

The NIH Record

A Boon to Collaboration

Research Day '89 Continues Tradition of Success

By Rich McManus and Anne Barber

Though it is tempting to call the third annual NIH Research Day a success based simply on attendance and enthusiasm, the best gauge would be to wait a year or two to see whether any fruitful collaborations result from the interactions that took place.

"I've started collaborations with others on campus myself as a result of Research Day," said Dr. Alan N. Schechter of NIDDK, who chaired the event's organizing committee. "That (cross-fertilization), more than anything else, is the reason for holding it."

"This is clearly a day where you'll be a schizophrenic about where you want to be—often three places at once," noted Dr. Joseph E. Rall, NIH deputy director for intramural research and, according to Schechter, the "guiding spirit" of all three Research Days. Rall and Dr. Abner L. Notkins, intramural research director at NIDR, started the habit of holding such a day. Said Rall, it has "already become an NIH tradition."

Beginning at 8:30 a.m. and lasting until after dark on Sept. 26, the day included four major symposia in the Clinical Center, 32 workshops scattered throughout the campus and a poster session featuring some 340 separate presentations.

(See **RESEARCH DAY, Page 6**)

Classes Encourage Quitting

Smoking Nearly Stubbed Out at NIH

By Anne Barber

"A resounding success," says Dr. John T. Kalberer discussing NIH's smoke-free program, in place for the past 2 years. Kalberer serves as the NIH coordinator for disease prevention and health promotion. He indicated the NIH program was initiated before the departmental program because of the efforts of former director Dr. James B. Wyngaarden.

In a memorandum to all employees dated June 12, 1989, the new DHHS secretary Dr. Louis W. Sullivan, said: "The employees of the DHHS deserve to work in the healthiest environment possible."

The policy established by former Secretary Otis T. Bowen requiring a smoke-free environment in all HHS building space, "is fully consistent with my strong interest in health promotion and disease prevention and has my complete support," stated secretary Sullivan.

Sullivan also emphasized that any employee who would like to quit smoking should have

(See **SMOKING, Page 2**)



Dr. Alan N. Schechter of NIDDK, who chaired the organizing committee for Research Day, shares a moment with colleague Dr. Elizabeth Neufeld. The committee gratefully acknowledged the NIH R&W and the Technical Sales Association (sponsor of a technology exhibit at NIH Sept. 28-29) for their help in making the day a success.

Good News Spread to Congress

Early Treatment Saves Sickle Cell Babies

By Carla Garnett

It may not be the gospel, but for the quarter million infants born worldwide each year with sickle cell disease, it is good news just the same.

"We can now save the lives of babies," reported Dr. Marilyn Gaston, deputy director of NHLBI's Sickle Cell Disease Branch. "We don't have a cure yet, but we can impact significantly on mortality in the first 3 years of life."

According to Gaston, who recently shared her good news with Congress at the second Medicine for the Layman on the Hill lecture, the number one cause of death in the past has been infection. This infection, caused by an organism known as *Streptococcus pneumoniae*, takes the lives of 30 to 40 percent of the babies who contract it.

"There are a couple of important things to know about this deadly infection that complicates sickle cell disorder," said Gaston. "The first thing to remember is that the infection is fulminant. It moves very fast. It can go from the onset of fever, from the moment a parent notices fever in the baby, to death in less than 9 hours. Therefore it must be prevented since

it is so difficult to treat.

"The second thing to remember," she cautioned, "is that any fever may be the first sign of the overwhelming infection."

In addition, she continued, if the baby has not been tested at birth, this infection may be the first indication of sickle cell disease for both physician and parent. In fact, in the past some babies were misdiagnosed as SIDS (Sudden Infant Death Syndrome) when they really had undiagnosed sickle cell anemia and overwhelming infection.

"Since the infection can occur so early and can be so fulminant, testing and diagnosis at birth is essential," Gaston stressed. "Prevention is the key. We can treat the infection if we know who to treat, if we know which children to watch."

Prevention of the infection includes a regimen of daily prophylactic penicillin. Gaston led a group of investigators nationwide that documented the efficacy of prophylactic penicillin in reducing the infection rate by 84 percent.

Penicillin alone, however, is not a panacea;

(See **SICKLE CELL, Page 8**)

SMOKING

(Continued from Page 1)

access to a smoking cessation program.

"And that," says Kalberer, "is what my office is doing. We hope to offer smoking cessation classes again in October and November."

There were two classes held early this summer; approximately 20 persons attended each one. Almost half of the participants had previously attended several programs and really wanted to make the break from smoking.

Kalberer, never a smoker except for the occasional cigar or pipe, attended cessation classes to get an understanding — beyond the scientific data — of how difficult it is to rid oneself of this addiction and how addictive nicotine really is.

"Getting rid of any habit is tough," admits Kalberer. "But studies show that you can get addicted to nicotine faster than cocaine and heroin."

The 1989 Surgeon General's Report, "Reducing the Health Consequences of Smoking: 25 Years of Progress," states that smoking is responsible for more than 1 of every 6 deaths in the United States. It remains the single most important preventable cause of death in our society.

The prevalence of smoking remains higher among blacks, blue-collar workers and less educated persons than in the overall population, the report continues. The decline in smoking has been substantially weaker among women than among men.

Since 1964, almost half of all living Americans who ever smoked have quit. Smoking age, the age when smoking primarily begins, has fallen over time, particularly among females.

"Perhaps this is because of cigarette advertising, especially the ones by Virginia Slims depicting women smokers in the work force as being the front running women," Kalberer said. "Unfortunately, too many women believe this rubbish."

"Because of this," he continues, "lung cancer has increased over the years and now supercedes the incidence of breast cancer among women."

Kalberer stated that too often people equate cigarette smoking with lung cancer only, when actually it is responsible for cancers at many sites such as the larynx, oral cavity and esophagus, and has been shown to be a contributory factor for cancers of the bladder, kidney, pancreas, stomach and uterine cervix.

Kalberer indicated there have been relatively few long-term longitudinal studies since the original work done in the 1960's and 1970's linking smoking with lung cancer, but that a recent prospective American Cancer Society study, among others, has allowed experts to

estimate that cigarette smoking accounts for 21 percent of all coronary heart disease deaths, 30 percent of all cancer deaths, and 82 percent of all chronic obstructive pulmonary disease deaths, including chronic bronchitis, emphysema and pneumonia. Smoking is also implicated in increased risk for stroke.

Future smoking cessation courses will be offered in some off-campus buildings, including Federal, Westwood and Executive Plaza, as well as on campus.

"It is conceivable that we will have individual followup, which has been requested by earlier participants of the cessation courses," says Kalberer.

"Perhaps we need to hold 'alumni meetings' both for those successful and those not. They can get together and exchange information on what pressures caused them to go back to smoking, techniques used to break the habit and what substitutions were used in helping to kick the habit. It would be like an Alcoholics Anonymous or Weight-watchers support group," he continued.

"As everyone at NIH knows, we went to a smoke-free policy in September 1987," says Kalberer. "However, there are still some PHS agencies that maintain smoking areas indoors. They are still working to obtain a total smoke-free work place."

The NIH smoking cessation program has been a model for many other government programs, most recently the Veterans Administration and the Federal Bureau of Prisons.

Before initiating the smoke-free program, NIH did a phone survey with representation from all groups on campus — stay-in-schools, wage-grade workers, Senior Executive Service members, Commissioned Corps officers, civil service workers, and staff fellows. The result: approximately 22 percent of the employees were smokers, which was considerably less than the percentage of smokers in the overall population of the United States, which at that time was 30 percent.

"NIH dropped to 18 percent 1 year later," says Kalberer. "Now the assumption is that we are much lower, possibly less than 15 percent."

