I took a couple of photography classes there," he said. His formal photographic training continued later at Montgomery College in Rockville, where he earned an associate of arts degree in technical theater. He then attended courses at University College (University of Maryland) and American University.

"My biomedical photographic training came from the Biological Photographic Association," he said. "I attended the intensive one-week biomedical photography workshop held in Rochester, N.Y., last June. Since then I have attended the meetings and seminars of the local chapter in Baltimore. I have found the BPA to be a great resource of photographic knowledge and inspiration."

Upon graduating from MC, Frederickson

(See HEART, Page 6)

Bone Marrow Donor Gives Gift of Life

By Mary Jane Walker

What do a 33-year-old woman in Silver Spring and a 33-year-old man in Seattle have in common besides their age?

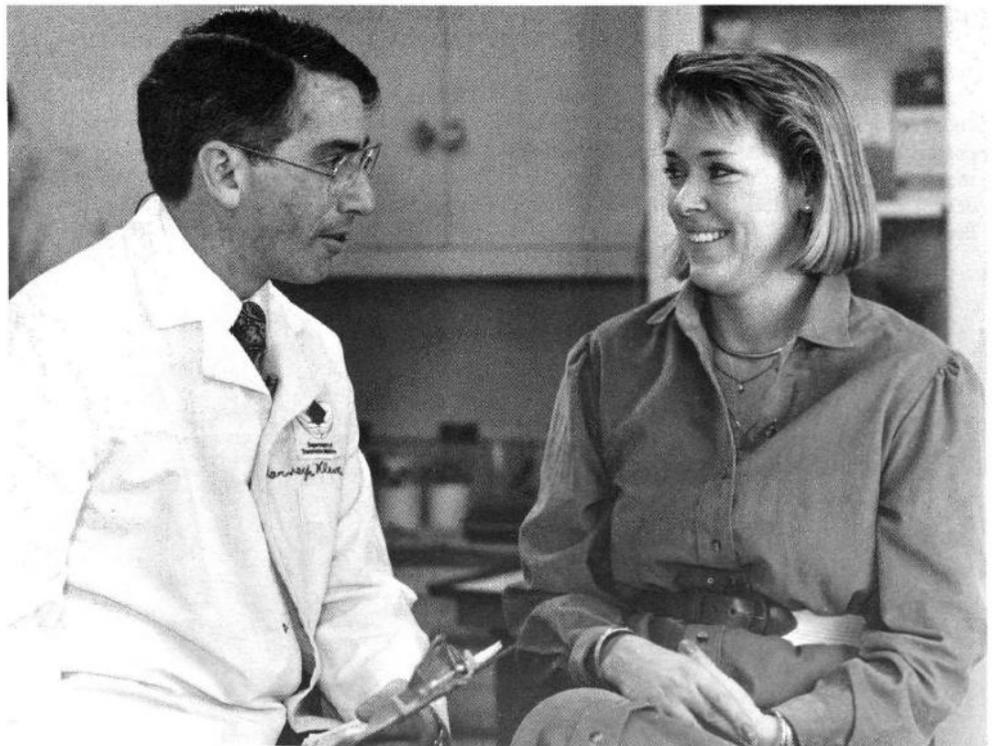
According to the National Bone Marrow Donor Registry (NBMDR), they are genetically compatible enough to allow one possibly to save the other's life through a bone marrow transplant. The donor, Susan "Ski" Bennof, gave bone marrow recently at Johns Hopkins. She is the third unrelated donor to participate in a registry-sponsored transplant.

"The procedure is best compared to that of someone performing CPR [cardiopulmonary resuscitation]. It's a one-to-one opportunity," says Bernice Loiacono, coordinator of the NIH Bone Marrow Donor Program.

Hours after the marrow removal, Loiacono boarded a plane for Seattle—marrow in hand—to deliver it to the Fred Hutchinson Cancer Research Center. There it was transplanted to an aplastic anemia patient who needs it to survive.

"To my knowledge, this is the first coast-to-coast transplant," says Dr. Harvey Klein,

(See MARROW, Page 4)



Susan "Ski" Bennof meets with Dr. Harvey Klein, chief of the Department of Transfusion Medicine, CC. She is the first NIH donor to supply marrow to an unrelated patient who needed it to fight aplastic anemia. The DTM is coordinating NIH involvement in the National Bone Marrow Donor Registry, which linked Bennof with a grateful recipient in Seattle.

Career Enhancement Network Offers Opportunities

The NIH Career Enhancement Network was established in 1987 by the Women's Advisory Committee of the Federal Women's Program in the Division of Equal Opportunity. The objective of the CEN is to help employees realize their full career potential.

Employees are referred to CEN members—NIH personnel from various occupations—who provide information and guidance on entering or advancing in a particular job series. Referrals are based on the requestors' interests and the volunteers' expertise and availability.

The network currently has approximately 50 members representing more than 20 occupational series. To date, 42 employees have been referred to CEN members. Meetings of network members with employees are held during duty or nonduty hours with the agreement of both parties. A formal evaluation will

be initiated at a later date. Preliminary response has been positive.

Volunteers from additional job series will continue to be added to the CEN to broaden the scope of referrals. To volunteer to serve on the network or to request referral to a CEN member for career planning assistance, contact any NIH Women's Advisory Committee representative.

The names of bureau, institute, or division representatives to the Women's Advisory Committee are available from the respective organization's EEO officer (listed under Equal Employment Opportunity Program in the yellow pages of the NIH telephone book). Information is also available from the NIH Federal Women's Program manager, Barbara Y. Iba, 496-2112. □

AAAS Honors NIH Artists at Its Headquarters

The new headquarters building of the American Association for the Advancement of Science in downtown Washington is graced until Mar. 31 by an exhibition of 16 NIH posters.

Walking through the Bldg. 10 corridor outside the NIH Library some months ago, Jeanette Murray of the AAAS Art of Science and Technology Program fell in love with the posters permanently displayed there. So she sought out their creators, the staff of the design section, Medical Arts and Photography Branch, DRS.

In the picture below, the MAPB artists

happily visit AAAS's exhibit recognizing their "high level of artistic skill in the service of science" (to quote Murray). In the 2-story AAAS Atrium Gallery are (clockwise from upper right) Section Chief Linda Brown, Betty Ann Hebb, Al Laoang, and Scott Pollard.

Some of the posters will become part of the AAAS permanent collection of art in the service of science and technology, now being formed. The exhibit at 1333 H Street NW is open 9 a.m. to 5 p.m. Monday through Friday. Information about the AAAS art program is available from Virginia Stern, 326-6672.



If you are interested in artificial intelligence in medicine—for example, how doctors might use computers to help analyze a patient's symptoms for diagnosis and treatment strategies—you may want to wander over to the National Library of Medicine to see its newly installed touch-screen computer monitor in Bldg. 38. Developed under the guidance of Dr. Lawrence C. Kingsland III (shown in photo) of the library's Lister Hill Center, an identical model of the exhibit is now part of a traveling exhibition ("Robots and Beyond: The Age of Intelligent Machines") currently on view at the Fort Worth Museum of Science and Industry. The NLM display is in Bldg. 38 near the main lobby, and NIHers are encouraged to come over and touch it.

