

The NIH Record

Treatment Often Effective

Urinary Incontinence Widespread Among Older Adults

By Karen McCrory Pocinki

More than half of the older people in this country who suffer from urinary incontinence (loss of bladder control) have never consulted a doctor about the problem, according to a panel of experts convened by NIH to study urinary incontinence in adults. Instead, many of these individuals use adult diapers and absorbent pads, assuming the problem is incurable.

In addition, many physicians fail to recognize the impact of urinary incontinence in nursing home patients. As a result, very few nursing home residents with incontinence have any type of diagnostic evaluation, to say nothing of treatment.

At least 10 million adult Americans suffer from incontinence, including approximately 15 to 30 percent of older people who live in the community and at least one-half of the 1.5 million residents of nursing homes in this country. The condition affects twice as many women as men.

Incontinence leads to social isolation and dependency among older Americans. Excur-

sions outside the home, social interactions with friends and family, and sexual activity may be restricted or avoided entirely. Although researchers know more today about the development and consequences of incontinence, the number of individuals who are not treated successfully remains surprisingly high.

"A lot of people still believe that urinary incontinence is due simply to aging," says Dr. Evan Hadley, chief of the NIA Geriatrics Branch and chairman of the planning committee for the recent NIH Consensus Development Conference on urinary incontinence in adults. "Incontinence is not an inevitable part of aging, and it can be treated."

Although age-related changes in the urinary tract predispose older persons to develop incontinence, normal aging is not responsible for its occurrence. Often, incontinence results from many interacting factors, including neurologic impairment, immobility, illness, confusion and medications. In some cases,

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The Intrigue of Fatigue

Scientists Tirelessly Pursue Causes of Tiredness

By Laurie K. Doepel

A study of a select group of people with chronic fatigue syndrome (CFS) suggests that common biological factors may underlie some psychiatric disorders and CFS, factors that predispose people to both types of illnesses. Three-fourths of 28 CFS patients studied had a past history of or were currently experiencing one or more psychiatric disorders. This rate of psychiatric illness greatly exceeds that reported for the general population or for people with certain other chronic diseases.

Dr. Markus Kruesi of the National Institute of Mental Health conducted the study in collaboration with Dr. Stephen Straus, chief of the medical virology section of the National Institute of Allergy and Infectious Diseases, and Janet Dale, an NIAID clinical research nurse. The findings were published in the February issue of the *Journal of Clinical Psychiatry*.

When the past and present psychiatric histories of the study patients were assessed, it was determined that 21 of the 28 had been or were currently affected by a psychiatric illness. Several patients had had more than one psy-

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Seminar Urges More Positive Stand on Animal Research

By Louise Williams

Don't apologize. Don't get riled. Do speak out. That was the advice given at a recent NIH Science Writers Guild seminar, "Getting Out the Word About the Need for Animal Research."

Unless scientists and their institutions take a more aggressive stand on animal research, warned Frankie Trull, president of the Foundation for Biomedical Research, the "squeaky wheel" will get ever more concessions.

The foundation is a scientists' organization based in Washington, D.C. Trull spoke at the seminar, along with Storm Whaley, NIH associate director for communications.

Attending was a diverse group of 60 scientists, information officers and writers, and members of the public, including an area high school teacher.

Trull believes scientists are playing into activists' hands. "We have nothing to apologize for. NIH is the largest, most important biomedical institution in the U.S. Yet, it is responding to this issue as animal rights activists want us to respond—in an apologetic fashion."

A poll commissioned by the foundation and the American Medical Association, she said,

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Genetics Elective Attracts Students to NIH Program

By Carla Garnett

Students have traveled from as far away as Michigan and Louisiana to spend 8 weeks studying and conducting clinical research in NIH labs. Robert Wood Johnson Medical School in Piscataway, N.J., and Wayne State University in Detroit are just two of the medical schools represented in this year's Interinstitute Medical Genetics (IMG) program.

As part of their regular formal training, fourth-year medical students apply for competitive clinical rotation programs at various hospitals or medical laboratories. By the same token, hospitals and laboratories compete against each other to recruit the best, most



Joan Durbin, a fourth-year student at Robert Wood Johnson Medical School, responds to questions about genetic engineering in T-cells.

promising students to their programs. Medical genetics is one of 16 clinical subspecialties offered by NIH.

Gathering recently in the Clinical Center's Bunim Room, the ten students, encouraged by proud preceptors, culminated their 2-month electives by delivering stringently timed, 10-minute reports that summarized experiments, shared experiences and celebrated newfound expertise.

"I've been getting those little booklets in the mail since I was a freshman in medical school," said Karen Geller of Mt. Sinai, referring to recruitment material and descriptive brochures sent out by teaching hospitals vying for eager pupils.

What makes students choose one program over another? The reputation of the facility

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Thanks to the NIH Ski Club, the R&W and Special Love, Inc., 52 teens and young adults with cancer enjoyed a weekend of skiing at Elk Mountain, Jan. 19-22. The groups also sponsored a family weekend for patients and their family members Feb. 17-20 at Canaan Valley. A total of 44 skiers participated in this annual event.

Award Nominations Sought

The NIH Asian/Pacific Islander American Advisory Committee (A/PIAAC) is requesting nominations for the Recognition Award, to be given to an individual or group demonstrating superior achievements in promoting Asian/Pacific Islander American activities (such as advancing equal employment opportunities, career development and cultural awareness).

Any NIH employee is eligible for the award. The nominee (individual or group of less than five) should have demonstrated tangible results in promoting Asian/Pacific Islander activities. For example, the results may be achieved through a single event that required long-term planning and implementation demanding unusual leadership, creative skills and perseverance. On the other hand, the results may be measured in terms of sustained service over a long period during which outstanding leadership in activities have led to a general improvement for Asian/Pacific Islander Americans.

Selection of the awardee will be made by A/PIAAC. The award is not a cash award, but successful candidates will be honored at the NIH Asian/Pacific Islander cultural activities held in May. Nominations must be accompanied by documentation on reasons for making the nomination, in terms as specific as possible. If possible, the format of the NIH EEO Special Achievement Cash Award should be used.

Please forward nominations or questions about the format to Fu Temple, president, A/PIAAC, Westwood Bldg., Rm. 9A02, or Kenneth Chu, awards chairperson, Executive Plaza North, 305D, 496-8644. The deadline for nominations is Apr. 7. □

INCONTINENCE CAN BE TREATED SUCCESSFULLY

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incontinence is temporary and can be cured by changing medications or by treating an acute illness such as a urinary tract infection. However, many cases are chronic, lasting indefinitely unless properly diagnosed and treated.

Based on scientific data presented during the conference, the consensus panel, drawn from the medical profession, basic sciences and the general public, wrote a consensus statement. In this statement, the panel stressed that every person with urinary incontinence is entitled to evaluation and treatment. The panel recommended a thorough medical history (including a record of the duration, frequency, amount and type of incontinence, as well as information about associated illnesses, previous operations and current medications), careful physical examination and bladder testing. In addition, the evaluation should include an assessment of each individual's mental health, functional ability and residential status.

