

The NIH Record

No More Climate of Fear

Horner Condemns Intentions of Animal 'Rights' Activists

By Rich McManus

On the eve of a protest by "animal rights" activists at NIH, HHS Undersecretary Constance Horner delivered a sharply worded rebuke to the movement in a speech Apr. 23 before a crowded Masur Auditorium.

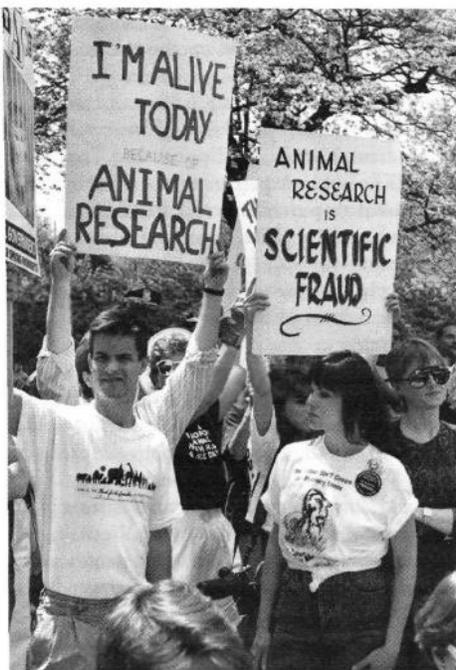
"When science is attacked, we stand together and fight back," said Horner, who was joined on the podium by Dr. William F. Raub, acting NIH director, and Dr. Fred Goodwin, administrator of ADAMHA. "We must not permit the activities of a handful of extremists to deprive millions of the life-sustaining and life-enhancing fruits of biomedical research."

Added Raub, "To oppose research with laboratory animals is to favor human suffering."

Rejecting the protesters' premise that all life, from rat to dog to man, is equal, Horner condemned the activists for mounting "an attack on the basic foundations of our civilization."

Horner reasoned that the animal rights movement, which considers animal studies illegitimate and would halt them altogether, stands opposed to two great philosophical concepts developed in the past three centuries—those of human rights and the idea of science as an engine of progress.

Because it doesn't assign any special status to humans over animals, the animal rights



Counterdemonstrators mingled with "animal rights" activists at a protest against the use of animals in addiction research at NIH on Apr. 24.

movement sets itself at odds with these two concepts, both of which have as their object
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NINDS Reveals First Treatment For Acute Spinal Cord Injury

By Frances Taylor

Early treatment with a steroid drug improves recovery from spinal cord injury, according to results of a trial funded by the National Institute of Neurological Disorders and Stroke. This is the first study to demonstrate any treatment is effective for acute spinal cord injury.

Patients in the study treated with high doses of methylprednisolone recovered more motor and sensory function than patients given a different drug or a placebo. In order to work, the treatment must be given within 8 hours of injury, scientists reported at a recent NINDS press conference.

In an unusual step, investigators announced the study results before publication. The embargo on releasing study results before publication was waived because of "the possibility of influencing immediately the clinical treatment of spinal cord injury," according to study director Dr. Michael Bracken, a professor of epidemiology and public health at Yale University School of Medicine. The findings, based on a 10-center clinical trial with 487 patients, will appear in the *New England Journal of Medicine* later this month.

"We now know that paralysis after spinal cord injury can be reduced by early treatment. We were never sure about that before this

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Good Science, Good Sense

Surgeon General Novello Wants To Be America's Doctor

By Rich McManus

The day Dr. Antonia Coello Novello resigned her post as NICHD deputy director to become the 14th surgeon general of the United States, her voice got a million times louder.

Not that anything in her volume or tone changed; she is still a rapid and impassioned speaker, as though the cadences of her native Puerto Rico propel her English into characteristically exuberant phrases.

For example, "I am 159,000 percent Puerto Rican!" was her unminced reply to a reporter who asked, during a recent coffee klatch with the press, what effect her heritage will have on her new position.

Nowadays, and especially in the wake of predecessor C. Everett Koop, who was outspoken and undaunted, anything Novello says is potential news. When she was sworn in by President Bush on Mar. 9, her gender and ethnic status—firsts for a U.S. surgeon gen-

eral—alone lured headlines. From now on, however, the substance of her comments will gain unprecedented attention.

"This post is very different from NIH, where only the person who discovers a virus or a drug, or maybe the director, gets to talk," she said. "I won't talk often, but when the surgeon general speaks, there will be something to say."

Known chiefly for her leadership in pediatric AIDS, Novello began the interview by asserting, "I am going to take care of all patients with AIDS, not just pediatric patients. There is a little bit of Ryan White in every person with AIDS out there. They all deserve dignity and respect, not just the women, the children and the Hispanic. I am here for all the patients with AIDS."

Novello mentioned that, 2 years ago, she was confronted at a conference by a member of

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Panel Recommends More Surgery for Epilepsy

Up to 5,000 Americans with epilepsy whose seizures are not controlled by drugs could benefit each year from surgery, a recent NIH consensus panel concluded. This is 10 times the annual number of patients who currently undergo this procedure.

Surgery should be considered only after suitable drug therapy has been proven ineffective, panel members emphasized in their final statement. They also said patients should have an extensive evaluation before surgery to confirm a diagnosis of epilepsy and to determine the seizure type and site.

The panel concluded that:

- Epilepsy patients whose seizures originate from a specific region in the brain are the most likely to benefit from surgery. Some patients with multiple seizure sites might also be helped.

- Surgery should be performed in specialized epilepsy centers with multidisciplinary teams of specialists equipped to handle the

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EPILEPSY

(Continued from Page 1)

complex preoperative, surgical and postoperative stages.

- Epilepsy centers should share information on surgical cases through a central registry. Potential candidates for surgery and their physicians would then be able to do a better job of weighing the risks and benefits of surgery.

Success rates, risks, complications and expenses all depend on the particular surgical procedure used. When epilepsy surgery is appropriate, it can result in better health and quality of life for patients.

Addressing research needs, panel members urged that basic research applicable to epilepsy should continue, including the development of antiepileptic drugs. More information is needed on the effect of uncontrolled seizures on the developing brain. Panel members also recommended a controlled clinical trial on the effects and possible benefits of surgical intervention in children. Further, the panel urged studies to determine which diagnostic tests are the most appropriate for evaluating whether an epilepsy patient is a suitable candidate for surgery.

The conference was sponsored by the National Institute of Neurological Disorders and Stroke and the NIH Office of Medical Applications of Research (OMAR).

Copies of the complete consensus statement are available from William Hall, director of communications, OMAR, Bldg. 1, Rm. 260. □

Asian Heritage Month Observed

The NIH celebration of Asian/Pacific Islander American Cultural Heritage Month will be Friday, May 11, and will include mid-day and evening programs on the theme, "Creative Imagery."

Between 11:30 a.m. and 1:30 p.m. on the outdoor patio of Bldg. 31A, Japanese, Chinese, Indian, Korean, Philippine and Thai food will be sold. A percentage of proceeds will be used to purchase books for the Children's Inn at NIH. The remainder of the mid-day program—sari and sushi demonstrations (respectively, the art of draping the body and a traditional form of food presentation)—is free of charge.

The evening program from 7:30 to 9:30 in Masur Auditorium, Bldg. 10, will be followed by a reception in the Visitor Information Center (Rm. B1C218, Bldg. 10). Both are free of charge. The evening program will feature music and dance performed by artists from India, Japan, Korea, Thailand and Vietnam.

Posters for Asian/Pacific Islander American Cultural Heritage Month, designed since the mid-1970s by NIH artist Al Laoang, have long been collectors' items. This year the figure depicted is Nilpat, a monkey soldier from the *Ramayana*, the Thai version of the Hindu epic, the *Ramayana*. This epic teaches the virtues of honesty, faithfulness and devotion.