The NIH Record

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Women Should Take Responsibility for Their Health, Seminar Emphasizes

By Anne Barber

"I believe we have a responsibility as women to know about our bodies and the health care available to us so we can make educated choices," said Dr. Antonia C. Novello, deputy director, NICHD, to a packed audience recently at Wilson Hall.

Novello was the keynote speaker at a seminar on "What Every Woman Needs to Know" sponsored by the NIH Women's Advisory Committee and the Division of Equal Opportunity. The seminar was one of several held this month in observance of Women's History Month.

Discussing health changes taking place within a woman's lifetime, Novello said some of the major changes is menopause.

Although estrogen replacement therapy (ERT) is readily available and is clearly indicated for some women, Novello pointed out the importance of knowing the contraindications so as to be able to weigh the risks against the benefits. Therapy should not be undertaken until a careful history, standard physical examination (including mammography and pelvic examination) have been performed. In some cases, the physician may recommend that an endometrial biopsy be performed as well. Close and regular monitoring (6 to 12 months) is essential.

Despite the proven efficacy of estrogens in controlling hot flashes, urogenital atrophy and bone loss, questions of adverse effects have been raised, such as increased incidence of uterine hyperplasia. Studies have shown that

the risk is related to both dose and duration of exposure, and it is higher with unopposed estrogen than with cyclic administration. Recent studies have reported that the addition of a progestin to estrogen does not eliminate the risk of cancer, but it does reduce it significantly. The addition of progestins to estrogens is protective to the endometrium. The duration of progestin exposure is also important. The optimal number of days, many researchers agree, is 7 to 14 days. Since the addition of progestin is to protect the endometrium, women who have had hysterectomies are no longer at risk for uterine disease and do not need progestin therapy. For the latter group, estrogen replacement therapy alone, without the progestin, would be continuous throughout the cycle. The treating physician should base the treatment and its duration on the needs and health status of the individual patient. There are two modes of administration of estrogen—orally and transdermally by means of a small patch applied to the skin. The patch has the advantage of minimizing nausea and only needing to be changed every 3 days.

One of the documented benefits of ERT is the prevention of bone loss leading to osteoporosis. Calcium alone, while important, is not enough to control or retard osteoporosis; ERT is the most effective therapy. Several studies have unequivocally demonstrated that oral estrogen prevents bone loss when compared to placebo and preserves vertebral height. Substantial numbers of Americans have inadequate daily calcium intakes and,

thus, may not have the optimum bone mass necessary for preventing osteoporosis. Therefore, it is suggested that ERT-treated postmenopausal women should get 1,000 mg/day of calcium and women not on ERT should get 1,500 mg/day. If needed, in the absence of adequate calcium intake from dietary sources, calcium supplementation should be begun around 35 years of age, when bone mass typically starts to decline. In addition to proper diet, physical activity during the menopausal years is essential. There should be a minimum of 30 minutes per day three times a week of weight-bearing exercise, such as walking. Novello said that since millions of women will spend at least one-third of their lives without ovarian function, ERT potentially allows the postmenopausal years to be years of health and enjoyment.

Another problem of women that Novello addressed briefly was premenstrual syndrome. "Premenstrual syndrome is another problem that some women face monthly," she said. It is characterized in some by feelings of sadness, anxiety, anger, irritability and mood changes. Medication may help but other factors need to be considered. Treatment strategies most often used by physicians include diet, exercise, teaching coping skills, appropriate counseling or therapy, diuretic pills and hormonal supplements.

"There is no reason to suffer from PMS symptoms," Novello said. "There are many things that can be done."

She also discussed birth control. Women

(See **WOMEN**, Page 7)

Wicker Accepted for Leadership Program Sponsored by OPM

Arnetta Wicker, administrative officer in the Office of Administrative Management at the National Institute of Environmental Health Sciences, has been chosen from among U.S. government employees worldwide to participate in the 1-year Women's Executive Leadership Program.

The program, coordinated by the Office of Personnel Management (and highlighted in the last issue of the *Record*), provides opportunities for promising middle management people to train on a rotational basis with higher level supervisors, working closely with them, observing their work and decision making processes, and using them as role models. The WEL program is described by OPM as a career enhancement program, rather than an advancement program per se.

Wicker, who started with NIEHS in 1973 as a clerk typist, learned about the program through a notice that came across her desk. A



Arnetta Wicker

friend at the institute encouraged her, saying, "I'm not eligible for this, but you are. Why don't you apply?"

She then took the notice home to her husband and asked him to read over it and see if he thought her participation would be work-

able in terms of family commitments. With support from work and home, Wicker then approached her supervisor, the executive officer at NIEHS, and with his approval began the necessary paperwork in October to meet the December 1987 application deadline.

The selection process included a rigorous review of her qualifications and experiences as well as a 1-hour telephone interview with a program coordinator. Notification of her acceptance came in a letter to her home in late January, and was announced the next day in a staff meeting by her supervisor, NIEHS executive officer Charles E. Leasure, Jr.

"This is a distinction for Ms. Wicker, and a real plus for the institute as well, having one of our people selected for this program that is competitive throughout the U.S. and federal installations abroad," Leasure said.—Tom Hawkins □

MARROW DONOR HAILS FROM NIH

(Continued from Page 1)

chief of the CC's Department of Transfusion Medicine, "certainly for unrelated marrow."

Bennof's connection to the registry came through the NIH Bone Marrow Donor Program run by the Department of Transfusion Medicine. NIH is one of more than 50 participants in the newly organized NBMDR, headquartered in St. Paul, Minn.

The program uses a computer system to find a "good match" for patients with serious blood diseases. The match is made if six crucial human leukocyte antigens (HLA), or groups of proteins attached to all white blood cells, are the same. In families, HLA types are inherited together like a single gene, meaning that there is one chance in four that two siblings will have the same six antigens.

The chance of finding an unrelated donor with the same six antigens is much smaller, about one in 15,000. Though chances are slight, this may be the only hope for patients with no family members who can donate.

These patients account for close to 70 percent of those who might benefit from a transplant. This is where the registry can help.

The registry draws from a bank of possible donors who have been HLA typed in advance. If a suitable match is found, the donor must go through compatibility testing to see if the healthy bone marrow from the donor will regenerate in the recipient's body.

The NIH Plateletpheresis Center was asked to join the national registry because of its own registry of HLA-typed platelet donors, in excess of 10,000. Since joining the registry a year ago, Loiacono and her staff have contacted 2,500 possible donors and recruited 500 for the marrow program. Included in this number, Bennof became the NIH program's first match for the national registry.

"I was excited when Bernice [Loiacono] called me," she says. "When you give platelets, you never know who will receive them, just that they will help someone. Here was a chance to help someone who really needed what I could give him."

To the bone marrow recipient, this gift means much. It is one of the most daring new medical procedures with a more than 30 percent death risk from complications—even with the best medical care. To prepare for the transplant, doctors must first destroy all of the patient's bone marrow cells with chemotherapy and radiation treatments.