Contrary to public opinion, most cases of urinary incontinence can be cured or improved using behavioral techniques (including pelvic muscle exercises, biofeedback and bladder training), drug therapy (with bladder relax-

ants, bladder outlet stimulants and estrogens), and/or surgery. "The fact that treatments are often effective makes it regrettable that so many people don't seek help," says Hadley.

As a general rule, the panel suggested that doctors try the least invasive or dangerous procedures first. Even when permanent improvement is not possible, frequent reminders to request assistance with trips to the toilet and an increase in the number of those trips may reduce incontinence. Other helpful changes include restricting bedtime fluid intake, providing easier access to toilet facilities, and if necessary using absorbent products or catheters.

While many controversies were addressed at the conference, numerous questions await answers. Directions for future research include: studies of the risk factors for developing incontinence, investigations of possible prevention strategies and development and evaluation of new treatments.

Free single copies of the complete NIH Consensus Statement on Urinary Incontinence in Adults may be obtained from OMAR, Bldg. 1, Rm. 216, 9000 Rockville Pike, Bethesda, MD 20892. □

Research Funding Discussed

The third session of the STEP module addressing the question "How can the NIH dollar be stretched to maximize its research impact?" will be held on Mar. 21, at 1 p.m. in Bldg. 31, Conf. Rm. 10. A formal presentation of 1 hour will be followed by an open discussion period of 1 to 2 hours.

Joseph Brackett will present data on the NIH grant award rate and funding of the NIH portfolio of contracts. This will provide a basis for discussion by Mary Kirker, Grants Administration Branch, NCI; Constance W. Atwell, Extramural and Collaborative Programs, NEI; and Norman Osinski, Division of Acquisition Management, OD.

Topics to be discussed include "across the board" reductions in grants/programs and creation of directed programs. Participants will discuss their approaches to stretching NIH dollars.

This series is intended for NIH extramural staff; attendance is not required at all four parts of the module. No application is required and continuing education credit is not available. Attendance will be on a space available basis. For additional information contact the STEP program office, 496-1493. □

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Burroughs Makes Her MARC With Help from an NIH Program

By Hugh James Lee

In any group of young professional people, Dr. Cynthia D. Burroughs would be distinguished by her doctorate in endocrinology from the University of California at Berkeley, and by her position as a staff fellow at the National Institute of Environmental Health Sciences. Twenty years ago, as a woman in science, she might have been "channeled" into teaching at the secondary school level, or into botany within the biological sciences. As a black, and the first generation in her family to attend college, she has had to overcome some additional obstacles.

But Burroughs has had some fortunate circumstances in her life as well, and she has had the personal motivation and ability to make the most of opportunity. First, her parents were adamant that their children would all take precollege courses in high school. "They weren't going to insist that we go to college if we didn't want to," Burroughs recalls, "but insisted that we take the courses necessary to enable us to go if we chose that path."

Secondly, Burroughs grew up in Talladega, Ala., where she remembers one special teacher, Stephen Syers, who taught her high school chemistry and made science come alive for her. Also, Talladega is the home of Talladega College, a fine, small college with a remarkable record for graduating black students who go on to earn Ph.D.s.

When Burroughs applied for financial



Dr. Cynthia Burroughs

assistance at the college, she turned out to be overqualified for one of the financial assistance programs, but was encouraged to apply for the NIH program MARC—Minority Access to Research Careers.

"It was a relatively new program," Burroughs says. "Today it has become very competitive, with thousands of applicants. It

would be more difficult to get in today."

After completing her undergraduate degree, Burroughs went to the University of California at Berkeley for a 10-week study program. There she met Dr. Howard Bern, a professor of zoology, who later became her mentor in attaining masters and doctorate degrees in endocrinology. Along the way to her Ph.D., Burroughs worked as a graduate student instructor; among her students were other MARC program participants. In 1985, she attended a conference on environmental estrogens at NIEHS. There she met Dr. John McLachlan, one of the meeting coordinators, who is chief of the Laboratory of Reproductive and Developmental Toxicology, and has recently been made the acting director of intramural research at the institute.

Today, Burroughs pursues her research full-time, focusing on hormonal control and mechanism of hormone action in normal and abnormal growth. She shares the time of one laboratory technician with two other staff fellows.

"We work out our schedules very carefully, and it works out pretty well," she says. She looks forward to her research career, and savors the freedom NIEHS offers. "I'm certainly open to returning to academia eventually," she says, "but the National Institutes of Health provides an ideal arrangement for creative work, and I really appreciate that." □

NIAID Meeting To Examine New Ways To Curb Increase in Asthma Deaths

During the past few years, scientists have observed an alarming trend in the number of asthma deaths in the United States: in the face of new and effective treatments for the disease, far too many Americans still suffer and die from asthma. The number is growing, especially among inner-city youth.

On Friday, Mar. 10, beginning at 8:30 a.m. in Bldg. 31, Conf. Rm. 10, the National Institute of Allergy and Infectious Diseases will bring together top researchers from around the country to take a special look at this disturbing trend. This meeting, an Update on Asthma Outreach and Demonstration Programs, is intended to bring health specialists up to date with new asthma treatment and outreach programs. Researchers will explore new information about why asthma, the leading cause of school absenteeism, is a special problem among inner-city children.

Speakers will include Dr. Floyd Malveaux, from the NIAID-sponsored Center for Interdisciplinary Research in Immunologic Diseases at Johns Hopkins, who has studied factors related to asthma in Baltimore city children.

Malveaux, Dr. Alan Zuckerman from Georgetown University and several other experts will report on their efforts to develop and implement outreach and education programs to help curb the rate of asthma illness and death in the nation's cities. Olympian Jeanette Bolden, who sprinted to a gold medal in 1984, will talk about how access to current therapies helped her win with asthma.

The Mar. 10 update will be held in conjunction with NIAID's meeting Mar. 9 on "NIAID Research Initiatives in Asthma and Allergic Diseases." Researchers from NIAID's Asthma and Allergic Diseases Centers and Centers for Interdisciplinary Research on Immunologic Diseases will report on current basic and applied research findings in asthma and allergy. These include mechanisms of the allergic response, biology of the late phase (hours instead of minutes) allergic reaction in asthma, and techniques that have yielded new information about lung biology in people with asthma. No registration is required for either day. For information call Leslie Fink, 496-5717. □



Clinical Center pharmacist Evelyn Farinas is the new president of the D.C. Society of Hospital Pharmacists, a 300-member regional chapter of the American Society of Hospital Pharmacists. Other NIH pharmacists who hold executive positions in the society include past-president Robert DeChristoforo, who recently transferred the gavel to Farinas, and newly elected treasurer Timothy Ames.

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shows 77 percent of Americans support animal research, yet Congress receives more letters from activists on that issue than any other.

Whaley agreed that public education is critical, and he told the group NIH has adopted a more positive stand. "In all our press releases and interviews, we're noting whenever animal research was crucial" for biomedical advances.

He also said NIH has become far wiser about handling on-campus demonstrations, thanks to past protests. He recounted the 1985 takeover of the director's office of the National Institute of Neurological Disorders and Stroke, a protest that caught officials off guard.