All NIH employees and the public are invited to these events. Programs are sponsored by NIH's Division of Equal Opportunity, the Asian/Pacific Islander advisory committee and the Asian/Pacific Islander American cultural committee. Sign language interpretation will be provided. For reasonable accommodation needs or information about the program, call Joan Brogan, 496-2906. □

NIH Spring Computer Expo

The NIH Spring Computer Expo will be held Thursday, May 3, from 9:30 a.m. to 2:30 p.m. The 1-day showing of microcomputer technologies will take place in Bldg. 1, Wilson Hall.

More than 25 different exhibitors will be on hand displaying the latest in advanced office automation, reporting and presentation graphics, scientific applications, LAN, desktop publishing, communications, scientific workstations and much more.

All NIH personnel and contract personnel are invited. There is no registration or fee for this event. Refreshments will be served. For more information call 596-7005. □



NIH will hold a Job Fair on Saturday, May 5 from 10 a.m. until 4 p.m. The site will be a large tent near the Medical Center Metro station. Nursing, administrative, clerical, library, professional and trade positions will be available, some on a "direct hire" basis. Applicants should bring their resume or SF-171. For information call 496-0471.

The NIH Record

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National Nurses' Day
May 7, 1990

One Route To Saving Money

NIH Kicks Off 1990 Savings Bond Campaign

While the Main Streets of most little towns are quaint and sweet, it seems like they take forever to lead to the American Dream. Sometimes their only avenue points to the town traffic circle, where travelers find themselves spinning around and around.

Unfortunately, many folks take similarly circuitous approaches toward saving money. For them, buying U.S. Savings Bonds may be a step in the right direction. NIH recently launched its 1990 Savings Bond drive, which touts bonds as the "Main Street of the American Dream."

There are many benefits of purchasing U.S. Savings Bonds: competitive rates, tax advantages, safety and more. Put together the benefits of bonds are hard to beat. Take the payroll savings plan—there is no smoother way to save or invest, and it offers great flexibility to create the perfect savings plan for every individual. To start, simply fill out an authorization card; the rest is done by your employer.

There are no stop lights on the Main Street of the American Dream, but there are lots of yields, which give way to goals.

A person setting aside \$7.50 every 2 weeks will, in 12 years, have a fund of \$3,366.38 (assuming an annual interest rate of 6 percent—current minimum rate—the rate could increase). Setting aside \$100 every 2 weeks will result in a 12-year savings of \$45,052. Increasing the allotment may seem painful,

but it's a guarantee that money will be saved—not spent.

Bond buying addresses another popular incentive to save—the escalating costs of college education. Estimates are that the average cost for a single year of higher education by the year 2006 could range from \$17,000 to as high as \$37,000! While family incomes also may increase, for most Americans, only a savings program begun today can make the dream of higher education a reality.

Beginning this season, the interest on series EE Savings Bonds—for many years popular among parents for college saving, and already exempt from state and local income taxes—may be exempt from federal income tax. Tuition and fees at colleges, universities and qualified technical schools must be paid during the same year that bonds are redeemed. The exemption applies to higher education of parents as well as children. These new educational benefits are straightforward, but there are restrictions. See your area U.S. Savings Bonds coordinator for details.

Tired of the potholes on the same old savings roads? Perhaps it's time to try a new route. Whether it's college tuition, starting that small business or taking a long-awaited special vacation—dreams become reality when we begin taking action on our own behalf.

Start today, with a single step down the savings road to the Main Street of the American Dream.—Carol Cronin

Savings Bond Campaign Coordinators

The NIH 1990 U.S. Savings Bonds campaign, which kicked off Apr. 30, will run through June 15. This season's U.S. Savings Bonds coordinators are:

Sharon Mattson	OD	31/1C35
Marsha Henning	NIAMS	31/4C11
Margaret Powell	NCI	41/A 100
Donna Pearman	NCRR	WW/8A04
Sharon Nieberding	FIC	38A/604
Nadel Griffith	DRG	WW/436
Gretchen Jones	NHLBI	31/5A31
Diane Naughton	CC	10/2C207A
Dr. Martin Goldenberg	CC	10/1C129
Dr. Raphael Shulman	NIDDK	10/8C101
Dennis Black	NLM	38/B1N20
Donna Baker	NLM	38/B1N20
Angela Mease	NIAID	31/7A19
Judith Crockett	NIA	31/2C06
Dorothy Costinett	NIDR	31/2C27
Robert Knickerbocker	NINDS	10/5N220
Robert Willcoxon	NIGMS	WW/9A09
Sharon Bradley	NICHD	31/2A24
Gloria Richardson	DCRT	12A/3021
Dona McNeill	NIEHS	EC-01 8-629-0451
Karen Wright	NEI	10/10B04
Sally Nichols	NCNR	31/5B06
Helen Abbott	NIDCD	31/Conf. Rm. 3
Joan Topalian	ORS	13/2E43
Dinah Huffer	OD	15C-1 1C02
Otis Watts	DS	31/1C02
Carrie Tyus	DTS	31/B3B42
Allen Ferreira	DES	13/2E43
Preston Jackson	DSO	31/B3B42
Candy Miller	DSM	EPS/200

Career Day Scheduled, May 17

Career Day 1990—"Advancement through Knowledge"—will be held on Thursday, May 17, from 11 a.m. to 2 p.m. in the Visitor Information Center and Lipsett Amphitheater, Bldg. 10. Sponsored by the NIH Federal Women's Program in the Division of Equal Opportunity, this program is attended by hundreds of NIH employees who seek information on a variety of career development issues.

Representatives from local universities and colleges will be available to provide information on academic courses and programs. Members of professional organizations will also be represented. NIH training and personnel specialists will be present to provide information on career development and training opportunities at NIH. In addition, NIH employees serving as role models will be available to answer questions about their occupational series.

Sign language interpretation will be available. To request other accommodations for disabling conditions, or to obtain additional information about Career Day, call 496-2112. □



The NIH 1990 U.S. Savings Bonds campaign coordinators pose with a big bond, symbol of how savings can grow. The theme of this year's bond drive is, "Main Street of the American Dream."

NOVELLO

(Continued from Page 1)

ACT UP, the increasingly militant AIDS Coalition to Unleash Power.

"This person challenged me to take a stand for children," she recalled. "Who could have guessed that, 2 years later, I would be in a position to do so? When they (activists) realize I am very much committed, I won't have trouble with ACT UP."

Reminded that she had large shoes to fill in replacing Koop, Novello said, "We're doing two different kinds of things these days. His personality was totally different from mine, but we are both very forceful. We're both pediatricians and that is about growth. Please, give me a chance to crawl before I learn to walk and run."

Novello conceives of her role as surgeon general as being "the voice of the people. I will go out and sense the pulse of the public and bring back my findings to the policy makers. People are basically looking for a good doctor who has good sense and who cares for all of the people."

While pulse-taking will fortify her intuition, Novello is likely to be guided by data when planning her agenda. "You deal the cards when you have the data in front of you," she stated.

Already in the works is a conference on women's health and a 10-day visit this summer to Indian reservations, where she will address the PHS agency with the largest number of officers, the Indian Health Service. "I really want to look into it," she said.

Concerning women's health, Novello will address such issues as shelter for abused women, and breast and lung cancer rates in women. "By the year 2000, more women will die of lung cancer than breast cancer," she reported. "A workshop on women's health issues is timely and needed. I want to make them part of the surgeon general's mission."

Alarmed by data showing that women are often neglected in the design of clinical trials, Novello announced a new, "comprehensive, family-centered community care model for AIDS patients." Designed by NIH, HRSA and the Department of Defense, the prototype locates, under one roof, all of the myriad services that AIDS patients typically need.