The survey also showed 88.5 percent of NIH's population in favor of the no-smoking policy.

The highest quit rates were found among the GS-13/16 levels, medical staff fellows and GS grades 6/12. Wage-grade employees had the lowest quit rate level.

"There is also a very small percentage of wage-grade employees that have taken advantage of the smoking cessation program, even though it is paid for by the government," states Kalberer.

There are many things still left to be done in order to reach a smoke-free goal, according

to Kalberer. Some people still lapse occasionally and smoke in their offices or inside buildings. But, overall, once they are approached, they cease immediately. "With a few exceptions, this has worked extremely well," he says.

One continuing problem people have complained about is walking through smoke to get inside buildings. There have been further complaints that smokers block the entrances to buildings.

"It is an embarrassing situation when we bring guests from other countries such as heads of state and other high officials to tour the Clinical Center and congregated in front of the building entrance are smokers, including workers, visitors and sometimes patients," Kalberer said.

"They have a right to smoke outside," he emphasizes. "While it doesn't look good, we are open to an alternative approach. But in the meantime, we encourage patience, understanding and consideration from all concerned."

"Even though there are still some wrinkles that need to be worked out of the program," says Kalberer, "NIH's smoke-free policy has been a tremendous success." □

The NIH Record

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*Eat, Drink and Die Early?***Animals Fed Low Calorie Diets Live Longer, Healthier**

By Karen McCrory Pocinki

According to a popular maxim, "You are what you eat." In the future we may have to add, "You are how much you eat."

Researchers have found that animals allowed to eat as much food as they want are not as healthy and do not live as long as those whose diet is restricted in calories but formulated carefully to guard against malnutrition. A nutritionally superior diet is achieved by substantially cutting calories while maintaining adequate amounts of vitamins, minerals and protein to ensure proper nutrition. For example, animals on a restricted diet eat from 20 to 60 percent fewer calories than those on an unrestricted diet.

To date, caloric intake reduction is the only intervention that has been shown consistently to extend life span. But how does it work? And might it also work in humans?

Investigators who attended a recent conference, organized by Dr. Richard Weindruch of the biomedical research and clinical medicine program of the National Institute on Aging, shared their research findings and discussed a number of theories that might explain how caloric reduction works. The 3-day meeting was cosponsored by the NIA, NCI, USDA-Tufts Human Nutrition Research Center on Aging, the Glenn Foundation for Medical Research and the Alliance for Aging Research.

Participants explored the possible molecular and cellular processes by which caloric reduction retards late-life diseases and age-related functional decline while extending life span. In particular, they examined cancer and kidney disease—two common late-life rodent diseases sensitive to the effects of dietary restriction—to learn whether they might be suitable models for the effects of caloric intake reduction in humans.

Restricting caloric intake without causing a deficiency in essential nutrients appears to slow the rate of aging and extend greatly the maximum life span in rodents. Caloric intake reduction also delays the onset of most age-associated diseases or slows their progression. For example, mice fed reduced calorie diets develop strikingly fewer tumors than those whose diet is not restricted. Moreover, tumors that develop in animals on a low calorie diet occur much later in life than those that develop in animals fed an unrestricted diet. In addition, researchers have found that kidney disease in rats is forestalled by dietary restriction.

The results of these studies are the same regardless of the food source restricted (whether it is fat, protein, carbohydrates or

some combination), as long as malnutrition is avoided. Therefore, researchers believe that the beneficial effects of dietary restriction are due to a reduction of calories rather than to the elimination of a specific nutrient or toxic contamination in the diet.

These and other findings are beginning to provide scientists with a better understanding of the beneficial effects of low calorie diets on aging and disease processes. Future research will focus more precisely on how caloric restriction retards aging and age-associated disease in animals studied to date, on whether appropriately low calorie diets can slow aging and prevent disease in other animals in a fashion similar to the effects in rodents, on what optimal caloric intake should be, and on whether all of this information will translate into recommendations that can be made to improve the health of humans.

According to Weindruch, caloric intake reduction is an exciting and important field of aging research. It may offer clues to the processes that start, promote and retard aging. An understanding of the mechanisms that retard aging processes may help us develop effective interventions in human aging. □

1990's Will Be Brain Decade

A new law, passed by the Congress and signed by President Bush late this summer, has declared the 1990's the "Decade of the Brain."

Strongly supported by the National Institute of Neurological Disorders and Stroke, the decade is a recognition of the exploding research potential of the basic and clinical neurosciences and their impact on the prevention and treatment of disorders of the brain.

Molecular genetics techniques show high promise in preventing or treating Huntington's disease, the muscular dystrophies, and other life-threatening nervous system disorders. Technologies like positron emission tomography are aiding neurosciences in mapping the brain's biochemical circuitry, revealing possible therapeutic pathways. And new knowledge of nerve cell metabolism is clearing the way for restored function in head and spinal cord injury patients.

In the coming Decade of the Brain, scientists capitalizing on such opportunities are expected to develop major advances against the neurological diseases that now affect nearly 50 million Americans.

A presidential proclamation of the decade—inviting the participation of the public, voluntary health agencies, the research community and government at all levels—is expected to be signed this fall. □

Regulation of Cellular Differentiation Is Topic of 1989 Stetten Lecture

Each of us starts as a single cell that divides again and again to form various tissues and organs. But just how a developing cell can produce progeny that differ from one another, both structurally and functionally, remains one of the central questions in biology.

With nearly 20 years of support from the National Institute of General Medical Sciences, Dr. Lucy Shapiro, professor and chairman of the department of developmental biology at Stanford University School of Medicine, has made significant progress toward understanding this aspect of development. Using the bacterium *Caulobacter crescentus* as a model system, Shapiro has examined many of the mechanisms controlling the timing of gene expression and the spatial organization of gene products. She has determined how these processes give rise to the asymmetry in the predivisional cell that leads to differences in the cell's progeny.

Shapiro will discuss her research at the DeWitt Stetten, Jr. Lecture on Wednesday, Oct. 18. The lecture, entitled "The Control of Timing and Spatial Organization During Cellular Differentiation," will be held in Masur Auditorium starting at 3:30 p.m.



Dr. Lucy Shapiro of Stanford University will present the DeWitt Stetten, Jr. Lecture on Oct. 18.

The event, which is sponsored by NIGMS, honors Dr. DeWitt Stetten, Jr., the third director of the institute, for his strong commitment to basic research and his special encouragement of fundamental studies in genetics and cellular and molecular biology.

1492-1992

NIH To Join in Celebration Honoring Christopher Columbus

By Jim Bryant

The Christopher Columbus medical sciences committee of NIH is planning a series of international events to commemorate the 500th anniversary of one of the most important events in world history: Columbus' epic first voyage from Spain to the "New World" in 1492.

The committee, chaired by Dr. George J. Galasso, NIH associate director for extramural affairs, is working with similar committees in Italy and Spain to sponsor events in 1990, 1991 and 1992 to honor Columbus and the age of exploration he started 500 years ago.

Columbus' journeys to what became known as the New World were the key events in a vast exploration by European nations. From that time on, the modern world came swiftly into being as ships, people, ideas, goods and all manner of living things passed back and forth across the Atlantic. Eventually, the communications network that Columbus started reached across all the oceans and continents of the world.

In commemoration of the event's quinquennial, programs will be held by communities, organizations and institutions in the United States and Europe. A special Columbus quinquennial jubilee commission was established by the U.S. Congress in 1984 to organize and oversee the special programs. Similar committees have been organized in many nations.

The Christopher Columbus medical sciences committee was established at NIH last year to organize a number of activities celebrating the quinquennial. The committee, with its Italian and Spanish counterparts, is planning four types of events: scientific symposia in Spain, the United States, and Italy; special prizes for excellence in biomedical research honoring outstanding achievers in science; a commemorative book, *Discovering New Worlds in Medicine*; and a major exhibit, to be shown in the U.S. and Italy.