"The activists had told the media" of their planned protest, Whaley recalled, but not NIH. The issue for reporters became not the value of animal research but "when were we going to toss the activists out of the building. The NIH strategy was to cool the situation."

Whaley said the apparent inactivity baffled many at NIH. That taught NIH officials the importance of good intramural communications during emergencies.

A second demonstration last summer did not surprise NIH. In fact, Whaley related, NIH officials and protesters negotiated the demonstration's specifics ahead of time—a tactic that worked.

However, Whaley cautioned, no one tactic works all the time. "You can't fight the last war in this war." He offered guidelines for handling campus protests:

- Stay calm. Reporters covering a protest zero in on arrests and brawls.
- Keep a cool, alert security force. Whaley praised the NIH security team's conduct during last year's demonstration.
- Whenever possible, negotiate beforehand.
- Set up a communications center. Internal communications are as important as press releases, he stressed.

Trull cautioned that more protests lie ahead and that the fight is getting fiercer. Animal welfare is no longer activists' rallying cry; fewer cases of laboratory animal mistreatment exist. Rather than "bigger and cleaner cages," the shout has become "empty cages."

To reach their goal, activists rely on emotionalism and half-truths, Trull said. For example, activists insist that scientists get bigger grants for research involving animal experiments, yet the findings are not applicable to humans.

"The public is science-ignorant," Trull told the gathering. "Animal rights groups present enough half-truths to make their positions sound real. The know how to play on the public's fears."

But, if activists have shifted their campaign

into high gear, the foundation is revving its motor, too, Trull said. Created 8 years ago to educate the public about the need for animal research, the 2,000-member nonprofit organization has taken a quantum leap—into advertising.

"We're launching an advertising campaign, something animal rights groups have done." And, like the activists, the foundation is employing a starkly emotional pitch. One newspaper advertisement contrasts saving a child's life with saving an animal's. The tag line for another, which depicts a group of angry demonstrators, reads: "Thanks to animal research, they'll be able to protest 20.8 years longer."

So far, the advertisements have provoked the desired responses, including media surprise and support, Trull said.

She urged scientists and their institutions to pitch in. What can scientists do? Trull and Whaley say ignore the foe and acquire more friends.

As Trull put it, trying to change the minds of animal rights activists is "a waste of time. But the public wants information."

Here are some steps:

- Know the facts. Keep lists of biomedical advances made possible through animal research. Information is available from both the Foundation for Biomedical Research and the American Psychological Association's Ethics and Social Policy Branch, according to Trull.

- Speak out against any disseminated falsehood. Getting scientists to write letters to Congress or the press used to be "harder than pulling teeth," Trull said. "Now, that has changed."

Whaley suggested scientists write op/ed pieces for newspapers. He also noted that many university alumni magazines are eager for stories about discoveries related to animal research.

- Develop a cadre of scientist-spokespersons ready to talk about animal research to the media, schools, and community and other groups. Even grade school children are being told animal research is bad—and that protesting frog dissections is heroic.

- Solicit help from voluntary associations. They are beginning to realize their futures are on the line, too.

- Have information officers know their institute's use of animal models. Ready facts may defuse some potential media bombs.

Trull ended the session on a positive note: "The animal rights issue may be getting worse, but we're getting better" at promoting our side.

The next guild seminar, "How NIH Information Offices Handle AIDS Inquiries," is tentatively scheduled for June 19, from 11:30 a.m. to 12:30 p.m., in Bldg. 31, Conf. Rm. 6. □



Dr. Barbara Wasserman, medical director of the Occupational Medical Service, Division of Safety, steps into the Groover, Christie and Merritt Mammography screening van during its weeklong stay on the NIH campus. One hundred and fifty women received mammography screening.

Cholesterol Screening Offered

Do you know if your number is up? Find out by having your blood cholesterol checked during March and April at the Occupational Medical Service, Division of Safety.

High blood cholesterol is one of the three major risk factors for coronary heart disease along with cigarette smoking and high blood pressure. The primary treatment is a diet low in saturated fat and cholesterol. So if you discover that your blood cholesterol is high, the OMS will provide you with tips on what to eat to lower it.

To participate, purchase a lab slip at a cost of \$3.75 from any of the R&W stores between 9 a.m. and 3:30 p.m. Monday—Friday. Screening takes place at the various OMS units according to the schedule listed below.

Bldg. 10, 6C306 8-11 a.m.	Every Tuesday throughout the year
Bldg. 10, 6C306 7-10 p.m.	Thursdays Mar. 16 through Apr. 13
Bldg. 10, 6C306 8-11 a.m.	Fridays Mar. 17 through Apr. 14
Bldg. 31, Rm. B2B57	Tuesday, Mar. 21 1-3 p.m.
Westwood Bldg. Rm. 11	Wednesday, Mar. 29 9-11 a.m.
Bldg. 38A, Rm. 28G	Wednesday, Apr. 5 2-4 p.m.
Executive Plaza North, Rm. 103	Thursday, Apr. 6 8:45-10:45 a.m.
Bldg. 13, Rm. G901	Friday, Apr. 7 8:30-11 a.m.
Federal Bldg. 10B08	Thursday, Apr. 13 1-3 p.m.

NIMH Research Adds to Knowledge About Premenstrual Syndrome

By Pam Jones

Premenstrual syndrome (PMS), a condition marked by sometimes severe or disabling mood changes that occur in concert with the menstrual cycle, is the focus of research being conducted by a number of NIMH intramural scientists located on the NIH campus.

One research group has concluded that, contrary to previous hypotheses about the disorder, PMS is not the result of a simple hormone deficiency. It has also found that patients with PMS experience premenstrual increases in appetite that are more dramatic than those reported by women without the disorder, and that PMS appetite increases are directly correlated with mood changes, especially depression. Another NIMH group has found that sleep deprivation can be an effective treatment for some patients with PMS.

Symptoms of PMS include depression, irritability, anxiety, fatigue, social withdrawal and other cognitive and behavioral disturbances. They commonly occur after ovulation (usually mid-cycle) and resolve shortly after the start of menses.

NIMH intramural scientist Dr. David R. Rubinow has determined that PMS is not a simple hormone deficiency, and therefore the rationales for a number of currently used treatments are of "questionable merit."

Rubinow and his colleagues based their conclusions on blood samples obtained throughout the menstrual cycle in women with well-characterized menstrually related mood disorder and in a group of control subjects.

Previously, others have proposed that this disorder is caused by a lack of progesterone, a superabundance of estrogen, or an estrogen-progesterone imbalance. Resulting treatments have included progesterone, bromocriptine (a prolactin inhibitor), or pyridoxine (vitamin B6).

In Rubinow's study, reported in the *American Journal of Obstetrics and Gynecology*, blood samples were drawn from 17 women who exhibited clearly defined mood disturbances and from nine control subjects. Analysis showed that patients and control subjects had similar patterns of hormone secretion throughout the menstrual cycle, leading the investigators to conclude that simple changes in hormone levels are probably not the cause of PMS.