"It will keep patients from having to go to many, many places instead of just one. But most importantly, this model will train potential foster parents so that an infected parent can die in peace if he or she has children," said Novello.

For the past 4 years she has briefed Koop on AIDS prevention, discovering along the way a study showing that it takes an esti-

mated 13 years of education for the average American to learn how to use a condom.

"People need instruction on how to put it on and take it off properly," she noted. An HHS brochure on condoms, STDs (sexually transmitted diseases) and AIDS is currently in press for distribution this month. Some 583,000 copies of the pamphlet, featuring pictures and text, will be sent out by the National AIDS Information Clearinghouse, the FDA and the National Institute on Drug Abuse.

"Sexual information should be explicit," Novello said, "but with sensibility and sensitivity. What is good for one state might not be good for another state—that must be taken into account. We will try to educate in a way appropriate to the community."

Asked if clean needles for intravenous drug abusers would prevent AIDS, Novello said there are not enough data to show that such a policy would change people's behavior. Queried on her position regarding fetal tissue research, she announced that she would abide by the department's official moratorium. Coaxed by a reporter to say something that might deviate from the party line, she punctuated her stand by playfully sticking a tongue out at her questioner.

"That's the pediatric aspect of me," she laughed. "I'm sorry."

Novello said she has been surprised by data on teen drinking in the U.S. "A recent study showed that two-thirds of adolescents drink, and one-third go on binges. We have eighth graders who consider themselves binge drinkers!"

Correlating traffic accident deaths with data on teen drinking, Novello set herself two public health goals: "These kids may not perceive that someone cares. That has to change. And they must be reminded of how much alcohol will rob them of their lives."

Novello was born on Aug. 23, 1944, in Fajardo, Puerto Rico. Born with a congenital lung malformation, she was hospitalized often as a child, she said.

"I think this is where I learned that everything has to have a chance to live." Thus her position on abortion, which is the same as President Bush's: Acceptable only in cases of rape, incest, or danger to the mother's life, and only the latter deserves federal funding.

Educated in public schools where her mother, Ana Delia Flores, was first her teacher then, in high school, her principal, Novello learned to treasure education and teachers.

"If you know my mother, you don't change schools when she's in charge," she explained. "She had a ruler that she called Catalina, and you had to know your ABC's."

"My mother (who remains principal of the high school Novello attended) is the most strong force in my life and my role model,"



Dr. Antonia C. Novello, former NICHD deputy director, is the nation's new surgeon general. Observing where her portrait would fit among her 13 predecessors—all of them men, most with luxuriant mustaches—at HHS headquarters, she said, "Do you realize my picture's going to be on the wall with all those ugly guys?"

she continued. "She always said that education will take care of you. She pushed me. I knew from very early on that teachers are here to serve you."

Novello's father died when she was young; her stepfather is an electrician.

The young Novello hated the name Antonia. "My friends had names like Lucy and Maria and Diana and I got stuck with the ugliest name," she recalled. "My mother told me that it would be a good name for a doctor someday. Mommy was right."

Novello graduated from the University of Puerto Rico in 1965 and received her M.D. degree from the same university in 1970. She served a pediatric internship and residency at the University of Michigan Medical Center from 1970 to 1973. In 1981-82, she earned a master's degree in public health from Johns Hopkins.

During her NIH career, Novello was most recently deputy director of NICHD as well as that institute's AIDS research coordinator. Her research interests have included pediatric nephrology, health services administration and public health policy; she has published extensively in these fields. She is also clinical professor of pediatrics at Georgetown University Hospital and the Uniformed Services University of the Health Sciences.

Married for 20 years to Dr. Joseph Novello, a child psychiatrist known locally for a WMAL radio call-in show he hosted until recently, the new surgeon general has no chil-

dren but has a cat named Nicky. "I also have one brother, two nieces and eight god-children," she said. Her brother-in-law, Don Novello, is a nationally known comic actor whose stage persona is "the Rev. Guido Sarducci."

"Donnie's from the other side of the family," Novello assures. "My mother loves to watch him on *Saturday Night Live*. He will also be appearing in *The Godfather Part III*. We are looking forward to seeing him in more serious roles. But for the longest time we didn't accept Donnie."

Asked if the comedian has incorporated the new surgeon general into his monologues, Novello responded, "He wouldn't do that. He has to return home some day."

When Novello returned home to Puerto Rico this spring, she was received joyfully by her homeland.

"The Puerto Ricans have all kinds of issues they wanted me to address," she noted, "but they will be dealt with in the context of U.S. health policy."

Exiting the interview, Novello cautioned journalists to be sure to "put my mother in a good light." Only 4 days on the job and the new surgeon general was already giving her first advice. □

Asthma, Allergy Awareness Week

Allergy and Asthma Awareness Week is May 6-12, according to the Asthma and Allergy Foundation of America (AAFA). The National Institute of Allergy and Infectious Diseases is joining AAFA in focusing public attention on the scope and nature of asthma and allergic diseases, the progress of research and clinical care and future directions of research.

Asthma is one of the most common chronic diseases in the United States, affecting between 15 and 16 million Americans. The most frequent cause of hospital admissions for children, asthma also leads the list of childhood diseases that cause a significant loss of time from school. Each year 4,000 deaths are caused by asthma.

"With consistent medical care and drug therapy, virtually all asthma-related deaths are preventable," said Dr. Anthony S. Fauci, NIAID director. "In this day and time, no one should die from asthma."

After a decade of steady declines, asthma mortality rates have been increasing and children who live in the inner city are particularly affected. Because of the urgency of this problem, this fall, NIAID will fund a \$1 million National Cooperative Inner-City Study to create centers and achieve long-term reduction of recurrent asthmatic episodes and asthma-related deaths in minority kids.—James Hadley □

Task Force Report Shows Nursing Research on Upswing

The 1989 NIH Task Force on Nursing Research has reported an increased awareness of nursing research at NIH and a growing understanding within the biomedical community of the current and potential contributions of nursing research. The report, requested by the Senate committee on appropriations, updates a 1984 report on nursing research at NIH. The 1989 task force was cochaired by Dr. Ada Sue Hinshaw, director of the National Center for Nursing Research and by Dr. T. Franklin Williams, director of the National Institute on Aging.

In its report, published by NCNR, the task force concluded that the NIH plan for carrying out the recommendations of the 1984 task force and the establishment of NCNR in 1986 have stimulated nursing research and related activities NIH-wide. The report data show an increased number of applications to NIH from schools, colleges and departments of nursing since 1984. It also shows an increased number of nurses on NIH boards, councils and review groups, from 9 in 1984 to 25 in 1988 (exclusive of NCNR-related bodies).

Projects awarded and dollars spent for nursing research by NIH institutes, centers and divisions, not including NCNR, have remained relatively the same since 1984. This may be due in part to the establishment of

NCNR, which is now the focus of support for nursing research at NIH. Also, the 1989 report includes only projects with nurses in key investigator positions whereas the 1984 report included projects with nurses in assistant positions as well.

The Task Force recommended that NIH continue to monitor and evaluate progress in expanding and strengthening nursing research within the ICDs and to expand activity in several areas, including:

- Assure that ICDs examine their program and referral guidelines to support nursing research activities compatible with their missions and provide information on intramural and extramural opportunities to the nursing science community.

- Continue to foster collaborative and interdisciplinary research to enhance understanding between biomedical research and nursing research.

- Increase research training for postdoctoral nurse researchers in ICD research centers and clinical trials, and support Small Grant and Academic Research Enhancement Awards (AREA) to nurses.