"Columbus was truly a remarkable individual, the discoverer of the New World, yet we know very little about the man," Galasso said. "Many of us have a perception only of someone who believed the world was round, contrary to world opinion, and set out to prove it. There were many influential people of the time who believed in the round-world theory, and believed that the Orient could be reached by sailing west. However, some had tried and failed. Columbus' major contribution lies with his great talent as a navigator.

"The Columbus quinquennial will offer us the opportunity to learn a great deal about the man and the 'Columbian Exchange.' The New

World provided many items to the Old World, such as food (including corn, potatoes, tomatoes, beans, peanuts, etc.) and raw materials (such as rubber). Unfortunately, there was also the interesting exchange of smallpox and syphilis and other deadly diseases.

"Our committee will work collaboratively with comparable committees in Italy, Spain, and also Portugal, the three important countries in Columbus' life. He was born in Genoa, Italy, where he first learned the seafaring trade. He profited from the navigational maps developed by Henry the Navigator of Portugal, and was sponsored by Spain."

International Symposia

The three scientific symposia are being planned by a subcommittee cochaired by Galasso and Dr. Antonia C. Novello, NICHD deputy director, together with counterparts in Italy and Spain.

The first symposium, "Infectious Diseases: Yesterday, Today, and Tomorrow," is scheduled for 1990 in Madrid and will emphasize the historical development of understanding infectious disease transmission, including the diseases that were exchanged during the discovery of America.

The second symposium will be a 3-day meeting in Washington, D.C., in 1991 entitled "Aging—the Quality of Life." It will encompass problems of the aged such as heart disease, cancer, inadequate nutrition, arthritis

and mental health.

The final symposium, in 1992, will be held in Genoa, Italy, and will focus on high technology and the future of biomedical science. Organizers hope that scientists from many nations will participate in all three symposia.

Excellence Awards

In conjunction with the symposia, the NIH committee is preparing a series of Christopher Columbus Prizes for Excellence in Biomedical Research, to be presented at the three conferences to outstanding scientific achievers. The awards subcommittee, cochaired by Drs. James C. Hill, NIAID deputy director, and Maryann Roper, NCI deputy director, will give prizes for excellence in research in the area of infectious diseases in conjunction with the Spain meeting in 1990.

Prizes will be awarded for excellence in research in any area of biomedical science in conjunction with the 1991 meeting in Washington. A final awards ceremony will be held at the 1992 meeting in Italy.

Recipients will be selected by a committee comprised of eminent scientists designated by each of the three national Columbus biomedical sciences committees. There will be no restrictions related to citizenship or national origin for recipients of the prizes. Nominations for the prizes will be solicited through mailings to national and international research societies and research organizations and



The Christopher Columbus medical sciences committee of NIH was established in 1988 to organize activities commemorating the quinquennial of Columbus' historic voyage to the New World. Committee members include (seated, from l) Dr. Emanuele Mammario, scientific attache, Embassy of Italy; Dr. Katherine Bick, NIH deputy director for extramural research; Dr. George Galasso, NIH associate director for extramural affairs; and James Bryant, FIC public affairs officer. Standing are (from l) Dr. Ruth Hegyeli, NHLBI associate director for international programs; Dr. Antonia Novello, NICHD deputy director; Sue Obata, executive secretary, Office of Extramural Research; Dr. Maryann Roper, NCI deputy director; and Dr. James Hill, NIAID deputy director.

through advertisements in major scientific journals.

Book on Health

A special commemorative book, *Discovering New Worlds in Medicine*, is in preparation by Italian editor Alberto Marmont of Genoa and U.S. editor Dr. Ruth J. Hegyeli, NHLBI associate director for international programs, who chairs the publications subcommittee.

Prominent Italian and American scientists will write different sections of the book, which is to be published in English, Italian and Spanish in 1991 and be available for the celebration the following year. Themes will cover health 500 years ago, major developments over the past 500 years and prospects for the future.

U.S. Exhibit

A major exhibit is planned for Washington by the exhibitions subcommittee, chaired by Dr. Katherine L. Bick, NIH deputy director for extramural research. Currently being considered is an exhibit developed by NIH's Italian colleagues at the Institute and Museum of the History of Science in Florence. Most of the creative work is being carried out by professor Pietro Corsi of the University of Cassino, who is also on the faculty at Harvard University.

Shown recently at the Belvedere Fortress in Florence, "La Fabbrica del Pensiero," or "The Mill of Thought" deals with the art of memory and the history of research on the human brain. The exhibit is also scheduled to be shown in Paris. The site for the U.S. showing is under discussion.

"The NIH should make some contribution to the celebration of the Columbus quinqucentenary," Galasso said. "We hope that all the BIDs will participate in this effort. One of the reasons we selected 'Aging: The Quality of Life' as the topic for the U.S. conference is that it offers an all-inclusive subject."

For further information on the committee's activities, please contact Galasso, 496-5356. □

Paid Volunteers Needed To Test New Herpes Vaccine

Researchers at NIH are testing a new recombinant glycoprotein vaccine against herpes simplex virus. People who have never had either oral or genital herpes are sought. Participants will receive three vaccinations in the arm, 1 month apart, and will be followed in the clinic for examinations and blood-drawing on several occasions during the course of 1 year. Payment for participation will be approximately \$245. Interested, healthy, heterosexual people, ages 18-35, call 496-1836 for more information. □

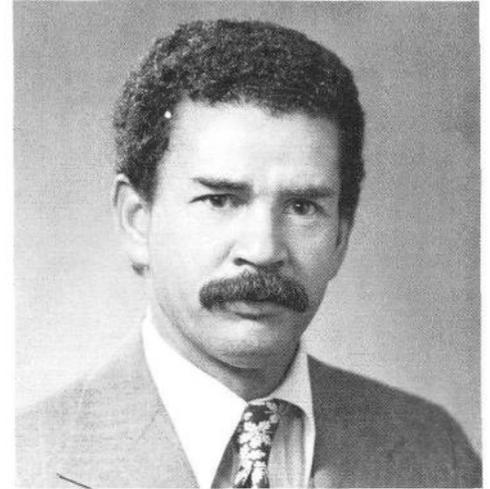
René Named Assistant Director for Referral and Liaison

Dr. Anthony René has been named to fill a newly created position, assistant director for referral and liaison, at the National Institute of General Medical Sciences. Prior to this appointment, he was chief of the NIGMS Office of Review Activities.

In his new position, René is responsible for examining research training and program project grant applications assigned to NIGMS, as well as applications for certain fellowships and research support grants that fall within the purview of the institute's Minority Access to Research Careers (MARC) and Minority Biomedical Research Support (MBRS) programs, to determine the proper assignment of these grants to an NIGMS initial review group. In the case of the MARC and MBRS programs, he also determines whether the applications could be referred to other components of NIH or the Alcohol, Drug Abuse, and Mental Health Administration for possible cofunding.

In addition to his role in the referral of grant applications, René develops and implements special efforts to increase the representation of minorities in biomedical research. This includes working with academic institutions to facilitate the development of successful minority recruitment mechanisms for institutional research training programs, and stimulating participation among NIGMS grantees in the NIH initiative that provides supplements to support minorities on research grants.

NIGMS director Dr. Ruth L. Kirschstein notes that "with his many years of experience



Dr. Anthony René

at NIH, his broad knowledge of NIH programs, and his dedication to peer review, René is ideally suited to assume this new and very important responsibility." For his part, René especially looks forward to the daily interactions he will have with extramural scientists and NIH administrators.