According to Rubinow and his NIMH and NICHD colleagues, attributing PMS either to excesses or deficits of these hormones is "simplistic and inaccurate." Therefore, any treatment successes that occur from the use of progesterone or bromocriptine are not the result of correcting levels of progesterone or prolactin, as has been believed.

Although the scientists found no evidence that mean plasma hormone levels differ in PMS patients compared to control subjects, they speculate, as have others, that PMS may represent "an abnormal response to normal endocrine levels." Thus, further studies using more sophisticated measures of endocrine activity may reveal subtle hormone alterations that lead to PMS in some women.

Rubinow, working with other scientists from NIH, conducted another study on PMS that focused on appetite disturbances associated with this disorder. In their study of 21 patients with PMS and 13 control subjects, the investigators found dramatic increases in appetite in the 7 days preceding the onset of menses and a direct correlation with mood changes, especially depression, during this phase of the menstrual cycle.

The study subjects were asked to rate, on a daily basis over 2 to 9 months, changes in appetite and mood, specifically the degree of depression, anxiety, irritability and feelings of loneliness. The investigators then analyzed the ratings for the premenstrual phase of the menstrual cycle (the 7 days prior to the start of menses) and the postmenstrual phase (the 7 days after the cessation of menses).

The PMS group had significant increases in appetite in the premenstrual phase, and there was a strong relationship between appetite disturbances and depression in this phase. Although the control subjects also experienced increases in appetite in the 7 days before menses started, the increases were less dramatic. Furthermore, the control subjects reported no major alterations in mood in the pre- or postmenstrual phase.

No increases in appetite were noted during the postmenstrual phase in either group.

Appetite disturbances in PMS patients may be a result of the body trying to compensate for deficiencies in the brain chemical serotonin, thought to be linked to depression. According to this hypothesis, neuroregulatory disturbances resulting from PMS may cause cravings for carbohydrates as a means of boosting the levels of the substrate tryptophan, which is necessary for the brain to correct a serotonin deficiency.

PMS appears to be similar to another disorder, known as atypical depression, in that both are marked by increases in appetite, possibly brought about by the depressive symptoms. The investigators suggest that further studies of appetite and mood in relation to reproductive endocrine changes might answer important questions about atypical depressive states.

In a third study, NIMH scientists Dr. Thomas Wehr, chief of the Clinical Psycho-

biology Branch, and Dr. Barbara Parry, now at the University of California-San Diego, studied 10 women whose PMS symptoms were severe enough to cause them social or occupational problems. All women were deprived of one night's sleep, and 8 of the 10 reported an improvement in mood as measured on the Hamilton rating scale for depression. Several of the patients also reported increased energy and a sense of euphoria.

In subsequent months, five of the women participated in additional sessions of partial sleep deprivation. The researchers discovered that women who were deprived of sleep in the second half of the night greatly improved while those who were deprived of sleep during the first half hardly improved at all.

As with most other investigations of therapeutic sleep deprivation, this study involved one major methodological problem: neither the raters nor the patients were blind to the procedure being tested. Despite this, the scientists hypothesize that repeated partial sleep deprivation may be an effective and acceptable alternative or adjunct to the pharmacological treatment of PMS. □



Linda Nee, an NINDS genetic research associate, was recently honored by the Greater Washington, D.C., Chapter of the Alzheimer's Disease and Related Disorders Association with a "1988 Researcher Award." She has been studying familial Alzheimer's disease for the past 10 years, tracing the neurodegenerative disorder in a family that immigrated to North America from England in the year 1837.

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and the extent and depth of the hands-on training offered are two very important considerations.

"It didn't dawn on me until my third year that I wanted to do one," continued Geller, who plans to specialize in obstetrics and gynecology. She presented results of a two-dimensional electrophoretic analysis of proteins in human amniotic fluid and fetal cells from normal and Down syndrome pregnancies.

"There was so much more offered at NIH ... it's such a referral center (in the medical community)," she said. "Ordinarily, you'd only get to see maybe one Down's patient a week."

Geller's project compared proteins found in fluid and cells from eight normal pregnancies to as many Down syndrome pregnancies. The experiment is in progress in the Biochemical Genetics Branch of NIMH.

Wendy Rubinstein, an M.D.-Ph.D. candidate also from Mt. Sinai, cites another reason for choosing NIH—recommendations from past NIH elective students.

"I've known several elective students who came to NIH," she said. "The actual exposure to clinical work is good here."

After studying Waldenstrom's macroglobulinemia in NCI's Environmental Epidemiology Branch, Rubinstein has decided to specialize in internal medicine. "I want to combine research and clinical work now," she admits.

The benefits of the elective program to NIH are as varied as the students' reasons for choosing a particular program. Not only do laboratories get much-needed extra hands, researchers get fresh ideas and different outlooks on their work.

Following student Joan Durbin's discussion on engineering antisense GM-CSF expression in T-cells (a project she worked on in NHLBI's Molecular Hematology Branch), IMG coordinator Dr. John J. Mulvihill asked her, "So, what about the future of genetic engineering?"

Durbin, a student at UMDNJ Robert Wood Johnson, replied cautiously, "Well, it would depend on what you'd want to engineer, I guess.

"This is the first time I'd really thought about experimenting with transgenic mice. After this, it seems like there is tremendous potential in working in engineering genetics."

In at least one other area of genetics, too, the student's final analysis was encouraging.

Tulane University's Anne Dopson, who completed her elective work in the cytogenetics unit of the Laboratory of Chemical Biology, NIDDK, was emphatic as she con-



Tulane University medical student Anne Dopson discusses the merits of preventive cytogenetic research. Her elective work involved lymphangiosarcoma in a lymphedema patient.

cluded her presentation of lymphangiosarcoma in a patient with hereditary late onset lymphedema.

"Cytogenetic research should be done... it may lead to gene localization down the line and possible prevention of a dreaded disease."

CRISP Training Dates Set

In the spring of 1989, 1-day training courses in the Division of Research Grants' CRISP (Computer Retrieval of Information on Scientific Projects) system will be offered on Mar. 22, Apr. 13, May 18 and June 14 (the first and last dates are on Wednesdays; the second and third on Thursdays). This course, "Introduction to the CRISP System," is a comprehensive overview of the extramural and intramural project coverage of CRISP, the scientific indexing of research projects, and the system's search capabilities. A hands-on problem solving session is included.

A request to attend "Introduction to the CRISP System" should be directed, in writing, to the acting chief, research documentation section, Division of Research Grants, Westwood Bldg., Rm. 148, and should be received at least 10 days before the course date of interest. Please include name, address and telephone number, as well as preferred session date. It is not necessary to submit Form HHS-350 if accepted. Interested persons may call 496-7543 for more information, or consult the SHARE TRAINING facility on Wylbur for course details. □



The winter session of the medical genetics elective ended recently with an all-day meeting during which medical students shared the results of their 8-week rotations at NIH. Participants (standing, from l) were Interinstitute Medical Genetics program coordinator Sandra Schlesinger, students Nina Mattarella, Joan Durbin, Wendy Rubinstein, David Ng, Renee Bobrowski, Karen Gruskin and IMG program coordinator Dr. John J. Mulvihill. Seated (from l) were Lesia Kizyma, Anne Dopson, Helen Hollingsworth and Karen Geller.