Copies of the 1989 task force report are available from the Office of Information and Legislative Affairs, NCNR, Bldg. 31, Rm. 5B25. □

Basile Gives Solowey Lecture

Dr. Anthony S. Basile Jr. has been chosen as the recipient of the 1990 Mathilde Solowey Lecture Award in the Neurosciences that will be presented in Lipsett Amphitheater on Tuesday, May 15 at 3:30 p.m., with a reception following the lecture. The title of Basile's talk will be "The Gut-Brain Connection: New Insights into the Pathogenesis and Treatment of Hepatic Encephalopathy."

This is the 17th annual award established by Dr. Mathilde Solowey and the Foundation for Advanced Education in the Sciences to honor, each year, an outstanding young scientist specializing in research in neurobiology or diseases of the central nervous system.

Basile received his graduate training at the University of Colorado and is currently a senior staff fellow in the Laboratory of Neuroscience, NIDDK. His research on hepatic encephalopathy, a neuropsychiatric disorder that accompanies acute or chronic liver failure due to alcoholic cirrhosis, hepatitis or drug overdose, defined the pathogenesis mechanisms of this syndrome. These studies provide a rational basis for the use of benzodiazepine receptor antagonists, which are effective in treating 60 to 80 percent of patients in hepatic coma. □

Gallaudet's Allen Joins NIDCD

Dr. Marin Allen recently joined the National Institute on Deafness and Other Communication Disorders as chief of its Planning and Health Reports Branch. A full professor in and chair of Gallaudet University's department of television, film and photogra-



phy, she also served as the media specialist for the White House Conference on Aging. Executive producer of the television program *Deaf Mosaic* for 5 years, for which she received two Emmy awards, Allen has both Capitol Hill and institutional planning experience. She will be the public information officer for NIDCD. □

PROTEST

(Continued from Page 1)

the liberation of man—from political oppression in the first case and from the ravages of disease and ignorance in the second.

"Animal studies have been and continue to be an indispensable part of the great biomedical revolution that has brought freedom from disease and suffering to millions of human beings," Horner said. Such advances "will be put out of reach, however, if animal rights extremists succeed in halting the animal studies vital to understanding these afflictions and their treatments.

"Yet this is precisely what those extremists are accomplishing, through harassment of individual scientists and institutions; through sabotage of research sites and critical biomedical experiments; through the cultivation of a climate of fear throughout the research community; through the encouragement of a general atmosphere of cynicism and suspicion toward science and biomedicine.

"They have tried to put us on the defensive, through intimidation and even violence," she continued. "They will not succeed. In this country, we have never let a violent fringe destroy the rule of law, and we won't let them do it now. We will call threats against life and property what they are: acts of terror by criminals."

Particularly repugnant to Horner is the argument that animals are holocaust victims.

"We will not accept analogies by animal rights proponents of the treatment of animals in America to the Holocaust or of their movement to the civil rights movement. Such analogies are insulting and false. I mean analogies like this: a leader of one animal rights organization compared the death of billions of chickens each year to the deaths of 6 million people who died in concentration camps during World War II.

"Those who survived the Holocaust, and those who have vowed never to let such a thing happen again, should find this attempt to draw a parallel degrading to the memory of the millions of people who died in prison camps."

Horner praised the assembly of NIH and ADAMHA scientists before her:

"You have saved lives and improved the lives of all Americans, and I dare say that probably includes those who challenge your work, for they undoubtedly have shared in the medical progress fostered by animal research. Your work is truly noble and the more we say so, the more that fact will be truly and deeply understood by the American public."

Goodwin said the public has been misled and confused by animal rights propaganda and vowed that the 1990s will be far different from the 1980s where this issue is concerned.

"We are totally and seriously committed to biomedical research and to the use of animals in that research," he declared.

Perhaps the most moving testimony in favor of animals in research was offered by several people who have benefited from it.

Susan Dime-Meenan of Chicago, executive director of the National Depressive and Manic Depressive Association, spoke of her battle with manic depressive illness.

"From age 13 to 27, I suffered mood swings," she related. "Then in 1982, I had a psychotic episode. I thought the FBI was after me. I weighed only 83 pounds."

Treatment with lithium, a drug tested on guinea pigs, restored her to a normal life.

"My life now is whole and full," Dime-Meenan said. "And it continues to be full because of the research that you do."

"We thank God for NIH and for the research that goes on here," said Pam Macier, whose daughter Julie, 13, a leukemia patient for most of the last 11 years, is now treated at NCI. "Because of research done on monkeys, there is hope for my daughter."

Julie's physician, Dr. David Poplack of NCI's Pediatric Branch, explained that a rhesus monkey model was used in evaluating the pharmacology of the central nervous system (CNS). Since many cancers, including Julie's, attack the CNS, Poplack and others have sought ways of delivering anticancer drugs to these sites.

"We have five new approaches now effective in the clinic," Poplack reported. "This has been due in part to monkey studies."

The NCI animal trials may also yield treatments for HIV, the agent causing AIDS and related dementia, he added.

"The gratifying part of biomedical research is that it directly impacts on patient care," Poplack said.

Also testifying on behalf of animal research was NINDS director Dr. Murray Goldstein, who reported on a new steroid treatment for severe spinal cord injury. The surprisingly positive results, due to be published this month, owe their discovery to initial work in cats, he said.

After the pep rally, several scientists gave their reaction to the new, aggressive government response to animal rights activism:

"I think this was terrific and about time," said Dr. Sue Epstein, who works at FDA's Center for Biologics Evaluation and Research. "For years, the universities have been taking a stand and finally government leadership is taking a stand."

Another researcher, Dr. Greg Elmer of NIDA's Addiction Research Center in Baltimore, said, "I was a little disappointed in the rally. I guess I wanted to hear what steps were being taken to counter all this negative



A nurse belonging to a group called "Nurses Against Animal Research" protests near Bldg. 36 on Apr. 24. Twenty-seven protesters were arrested. (Photos: John Crawford)

publicity. I think in order to change peoples' opinions, we have to be a lot more forceful. Perhaps we need to hire a public relations and marketing firm to get the word out. We need to develop stronger strategies. Some of my colleagues have been threatened and had break-ins at their labs, and are afraid for their safety. I think we need more support before these terrible, violent acts happen instead of after."

Twenty-seven Arrested in Animal Protest; Beware of Protesters Bearing Gifts

Twenty-seven "animal rights" protesters were arrested on Tuesday, Apr. 24, outside Bldg. 14G when a demonstration against the use of animals in addiction research by more than 100 activists—some bearing fruit for research animals—turned violent.

A group called Friends of Animals sponsored the demonstration, which originated on the patio near Bldg. 36.

The group had permission to gather between the hours of noon and 5 p.m. near Bldg. 36 and near the Metro station on the east side of campus. At about 2 p.m., the protesters walked to Bldg. 14G, a primate housing facility, ostensibly to offer Dr. Jan



Animal Experiments" speaks out at an "animal rights" protesters were arrested when the rally turned violent.

Southers, chief of the primate research unit in the Veterinary Resources Program, some food for the primates under her care.

"They had called a day in advance to arrange to bring fruit to the monkeys," said Southers. "They piled a cart full of mangos, kiwi, almonds, pineapples and coconuts, chanting all the while. We were going to thank them, but they never stopped chanting, 'Let us in. Let them out.'"

According to Southers, a woman leading the group rushed through a police line; others, including Ingrid Newkirk, national director of People for the Ethical Treatment of Animals, lunged forward toward a door to the primate facility—all were promptly arrested. None gained entrance to the animal rooms, which contain about 800 primates including several species of macaque monkeys, African green monkeys, baboons, squirrel monkeys and common marmosets.

While the first wave of protesters tried to dive into the building, the rest merely walked across a police line to get arrested deliberately.

"I thanked one of the demonstrators for bringing the fruit," said Southers, "and she was rather pleasantly surprised to hear that from me."