"At this point there's no turning back for the patient or the donor," says Klein. "The

patient's immune system is totally destroyed to receive the healthy marrow."

The patient then receives a transfusion of bone marrow cells and, amazingly enough, they travel through the blood and rest in the bones of the body. In Bennof's case, doctors told her that without the transplant, the patient would have a 10 percent chance of survival. With the new marrow, his chances would increase substantially.

For the donor, bone marrow transplants are fairly easy and safe. Before agreeing to give marrow, donors undergo extensive interviews where they learn about the procedure and the risks.

The procedure is relatively simple. Under anesthesia, the donor gives 5 percent of his or her marrow through a large hypodermic needle placed in the hip. Donors usually recover quickly; the body replenishes all marrow within a few weeks. The donor experiences temporary soreness much like that felt from a fall on the ice.

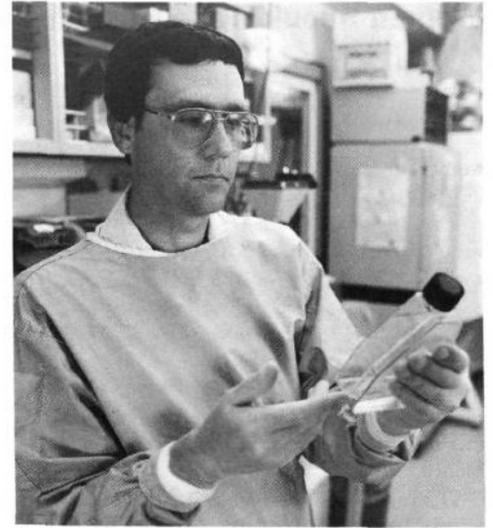
After full briefings from Loiacono, Klein and Dr. Scott Rowley, the doctor who performed the surgery at Hopkins, Bennof was confident about the process.

"The only thing that worried me was the anesthesia. I've never had that kind before," she says. Betty Schwering, Clinical Center patient representative, acted as "donor advocate" to Bennof since she agreed to donate the marrow.

As a third party, Loiacono played a major role in the gift-giving process. She has known Bennof for the 10 years she has been an NIH plateletpheresis donor and recruited her into the bone marrow program. Loiacono stayed with Bennof in the operating room at Hopkins during the entire surgery and delivered the marrow to Seattle. "I will help the donor in any way I can," she says, "or do whatever is needed to further the program."

The exchange for both donor and recipient is rewarding. The donor gives a priceless gift—a chance for life. The recipient gets that chance. Bennof says that for her the opportunity to help someone live outweighed the possible risks.

"I kept thinking about my kids," she says emotionally. "What if one of them had cancer and needed a transplant and no one in the family matched? The next best thing would be someone unrelated. I thought if I did this for someone else, maybe if anyone in my family needed it, it would be there for them."



Dr. Thomas Folks, senior investigator in NIAID's Laboratory of Immunoregulation, was named winner of an award from the Weizmann Scholarship Foundation. This award is given to a promising scientist who will make a significant contribution to AIDS research. He is a leading AIDS investigator and, according to Dr. Anthony S. Fauci, NIAID director and chief of LIR, "has made and will continue to make extraordinary contributions to solving the AIDS problem."

NIH Program Seeks Donors

Sometimes bone marrow transplants work—sometimes they don't. For transplants from unrelated donors, success rates vary anywhere from 45 percent to more than 70 percent, depending on the disease being treated and the condition of the patient.

A bone marrow disease patient's chances for long-term survival without a transplant are significantly less. Every donation gives the recipient the chance of a lifetime.

"Anything that helps to increase the number of potential donors increases the chances that a donor will be found for a patient in need," says Bernice Loiacono, coordinator of the NIH Bone Marrow Donor Program.

Donating bone marrow is more difficult than donating blood. Like blood, bone marrow replaces itself quickly, but unlike blood, donating marrow requires minor surgery and an overnight stay in the hospital.

The NIH donor program takes care of its donors. Each step of the procedure is carefully explained and every donor question gets answered. The program needs new donors. Anyone interested can reach Loiacono or her staff, 496-0572.

*Disabled Executive Shares Views***Gray Brings Lessons from Life to Government**

By Carla Garnett

Dr. David Gray cannot be objective about the plight of the disabled in the workforce. As director of the National Institute on Disability and Rehabilitation Research, he had a bird's-eye view of policy proposing, policy application, and the sometimes grave difference between the two. As an employee who is also confined to a wheelchair, his perspective of the issue is obviously closer and definitely clearer.

In March 1986, President Reagan appointed Gray to NIDRR, a relatively new institute that had a brand new name (it was formerly the National Institute for Handicapped Research) and a director's position that had been vacant for more than a year.

"I really wanted to use the integration from my own personal life in the government programs for the disabled," Gray says. "Policies need translation into application for the consumer. I tried to bridge the gap, having been able to see the need from both sides."

Gray's appointment, making him the first disabled administrator to direct a federal institute, afforded him the chance to see much more. He had the rare opportunity to work with people in various stages of acute care and rehabilitation.

"It was very rewarding to realize just how competent the disabled are," said the researcher, who now has returned to his original institute, NICHD, as a health scientist/administrator in learning disabilities research. "There is a lot of ability and talent among the handicapped."

Despite their ability and talent, more than 70 percent of the disabled are unemployed, according to Gray. "It's not because they are not capable of working," he said. "It's because of a lack of training and networking opportunities to find jobs, and the fact that there aren't enough employment routes open to them."

The scientist has a theory about interdependence in the workforce.

"I accepted the position at NIDRR as a challenge to illustrate successful independence of a disabled person en route to interdependence among the able-bodied," he said.

Disabled in 1976 after an accident, Gray thinks the disabled employee faces a kind of rebirth before he or she can effectively enter the working world.

"It's almost like being a newborn baby, at first," he said. "You are totally dependent upon your parents to feed and nourish you. Then you enter the adolescent stage when all



Dr. David Gray

you can think about is your newly acquired independence."

Finally, Gray noted, like the adult who realizes he cannot exist alone, you accept your role as a functioning, contributing member of an interdependent society.

"The road to interdependence includes learning from and cooperating with others . . . and ultimately, making informed decisions," he said.

Gray likens the current status of the unemployed disabled to other minority groups that faced similar setbacks before national awareness prompted integration.

"The disabled face discrimination like any other minority," he said. "As unfortunate as it is, blacks and women have to frequently rise against it, and we [the disabled] must fight it also."

Part of the problem may be that disabled people are not actively involved in problem-solving, he said.

"Just as a woman has a vested interest in the progress of the women's movement," the scientist said, "a disabled person is necessarily concerned about the welfare of the disabled." The person who is intimately involved may find solutions otherwise hidden from the ordinary worker, he continued.

The bulk of Gray's projects at NIDRR had the goal of interdependence as their basis. A prime example of his theory in action is the Traumatic Head Injury Initiative he

developed. In this initiative, a series of programs was implemented to discover, organize and disseminate information about head injuries and their effects to family members, health professionals, and the general public.