DEO Lecture Offers Insight on Deaf Culture and Values

By Toni Pineau

The Division of Equal Opportunity was pleased to cosponsor with the NIH Training Center guest lecturer Kathy Jankowski recently.

Jankowski addressed sign language classes and guests on the subject of the language and culture of the deaf community.

Deaf herself, Jankowski explained that "no two deaf people are alike." Some (approximately 10 percent) are born of deaf parents. Most deaf people are, however, born of hearing parents. For the 10 percent of "native" deaf Americans, their first language is American Sign Language (ASL). Jankowski explained that her parents are both deaf so she grew up signing. Many deaf children do not acquire language, neither ASL nor English, until the age of 5 or 6, or whenever they enter school. They cannot hear English and so it is not readily acquired. The natural language of deaf



Kathy Jankowski

people is ASL because it is a visual language geared to the eye. But because their parents do not sign, deaf children of hearing parents often do not acquire language skills until they enter residential schools and learn ASL from their deaf peers (usually children of deaf parents).

Jankowski explained that there are a variety of educational alternatives for deaf people because there are so many disparate philosophies about the best way to educate the deaf.

Historically, deaf people have been taught to lipread and speak so that they would better fit into a hearing world. Because this method has not been particularly successful in educating the deaf, other approaches have been developed.

The use of signs in conjunction with speech is an alternative. The problem with this system is that signing and talking simultaneously

require that the signs follow the spoken words, disrupting the syntax and grammar of ASL, which has a unique structure unrelated to English.

Jankowski advocates a bilingual approach to the education of deaf children, teaching them first in the natural language most suited to deaf people, ASL, and teaching English as a second language through American Sign Language.

She stressed that deaf people and their communication styles vary based on their backgrounds, schools attended, whether they are native deaf and whether they identify with the deaf community.

Jankowski discussed the values that members of the deaf community—people who view themselves as "culturally" deaf—possess: the importance of social clubs and events where deaf people can come together with people who share their experiences, and particularly the high value placed on residential schools for the deaf. It is there that many deaf people first learn to communicate through sign language, making deep friendships that last a lifetime. Deaf children of hearing parents usually find communication—and life in general—frustrating at home where parents and siblings cannot communicate with them. Often one's peers in a state school become one's "family."

Jankowski also discussed some rules of interaction with and among deaf people.

Deaf people will unconsciously "code-switch" from American Sign Language among themselves to a more English-like form of signing in the presence of hearing people as an attempt to accommodate hearing persons' unfamiliarity with ASL.

Eye contact is vital for interacting with deaf people. Not looking a deaf person in the eye in conversation or even in passing is considered rude.

There are social rules for getting the attention of a deaf person: flashing a light, tapping a person on the shoulder, back or arm or waving are all ways to get a deaf person's attention.

Culturally, deaf people have a sense of humor very different from that of hearing people. Hearing people have jokes, puns, and stories based on sound (i.e., "knock-knock" jokes). The deaf, too, have puns, jokes and stories of their own, based on sight.

It was pointed out that deaf people tend to be more direct, to say precisely what they mean, rather than using euphemisms as hearing people often do. Deaf people also have traditions and folklore passed from one generation to the next.

"Deaf people tend to identify themselves in

different ways," says Jankowski. Some see themselves as belonging to the deaf community, having a language, culture and values that are specifically identified with that community. These people are considered "Deaf" people. Others, who may come from hearing families, attend public or oral schools and have residual hearing, may call themselves hard-of-hearing, or hearing impaired.

Regardless of the label, some people view themselves as handicapped. Others do not. Jankowski is emphatic that she is *not* handicapped but a member of a cultural, linguistic minority—the Deaf community—with values, traditions, rules of interaction and, most prized, a language all its own.

Deaf Linguist To Lecture

The Division of Equal Opportunity, Equal Opportunity Branch and the NIH Training Center will sponsor a lecture: "A Culturally Deaf Person's View of the New Deafness Institute (NIDCD)," on Mar. 21 in Bldg. 31, Conf. Rm. 7 from 10:30 a.m. to 12:30 p.m.

The speaker, M.J. Bienvenu, cofounder/director of the Bicultural Center in Riverdale, Md., is a deaf linguist, interpreter trainer, and authority on American Sign Language and deaf culture. All NIH employees and their guests are invited.

STEP Dissects Director's Meetings

A STEP Forum entitled "The NIH Director's Regional Meetings," will be held on Mar. 23, from 1:30 to 4 p.m. in Wilson Hall, Bldg. 1.

Analysis of the testimony gathered at the meetings identified eight major areas of concern: peer review, flexibility and continuity of research funding, training and career development, research facilities, indirect costs, research resources, minorities in biomedical research and animal research issues. Speakers Dr. Jay Moskowitz, OD; Dr. Ronald Geller, OD; Dr. Barbara Packard, NHLBI; and Geoffrey Grant, OD, will highlight the issues, perceptions and myths that exist in the research community.

Questions and answers will follow the presentations. No preregistration is required for the forum, which is open to all NIH personnel. Additional information is available from the STEP program office in Bldg. 31, Rm. 5B44, 496-1493. □

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(Continued from Page 1)

chiatric illness during their lifetimes. The diagnoses included 15 cases of depression, 9 cases of anxiety disorders (simple phobia, panic disorder or agoraphobia), and 3 cases of problems related to alcohol abuse.

"We interviewed people at only one point in time, so the study was not really designed to answer the question, 'Which came first?'" says Kruesi. "But looking at the data, you see that people were more likely to have had psychiatric difficulties before they developed CFS than to have had CFS and then later develop psychiatric problems." In only 2 of the 21 patients did the onset of CFS occur at least 1 year prior to any psychiatric problem, whereas in 10 patients the psychiatric problem predated the onset of CFS by at least 1 year. (In six patients, the illnesses occurred essentially concurrently, and in three patients, the timing of onset of the psychiatric problem could not be determined.)

These findings, the authors caution, do not suggest that CFS is a purely psychiatric disorder. According to Straus, "CFS is a disease with physiological symptoms that can be seriously debilitating. Many physical and immunologic features of CFS cannot be readily explained by psychiatric illness." Such symptoms include tender lymph nodes, muscle pains, and recurrent sore throats, complaints common among people with CFS but not among those with psychiatric disorders. Moreover, discrete outbreaks of CFS have been documented, a phenomenon not observed for mood disorders, including depression.

Examined in more detail, the authors' findings do suggest that some psychiatric illnesses, particularly depression, may in part be a reaction to having CFS, while others such as anxiety disorders may indicate a certain vulnerability to CFS. Ten of 13 patients with a history of major depression recalled the onset of that depression occurring simultaneously or more than 1 year after the onset of CFS. On the contrary, all nine patients with diagnoses of anxiety disorders reported that their illnesses began at least 1 year prior to the onset of CFS.

The scientists' hunch is that if a vulnerability to CFS exists, its origin is biological. Neurobiological abnormalities have already been found in some psychiatric disorders, including both anxiety and depression. Straus surmises that in individuals who are vulnerable to CFS, an acutely stressful event such as a severe infection could be sufficient to trigger this condition. Researchers at NIH and elsewhere are intensely exploring this possibility.