René has been at NIH for the past 16 years. Following a year in the grants associates program, he joined NHLBI in 1974 as a health scientist administrator. In 1979, René came to NIGMS as an executive secretary in the Office of Review Activities. He became chief of that office in 1980. □



Dr. Sheldon G. Cohen (r) of NIAID recently received a Special Recognition Award from Dr. Allen P. Kaplan, president of the American Academy of Allergy and Immunology, at the academy's annual meeting. The award cited "his many years of service dedicated to the Academy and to the field of allergy and immunology." Cohen is the former director of the NIAID Immunology, Allergic and Immunologic Diseases Program. Presently he holds the position of scientific advisor to the Office of the Director, Division of Intramural Research, NIAID.

Hopkins Presents Science Lectures

Johns Hopkins University's school of continuing studies is sponsoring three lectures this fall in its "Science for the 21st Century" series. The free talks will be held at 7:30 p.m. at the university's Montgomery County Center on Medical Center Dr. in Shady Grove.

On Oct. 5, Dr. Steven Stanley, professor of Earth and planetary sciences at Hopkins, will present "Life, Death, and Dinosaurs."

"Human Evolution: Footprints for the Future," will be given by Dr. Alan C. Walker, professor of cell biology and anatomy at Hopkins medical school, on Nov. 9.

Dr. Arthur Molella, chairman of the department of history of science and technology at the Smithsonian Institutions, will speak Dec. 7 on "Remembrance of Futures Past: Science and Technology in Modern Times."

For more information about the series, call 294-7040. □

RESEARCH DAY

(Continued from Page 1)

rate descriptions of intramural research.

"This is a day for the scientists here to get to know one another," said Rall. Judging from the attendance, there must be many new friends on campus.

"It's going superbly well," observed Schechter at midday as the sun finally broke through leaden morning skies. "The main variable each year is the weather. Last week we were worried about (hurricane) Hugo. But we lucked out today. It would be really good to have a long-range weather forecaster who could help us plan a year in advance."

Ducking in and out of symposia all morning, Schechter reported that all events were well attended.

"The average workshop drew about 30 or 40 participants," he said. "Masur auditorium



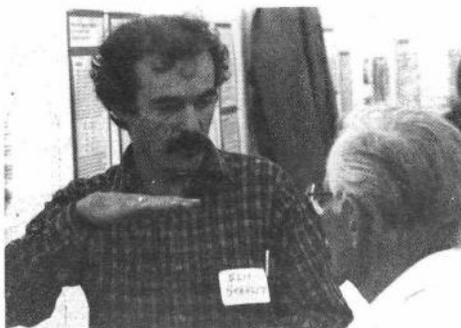
Dr. Albert J. Fornace Jr. (l) of NCI explains his poster on DNA damage inducible genes in mammalian cells.

was about half full at the height of the program and there was standing room only most of the morning in Lipsett Amphitheater. That's about 300 people at each location. I think that shows there's an interest and a need for this kind of event."

Schechter emphasized that the poster displays in two large tents adjoining the west side of the CC were "not only for postdoctoral fellows, but also for senior scientists. Sometimes a scientist can find some new piece of information at a poster session that will speed his or her work up by half a year or more," he said.

Rall noted that the most popular subject for posters was neurobiology, with 58 entries. Hard on its heels was molecular genetics, with 56. Recalling that former NIH director Dr. James Wyngaarden used to lament the decline of the clinical investigator, Rall reported that the field is "not extinct—there are 42 posters on clinical investigation."

Only 4 posters were shown in the field of developmental biology while the disease AIDS drew 16 reports. Perhaps the most intriguing



Dr. Elis F. Stanley of NINDS gestures while explaining his poster on chick giant synase to an onlooker.

title of all belonged to NCI's Emily Shacter—"Parking and Madness at the NIH"—which was entered, inexplicably, in the cell biology category.

Her poster noted facts, provided by NIH parking chief Tom Brightwell, about the parking situation here, including that there are only 8,700 parking spaces for more than 13,000 employees and visitors. The reason for making the poster? "To get more parking," she said. "I don't want to offend anybody, I just want to park. I don't want to waste time driving around."

Shacter's poster included a petition that people signed to support the cause. By 1:55 p.m., she had more than 300 signatures. "I will present the petition to NIH's parking committee. We need a massive response to get people to take notice."

Shacter said the space was given to her by the Research Day committee, which assigned it a place next to her other poster on "Mechanisms of induction of DNA damage by activated neutrophils," which she showed with colleague Rosa Lopez; the two work in NCI's Laboratory of Genetics.

Visitors to the Research Day tents had varying perceptions of what they encountered.

"It's like a fair, a scientific fair," said Dr. Nicholas Manolios, a visiting scientist from Australia who has been working in NICHD's Cell Biology and Metabolism Branch. Having been at NIH for just 9 months, he is not familiar with the kind of research that goes on here, he said.

"This has been great for me. The symposia I attended were of high quality and very in-depth. This just proves that NIH is at the forefront and cutting edge of research," Manolios said.

"The posters covered a wide variety of very interesting fields and the scientists here are open, nice and always seem to have a moment to talk to you even if they are busy," he added.

This was Dr. Satoshi Kotake's second visit to Research Day; he is a visiting fellow from

Japan and works in NEI's Laboratory of Immunology.

"This is even better than last year," he said. "There are many interesting posters here. It is a great idea to have Research Day."

Also viewing the poster session was Janet Smith of the Office of Intramural Affairs, OD. "I just wanted to see how many of the postdoctorates that we work with contributed to the poster session. Also put some faces together with names," she said.

Dr. Jung-Hwa Tao-Cheng of NINDS's Laboratory of Neurobiology said this was the second time she and her colleagues had presented a poster at NIH Research Day.

"I had quite a few interesting discussions about my poster," she said.

Brandon Carmody, a lab technician in FDA's Center for Biological Evaluation Research, was perusing the posters, especially the ones from his area. He was particularly



Dr. E.J. Blanchette-Mackie of NIDDK points out details on her poster to a guest whose expression suggests skepticism.

Photos: Rich McManus



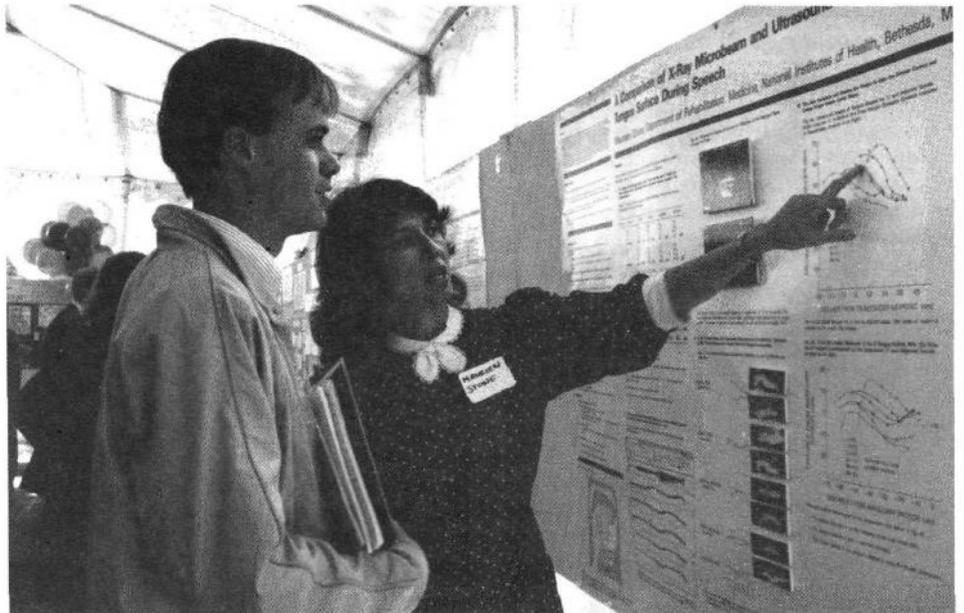
Dr. Smita Kittur (l) of the Gerontology Research Center looks at a poster on Alzheimer's disease that she shared with guests.

interested in the clinical posters because he hopes to go to medical school next year at Chapel Hill, N.C.