"Issues such as what happens to a child who returns to school after a head injury or what financial resources are available to families of injury victims were addressed," he said.

Even though Gray is working in a different area now, he is still very much involved with the efforts of the disabled. He currently works on the NIH Handicapped Committee. The committee, comprised of one representative from each BID, serves as a general awareness group and attempts to solve problems such as parking and building access for the disabled. Gray misses the contact with other disabled people, however.

"We shared a bond," he said. "I am often asked why I chose to work directly with the disabled. I tell them that I felt I had to give back to society what I had taken while I was in the dependent stage. We all want to be contributors to society. The disabled are no different." □

Image and Self-Projection

A videotaped presentation of a seminar on "Image and Self-Projection" will be shown twice in Bldg. 31, Conf. Rm. 6. on Thursday, Mar. 31. Interested employees must preregister to attend one of the two sessions that are scheduled from 8:30 a.m. to noon and from 1 to 4:30 p.m.

In this taped workshop—developed for today's professional women—Dr. Julie White discusses how to project an image of authority and credibility and ways to communicate with impact and confidence.

Sponsored by the Women's Advisory Committee of the Federal Women's Program in the Division of Equal Opportunity, this event is part of the 1988 NIH Observance of Women's History Month.

To register for attendance at one of the workshops and to request reasonable accommodation for a disabling condition, please call the Federal Women's Program manager, 496-2112, no later than Monday, Mar. 28. □

HEART

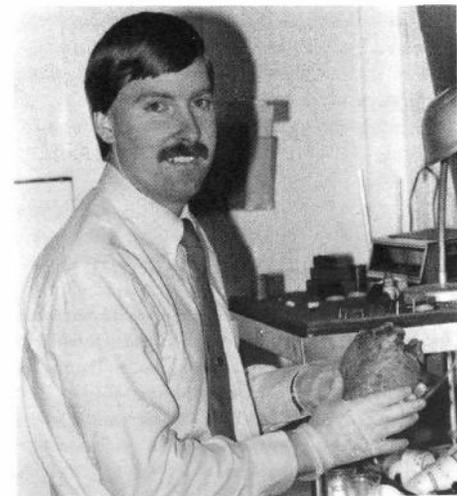
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worked for a Gaithersburg camera store for 3 years. During the summers of those years he also moonlighted at the National Park Service's Carter Barron Amphitheater in Rock Creek Park, working his way up to technical director.

"As technical director I was in charge of everything that went on backstage," he said, including sound, lights, arranging for rental equipment and getting the piano tuned. Productions he helped stage ranged on the entertainment spectrum from the musical "1776" and the Canadian National Ballet to the rock and blues concerts of the Nighthawks.

Frederickson arrived at NIH 4 years ago to work in the photography section of the Medical Arts and Photography Branch, DRS. After 3 years there, he joined the Pathology Branch in January 1987.

"I'm a one-man shop, so I am called upon to take care of every photographic need," he



Richard Frederickson of NHLBI's Pathology Branch holds the heart of a patient who died at Georgetown University Hospital several weeks ago. He makes pictures of diseased hearts to help investigators complete research projects.

said. Photomicrography and nonspecimen photographic support is provided by the MAPB photography section and its contractors. "We do a lot of work with the graphics and photography sections."

The Pathology Branch's photo needs are made known to Frederickson every Monday morning, when the branch's five physicians meet to discuss cases.

"A folder for every heart is written up," he explains. On the outside of the folder is basic

data about the patient, including age, diseases, and cause of death. Frederickson photographs about 70-80 percent of the hearts NHLBI collects.

The branch started collecting broken hearts in 1959, storing them in individually marked bags that are soaked in formalin. The 100 or so hearts that came in that first year are still stored in Bldg. 14, along with all of the 700 or so hearts that have arrived every year since then. Formalin preserves them well; investigators still go back to the first heart ever examined by the branch and recover a useful tissue sample.

Frederickson's photographic studio is adjacent to a room filled with hearts packed in yellow plastic 5-gallon buckets. Thanks to a meticulous filing system maintained by coworker Alvado Campbell, he can easily locate the hearts that need to be further studied for research purposes.

His procedure is the same for most hearts—rinse well with water (formalin, in addition to being carcinogenic, smells bad and tends to crystallize, making for tainted pictures) then shoot the views requested at the Monday conference.

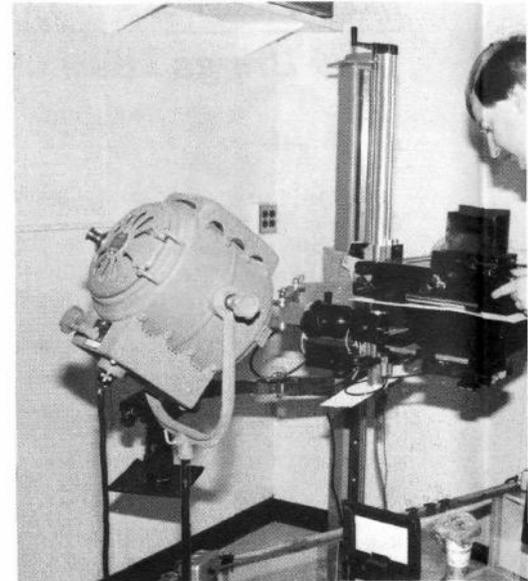
"I work closely with the staff fellows to make sure my photographs illustrate exactly what the physician needs to show," he said. "All of my shots are taken in anatomical perspective so that the viewer has the proper orientation with respect to the patient."

He uses a variety of styrofoam coffee cups as bases on which to mount his specimens. The cups keep the specimens level with his lens. Other tools of the trade include wooden blocks, foam, plastilina clay, pins and a tangle of strings and clips to hold the specimen in place in order to show the feature of interest.

Frederickson uses both 35mm and 4x5 formats, taking seven 35mm color frames of each requested shot and a single 4x5 color and black and white photo. Every click of the camera is recorded in the "specimen shooting log."

It is important to get good pictures the first time since the specimens may be further dissected or tissue sections taken once they leave the studio.

Once Frederickson's film leaves his studio, it goes to the MAPB photography section, which sends the color film to Kodak and the black-and-white film to an Arlington contractor. When the prints and slides come back, he labels them according to the information recorded in the specimen shooting log. Copies of the slides are distributed to the hospital that submitted the heart, the doctor in charge of the case, and his boss, Roberts. Remaining copies go into an extensive file dating back to 1954. Current and future investigators use

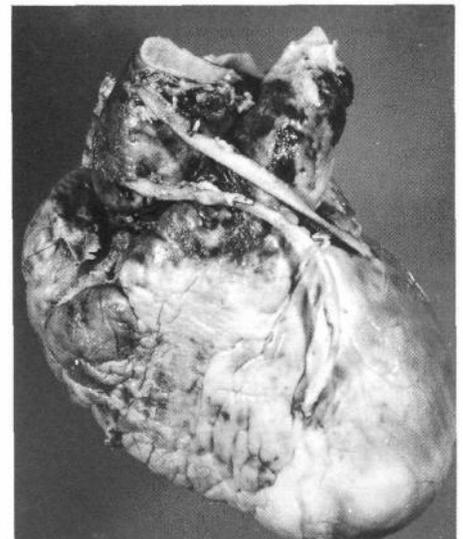


Frederickson prepares to photograph a heart that is propped before hearts, he occasionally photographs lungs, kidneys, livers, spleens.

this photographic library for their research projects.