The findings reported here and those of other recent studies support the idea that

medications used to treat psychiatric disorders may help some people with CFS. Such medications have been successfully used to treat other nonpsychiatric illnesses such as migraine headaches. Already pilot studies indicate that some people with CFS benefit from certain antidepressant medications.

"It won't be surprising to me to find out in the long run that people with CFS have some underlying metabolic defect in common," says Kruesi. □

FAES Offers Grants

The FAES will award grants of \$750 to students conducting research at NIH this summer. An additional \$500 to cover travel and living expenses might be available if need can be demonstrated. High school, undergraduate, graduate and medical students who will work for a minimum of 8 weeks are eligible.

Applications are available in the FAES business office, Bldg. 10, Rm. B1C18. Completed applications including a description of the research to be performed and a supporting statement from the NIH sponsor must be received by Apr. 3.

Notification of the awards will be made to the NIH sponsors by the end of April. □

Animal Center Chief Retires

Dr. David M. Renquist, chief of the animal center section, VRB, DRS, at Poolesville, has retired from the PHS Commissioned Corps to become head of the division of veterinary science at the Primate Research Institute, Almagordo, N.M.

Renquist was chief of the primate unit at the NIH Animal Center for 12 years before becoming the section chief in 1986. His career at NIH combined research, program management and veterinary medical practice, especially with nonhuman primates. He had the primary responsibility for the "Silver Spring monkeys" during their stay at Poolesville for almost 5 years. NIH had consented to assume care of the animals at the request of Maryland authorities.

Renquist transferred to the Commissioned Corps in 1974 from the U.S. Army Veterinary Corps, where he was chief of the primate quarantine section, Walter Reed Army Institute of Research. He obtained his D.V.M. from Washington State University and an M.S. in microbiology from Stanford University. He is a diplomate of the American College of Laboratory Animal Medicine. □



The NIH Women's Advisory Committee, through the Federal Women's Program, Division of Equal Opportunity, provides a communication channel between women and management at NIH on matters concerning equal opportunity and affirmative employment. Pictured above are members of the committee's executive board, any of whom may be contacted for input into the program. Seated are (from r) chairperson Margaret Douglas, vice-chairperson Dorothy White. Standing are (from r) immediate past chairperson Alberta Sandel, organizing subcommittee chairperson Felicia Brice, chief DEO Denise Banks, executive secretary Jean Brooks, and education chairperson Dr. Julia Freeman.

Training Center Offers Two Career Advancement Avenues

The NIH Training Center announces two programs allowing employees in certain job categories to advance their careers—the Stride Program and the Career Curricula Program. Both offer employees in nonprofessional job series an opportunity for career change and advancement.

Participants in the CCP work with center staff to choose a desired occupational field and plan 30 hours of relevant college classwork. Through a combination of academic training (taken on the participant's own time) and informal occupational mentoring, participants will be better able to compete for professional entry-level jobs. Participants are expected to take at least one course per semester; all courses are paid for by the CCP account.

If you are a GS-8 or below NIH employee (or federal wage grade equivalent) employed in a one-grade interval job series, have a high school diploma or a GED certificate, lack a bachelor's degree, are employed under a career or career-conditional appointment for at least 1 year and work at least 32 hours per week, you may be eligible.

The Stride Program, on the other hand, combines on-the-job training, job-related academic courses and selected short training courses to prepare trainees for placement in targeted professional (two-grade series) positions at NIH.

The term of the program is up to 3 years, depending on the trainee's academic and work experience and requirements of the targeted

positions.

Five positions are open for competitive selection in 1989: contracts specialist, computer specialist, program analyst, administrative assistant/administrative officer, and technical publications writer/editor. One trainee is prepared for each of these occupations; cost of tuition and materials is covered by the Stride account.

If you are a GS-5 to 9 career employee (or federal wage grade equivalent) with 1 year at NIH, in a one-grade interval job series and have a high school diploma but not a bachelor's degree, you may be eligible to apply.

Complete eligibility requirements for both programs—Career Curricula and Stride—will be provided at the information sessions listed below, all of which will be held from 11 a.m. to noon.

<i>Date</i>	<i>Location</i>
Mar. 14	Federal/B1-19
Mar. 15	Westwood/428
Mar. 16	Executive Plaza North Conf. Rm. J
Mar. 20	Bldg. 38/B1N30B
Mar. 21	Bldg. 10/Medical Board Rm. Rm. 2C116
Mar. 22	Bldg. 31/Conf. Rm. 9

Application packages for both programs will be available on Mar. 13 in the NIH Training Center, Bldg. 31, Rm. B2C31. To be considered for the programs, applications must be complete and received by Apr. 14. □

Newman, NICHD Administrator, Mourned

Dr. Sidney H. Newman, a population specialist and behavioral science administrator at the Center for Population Research, National Institute of Child Health and Human Development, died of cancer Jan. 1 at his home in Bethesda.

He joined the Public Health Service in 1947, serving as chief of the Measure and Evaluation Branch until 1963, when he became director of the Division of Research and Standards in the PHS Office of Personnel.

Newman came to NICHD in 1968 as the first psychologist at the Center for Population Research. He served as head, behavioral-social science program, a position he held until his retirement in May 1986.

He served on the faculty at Michigan State University from 1935 until 1946. In World War II, on war leave, he served in the Office of War Information in Washington, D.C., and at the U.S. Coast Guard Academy in New London, Conn. He was an associate professor and acting head of the psychology department at Michigan State before moving to this area

and joining the staff at NIH.

Newman was born in Danville, Va. He graduated from Washington & Lee University, magna cum laude, and received his master's degree and a doctorate in psychology at Clark University.

Newman was a fellow of the American Psychological Association, had served on its task force on psychology, family planning and population policy, and was founder of its division of population and environmental psychology.

He had edited several scientific books and written many articles for scientific journals. He also received a superior service award from the American Psychological Association's Division of Population Psychology and is listed in *American Men of Science* and similar listings.

Survivors include his wife, Althea Newman of Bethesda; a daughter, Carolyn Cochenour of Westminster, Md.; a brother, Alvin Newman of Danville; and two sisters, Beatrice Stoner of Coconut Creek, Fla., and Katherine Lee Newman of San Francisco, Calif.

NIDR Veteran Leibold Retires

Marge Leibold, an 18-year veteran receptionist at the National Institute of Dental Research's dental clinic, retired Dec. 30, 1988.

She arrived in the dental clinic in November 1970. Prior to working for NIDR, she had a career at the Justice Department.

"I decided to work at NIDR because it is so convenient to where I live, and I ended up liking it so much I decided to stay," she said. "The people at NIDR have been very friendly."

In addition to answering the phone, scheduling and checking in patients, Leibold had



Marge Leibold

part of the awesome responsibility for keeping track of the thousands of patient files that have accumulated over the years.

NIDR conducts studies related to a variety of oral and dental conditions. The dental clinic also responds to the needs of inpatients at the Clinical Center who are participating in other research protocols and need dental care while staying at the center.