"There's a lot of information here that is beyond me," he admitted. A graduate of Elon College in North Carolina, Carmody, 25, worked with AIDS patients at Sibley Hospital before joining FDA. His next stop was the AIDS poster section.

Dr. Kathy Madden, a National Research Council associate in the Laboratory of Neurophysiology, NINDS, displayed a poster, along with four of her colleagues, for the first time at Research Day. At NIH for the past year and a half, Madden thinks this is a good forum that encourages interaction between scientists in the intramural programs.

"I've had very interesting conversations, useful suggestions and encouragement from respected colleagues," she said. "This is also a good way to identify faces, put names with



Dr. Maureen Stone of the department of rehabilitation medicine, CC, discusses her poster with an attendee.

Photo: Carla Garnett



Dr. Ester Pascale (l) of NIDDK answers a question put to her by a pen-chewing Dr. Maxine Singer; the two were neighbors in the molecular genetics section of the tent.



ater, NIA, in Baltimore, had two posters on

research and talk to others about what they are doing."

Dr. Richard Bertrand, a research fellow from Montreal, Canada, has been at NIH for only 2 months working in NCI's Laboratory of Molecular Pharmacology.

"There is a lot of information being presented today. This morning's workshops were overwhelming. There is just so much going on."

Dr. Andre Buonanno, a visiting associate in NICHD's Laboratory of Developmental Neurobiology, was very busy taking notes at a poster. His comments: "This is tremendous. It brings together the important things that go on at NIH." His only suggestion would be "to leave the posters up longer."

There was a gentleman standing at one of the posters who had traveled all the way from Toledo, Ohio. The main reason, he stated, was that his son was participating. "It is fun for me to see all the work being done here at NIH where the people are so dedicated and receive little pay."

There were others besides NIH'ers attending Research Day. Fourteen high school students, along with their science teacher, from Montgomery Blair High School in Silver Spring spent the day here.

"We are part of the magnet program and are studying research and experimentation, including technical writing," said Wendy Madigosky, 16, a junior. "We attended the symposium this morning and, while some

things were over my head, many speakers gave background information and followed a set path of information. The poster session has been a big help in seeing different ways of doing a presentation. This all was very important because next year we will be doing a senior science project."

Also displaying their talents and services this year were representatives of research facilities at NIH, including the National Library of Medicine, the Division of Computer Research and Technology and the Division of Research Services.

As the shadows lengthened on what turned out to be a beautiful, breezy, cool day, dinner was offered in the vicinity of the tents and the band Street Life entertained a large crowd that spilled over onto the lawn across Convent Drive.

Revenues from the meals offered during the day totaled \$15,000, which was donated to the Children's Inn at NIH. Leftover food—enough for some 700 meals—was given to a shelter for homeless people.

"It's not a bad day's work when you can raise that much money and feed the hungry as well," said Tom Flavin, head of the special events committee that helped organize the day.

Perhaps by the fourth annual NIH Research Day next September it will be possible to determine whether Research Day '89 was truly a success. □

SICKLE CELL*(Continued from Page 1)*

it must be coupled with early diagnosis and comprehensive care, which includes education and counseling of parents as well as close monitoring of compliance with the penicillin regimen and other preventive aspects such as the pneumococcal vaccine and other vaccinations.

"In the sickle cell community," said Gaston, "we've known for some time that diagnosis at birth is important in this illness."

Gaining widespread acceptance of neonatal testing for sickle cell disease, however, has seemed like an uphill battle. Misconceptions about sickle cell disease, a genetic blood disorder, have added steepness to the climb.

Common misconceptions have included the beliefs that sickle cell could not be diagnosed at birth and that there was no value in early diagnosis in addition to the continuing controversy over whom to test—black babies only or all babies.

"Sickle cell is not only a disease of blacks," stated Gaston, a 12-year NIH veteran who helped establish the initial Comprehensive Sickle Cell Center at her alma mater—the University of Cincinnati.

Nationwide, ten comprehensive sickle cell centers, most of which are partially funded by NHLBI, study and treat sickle cell disease.

"The World Health Organization estimates that more than 250,000 babies worldwide are born with sickle cell," said Gaston. "It affects

"Prevention is the key. We can treat the infection if we know who to treat, if we know which children to watch."

—Dr. Marilyn Gaston, NHLBI

many different races, nationalities and ethnic groups."

Sickle cell disease is known to be global. Diagnoses of the disorder are made not only in Africa (especially its sub-Saharan regions) but also in South and Central America and Cuba, throughout the Caribbean, in the Middle East, Saudi Arabia, India and Iran as well as such Mediterranean areas as Italy, Sicily, Greece and Turkey.

Gaston noted, "That is why we have pushed so hard for newborn testing of every baby."

Like other genetic disorders such as phenylketonuria (PKU) and hypothyroidism (diseases in which newborn screening is universally mandated in 48 states and the District of Columbia), sickle cell disease as well as its trait can be detected at birth through blood tests. Both parents must carry sickle cell trait in order for a child to have the disorder; sickle cell trait is a benign carrier state.

One in 400 black American newborns has



Dr. Marilyn Gaston, deputy chief of NHLBI's Sickle Cell Disease Branch, and Dr. Claude Lenfant (c), NHLBI director, were greeted on Capitol Hill by Ohio Congressman Louis Stokes (l) who sponsored Gaston's lecture, "Sickle Cell Anemia: Now We Can Save Lives." The talk was the second in the Medicine for the Layman on the Hill lecture series.

sickle cell disease. In some instances where every baby is screened, regardless of race, reports of prevalence range from 1 in 700 to 1 in 1,000. By comparison, 1 in 20,000 Americans is born with PKU.

In a recent report of 18 non-black sickle cell patients, all had genotypes consistent with African genotypes.

"More importantly," said Gaston, remarking on the study, "because they were not black, they had been diagnosed late and their care mismanaged since the diagnosis and appropriate care was not initiated. Universal screening of every baby will prevent newborns with sickle cell from slipping through the cracks."

Patients with sickle cell experience bouts of pain that occur when red blood cells block the blood vessels. This occurs because of a molecular change in the hemoglobin molecule, which, when it loses oxygen, forms elongated rods or polymers of hemoglobin. Investigations at NIH have led to understanding this process.

These polymers of hemoglobin cause normally flexible, spongy red blood cells to become hard, rigid, elongated, "sickled" cells. The hard, sickled cells block small blood vessels, causing pain and tissue damage where blood supply is inadequate.

Since this blockage can happen anywhere in the body, sickle cell is a multi-system disease and results in many signs and symptoms

including swollen hands and feet, leg ulcers, severe infections, acute chest problems of pneumonia, impaired growth, gallstones, delayed onset of puberty, stroke, chronic renal damage and, in infants, a serious spleen disorder.

The damage can be extremely painful and unpredictable. Not all patients have severe pain all the time. However, according to Gaston, all patients with sickle cell disease will experience pain at some point in their lives.

A hopeful area of research at present is related to a new drug called hydroxyurea, which produces increased levels of fetal hemoglobin (a normal hemoglobin everyone has in utero and for a short time after birth).

The importance of fetal hemoglobin is that cells with large amounts of fetal hemoglobin do not sickle as readily as cells with other types of hemoglobin.