"This branch puts out a lot of manuscripts—it's very productive," he said. Target journals include the *American Journal of Cardiology*, *Circulation*, and the *American Heart Journal*. "It's quite a handful trying to take care of all the cases and ongoing studies that we've got."

In addition to hearts submitted from all over the world for research, the branch examines hearts at 11 local hospitals and also the



A coronary artery bypass and graft (CABG) operation has been performed on this heart.



is propped beneath him on a coffee cup. Besides human
s, livers, spleens, thyroids and dog hearts.

D.C. Medical Examiner's Office.

One of those hearts belonged to a man in his thirties who died suddenly at a Washington discotheque. Frederickson's picture of a congenital defect in the man's heart recently took first place in a Biological Photographic Association competition.

The association is just one of Frederickson's outside interests. Several times a month he does freelance photography for the Baptist Home for Children in Bethesda. He is also retained for graphic work by EER Systems, a NASA contractor. A weighty example of his layout skill is the tome *Geomorphology From Space—A Global Overview of Regional Landforms* published by NASA. The 700-page book, a quarter of which he pasted up, is a testament to Frederickson's versatility—he can get the big picture as well as the microscopic.

Also competing for his time is a growing family.

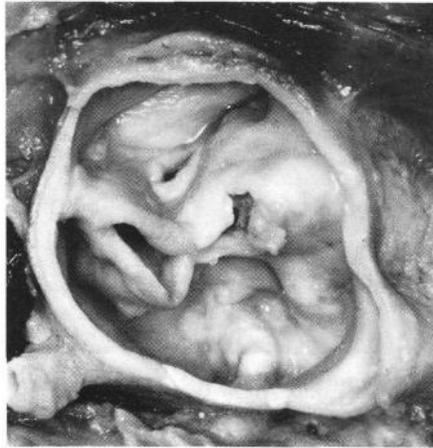
"I've had three kids since coming to NIH," he said. "As my family grows I have less time for freelance work."

If he ever does get the time to pursue outside interests, he would like to get back to the environment that nourished him in high school and college—the theater.

"Theater people are very close to one another. There's a lot of camaraderie, and I miss that."

Those are words from the heart. From someone who knows of whence he speaks.—

Rich McManus



This photo of a diseased aortic valve won Frederickson first place honors in a recent salon sponsored by the Biological Photographic Association. The valve came from the heart of a man in his thirties who died at a Washington discotheque.



Frederickson poses with coworker Alvaro Campbell before a large supply of hearts packed in plastic buckets. Says Campbell of his work preparing the hearts for photography, "It's very abstract after you've done it for a while."



This section of an abdominal aorta is clogged with plaque.

WOMEN

(Continued from Page 3)

today have many more choices than earlier generations. Currently, oral contraceptives (the "pill") are the most commonly used. Latest research shows that pill users may suffer nutritional changes. Lowered levels of vitamin B-6 is the most consistently reported nutritional change. When medical tests show a true deficiency, supplementation with vitamin B-6 is advisable. In addition, the pill is linked with changes in folic acid metabolism in cells around the cervix that may be related to a kind of cell growth called cervical dysplasia. Studies have shown that treatment with folic acid supplements may improve cervical dysplasia and the anemia of some women who use oral contraceptives. Women should be aware that some medications can diminish the pill's effectiveness such as certain antibiotics, epilepsy drugs, arthritis drugs and barbiturates. If a woman is being treated for any illness whatever, she should always inform her physician that she is on the pill. Other birth control methods include a new intrauterine device that may be kept in place for as long as 3 to 5 years in parous women. In addition, an antiviral and antibacterial sponge that is effective for 24 hours is now available across the counter. The NICHD is conducting clinical testing of the Capronor drug delivery system. This is an implant under the skin of the upper arm that releases a contraceptive steroid. Early results are promising as researchers try to achieve a one-year lifespan of the implant.

Novello concluded her talk by saying that prevention is the key to good health and awareness of options is the necessary precursor to prevention.

Summing up the occasion, Barbara Iba, Federal Women's Program Manager for NIH, said, "Women, as a whole, are reclaiming the past and rewriting the future." □

English Classes Beginning

Registration is now open for an intensive course in conversational English called ILPAN. The course, sponsored by the Foundation for Advanced Education in the Sciences, begins Apr. 5 and ends Apr. 28. It will meet Tuesday, Wednesday and Thursday from 7 to 9 p.m., and is designed for speakers of languages other than English. Tuition is \$80 and books cost \$25. Further information may be obtained by calling 496-7976. □

NIAID Annual Awards Ceremony

NIAID employees whose contributions were chosen for special recognition during 1987 were honored in a recent ceremony conducted by institute director Dr. Anthony S. Fauci. The concept for an annual awards ceremony stemmed from an initiative of the institute's Equal Employment Opportunity Advisory Committee. Listed below are the awards and each of the recipients.

Meritorious Executive Rank Award

This cash award is personally conferred by the president in recognition of distinguished service by a federal employee.

Dr. John W. Diggs, Director, Extramural Activities Program—"For sustained accomplishments in the management of extramural programs at the National Institutes of Health, including important recent grants and contracts for research on acquired immunodeficiency syndrome."

DHHS Distinguished Service Award

Dr. Malcolm A. Martin, Chief, Laboratory of Molecular Microbiology—"For a quarter-century of distinguished virology research at the NIH, including recent important work on the retrovirus which causes AIDS."

Assistant Secretary for Health's Special Citation

Roskey I. Jennings, Biological Laboratory Technician, Laboratory of Viral Diseases—"For dedicated and outstanding performance as a Biological Laboratory Technician for the National Institute of Allergy and Infectious Diseases." Mr. Jennings has 57 years of service—the longest number of years of service by a DHHS employee.

PHS Special Recognition Award

Dr. John R. La Montagne, Director, Microbiology and Infectious Diseases Program—"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."

NIH Director's Award

Dr. Dennis M. Dwyer, Supervisory Microbiologist, Immunology and Cell Biology Section, Laboratory of Parasitic Diseases—"For important research accomplishments in studies of parasitic protozoa."



NIAID director Dr. Anthony S. Fauci with award-winning staff (l to r): Dr. Joseph Albright, Dr. John Diggs, Dr. Dennis Dwyer, Thelma Gaither, Dr. John Kebrel, Mary Kathleen McMabon, Dr. Richard Kaslow, Dr. David Margulies, Dr. John La Montagne, Dr. Fauci, Dr. Stephen Straus, Dr. Ronald Schwartz, Gary Thompson, Dr. David Wise, Dr. Malcolm Martin, and Dr. Karl Western.