Southers' primates normally eat apples, oranges and bananas, but she will try to interest them in the gifts, which included 3 boxes

of coconuts, 5 boxes of mangos, 16 fresh pineapples, 8 flats of kiwi fruit, and a 50-pound bag of shelled almonds.

"The animals will be eating fruit salad for a few days," Southers quipped.

"The protesters turned violent again this year," commented O.W. "Jim" Sweat, director of the Division of Security Operations, NIH. "It was just stupid stuff—they tried to break through a police line."

All of the 27 who were arrested were charged with trespassing; two were also charged with assaulting an officer and one was charged with resisting arrest. Police suffered only minor scrapes and bruises.

The demonstration broke up shortly after the incident at Bldg. 14G. Fewer demonstrators appeared this year than in years past; the annual protests are scheduled to coincide with World Animal Liberation Week. For the first time, however, counterdemonstrators from a group called Incurably Ill for Animal Research mingled among the animal rights protesters. Though the messages on the posters they bore clashed, the demonstrators did not. □

Research Assistants Available

The Armenian Assembly Summer Intern Program has volunteer summer interns available as research assistants this summer. Upper-division undergraduate students majoring in psychology, biology, chemistry, genetics and electrical engineering are available for full-time volunteer summer internships. Please direct inquiries to Peter Abajian, 393-3434. □



Clara Sliva, a medical technologist in the Clinical Center's clinical pathology department, was feted by coworkers including Mark Ruddel (l) at a luncheon marking her departure from NIH after 18 years of service. She has taken a job with FDA in Rockville. Dr. Ron Elin, chief of the department, praised her in adjectives that began with the five letters of her last name.

Gene for Aging of Cells?

Don't cancel your retirement plan just yet, but a team of American and Japanese scientists has located one of the genes for aging—at least aging of cells in test tubes. Researchers from the National Institute of Environmental Health Sciences and the Kanagawa Cancer Center Research Institute in Yokohama, Japan, have discovered a gene on human chromosome 1 that controls the natural aging of cells growing in the laboratory. (Each normal human cell has 23 pairs of chromosomes.)

In addition, the studies performed in tissue cultures showed that the introduction of the gene for aging—or senescence as scientists call it—causes tumor cells to age and die. Without the introduction of the gene, cancer cells in culture will continue to replicate indefinitely and are thus referred to as immortal. Therefore, the study may prove valuable to scientists looking at ways to apply genetic techniques to cancer prevention or therapy.

The study was performed by generating hybrid cells in tissue culture, combining Syrian hamster tumor cells, which characteristically go on reproducing without limit, and human fibroblasts, cells of connective tissue, which die after a certain number of divisions. When the cell types were combined as a hybrid, the hybrid cells ceased to replicate after a time, indicating that the genetic trait for aging is dominant over the trait for immortality. The small proportion of hybrid cells that did not die were found to be missing a specific portion of chromosome 1, indicating that this is probably the location of at least one of the genes responsible for aging.

The study provides evidence in the scientific debate over whether aging is a matter of wear and tear, or whether it is genetically programmed. This study suggests there is a key genetic component in the aging process.

The work was done by Dr. Osamu Sugawara, Lois A. Annab and Dr. J. Carl Barrett, of the NIEHS Laboratory of Molecular Carcinogenesis and Drs. S. Mitsuo Oshimura and Minoru Koi, of the Kanagawa Cancer Center Research Institute. The study appeared in *Science*, Feb. 9 and was cited in a cover story on aging in *Newsweek*, Mar. 5.

Barrett pointed out that cellular aging involves more than one gene and that transformation to the immortal tumor state may very likely involve activation of oncogenes and loss of senescence genes. "Cellular senescence is undoubtedly a multigenic process and escape from cellular senescence (immortality) appears to require defects in one or more of a relatively small number of genes."—Hugh J. Lee □

SPINAL*(Continued from Page 1)*

study," Bracken said. "Hopefully, this would now become the treatment of choice."

The drug methylprednisolone is widely available in hospitals, scientists said. Doctors currently prescribe the steroid—at much lower doses than those in the trial—to prevent swelling of the brain in people with head injury or stroke.

The improved sensation and motor function seen in patients treated with methylprednisolone, scientists said, can mean recovery of vital skills. As Bracken explained, the specific skills that patients regain depend on the original injury. For a person paralyzed from the neck down, "we are seeing improvement that is compatible with return of function of, say, a hand or part of a hand," he said.

In people paralyzed below the waist, he added, "we are seeing improvement which is compatible with being able to stand where perhaps you couldn't stand." Others, he said, might regain the ability to transfer, unaided, from a wheelchair to a car.

Despite these differences in response, Bracken said, study results show "patients with all degrees of injury benefit" from the new treatment. This means the drug could help thousands.

Each year, about 10,000 Americans suffer a spinal cord injury that leaves them permanently disabled. And each year, medical treatment for these injuries costs the federal government more than \$4 billion.

"Since 95 percent of patients are admitted to hospitals within 8 hours," Bracken said, "the vast majority of spinal cord patients could be treated with this therapy."

Dosage of the drug, as well as timing, is critical. In fact, earlier studies by the same group of centers show lower doses of methylprednisolone, given over a longer time period, do not work. Later studies in animals led researchers to the current dose, which is 10 times the earlier amount, and a treatment schedule lasting only 24 hours.

The clinical trial compared 162 patients treated with methylprednisolone with 154 patients receiving naloxone, another drug and 171 patients receiving a placebo. Motor and sensory function was assessed by neurologic tests, such as muscle movement and pin prick, on admission to the hospital and again at 6 weeks and 6 months after injury.

Patients who received methylprednisolone within 8 hours showed significantly more improvement in neurologic function both at 6 weeks and 6 months. Patients treated with methylprednisolone after 8 hours, however, did not benefit.

The treatment, which was given intravenously for about 24 hours, costs about \$300. Bracken called this a "very, very low price for the benefits we have seen." No side effects were associated with the treatment.

Study scientists said methylprednisolone appears to reduce damage to the spinal cord by changing or stopping a "cascade" of destruction that takes place during the hours after injury.

Typically, when a patient's spinal cord is injured such as in an automobile accident, the spinal cord is crushed or bruised, not severed. "If you examine the spinal cord immediately after it has been injured," Bracken explained, "there isn't evidence of any biological change in the cord. It looks normal."

According to "the secondary injury hypothesis," he said, most spinal cord damage takes place in the following 24 hours. First, cells damaged by injury leak poisonous toxins. Then these toxins injure still more cells, fueling a "cascade" that leads to widespread damage and permanent disability.

Although the hypothesis says cord damage takes hours, scientists previously had no way to stop this dangerous cascade. Before the current study, said investigator Dr. Phanor Perot of the Medical University of South Carolina, "the whole field of spinal cord injury had been absolutely dismal, with no hope of improving the fate of the patient."

"This study, for the first time," Perot stressed, "gives concrete proof that we can actually stop lethal processes in the cord that are initiated at the time of impact."