Hydroxyurea is being investigated at NIH as well as Johns Hopkins University; a trial is planned.

Gaston concluded: "We don't have a cure yet, and maybe gene therapy in the future will hold promise. We are still wrestling to bridge the gap between theory and therapy. However, that gap has gotten much, much smaller with our ability to test every newborn and provide comprehensive care with prophylactic penicillin. It may not be the gospel, but it is mighty good news just the same." □

NCI Information Sources Enjoy Success

Keeping abreast of the volumes of current cancer research is only part of the job of the employees at the R.A. Bloch International Cancer Information Center (Bldg. 82)—the other part is helping keep everyone else just as current.

Two major National Cancer Institute information resources—the PDQ system, a computer database of cancer treatment information, and the *Journal of the National Cancer Institute*, NCI's primary scientific journal, have been expanding and changing to meet the information needs of cancer researchers, oncologists and the public.

In June, the American Medical Association announced at its national convention that it made PDQ available to the 35,000 subscribers of AMA/Net, the association's comprehensive electronic medical information network. AMA/Net users have joined the more than 20,000 medical libraries, health care institutions and physicians who currently have access to PDQ through the MEDLARS system.

"The addition of PDQ to AMA/Net will make it possible for each physician-subscriber to instantly access cancer treatment data," explained AMA executive vice-president Dr. James H. Sammons. "The effect, in terms of saving human lives, should be substantial."

NCI's director Dr. Samuel Broder agreed: "It is a major step in making sure that we can transfer important therapeutic technology to physicians, and by extension, to patients in their communities."

PDQ provides doctors, nurses, other health professionals and patients with information on the most current approaches to cancer treatment (state-of-the-art therapies), ongoing clinical trials and names and addresses of physicians who provide cancer treatment and health care organizations that have cancer care programs.

PDQ also celebrated its fifth anniversary in late May, marking 5 years of evolution. At the celebration, former NCI director and leading force behind the creation of PDQ, Dr. Vincent T. DeVita Jr., summed up PDQ's purpose. "As director of NCI, I was always being asked who was doing what research and where," he said. "Everyone with cancer wants to know that, and with PDQ, everyone can." DeVita is now physician-in-chief at Memorial Sloan-Kettering Cancer Center in New York City.

"The technology to make PDQ data directly available to the end user did not exist in the 1970's," explained Susan Hubbard, director of the International Cancer Information Center (ICIC). Personal computers were not widely available so doctors did not have ready access to online databases, she said. "Without Dr.

DeVita believing a system like PDQ was urgently needed, the system would never have been built.

"As director of NCI, DeVita had access to the latest information on treatment advances. He got 'PDQ'd' on the telephone all the time and decided that the institute should support the development of a system that would provide these data to everyone who needed it. He reprogrammed funds to support the development of PDQ and assembled a task force from all parts of the NCI to develop it."

Current NCI director Broder is an enthusiastic supporter who continues to put a high priority on PDQ.

When PDQ first became available in March 1984, it was used about 200 hours a month. In 1989, online time averages 1,083 hours a month and has exceeded 1,200 hours. About one-half of PDQ usage is from the Cancer Information Service, NCI's information service available to the public via 1-800-4-CANCER. PDQ files are updated monthly when ICIC staff changes about 30 to 35 percent of the data. These updates include changes in the treatment recommendations found in the cancer information file and additions and deletions to the protocol file, which contains summaries of about 1,300 clinical trials.

Despite the success of the system, the evolution of PDQ is not complete, said Hubbard. The cancer information file for patients is being revised to include more resource information in lay language. The menus used to search the protocol file are being refined so that users can more easily find the type of clinical trial appropriate for a specific cancer patient. Additional distribution mechanisms, including avenues for physicians who do not have direct access to computers, are also being investigated.

Another anniversary was celebrated by the new *Journal of the National Cancer Institute*. Published for the first time in March 1988, the journal replaces two earlier NCI publications, *Cancer Treatment Reports* and the former *JNCI*.

"The new journal features the full spectrum of cancer research, from molecular and tumor cell biology, biochemistry and carcinogenesis to clinical trials and epidemiology," said Dr. Daniel Ihde, editor-in-chief.

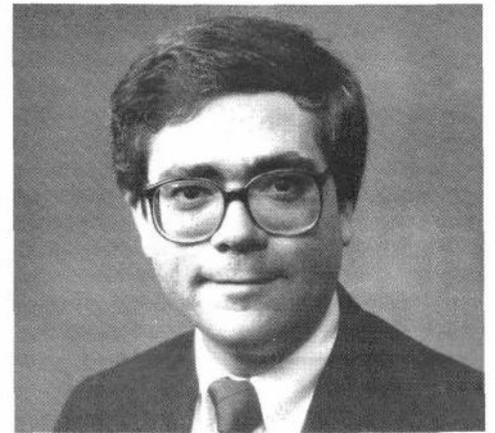
A major hallmark of the journal is its rapid review and publication. "No other medical journal brings peer-reviewed information into print faster," said Julianne Chappell, managing editor.

Magazine circulation is about 10,000. NIH employees interested in subscribing can contact Jana Johnston, 496-4907. □

Curt Named NCI Clinical Director

Dr. Greg Curt has been named clinical director of the National Cancer Institute. In addition to representing NCI's clinical perspective for the NIH community, he will supervise clinical care and medical training for the institute.

Curt came to NIH in 1980; he had been director of medical education and chief of clinical pharmacology at Williams Hospital



Dr. Greg Curt

before that. From 1980 to 1988 he worked for NCI, first as a clinical associate and finally as deputy director for NCI's Division of Cancer Treatment. Curt is recognized for his cancer research and work on mechanisms of cell resistance of antifolate drugs.

Curt obtained his undergraduate degree from Providence College in Rhode Island. He obtained his medical degree from the University of Rochester School of Medicine and completed his internship and residency in internal medicine at New England Deaconess Hospital in Boston. He is board certified in internal medicine and clinical oncology. □

New Check Cashing Law in Effect

A new Treasury law took effect Oct. 1, which is designed to manage the government's tax dollars more efficiently.

Until recently, government checks were good indefinitely. Starting Oct. 1, however, government checks contain the words, VOID AFTER ONE YEAR. Old checks outstanding must be cashed by Sept. 30, 1990, or they too will be cancelled by Treasury.

Initiating a claim against a check, replacing a Social Security or SSI check, and cashing it must be done within a 1-year timeframe. This does not, however, affect your entitlement to Social Security or SSI benefits. Social Security or SSI beneficiaries who have their checks directly deposited into a financial institution will not be affected by the new law. Sign up for direct deposit by calling Social Security—1-800-2345-SSA. □

Influenza Immunization Offered at NIH

The Occupational Medical Service (OMS) will be administering influenza vaccine at no charge to NIH'ers between Oct. 17 and Nov. 9. The OMS and the hospital epidemiology service strongly urge employees to obtain the vaccine.

Members of the following high-risk groups should make immunization a priority:

- Physicians, nurses, health care personnel and other staff who have contact with high-risk patients in the hospital or at home;
- Adults over age 65; and
- Adults with chronic cardiovascular, pulmonary or metabolic disorders; kidney disease, anemia or who are immunocompromised.

Employees embarking on international travel and other adults wishing to reduce their risk of influenza should also obtain the vaccine. Persons with allergy to eggs and egg products should *not* receive the vaccine.

The vaccine will be available at a variety of locations and times. See the schedule below

for a convenient time and place. Additional information on locations for obtaining flu vaccine near patient care areas will be posted in nursing units. After Nov. 9, influenza vaccine will be available by appointment at the OMS 6th floor clinic in Bldg. 10.