Dr. John A. Sogn, formerly Research Chemist, Laboratory of Immunogenetics (now with NCI)—"For derivation of interspecies hybrid cell lines and for use of these lines to resolve previously inaccessible immunogenetic questions."

Dr. John L. Swanson, Chief, Laboratory of Microbial Structure and Function, Rocky Mountain Laboratories—"For important research accomplishments in pathogenic bacteriology."

Harvey J. Bullock, Jr. Award

Freddie L. Riley, Technical Information Specialist, Program Planning and Analysis Branch—"For identifying qualified minority candidates for employment at the NIH and for enormous efforts which have enhanced opportunities for minorities far beyond the NIH community."

NIH Merit Award

Dr. Joseph F. Albright, Chief, Immunobiology and Immunochemistry Branch, Immunology, Allergic & Immunologic Diseases Program—"For innovative administration of applications of biotechnology to the study of the immune system."

Thelma A. Gaither, Biologist, Laboratory of Clinical Investigation—"For important contributions to the study of cellular and humoral mechanisms in host defense."

Milford N. Lunde, Research Zoologist, Laboratory of Parasitic Diseases (retired 1987)—"For sustained contributions in the development of immunological techniques for the diagnosis and evaluation of parasitic infections."

Mary Kathleen McMabon, Secretary to Chief, Laboratory of Immunology—"For exemplary service as Secretary to the Chief of the Laboratory of Immunology."

Gary E. Thompson, Chief, Grants Management Branch, Extramural Activities Program—"For sustained leadership of the Grants Management Branch of the National Institute of Allergy and Infectious Diseases."

Dr. C. David Wise, Chief, Information Technology and Evaluation Branch—"For important contributions in the planning, development, implementation and installation of an automated NIAID data processing system."

Public Health Service Commissioned Corps Awards Meritorious Service Medal

Dr. H. Clifford Lane, Senior Investigator, Laboratory of Immunoregulation—"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."

Dr. Ronald H. Schwartz, Chief, Laboratory of Cellular and Molecular Immunology—"For exceptional contributions to modern research in cellular immunology and immunogenetics."

Outstanding Service Medal

Dr. Stephen E. Straus, Head, Medical Virology Section, Laboratory of Clinical Investigation—"For important basic studies of viral molecular biology and the development of effective antiviral drugs."

Dr. Karl A. Western, Assistant Director for International Research, OD—"For outstanding and sustained leadership in the planning and administration of international research activities in infectious and parasitic diseases."

Outstanding Unit Citation

Dr. Richard A. Kaslow, Chief, Epidemiology and Biometry Section, Clinical and Epidemiological Studies Branch—"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."

(Continued on Page 9)

*(Continued from Page 8)***Commendation Medal**

Dr. Robert K. Bergman, Chief, Rocky Mountain Operations Branch, Rocky Mountain Laboratories—*"For outstanding service during 20 years in the Public Health Service in biomedical research and administrative support for biomedical research laboratories."*

Dr. John H. Kehrl, Senior Investigator, Laboratory of Immunoregulation—*"For studies examining the regulation of human B lymphocyte activation, proliferation, and differentiation."*

Dr. David H. Margulies, Head, Molecular Biology Section, Laboratory of Immunology—*"For brilliant contributions to our understanding of the molecular and genetic basis of cellular interactions in the immune system."*

Dr. Alfred J. Saah, formerly, Medical Epidemiologist, Microbiology and Infectious Diseases Program (now with Johns Hopkins University School of Medicine)—*"For important contributions to public health in the U.S. and abroad including studies of pertussis and leishmaniasis."*

At the conclusion of the ceremony, a reception was held as a tribute to all NIAID employees for their efforts throughout the past year. □

Drug Testing: What Employees Need To Know

Self Help for Equal Rights, a women's group at NIH, is sponsoring a noon hour seminar on "Drug Testing: What Employees Need to Know" to be held Mar. 28 in Bldg. 10, Lipsett Auditorium.

Drug testing of federal employees will begin soon as part of President Reagan's war on drugs. The NIH program for drug testing of employees as currently planned will test approximately 2,500 NIH employees, including those with patient care responsibilities, laboratory, police, fire and housekeeping duties.

The seminar speakers will be Paul Corcoran, president of Employees 1st, Inc., and Dr. John Whiting, president of ToxiChem Laboratories, Inc., who will discuss the implications of drug testing, what employees can do to protect their rights, what tests are being done, and rates of false test results.

Corcoran has many years in personnel work in hospital settings and Whiting is a consultant in forensic toxicology and has testified for employees for the Department of Defense drug testing program.

The meeting is open to all. For further information, call Billie Mackey, president, SHER, 496-5835. □

Novello Chairs Pediatric AIDS Group

Dr. Antonia Novello, deputy director of the National Institute of Child Health and Human Development, has been named by HHS Secretary Otis R. Bowen as chair of a new Work Group on Pediatric HIV Disease.

The interagency work group, which includes representatives from some 12 HHS agencies including the Centers for Disease Control, the Food and Drug Administration, the Health Care Financing Administration, the Alcohol, Drug Abuse and Mental Health Administration, the Health Resources and Services Administration, the Office of Minority Health, and the Social Security Administration, will provide its report and recommendations to the secretary by Aug. 30, 1988. The group will assess what each HHS agency is doing with relation to pediatric HIV infection; locate gaps in research, services, and coverage; and suggest future directions for HHS programs.

At a media briefing announcing the formation of the working group, Bowen said, "Children with AIDS have a particular dependency—in many cases, virtually total dependency—on the community and on government. Because of their health care needs and the high costs of treatment; because of the stigma which they, like others with AIDS, often face; because of the fragility of their own families and the poverty into which they are so often born—for these and other reasons, children with AIDS make a special claim on us."

At present, the number of children with AIDS appears to be relatively small. By February 1988, some 820 cases of AIDS in children up to age 12, and about 200 more ages 13 to 18, had been reported to the CDC. About 61 percent of these had died. It has been estimated that, by 1991, there will be more than 3,000 children with AIDS, with an estimated 10,000–20,000 HIV infected.

According to Novello, the future impact of pediatric HIV disease on the health and social services of communities and state and federal government is not now clear, and one early task of the work group is to develop more solid estimates.

About 76 percent of the reported cases of pediatric AIDS are due to perinatal infection passed to the baby from an HIV-infected mother. About 73 percent of the children with perinatally acquired disease had mothers who were intravenous drug users or were sexual partners of intravenous drug users. The work group is concerning itself not only with children infected with HIV in this manner, but also with children infected because of blood transfusions or because they are hemophiliacs who received contaminated blood

products (mostly prior to routine HIV screening of donated blood and blood products). Children who may be HIV positive because of early sexual experience and/or intravenous drug use at a very young age are also of concern to the work group.

About the group, which has met bi-monthly since February, Novello said, "Members of the work group are experts in their various areas, and are very forthcoming and flexible in making suggestions that may benefit children with HIV and their families. I feel sure that the group will come up with important and useful suggestions for the department."