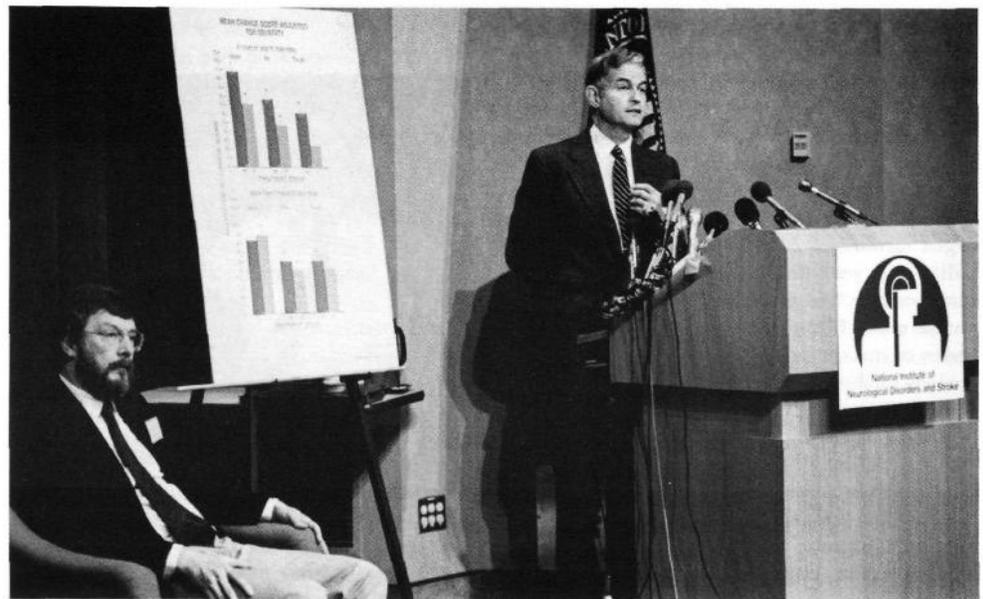
Methylprednisolone may also work by increasing blood flow and therefore the flow of oxygen and nutrients to cells in the damaged spinal cord.

Study scientists said they hope these findings will lead other investigators to find better drugs through their own studies. In addition, Bracken said the multicenter study is "exploring the possibility" that even earlier treatment with methylprednisolone may be even more effective. Paramedics, for example, could administer the drug at the accident scene.

The second trial drug, naloxone, did not benefit patients in the dosages and schedule used in the study. □

Science Education Needs Reform?

The NIH Science Writers Guild invites the NIH community to attend a presentation on science education on Wednesday, May 9, from 11:30 a.m. to 12:30 p.m. in Bldg. 31, Conf. Rm. 2C15. Anthea Maton of the National Science Teachers Association will discuss efforts to reform science education at the secondary school level. She is a coordinator for the association's project, "Scope, Sequence, and Coordination: Essential Changes in Secondary School Science." For more information, contact Lauren Dickie, 496-8188. □



Dr. Michael Walker (r), director of the NINDS Division of Stroke and Trauma, fields questions from reporters at the recent NINDS press conference on spinal cord injury. Study director Dr. Michael Bracken of Yale Medical School (l) ponders his reply.

OMS Strikes Out Stroke

Blood pressure control is one way to "Strike Out Stroke." High blood pressure, which is also called hypertension, may suddenly cause a stroke in a person who has been feeling healthy. During the month of May, the Occupational Medical Service will visit NIH buildings to screen employees for high blood pressure.

The only way to recognize hypertension is through blood pressure measurement. If you haven't had your blood pressure checked in the past year, you should visit one of the screening sites or take advantage of the blood pressure computers installed in Bldgs. 38A, Westwood and Executive Plaza North. These computers are accessible around the clock.

There are two major risk factors for stroke—hypertension and smoking. Ask the nurse screener for information on either of these topics. Find out what actions can be taken to identify and reduce the risk. Supervisors are encouraged to offer a health break to their employees, as well as themselves, for a blood pressure check this month.

Following is a list of the screening dates, times and places where blood pressure screening will be offered. Groups of 20 employees or more may request a special screening session by contacting the OMS chief nurse, 496-4411.

Place	Date	Time
Bldg. 1, Wilson Hall	May 11	8:30-11 a.m.
Bldg. 10, ACRF Rm. 6C-306 Main Health Unit	May 1-31	Mon. 1:15-4:15 p.m. Thurs. 8:15-11:15 a.m. Mon.-Fri. 5 p.m. — midnight
Bldg. 10, Special Events Rm. 1C174	May 10 May 14	8:30-11 a.m. 1-4 p.m.
Bldg. 10, ACRF outside 2nd Floor Cafeteria	May 18 May 24	8:30 a.m.-noon 12 noon — 2 p.m.
Bldg. 12A, Rm. 3026	May 11	12 noon-4 p.m.
Bldg. 13, Rm. 2W03	May 4 May 21	10 a.m.-12 noon 2-4 p.m.
Bldg. 29, Rm. 115	May 15	10 a.m.-1 p.m.
Bldg. 31, Rm. B2B57	May 1, 8, 15, 22, 29	1:15-3:15 p.m.
Bldg. 31, Patio Fitness Center	May 16 May 2	8:30-11 a.m. (weather permitting) 11 a.m.-1 p.m.
Bldg. 36, Rm. 1B07	May 23	9 a.m.-1 p.m.



Do you know what your blood pressure is? Paul Strother (l) knows his now that nurse Muriel Brenner has checked it out, with some help from NHLBI director Dr. Claude Lenfant. You can get yours checked at one of many blood pressure screenings to be held around the NIH campus during National High Blood Pressure Education Month in May.

Bldg. 38A, Rm. B1N28G	May 2, 9, 16, 23, 30	2-4 p.m.
Westwood, Rm. 28	May 1-31	8 a.m.-4:30 p.m. (closed Tues. at 2:30 p.m. and all day Thurs.)
Executive Plaza North Rm. 103	May 3, 17, 31	8:45-10:45 a.m.
Federal Bldg. Rm. 10B08	May 3, 10, 17, 24, 31	1-3 p.m.

Female Volunteers Needed

The section on behavioral endocrinology, Biological Psychiatry Branch, NIMH, is currently seeking female volunteers between the ages of 18 and 45 to participate in studies on premenstrual syndrome.

Volunteers must have regular menstrual cycles with no changes in mood in relationship to menses, be free of medical illnesses and not taking any hormones or medication on a regular basis.

Volunteers will complete daily rating forms and will be asked to participate in one of several protocols. Volunteers will be paid in accordance with the duration of each visit and the type of protocol.

For further information, call 496-9675. □

Lecture on Math Modeling

The National Center for Research Resources has announced the first in a projected seminar series on biomedical modeling for the intramural research community.

The first seminar will feature Dr. Judith Gwathmey, department of medicine, Harvard Medical School and Beth Israel Hospital, discussing "Applicability of Mathematical Modeling in Cardiovascular Research," Lipsett Amphitheater, Wednesday, May 9, 10:30-11:30 a.m.

For additional information contact Dr. Richard Chadwick, 496-4426. □

Bethesda Parade Planned, May 6

Everyone loves a parade and Bethesda's got a great one planned for Sunday, May 6 beginning at 1 p.m. Wisconsin Ave. will come alive with hundreds of marchers—bands, floats, majorettes, clowns and more. The celebration will continue at the Bethesda Metro Plaza with free pony rides, music by Bob Devlin's One-Man Band, visits by some favorite children's characters and free Bethesda souvenirs. For information, call 986-4190. □

Former NIAID Director Dr. Dorland Davis Mourned

Dr. Dorland J. Davis, the third director (1964-1975) of the National Institute of Allergy and Infectious Diseases, died at the National Naval Medical Center in Bethesda on Apr. 11 of cancer. He was 78.

Davis retired in August 1975 as an assistant surgeon general, U.S. Public Health Service Commissioned Corps, after a 36-year career marked by scientific achievements and administrative innovations.

Except for a 1-year State Department assignment in North Africa during World War II, where he was engaged in work on malaria and yellow fever, Davis' entire Public Health Service career had been at NIH.

"We are saddened by the passing of Dr. Davis," said Dr. Anthony S. Fauci, current NIAID director. "NIAID is what it is today because of the visionary leadership of those who came before us. Dr. Davis will be remembered for his talent in handling diverse programs and people. His leadership was instrumental in developing an effective and timely NIAID research operation."