Place	Day	Time
ACRF-10 6C306	Tuesdays; 10/17, 10/24, 10/31, 11/7	1-3 p.m.; 7-10 p.m.
Federal Bldg., 10B08	Thursdays; 10/19, 10/26, 11/2, 11/9	1-4 p.m.; 7-10 p.m.
Bldg. 13, Rm. G901	Thursday, 10/19	1-3 p.m.
Westwood, Rm. 28	Friday, 10/27	9 a.m.-3 p.m.
Bldg. 31, B2B57	Tuesday, 11/7	9-11 a.m.
Bldg. 38A, B1N28G	Wednesdays; 10/25, 11/8	9 a.m.-3:30 p.m.
Exec. Plaza North Rm. 103	Tuesdays; 10/24, 10/31	1-3 p.m.
	Wednesdays; 10/18, 11/1	2-4 p.m.
	Thursdays; 10/19, 11/2	8:45-10:45 a.m.

Sons of Italy Plan Lecture, 'Festa'

On Oct. 12, the NIH Lodge of the Order Sons of Italy in America will sponsor a lecture titled "Italian Arias by American Artists," by Walter Wells. The presentation will be held from 10:30 to 11:30 a.m. in Conf. Rm. 8, Bldg. 31C, sixth floor. The slide lecture will feature rare historical operatic recordings from Wells' collection.

A former U.S. consul, cultural attache and Fulbright scholar, Wells has received awards for his poetry from Princeton University and Clark University. In 1975, he was decorated by the Italian government in recognition of his continuous worldwide activities for the promotion of Italian culture. This program is supported in part by Vintages International Company of McLean, Va.

This lecture is the second in a series of cultural and arts programs sponsored by the OSIA Lodge to commemorate the Columbus Quincentenary. The series, called the Festival of the Spirit (Festa dello Spirito), represents a sharing of some of the Italian contributions to Western civilization.

The third program will be a lecture by historian Dr. Wilhelmina Jashemski, professor emeritus of history at the University of Maryland. Jashemski will discuss her archaeological work in the Bay of Naples. The title of her presentation is, "The gardens of Pompeii and the area destroyed by Vesuvius." That program will be held at noon, Feb. 1, 1990, in Lipsett Amphitheater, Bldg. 10.

Dec. 12 will be the day of the annual Italian Festa. Bring your appetite for lasagna, meatball or sausage sandwiches and the ever popular cannolis.

Membership in the NIH Lodge is open to anyone who would like to join. Call Nina, 496-0754, for more information. □

Symposium on Battlefield Medicine

The 2290th Command and Control Headquarters of the U.S. Army Reserve's 97th U.S. Army Command will hold its 7th annual symposium for health care professionals on Saturday and Sunday, Oct. 21-22, in Masur Auditorium.

The theme for this year's symposium is, "The Medical Implications of the Modern Battlefield." Speakers will present on varied topics including combat casualty care in conventional land warfare, advances in deployable medical materiel, laser and microwave injuries, and specialty topics such as portable, hand-held x-ray equipment and current legal issues in military health care.

Staff members at NIH are cordially invited to attend the presentations. The plenary sessions will be held in Masur Auditorium beginning at 8 a.m. Saturday Oct. 21. For more information, contact Gary Johnston, 496-3407. □

New York City Trip Preview

R&W, in conjunction with Collette Tours, is offering a fun-filled 3-day New York City adventure, Dec. 1-3. Want to know more? Attend a special preview of the trip on Monday, Oct. 16, noon-1 p.m. in Conf. Rm. 9 (Bldg. 31, 6th floor, C wing). A representative from Collette Tours will be present to provide you with all the information on the trip, along with a slide show of trip highlights. Call 496-4600 today to reserve a seat for this special preview (it's free, of course). □

Volunteers Needed For Depression Study

The Laboratory of Neurosciences is conducting a study of depression in adults over the age of 45 years. The study does not involve drug treatment. Individuals or family/friends of individuals who are depressed and want to participate in this study may contact NIA, 496-4754, for more information, Monday through Friday, 9 a.m. to 5 p.m. □

Fire Safety Seminar Planned

The NIH fire prevention section announces the second annual fire safety seminar to be held in the Lipsett Amphitheater, Bldg. 10, on Tuesday and Wednesday, Oct. 10 and 11, from 1:30 to 4 p.m. during National Fire Prevention Week.

The intent of this year's seminar is to discuss several different fire safety topics pertaining to health care occupancies. This seminar is also designed to give the individuals working in the hospitals, clinics and nursing homes a general fire safety education and, in addition, improve their understanding of the fire protection systems that enhance their safety in the work place. There will be five speakers from the private sector who will address various topics of interest and answer any questions that may arise.

The seminar is free and may be considered as JCAH accredited in-service training. A

sign-in log will be provided to ensure credit for attendance. Occupancy is limited to 275; seats will be available on a first-come basis. Certificates will be awarded to 2-day attendees. If you wish to attend, please send the registration form below to the fire prevention section, Bldg. 13, Rm. 2E57.

Fire Safety Seminar Registration Form

Name _____

Will you be attending day 1 _____ day 2 _____ or *both days _____?

For additional information, call the fire prevention section, 496-0487.

*A certificate will be sent to all those who attend both days.



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	
Getting Results in Task Oriented Groups	11/2
Efficient Reading for Professionals	11/7
Practical Management Approaches	11/15
Effective Presentation Skills	11/20
Working It Out	11/29

<i>Office Operations Training</i> 496-6211	
Introduction to Working at NIH for New Support Staff	10/23
Delegated Acquisition	10/16
Foreign Travel	10/17
Introduction to PC Keyboarding	10/30
Improving Keyboarding Skills	11/6

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	8:30 a.m. — 4:30 p.m.
Tues. Wed. Thurs.	8:30 a.m. — 7 p.m.
Friday	8:30 a.m. — 4:30 p.m.
Saturday	9 a.m. — 1 p.m.

NOW AVAILABLE ON SHARE TRAINING FY 90 Training Center courses. Access Wylbur and enter SHARE TRAINING. First time users only, enter:
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Symposium on Kinetics

An international symposium on "Kinetic Approaches to the Study of Physiological Functions," will be held in Wilson Hall, Bldg. 1, Oct. 16-18; each day's sessions will be from 9 a.m. until 5 p.m.

Sponsored by the Fogarty International Center, the symposium will bring together leading investigators from six countries to exchange information on kinetic techniques being employed in studies of the mechanisms underlying a wide variety of physiological functions. Topics to be discussed include: the basic principles of the kinetics of complex systems; the dynamics of structure changes and interactions of proteins; the kinetic analysis of enzyme reactions and the effects of site-directed mutagenesis; and transduction mechanisms initiated by receptor-ligand interactions.

The organizers, Dr. Herbert Gutfreund, professor of physical biochemistry at the University of Bristol, and, until recently, Fogarty scholar-in-residence, and Dr. P. Boon Chock of NHLBI, designed the symposium. Their intent is to allow investigators from different disciplines to describe kinetic techniques with the expectation that their approaches might be used by those in other fields.

For further information and registration, contact Sheila Feldman, 496-4161. □

NIDR's Dr. Michael Roberts To Retire from PHS

Dr. Michael W. Roberts, deputy clinical director, National Institute of Dental Research, will retire Nov. 1 from the Public Health Service after almost 25 years in the commissioned corps.

Roberts joined NIDR in 1981 as chief of the patient care section in the Clinical Investigations and Patient Care Branch. He has continued to hold that position along with his present one since 1986.

Roberts has accepted a position as the graduate program director of the pediatric dental residency program at the University of North Carolina, Chapel Hill. His academic appointment as associate professor will be in both the School of Dentistry's department of pediatric dentistry and the School of Medicine's department of pediatrics.