Other NIH members of the work group are Dr. Philip Pizzo, chief of NCI's Pediatric Branch and Dr. Daniel Hoth, acting director of NIAID's AIDS Program. NIH staff to the work group include Dr. Anne Willoughby as clinical and research coordinator, Audrey Wright as administrative coordinator, Theresa Pezza, and Sharon Porter, all of NICHD, and Anne Thomas, Office of the Director, as special assistant. □

Conference on Kidney Stones

The National Institute of Diabetes and Digestive and Kidney Diseases and the NIH Office of Medical Applications of Research are sponsoring a consensus development conference on the "Prevention and Treatment of Kidney Stones." It will be held in Masur Auditorium Mar. 28–30.

Urinary tract stones affect 328,000 Americans yearly and present a management challenge for most physicians. New, widely differing prevention and treatment strategies have radically changed the approach to these stones.

The consensus conference will address such topics as hypercalciuria, primary hyperparathyroidism, hyperoxaluria, infection stones, macromolecular inhibitors of crystal growth, and genetic aspects of stone disease, including gene manipulation.

Experts will debate the ideal diagnostic evaluation of patients with stones, and speakers will critically assess the role of various treatment methods, including lithotripsy, percutaneous surgical procedures, and medical prevention.

For more information about the conference, contact the NIDDK Information Office, 496-3583, or the Office of Medical Applications of Research, 496-1143. □



At the NHLBI's recent award ceremony and all employees meeting, the director, Dr. Claude Lenfant (r), presented a certificate for 40 years length of service to William Comstock, Division of Intramural Research.



The NIH Award of Merit was given to the following NHLBI staff (from l to r): Eugene Harris, Division of Extramural Affairs; Thomas Thom, Division of Epidemiology and Clinical Application; Dr. Charles Turbyfill, Division of Extramural Affairs; and Dr. Zakir Bengali, Division of Lung Diseases. Not pictured is Lila Edwards, Division of Intramural Research.

Lecture on Pasteur and Ethics

On Apr. 14, Professor Gerald Geison, NLM's visiting historical scholar, will speak at the library on "Pasteur and the Ethics of Biomedical Research." The talk will begin at 3 p.m. in the Lister Hill Center auditorium, Bldg. 38A.

Geison, a distinguished historian of science on leave from Princeton University, is this country's leading authority on the work of Pasteur. His book, *The Private Science of Louis Pasteur*, is scheduled for publication later this year. He has also published extensively on the history of modern physiology. He began his 6 month residency in NLM's History of Medicine Division in February.

For further information, call 496-5405.



Illustration of Louis Pasteur from NLM's Prints and Photographs Collection (originally published under the title "Hydrophobia" in Vanity Fair, January 1887).

John Fletcher Dies, Former Communication Chief at NIH

John E. Fletcher, 73, former vice president for public affairs of Merck & Co., Inc., and a past director of public information at NIH, died Feb. 13 in Philadelphia. He had been ill with cancer for several months.

Fletcher joined Merck in 1960 and headed the worldwide public affairs activities of the research-based pharmaceutical company from 1961 until retiring in 1979. In addition, he was a leader in public relations organizations and professional societies serving medical schools, hospitals, and welfare agencies, as well as the pharmaceutical industry.

Previously, he had been director of public information and public relations at NIH. Coming to NIH in 1949, he was an early and effective advocate of the use of motion pictures in health education. His knowledge of film technique was acquired in four years as production manager of a non-theatrical motion picture company, Eddie Albert Productions, in Hollywood.

At The Sidwell Friends School in Washington, D.C., from 1942 to 1946, he taught English, coached sports and dramatics, and supervised publications. His

wife, Christina Swanson Fletcher, was also a teacher there for many years.

On leave from the school, he was a Navy lieutenant commander on an attack transport in the Pacific during World War II. He won the Silver Star for his services in landing Marines on numerous assault beaches, including Tarawa, Kwajalein, Saipan, Guam, Leyte, and Okinawa.

Fletcher was graduated from The Pennsylvania State University with a master's degree in English literature. His father, Stevenson W. Fletcher, was dean of the School of Agriculture there.

A star soccer player at Penn State, he was touring Europe with an all-American team when he met his future wife, Christina Swanson, a native of Scotland.

Surviving him are his wife, Christina; their son, John E. Fletcher, Jr. of Washington, D.C.; a granddaughter, Allison; two brothers, Richard Fletcher of Lexington, Va., and Stevenson Fletcher of Kennett Square, Pa., and a sister, Margaret Pierson of State College, Pa.

A memorial service was held at St. Paul's Episcopal Church in Philadelphia.

Male Twins Needed for Study

The Laboratory of Psychology and Psychopathology, NIMH, is seeking male twins over age 18 to participate in research. Participants will be paid.

For further information, call 496-7672. □

R&W Returns to Atlantic City

Join R&W for a trip to Atlantic City on Friday, Apr. 29; cost is \$19. Bus will depart from Bldg. 31C at 7:30 a.m. sharp.

For further information, call 496-4600. □

TRAINING TIPS

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

Courses and Programs Dates

Management and Supervisory 496-6371

Creative Problem Solving	4/15
Effective Communications	3/29
Scientific Writing	4/19
Managing Stress	5/9
Introduction to Supervision	5/16
Creative Problem Solving	4/13
Introduction to Supervision	5/16
The Management Tactics Clinic	6/6

Office Skills 496-6211

Supervisory Skills for Secretaries/ Administrative Assistants	4/13
Effective Listening & Memory Developing	5/19
Improving Managerial Skills for Secretaries	5/3
Telephone and Receptionist Techniques	5/16

Adult Education 496-6211

Training and Development Services Program 496-6211

Personal Computer training is available through User Resource Center (URC) self study courses. There is no cost to NIH employees for these hands-on sessions.

The URC hours are:	
Monday-Thursday	8:30—9:00 p.m.
Friday	8:30—4:30 p.m.
Saturday	9:00—3:00 p.m.

NOW AVAILABLE ON SHARE TRAINING
FY 88 Training Center courses

Access Wylbur and enter SHARE TRAINING.

First time users only, enter:
x fr &ags2ugL.@@share (setup) on file37

Lotus Workshops Planned

If you need assistance using Lotus 1-2-3, attend a free hands-on Lotus 1-2-3 workshop sponsored by the Personal Workstation Office, DCRT on Apr. 7.

The intent of the workshops is to assist users with their job-related applications. Bring worksheets you are having trouble with or have questions about. An expert will work one-on-one with you at a computer to answer your questions and solve your Lotus problems.

Beginner Lotus 1-2-3 users are requested to take the DCRT/DPM course "Introduction to Lotus 1-2-3" before registering for this workshop.

To reserve a personal computer at one of the workshops, call the User Resource Center, 496-5025. You will be notified as to which session to attend—9 a.m. to noon or 1 to 4 p.m., Bldg. 31, Rm. B2B47. □

Normal Controls Sought

The NIAAA seeks normal controls between the ages of 8 and 17 to participate in a study exploring possible neuroendocrine abnormalities genetically transmitted as a result of familial alcoholism.