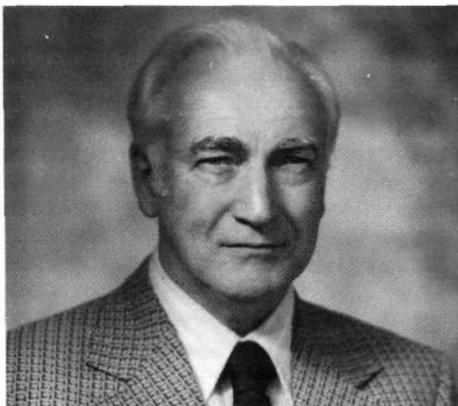
During his tenure as NIAID director, Davis' interest in tropical medicine and international research led to NIAID's leadership in programs such as the U.S.-Japan Cooperative Medical Sciences Program and the International Centers for Medical Research Training.

He was instrumental in expanding research on allergic diseases by encouraging the development of the first intramural allergy program in that field in 1966. Another major contribution was made in 1971 when, under his leadership, the first seven Asthma and Allergic Disease Centers were established to help translate and apply basic research data into clinical investigations. There are now 11 centers.

In 1974, programs for the study of sexually transmitted diseases and influenza were initiated under Davis' leadership. Another effective endeavor during that period was NIAID's expansion of its Antiviral Substances Program and support of a program for initiatives in new vaccines and research materials.

Davis, a native of Chicago, received a B.S. degree from the University of Illinois and both his M.D. degree and a doctorate in public health from Johns Hopkins University. He was elected to the Johns Hopkins University Society of Scholars in 1978.

He joined the PHS as a researcher in 1939 in what was then NIH's Division of Infectious Diseases. Davis was chief of the Laboratory of the Infectious Diseases in the National Microbiological Institute (now NIAID) from 1954 to 1956. At that time, he was appointed NIAID's first associate director in charge of research (scientific director). He served in that



Dr. Dorland J. Davis

position until 1964, when he became NIAID director.

His research interests in the 1940s included poliomyelitis, American trypanosomiasis (Chagas' disease), viral hepatitis and psittacosis. In the late 1940s and early 50s, he devoted his studies to acute epidemic conjunctivitis in children, elucidating the cause, epidemiology and treatment.

Davis' influenza research contributed greatly to the present knowledge of this disease. Under his guidance, a network of laboratories for early detection of influenza was set up in the United States. The labs proved to be of major importance in epidemiology and virus typing during the Asian influenza pandemic of 1957.

The recipient of many awards, Davis received the Edward Rhodes Stitt Award of the Association of Military Surgeons of the U.S. in 1955 for his work on epidemic conjunctivitis. He received the PHS Meritorious Service Medal in 1967 and PHS's highest honor, the Distinguished Service Medal, in 1971. The American Academy of Allergy and Immunology presented Davis with the Special Appreciation Citation in 1986.

After his retirement, Davis worked for 2 years for the House committee on appropriations assessing medical research programs of the military services in the U.S. and abroad.

Later, in 1977, Davis provided outstanding leadership to the American Social Health Association's Venereal Research Fund as a founder and its first chairman. In 1981, the association presented him with its highest honor, the William Freeman Snow Award for Distinguished Service to Humanity. Just this year, the association established a fellowship in Davis' name.

He was a member of numerous scientific societies including American Association of Immunologists, American Public Health Asso-

ciation, the Infectious Disease Society of America and the American Society of Tropical Medicine and Hygiene. He was also a member of the Cosmos Club. Davis was on the board of directors of the Gorgas Memorial Institute of Tropical and Preventive Medicine and served on its executive board from 1966 to 1971.

Also, he was a fellow of the American Academy of Microbiology, American College of Preventive Medicine and the American Academy of Allergy and Immunology.

Survivors include his wife, Caroline Davis of Bethesda; son David, a faculty member at the University of Toledo, Ohio; daughter Constance Dillman, a graphic designer of Oakton, Va.; and grandchildren Jennifer Dillman, Anne Dillman, Gregory Davis and Jillian Davis; and a brother, Dr. David E. Davis of Santa Barbara, Calif.

In lieu of flowers, the family is requesting that donations be made in memory of Dr.

Dorland J. Davis to the American Social Health Association Research Fellowship Program (Dorland J. Davis Fund—ASHA, P.O. Box 13827, Research Triangle Park, NC 27709) or to the National Institute of Allergy and Infectious Diseases for research on allergic diseases (NIAID-Allergic Diseases, 9000 Rockville Pike, Bldg. 31, Rm. 7A10, Bethesda, MD 20892).

A memorial service will be held on Monday, May 7 at 5 p.m. in Wilson Hall, Bldg. 1. Davis was buried in Lansing, Mich.—James Hadley □

Peer Review Process Discussed

The STEP Forum Series has scheduled its next forum for May 16; the topic is "Peer Review Appeals Process: Managing Communications Appeals." A panel of senior NIH staff will address the issues in Wilson Hall, Bldg. 1 from 1:30 to 3:30 p.m.

The forum panelists are experienced NIH staff with strong working knowledge of the complexity of handling applicant communications, rebuttals and appeals. Dr. Donna Dean, chief, biological sciences review section, DRG will present the perspective of review staff. The program viewpoint will be described by Dr. Warren Jones, chief, molecular basis of disease section, NIGMS. Dr. Nancy Davidian, newly appointed NIH appeals officer, will review and clarify roles and responsibilities of NIH staff and officials as outlined in the new NIH manual issuance.

As with all STEP forums, there will be opportunity for discussion and interaction with the faculty. Advance registration is not required. For additional information contact the STEP office, 496-1493. □

NCI's Dr. Barney Lepovetsky Dies at 64

Dr. Barney Charles Lepovetsky, director of the National Cancer Institute's Office of Technology Development (OTD), died Mar. 24 of cancer at his home in Ijamsville, Md. He was 64 years old.

As director of OTD since 1987, Lepovetsky served as NCI's chief advisor on legislation and the implementation of the Federal Technology Transfer Act of 1986 (FTTA). He provided guidance and assistance on matters relating to the FTTA regarding collaborative agreements, inventions, patents and royalties. For his invaluable assistance in implementing the act at NIH and for establishing NCI's Office of Technology Development, Dr. James B. Wyngaarden presented him with the NIH Director's Award in 1989.

He was born in 1926 in Ridgeway, Pa., the son of Barney H. and Beatrice Lepovetsky. He received his Ph.D. in microbiology in 1954 from Ohio State University.

From 1955 to 1964, he served as a professor of microbiology at Ohio Northern University's College of Pharmacy where he was honored as "Teacher of the Year" in 1962. In 1958, he received a research grant from NIAID for a study on the chemoprophylaxis of tetanus. He later relinquished the project to devote himself full time to law school.

Lepovetsky graduated at the head of his class with a J.D. from Ohio Northern University Law School in 1963. Since 1963, he had been licensed to practice law in the state of Ohio. In 1973, he was admitted to practice before the Supreme Court of the United States.

From 1965 to 1974, Lepovetsky held numerous positions in the NIDR including health scientist administrator, grants officer and chief of NIDR's Office of Collaborative Research.

Lepovetsky joined NCI in 1974 as executive secretary of the cancer control grant review committee.

In 1975, he was appointed chief of the Training Grants Branch for the Division of Cancer Research Resources. Lepovetsky was responsible for NCI's Extramural Research Training and Education Programs, which supported the training of more than 1,700 scientists, physicians and nurses each year. The program also supported the oncology curricula of more than 50 medical, dental and nursing schools. During Lepovetsky's tenure in this position, nearly 600 grants and awards were presented.

"There is no question that Dr. Lepovetsky was a champion of oncology nursing," said Dr. Jerome Yates, associate director for clinical affairs at Roswell Park Memorial Institute in Buffalo, N.Y. "He recognized the need to develop predoctoral, doctoral and postdoctoral



Dr. Barney C. Lepovetsky

programs for nurses in keeping with the ever expanding programs available for physicians and scientists in the medical and biological sciences."