"This was the most difficult professional decision I have ever had to make," he said about leaving NIDR. "I will miss the many people I like personally and whom I admire professionally. There will really be a large void in my life as soon as I leave here."

Roberts explained that an officer in the commissioned corps typically retires after 30 years. Since he has been with the PHS for almost 25 years, he felt it was time to start planning for the future.

He will integrate the pediatric dental residency program at the University of North Carolina School of Dentistry with the department of pediatrics at North Carolina Memorial Hospital, the medical school's teaching hospital. He also will be advising the department of pediatrics in pediatric dentistry.

"There were some very good reasons to choose the University of North Carolina," Roberts said. "It's ranked as one of the best pediatric residency programs in the country. I also know and respect the faculty."

"In a way, the new position will not be all that different from my work with the NIDR staff fellowship program," he said. He pointed out that he will advise the graduate residents at UNC much as he guided the clinical staff fellows at NIDR. He also will have a chance to do some of his own research. His experience in directing the renovation of NIDR's clinic a few years ago will be put to use since UNC has authorized the construction of a children's hospital or children's annex, including a pediatric dental clinic.

Roberts completed his undergraduate work at Southwestern University and received his D.D.S. from the University of Texas at Houston in 1965. He interned at the PHS Hospital in Boston in 1966, and received a M.Sc.D. from Boston University in 1970.

A retirement party was held on Aug. 1 at the Officers' Club, National Naval Medical Center and former Surgeon General C. Everett



Dr. Michael Roberts

Koop presented the Surgeon General's Exemplary Service Medal to him at that time.

Roberts has received numerous other awards during his career, including the PHS Meritorious Service Medal and the PHS Commendation Medal.—Mary Daum □

NIH Ski Club To Meet

The first meeting of the NIH Ski Club will be Oct. 5 at 7 p.m. in Bldg. 1, Wilson Hall. Costs of trips planned for this ski season will be available at the meeting.

Trips planned include: Greek Peak, N.Y., Jan. 12-15, for the Martin Luther King holiday weekend; a day trip to Blue Knob, Pa., Feb. 9, which will include bus transportation and lift ticket; a trip to Canaan Valley, W.Va., Feb. 16-19, for the Presidents' holiday weekend; and a 7-day trip to Big Ski, Montana, Mar. 5-12.

The trip to Big Ski will include seven nights lodging slope side, 5 days of lift tickets, air transportation, a sleigh ride and dinner one evening, and cross-country skiing in Yellowstone. It is expected that this trip will be very popular with both cross-country and downhill skiers; space is limited so make your reservation the night of the first ski club meeting—Oct. 5. □

Atlantic City Trip, Oct. 20

Get lucky at the Claridge Casino on Friday, Oct. 20. R&W in conjunction with Adventures Unlimited will escort you there via deluxe motorcoach. Cost for the trip is \$22 and includes a package of \$10 in coin and \$3 in food. Bus will leave NIH Bldg. 31C at 7 a.m. Sign up early at any R&W. □

On Failing To Enter the Al Lewis 10-Mile Road Race

By Rich McManus

The folks at the Health's Angels Running Club called the other day to see if the *Record* was going to cover the annual Al Lewis 10-Miler, a race held each September in Rock Creek Park. Since I have participated in the race in recent years, the Angels have come to expect that I will write a story about it. I've always disappointed them, though. The problem has been that, after 10 miles of running, I'm never in the mood to interview anyone or write. I'm in too much pain. This year, for a change, I decided to write about the race but not run it.

Let me mention at the outset that I have been honored twice for being the most out-of-shape lug to cross the finish line, a distinction marked by presentation of the "Unbody Award." Two years ago the prize was a bottle of modestly priced red wine. Last year I took home a warm 6-pack of lite beer. This year I decided to attend church rather than run the race.

I've never been out of breath in a church before. I've never had stomach cramps for the rest of the day following Mass. I've never

come close to fainting in a house of worship (except when, as an altar boy of age 11, I nearly passed out on Monsignor Graebenstein during a Sunday Mass that followed a Saturday night of suds-sipping with fellow delinquents). I have, however, had a kind of religious experience while running.

It happened at about the eighth mile of last year's jaunt through the park. It was a typical race morning—warm, overcast and humid as a shower curtain. Having trained for the big day with 4 and 6 mile practice runs during the preceding month, I was unused to the sensations that accompany going farther than normal. I remember being surprised that my legs kept kicking at an almost clockwork tempo while my mind drifted through gardens of inertia.

As I trotted along, hoping for an end to the ordeal, I came upon a fellow runner whose stride was perhaps a fraction shorter than mine. Not having spoken to anyone since starting the race, and too tired to speak even if the need arose, I pulled alongside the guy then slowly passed. As I went by, he called

out, "Good pace. Keep it up."

That he could speak at all was the first surprise. That he would encourage a stranger against whom he was presumably competing was odder still. I remember feeling a rush of adrenaline when the words sunk in, and a sort of tingling sensation that gave me a burst of strength. I'm sure that I was expecting indifference, a snarl or a sneer. But the guy complimented me.

I didn't see him after the race and probably wouldn't have said anything if I had. I was too busy trying to convince the race managers that those warm beers belonged to me. Dragging my unbody to my car after the award ceremony, I thought about how Sunday mornings are for church, mellow music, long breakfasts and fat newspapers.

This year, it occurs to me that sometimes you can find the real church while struggling tiredly along a dew-blackened bike path with a mind divided between quitting and reaching your goal. □

Race Results from the Al Lewis 10-Mile Run

The NIH 14th Annual Al Lewis Memorial 10 Mile Run was held on Sunday morning, Sept. 17 at the Kengar Recreation Center in Kensington. The race is named after the late, past president of the NIH Health's Angels Running Club.

The popular out-and-back bikepath course begins at Kengar and follows Beach Drive south toward the Mormon Temple. Although a small event in terms of participants when compared to the 13,000 runners in the Marine Corps Marathon, it is one of Washington's longstanding, traditional road races. The race was cosponsored by Health's Angels and the D.C. Road Runners. A 2-mile fun run and a 1-mile run for children 12 and under were featured prior to the 10-mile race.

In all, 116 NIH and area runners braved the 80 degree temperature and 80 percent humidity to compete for age group medals in categories covering 19 and under to age 70 and over.

The youngest finisher in the 1 and 2 mile races was 7-year-old Flynn Ficker, while the oldest competitor was 71-year-old Alvin Guttag in the 10-mile race. The average age for

male finishers in the 10-mile race was 40 years and 38 years for female finishers. Truly, the race is supported by the "veteran" running community.

Dominique DaLuz, 29, successfully defended his title by finishing with the overall winning time of 54:08. First-time competitor Hiroko Smith, 40, won the women's division with a time of 1:13:26. The first NIH'er, Jerry Moore, 41, finished in an excellent time of 1:03:35 and placed 14th overall. Another strong NIH finisher, Jack Shawver, 53, won his age group division against tough competition with a time of 1:06 and placed 24th overall.

The traditional "Unbody" award is given to the first finisher whose weight is 2½ times more in pounds than his height in inches. Heavyweight 5'7", 170 lb. Keith Brophy, 27, captured this surprisingly competitive award with an outstanding time of 1:05:22. Keith walked away with a six pack of light beer for his efforts.

Special thanks go out to the many NIH volunteers who gave up their Sunday morning to make the race a success.—Tom Roach



Dr. Marinos Dalakas of NINDS's Medical Neurology Branch was recently presented the "1989 Academy of Achievement Award" by the American Hellenic Educational Progressive Association for his contributions to medical science. A specialist in neuromuscular disorders, Dalakas is most renowned for his original description of and research on post-polio syndrome, a muscle weakness some patients experience years after recovering from acute paralytic polio.