Subjects will be administered a commonly employed diagnostic test to study thyroid function that requires one morning to complete.

Participants need to be in good health, on no medication and have no alcoholism in the family. There are no complications and participants will be remunerated for their time. For further information, please call Dr. Ted George, 496-0983. □

PEF Sponsors Auction, Apr. 27

The Patient Emergency Fund is sponsoring an auction on Apr. 27, from 11 a.m. to 1 p.m., in the Visitor Information Center, Bldg. 10.

Proceeds will provide patients and their families with food, travel and lodging assistance.

NIH employees are asked to donate their skills, interests, expertise, time and new or unused items to the Patient Emergency Fund auction.

Donations might include: a gourmet meal for two; gardening services; a vacation home for a weekend; sailing, skiing, or tennis lessons; a car tuneup; a photo portrait; or cooking lessons. Other donations could include baked goods, craft items, or tickets to the theater or a sporting event.

For further information, call 496-6061. □

How To Sell Yourself

The National Institute of Allergy and Infectious Diseases will hold a career seminar on "The Critical Elements of Selling Yourself," Thursday, Mar. 24, from 9:30 to 11:30 a.m. in the Lipsitt Auditorium, Bldg. 10. All NIAID employees are invited to attend.

The seminar is designed for employees who are interested in learning how to promote their best attributes and skills during interviews, in resumes and on employment or promotion applications. Frank Davis, assistant to the assistant comptroller general of the United States, GAO, will be the presenter.

For further information, contact the NIAID EEO office, 496-1012. □

Museum Features Miniatures

During the months of March and April, an exhibit of miniature musical instruments will be on display, sponsored by the DeWitt Sterten, Jr., Museum of Medical Research. The tiny violins and recorders were made by Elizabeth Davis, wife of Dr. Bernard Davis, a Fogarty International Center scholar-in-residence.

An elementary school orchestra director who plays violin and viola, Davis spends more than 100 hours making each violin. She uses rare woods and precious metals to fashion the instruments on a scale of one inch to one foot. Both the recorders and violins are theoretically playable.

The exhibit is located on the first floor of the Clinical Center (Bldg. 10), adjacent to the existing "Antique Medical Instruments" exhibit. □



Five employees of the National Institute of Child Health and Human Development recently received the NIH Merit Award from the institute's director, Dr. Duane Alexander (seated, c). They are (top, l to r) Linda Frew, Maureen Gardner, Kathleen A. Shoobridge; and Lynda Bennett (seated, l) and George Leverenz (seated, r).

A Wild Goose Story: Canada Geese Visit NIEHS

By Tom Hawkins

With vibrant honks and a flapping of wings, two Canada geese recently arrived at the National Institute of Environmental Health Sciences in Research Triangle Park, N.C. The pair showed up in early February. Patrolling the shore of the south campus lake, they caught the eye of nearly everyone at NIEHS.

They are handsome birds with distinctive white markings on their heads, long black necks, and brown bodies. NIEHS employees quickly researched the species enough to learn that the geese—unlike many people these days—stay with one mate for life.

A North Carolina wildlife official said that Canada geese used to show up mainly on stop-overs as they migrated from their southern winter range to the northern states and Canada. But now, with more ponds and reservoirs being developed in North Carolina, some of the geese have decided that they too love calling North Carolina home, and stay around through the year. So these could be visitors or new residents.

The geese have proven to have pronounced personalities, or geese-onalities. They hang around the parking lot, becoming attached to anyone who talks to them or pets them; they seem to want to jump in cars with people. They panhandle a little at lunch, and persist in encouraging employees to feed them, even when they don't seem to care for the offered



The goose enjoyed the corn but didn't entirely understand when the feast was over, and expressed its displeasure by sampling the flavor of McConnell's shin. It may be that this was a gander (male goose) who was feeling defensive about his territory, despite the peace offerings.

food. This has led the maintenance crew to encourage the geese's fan club to feed them down by the lake and not near the building.

Dr. Ernest E. McConnell, director of the Division of Toxicology Research and Testing, and a veterinarian, has secured a supply of corn that he doles out to the geese by the lakeside at lunchtime.

Also, recently, one of the geese, presumably the female, has disappeared from view. The other has become much more assertive, honking, hissing and attacking those who don't retreat promptly. People who stand their ground will find that a goose bill can raise a nice purple welt right atop the shin bone.

If all goes well, the geese will produce from two to six eggs, and up to six goslings in several weeks. This depends on the geese striking a balance with their fan club, joggers and other primate types, as well as wandering dogs, resident raccoons, etc. Meanwhile, institute managers embroiled in the annual budget testimony are wondering if the geese are an omen—could they be the ones that lay the golden eggs?

But most employees just hope they'll find their niche between the cars and the people, and stay around to make the NIEHS lake their permanent home. □



A Canada goose tugs at the leg of Dr. Ernest E. McConnell's trousers as he carries a coffee can full of corn to the edge of the campus lake to feed the bird. McConnell, director of the Division of Toxicology Research and Testing at NIEHS, is also a veterinarian interested in wildlife. The goose is one of several who have recently shown up at NIEHS, attracted by the campus lake and forests.

Weinberg Presents Leiter Lecture

The fifth annual Joseph Leiter NLM/MLA Lecture will be held at the National Library of Medicine on Apr. 7 at 3 p.m. in the Lister Hill Center Auditorium, Bldg. 38A.

Dr. Alvin M. Weinberg, physicist and distinguished fellow at the Institute for Energy Analysis at Oak Ridge, Tenn., will be presenting "Science, Government and Information, 25 Years Later." Weinberg was director of the institute from 1975 to 1985.

The author of numerous publications, including *Science, Government, and Information* (1963), he holds a Ph.D. in physics from the University of Chicago and has received honorary degrees from 11 other universities. His many awards include the Atoms for Peace Award and the E.O. Lawrence Award (1960), Heinrich Hertz Award (1975), New York Academy of Science Award (1976), Enrico Fermi Award (1980), and the Harvey Prize (1982).

The Joseph Leiter Lectureship was established in 1983 to honor Dr. Joseph Leiter, who for 18 years was associate director of NLM's Library Operations Division. Leiter retired in 1983 after a federal career of 50 years. □

Workshop on Human Subjects Research Scheduled for May

A 2-day workshop on new trends and issues regarding human subjects research is being sponsored May 12-13 by NIH and FDA. Hosted by the University of Maryland Graduate School—Baltimore, it will be held at the Stouffer Harborplace Hotel in Baltimore, Md.

The workshop will convene at 8:30 a.m. on May 12 with a Federal Regulatory Update Session on AIDS Research moderated by Dr. Katherine L. Bick, NIH deputy director for extramural research. On May 13, the workshop will continue until 1 p.m.

The workshop will bring together government and university officials, scientists, experts in law and ethics, and research administrators to address new challenges and responsibilities in ensuring adequate protections for the rights and welfare of individuals who participate in research. Special attention will be devoted to AIDS research, including legal and ethical considerations, and initiatives in drug and vaccine testing. □