She and the rest of the staff always made a special effort to keep the clinic open. "Even during the flood a few years ago after the clinic was renovated, and the recent Clinical Center fire, the dental clinic never closed," she said laughing.

She has no big retirement plans yet. For right now, she says, "I will take one day at a time." □

Mailroom Reminder

The NIH Mailroom requests that before sending material through interoffice mail, employees make sure the following is clearly marked on the outside of the envelope: name or office, institute, room number, and building number. This will help to ensure prompt and correct delivery. □

NIA Program Examines the World's Aging

By Margo Warren

Why do some older people become disabled while others do not? How much does the incidence of Alzheimer's disease vary among countries and why? What causes osteoporosis and how does it differ among races and nations? Why does immunity decrease in older people and how does environment affect their vulnerability to infections? In order to unravel some of these mysteries, the World Health Organization has recently established the first worldwide research program on aging, headquartered at the National Institute on Aging. The Special Program for Research on Aging (SPRA), an integral part of the WHO Global Program for Health of the Elderly, is designing a campaign of extensive cross-national research in collaboration with the world's scientific community.

WHO has a 40-year history of improving global health conditions in developed and developing nations. Ten years ago, WHO specifically targeted the health care of older people as a priority of the organization. In May 1987, the World Health Assembly approved the recommendation of its advisory committee on health research to emphasize research on aging through establishing the special program and basing it at NIH, in close association with the NIA. Dr. Jorge Litvak, chief of the SPRA program, praised WHO's decision, calling the partnership "a perfect blend of WHO's international abilities and NIH's scientific talent." SPRA is the first WHO research program headquartered outside of Geneva.

"We want to alert policymakers around the world to the fact that the rapid increase in the numbers of older persons and the proportions of the very old (over 85), particularly in developing countries, raises a considerable challenge to public policy. It is a social phenomenon without known precedent," said Litvak. He described cross-national research as an "effective starting point to promote the development of national policies and programs."

Formerly the chief of the health of adults program of the Pan American Health Organization, Litvak said SPRA's primary objectives are research and development, and strengthening national research capability. Four scientific areas have been targeted for research: determinants of healthy aging; age-associated dementias; nutrition and osteoporosis; and age-related changes in immune function.

Current statistics report 416 million people 60 years or older in the world today, with a projected rise to 806 million in the year 2025, or almost 12 percent of the world's population. Seventy-two percent will reside in developing countries.



Dr. Jorge Litvak (l) chief of the World Health Organization's Special Program for Research on Aging, signs a cooperative agreement with Dr. Alfred Grech of the United Nations International Institute on Aging in Malta. SPRA, a new program focusing on international research on the health of older people, is headquartered at NIA.

Part of the research will concern the different approaches to aging in developing and developed nations. Traditional family and community support practices tend to protect the older people in developing nations, Litvak said. But as nations develop, migration of the young, and women entering the workplace result in the disappearance of a support source for many older people.

An advisory committee composed of scientific leaders from around the world has started providing the technical review and direction for SPRA's work, which began in 1987. Cross-national research is expected to begin in 1990, after completion of the initial phase of organization, planning, development of methodologies and research protocols, and identification of participating countries.

In a recent address at the Third International Conference on Longevity and Quality of Life, in Vatican City, Dr. H. Nakajima, the newly elected director-general of WHO, stressed the importance of SPRA and the need to know more about the social dynamics of aging as well as health problems and needs of older people. □

Lecture on Drugs and Teens

The NIH Employee Counseling Services will present a lecture on "Drugs and Teens—A Family Affair," given by Dr. Laura Boldrick, on Wednesday, Mar. 22, in Wilson Hall, Bldg. 1, from noon to 1 p.m.

This is part of the Guest Lecture/Film Series presented by ECS. □

Computerized NIH Phone Book

The Telecommunications Branch, ORS, in collaboration with the NIH Computer Center, now provides an updated-monthly NIH telephone directory that can be accessed free via a computer terminal or a PC and modem. It's easy to find names, phone numbers and addresses (as you would with the white pages) and look at organizational listings (from the green pages). There's even a way to find Computer Center User Directory information, such as people's identifiers for sending/receiving electronic mail (including mail via BITNET).

To access the computerized NIH telephone directory, in the Washington D.C. area, simply dial 492-2221 to connect to WYLBUR. If you are outside the D.C. area, you can use TYMNET to connect to WYLBUR via a local phone number. Call (800) 336-0149 to inquire about the local TYMNET number in your area. Once you have gotten into TYMNET, simply type NIHWWL to connect to WYLBUR. Once connected, type ,GEN1 (a comma followed by GEN1), and then you will be asked for INITIALS and ACCOUNT. In response to the INITIALS? prompt, type the three letters IHN, and for the ACCOUNT? prompt, type the four letters ZPPZ. Using TYMNET, principal investigators and administrators from around the country have access to NIH phone numbers and electronic mail addresses for the price of a local phone call. This service can be especially useful to scientists and administrators at other institutions who need to communicate with NIH personnel.

If you are already a WYLBUR user, the online NIH telephone directory is accessible via WYLBUR's ENTER PHONE command. If you have any questions about using the online phone book, or need some advice about how to get started (for example, help the first time you sign on to the system), contact the Computer Center, (301) 496-2339. □

Retirement Planning Offered

The Recruitment and Employee Benefits Branch, DPM, is offering another Retirement Planning Program for NIH employees on Apr. 10, 11 and 12. A personnel bulletin will be distributed desk-to-desk giving more detailed information. □

Social Work Open House

In observance of Social Work Month, the Clinical Center's Social Work Department will hold an open house on Wednesday, Mar. 22, from 10 a.m. to 3 p.m. in the lobby of Bldg. 10. All are invited. □



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	
Effective Communications	3/28
Working With Personal Differences	4/19
MBTI in Work Groups	
Networking: Silent Politics	4/25
Dealing With Potential Conflict	4/26
Presidential Operations Workshop	5/8
<i>Office Operations Training</i> 496-6211	
Introduction to Working at NIH for New Support Staff	3/20
Delegated Acquisition Training Program	3/06
Travel Orders and Vouchers	3/20
Your Image: Make It Work For You	4/21

Adult Education 496-6211

Training and Development Services 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 a.m.-7:00 p.m.
Friday	8:30 a.m.-4:30 p.m.
Saturday	9:00 a.m.-1:00 p.m.

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NICHD Offers Publication

A publication entitled *Learning Disabilities: Proceedings of the National Conference* is now available for distribution. The proceedings provide extensive up-to-date information on what we know and what we need to know about learning disabilities.

A single free copy may be obtained by writing to: NICHD Publications, P.O. Box 29111, Washington, DC 20040. □

A Night at the Races

Join R&W for an evening of thoroughbred racing at Charles Town Races, Friday, Mar. 31. Package includes bus transportation, clubhouse admission and a braised sirloin tip dinner in the luxurious Skyline Terrace, where you can view the entire racing card from your table. Cost for the evening is \$31. Bus will leave NIH Bldg. 31C at 4:45 p.m. Make your reservations at the R&W Activities Desk, 496-4600. Payment required upon reservation. Bus trip will be nonsmoking. □

Ada Hruska Dies, Longtime CC Nurse

Ada Ruthellen Hruska, a nurse analyst with the Clinical Center's information systems department, died Jan. 23 at NIH. She was 63 years of age.