In March, Lepovetsky was notified that he was voted an honorary member of the Oncology Nursing Society (ONS) for his outstanding contributions to oncology nursing, Jan Kinzler of the ONS said.

Lepovetsky was known as a kind, sensitive man with a generous sense of humor. While he was chief of the Training Branch and went on site visits to universities, he always packed a collapsible fishing rod and an old floppy hat in case he had the chance to go fishing at the end of the day.

During one particular site visit in Seattle, he rented a bike for a ride with some postdoctoral students. During the ride, he was suddenly thrown over the handle bars of the bike and found himself badly scraped and bruised. The students administered first aid and he eventually made his way back to NCI. A few weeks later the students sent him a miniature tricycle with a bandage attached. He put the tricycle on his desk and kept it there to remind him of his adventure.

As a result of his consideration for others, he often encouraged his staff and friends to continue their educations. He took his own advice: at the time of his death, Lepovetsky was still taking classes to further his education. Most recently he completed several patent law courses.

Lepovetsky also enjoyed gardening, hunting, winemaking and music. He was known for listening to a wide range of music from classical to heavy metal rock. Pink Floyd was one of his favorite groups.

He was a member of the American Bar Association and the American Bar Association's committee on public contract law; the Ohio State Bar Association; Rho Chi, the Pharmacy Honor Society; Sigma Xi, the Scientific Research Honor Society; and the International Academy of Law and Science.

He is survived by his wife of 39 years, Eloise; two children, a son, Charles, of Frederick, Md., and a daughter, Patricia, of Denver, Col.; a grandson, Chuck; and his father, Barney H. Lepovetsky. His colleagues will remember him at a gathering Wednesday, June 20 at 9 a.m. in Bldg. 31, Conf. Rm. 10. □

DCRT Offers UNIX Training

The DCRT Computer Training Program now offers a variety of training opportunities for users and prospective users of UNIX, a computer operating system that is becoming prominent in scientific computing.

UNIX is readily available to many different kinds of computers, running on a wide range of machines from supercomputers to scientific or technical workstations. Researchers with demanding applications in molecular graphics and modeling, medical image processing, gel analysis, DNA and protein sequencing and searching, statistical analysis, laboratory data analysis, and desktop publishing should pay particular attention to UNIX.

To help scientists and other NIH employees take advantage of these new resources, DCRT has set up a training program for those who use or expect to use UNIX. The program includes an intensive 2-day "Fundamentals of UNIX" course, which will be offered May 8-9; afternoon drop-in discussion groups on Mondays for new users and on Thursdays for experienced users; as well as self-study courseware. Additional seminars on specific technical topics will be scheduled and announced. There is no charge for any part of this program.

For additional information on any aspect of the UNIX program, and/or to reserve a space for the "Fundamentals of UNIX" course, contact the Training Unit, 496-2339. □

Singers in the Spanish Mood

The NIH R&W Madrigal Singers will present a program of a *cappella* choral works from the Spanish renaissance (ranging from the sacred to the sensuous to the snide) with some late 19th century English partsongs for desert. The program will be given in Masur Auditorium, Bldg. 10, on Tuesday, May 15, at 12:30 p.m. □

Feeling Frail? NIA, NCNR May Help 'FICSIT'

Usually it is simply a temporary nuisance but logical necessity to wait until after something is broken to fix it. But for members of the older population, which suffers more than 200,000 hip fractures each year, the time it takes to mend after damaging a bone has meant more than temporary inconvenience: Injuries—or even the threat of them—from falls and physical frailty can result in loss of independence. To address this important health concern of the rapidly growing older population, the National Institute on Aging and the National Center for Nursing Research have launched the tool that may "repair" something *before* it breaks.

Called FICSIT (Frailty and Injuries: Cooperative Studies of Intervention Techniques), the \$2.9 million NIA/NCNR program will involve more than 1,500 volunteers in clinical trials at eight centers around the United States over the next 3 years.

FICSIT will combine exercise, nursing, rehabilitation and educational programs to combat the physical frailty (defined as severely impaired strength, mobility, balance and endurance) routinely associated with aging. Frailty affects mainly people over age 75 and is more common among women because they have weaker bones and less muscle strength.

According to NIA director Dr. T. Franklin Williams, FICSIT may also help spread the word that aging and injury need not go hand in hand: "The new trials highlight the fact that frailty and injuries are not the inevitable outcome of aging. Instead they are problems for which we have now found some very viable solutions."

NCNR director Dr. Ada Sue Hinshaw, stressing the public's need for information about the injuries of older people, said FICSIT "will help provide families, health care providers and others with the knowledge they need to deal with frailty."

A 1984 NIA workshop, "Falls in the Elderly: Biological and Behavioral Aspects," provided the foundation for additional research on causes and prevention of falls. In 1986, NIA and NCNR cosponsored the "Workshop on Reducing Frailty and Fall-Related Injuries in Older Persons," which presented results of the research:

- Older people who participated in a falls prevention program had a 20 percent lower rate of falls than persons not in a program.
- Postural training may reduce falls in older people with impaired balance. In addition, certain drugs that affect balance and that are commonly prescribed for nursing home residents can safely be reduced or adjusted.
- Training can increase muscle strength



Charles Handlin, 88, participates in Senior Olympics Day at Hebrew Rehabilitation Center for Aged in Boston, one of eight sites participating in the new "FICSIT" clinical trials sponsored by NIA and NCNR. (Photo: Boston Herald)

and size and can significantly improve speed and distance in walking ability.

Hinshaw continued, "FICSIT may result in some new assessment techniques which will better identify older people with treatable or preventable disabilities."

At least one other benefit of FICSIT is purely economic: Hip fractures alone account for \$7 billion in health care costs annually. By reducing the risks of falls, which cause most hip fractures, health care costs among older persons could also plummet—one fall that would be easy to live with.

Said Dr. Evan Hadley, NIA administrator of FICSIT, "We are expanding our research programs on frailty and (FICSIT) is only the beginning."—Carla Garnett □

Estrogen Therapy Seminar Set

On Tuesday, May 15, the NIH Disease Prevention Seminar Series is presenting a topical and controversial seminar entitled "Estrogen Replacement Therapy: Risks and Benefits." The seminar will feature five speakers who are well known for their work in this research area. Scheduled speakers are Dr. Nancy E. Avis of the New England Research Institute, Dr. Trudy Bush of Johns Hopkins University, Dr. Deborah Grady of the University of California-San Francisco, Dr. Lewis H. Kuller of the University of Pittsburgh and Dr. Robert Lindsay of Columbia University.

The seminar will be held from 11:30 a.m. to 1:30 p.m. in Wilson Hall, Bldg. 1. All NIH employees are invited to attend. No pre-registration is necessary. For more information, contact Janet Wetmore, 496-1105. □

Institute Honors NCI's Broder

The Institute for International Health and Development at Catholic University recently conferred its first Annual Award for Outstanding Achievement in International Health to Dr. Samuel Broder, director of NCI. Accepting the honor, Broder gave an overview of NIH efforts against AIDS both in this country and abroad.

"We are continuing our search for new therapies, particularly therapies which can be adapted to the practical realities of the various countries where AIDS is found," he noted. Investigators are sampling plants, marine products, trees and flowers in many Central and South American countries.

"We feel that certain natural products will have surpassing importance in AIDS drug development and cancer drug development," Broder said. □



Pye the Panda, an official Earth Day mascot, visited NIH on the morning of Apr. 18, greeting NIH acting director Dr. William Raub (above) at Bldg. 1 and visiting pediatric patients in the Clinical Center. Before leaving, Pye planted a tree, with a little help from his friends, at the Children's Inn at NIH (below).