She graduated from Frederick High School in 1941 and received a bachelor's degree in nursing from the University of Maryland in 1947. In 1951, she joined the Army Nurse Corps and was stationed in Fort Atterbury, Ind., for 2 years where she met her husband, James Kenneth.

Hruska began work as a clinical nurse in the nursing department at NIH in 1953. Later, she served as night supervisor and then as head nurse with the Cancer Nursing Service on 12 West and 13 East. In December 1977, she joined the professional support section of the information systems department where she remained until her retirement. During her 34 years in government service, she not only witnessed the expansion of NIH from a small campus to a huge complex, but she also participated in the Clinical Center's transition to a computerized medical information system.

Hruska was a mentor to many nurses, sharing her professional skills and spirit. Her love of life was reflected in her devotion to her family and her loyalty to her colleagues. She was loved for her sense of humor, praised for her dedication and admired for her enduring strength.

In addition to her husband, she is survived by a son, John Christian of Damascus; two daughters, Suellen Therese Thompson of Mount Airy and Melinda Ann Martin of New Market; her father, William W. Bell of Damascus; three brothers, Richard G. Hines of South Carolina and Donald W. and John W. Bell, both of Frederick; two sisters, Mary Delores Neal and B. Rosalyn Bowman, both



Ada R. Hruska

of Damascus; a grandson, James Robert Bruchie; and two step-grandchildren, Misty and Patrick Thompson.

A memorial service was held in the Clinical Center chapel and donations to the Children's Inn have been sent in her honor.

Yellowstone Slide Show

The NIH Cammera Club will present a musical slide show of creative photography from scenes taken on its recent winter excursion to Yellowstone and the Grand Tetons. The 45-minute program will be held in Wilson Hall, Bldg., 1, Mar. 10 at 12 noon.

Contact John Boretos, 460-8448, or Richard Sprott, 496-4996, for additional information. □



Working behind the scenes to work out policy and management of the Children's Inn at NIH are boardmembers belonging to the nonprofit Children's Inn at NIH Inc. Seated are (from l) George Russell, Cindy White, Peggy Pizzo (chairman), Cal Baldwin, Buffie Brownstein. Standing are (from l) Andrew Tartler, Randy Schools, Mary Lou Andersen, Donna Wilson, Bob Slevin, Kathy Russell, Lori Wiener, Yvonne Soghomonian, Judi Jourabchi and Arthur McKey.

First Fogarty Scholar Revisits NIH from Israel

By Jim Bryant

The first Fogarty International Center scholar-in-residence revisited NIH recently, almost 20 years after his tenure here, and was awarded a Scholar's Medal.

Dr. Uriel Littauer, chairman of the department of neurobiology at the Weizmann Institute of Science in Israel, came to NIH in January to visit his friend and former mentor, Dr. Marshall Nirenberg, chief of the Laboratory of Biochemical Genetics at the National Heart, Lung, and Blood Institute. Littauer worked in Nirenberg's laboratory at NHLBI from October 1969 to September 1970.

Taking advantage of Littauer's presence at NIH, Dr. Philip Schambra, FIC director, and Dr. Jack Schmidt, chief of the Scholars-in-Residence Program, presented him with a bronze Scholar Medal engraved with his name and the dates of his tenure as a scholar. The tradition of Scholars Medals was initiated several years after Littauer left NIH.

How did Littauer become the first Fogarty scholar? "The program was just getting started, and I thought Uri would be perfect for it," Nirenberg explained. "We had known each other for a long time, and I thought we could learn from him while he learned some of our techniques at NIH."

The experiment was highly successful. "Uri set high standards for those who came later," Nirenberg said. "He worked all day in the lab and at night he wrote 14 papers while he was here. He was tremendously productive."

Being at NIH was also valuable to Littauer. "At the time, genetics was being introduced into molecular biology," he explained. "It was my introduction to neurobiology. I learned a great deal from Marshall and his staff, and out of that I established a new department of neurobiology at the Weizmann Institute on my return."

By the time Littauer completed his term,



Dr. Philip E. Schambra, director, FIC (r), with Dr. Uriel Littauer, the first Fogarty scholar-in-residence. There have been more than 160 scientists who have followed in Littauer's footsteps over the years.

three more scientists had been named scholars at the FIC and were at work here.

Since then, the Scholars-in-Residence Program has become an important scientific resource. More than 160 eminent scientists from 24 foreign countries and the U.S. have been invited to NIH for up to a year to conduct research and to share their knowledge with the scientific community. They were nominated by NIH intramural scientists or former scholars.

Their disciplines have covered the full range of biomedical sciences and medical specialties relevant to NIH research programs. During their stay, scholars have introduced new ideas and approaches, published widely and organized workshops in their fields of expertise. Several key scientific advances, notably in the fields of biochemistry and molecular biology, are attributable to this program. □

Volunteers Needed

Healthy boys and girls, 6-14 years old, with no history of seizures or learning disabilities, are needed for a paid NIMH study of factors in attention skills. Please call Mrs. Elliott, 496-7672, between 9 a.m. and 4:30 p.m. □

Good Pay, No Pain

Women and men (ages 23-45) with less than 4 years of college are needed to participate in a neuropsychological study at NIMH. No painful procedures involved. All volunteers are paid well for their time. For more information please contact Michelle Carlson or Lucene Wisniewski, 496-7674, between 9 a.m. and 1 p.m. Monday-Friday. □

Symposium To Honor Harry Saroff

NIDDK scientist emeritus Dr. Harry Saroff is celebrating his 75th birthday on Mar. 8. In his honor, NIDDK colleagues are sponsoring a symposium, "The Physical Chemistry of Proteins: 75 Years of Research," to be held on Wednesday, Mar. 8, from 8:45 a.m. until 12:15 p.m. in Bldg. 31C, Conf. Rm. 10.

The symposium will review the evolution, current developments and future directions of protein research. Speakers include J.T. Edsall, Harvard University; H.A. Scheraga, Cornell University; R.F. Steiner, University of Maryland, Baltimore County; and I.M. Klotz, Northwestern University. □



Clinical Center pediatric patients (Shayla, top, and from l to r, James, Joshua and Patrick below) received a special treat on Valentine's Day, compliments of the R&W and Tyson's Hallmark. R&W donated 65 Valentine balloons and Tyson's Hallmark contributed teddy bears for all.



Herpes Support Group Starts

A support group for people with genital herpes will begin at NIH on Mar. 14. Meetings will be held from 7:45 to 9:15 p.m. on the second and fourth Tuesdays of each month at the Clinical Center, Bldg. 10, 11th floor solarium. All meetings are free and confidential.

The new support group is sponsored by HELP of Washington, the local chapter of the Herpes Resource Center. The purpose of HELP is to provide accurate information on herpes and to enable people to deal with the emotional problems that often accompany its diagnosis. For additional information call 369-1323. □