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"Still The Second Best Thing About Payday"

The NIH Record

First NIH Employee Donates Bone Marrow

By Anne Barber

Carroll Hanson, senior administrative officer in NIAID's office of the director, recently became the first NIH employee to donate from NIH's bone marrow registry. He was matched with an unrelated recipient who has acute lymphocytic leukemia. "But," he says, "overall, I'm number 18 to donate from NIH's registry, which includes many people from outside NIH. And nationally, there have been more than 400 unrelated matches done."

Hanson donated his bone marrow at 8 a.m. on Dec. 7 at Georgetown University Hospital and by 12:30 p.m. the marrow was on a plane headed to the West Coast. "Everything went smoothly," he said. "The actual harvest—which involved puncturing the skin in my hip to reach the iliac crest—took 2 hours and I went home the next day. But there was a lot of preparation before this day arrived."

The coordination and preparation itself took the longest—more than 3 months from the time he was selected as a possible donor in September. Hanson's name had been on the registry for 3 years. One and a half years ago, he was processed through the second step—typing his HLA (human leukocyte antigens) for a possible match. However, when the data were turned in, it was decided he was not a close enough match for the prospective recipient; nevertheless the data were added into the

Carroll Hanson

registry. So, when the search began this time for a donor, the additional information was already in the registry and it was what they were looking for. NIH's registry was then contacted and the remainder of the tests were begun.

"While the match was not perfect, it was close enough to make it workable," he says. It was November before he received word to proceed with the donation.

"The bone marrow program staff really go all out for you," he says. "They showed me a donor video, explained the process, gave me

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Foundation for Rare Disease Celebrates First Anniversary

By Ann London

For Jerry L. Williams, the first hurdle was learning how to pronounce it, the second was trying to understand it, and the third learning how to live with it. These are only three of the problems that Williams and other patients face when diagnosed with a rare, life-threatening disease called Wegener's granulomatosis. In fact, the disease is so rare that many physicians do not recognize it. Sadly, it is often misdiagnosed.

In 1989, Williams brought patients and health professionals at NIH together to form the Wegener's Foundation, Inc., and now serves as its executive director. The foundation offers support and information to patients with Wegener's granulomatosis and other vasculitic diseases, to physicians and other health care workers, as well as to patients' families, friends and communities. The organization celebrated its first anniversary in November.

Dr. Anthony S. Fauci, NIAID director, has treated patients with Wegener's granulomatosis and other vasculitic diseases at NIH for more than 20 years. "The foundation is an excellent complement to our clinical care of patients with this disease," he commented. "Patients and their families receive reassurance

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Mishkin Makes Memory Topic of Mider Lecture

By Marilyn Weeks

How does the brain store what it senses? How does it preserve a lifetime of experiences and skills in its intricate systems of memory?

Many in the scientific community believe the answers are getting closer as researchers continue to expand their understanding of how different parts of the brain work together to process and store what we know and what we do.

On Jan. 16, one of the believers, Dr. Mortimer Mishkin of NIMH, who has spent nearly four decades studying the brain's memory systems, will give the G. Burroughs Mider Lecture titled "Memory Circuits." Mishkin, chief of the Laboratory of Neuropsychology, will share what he has learned about the brain's ability to remember incalculable bits of information at 3 p.m. in Masur Auditorium, Bldg. 10.

The Mider lectureship, established in 1968 by the NIH scientific directors, annually honors a scientist for significant contributions to the biomedical research prominence of NIH.

Mishkin has earned international recogni-

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NIH Resolves to Recycle in '91

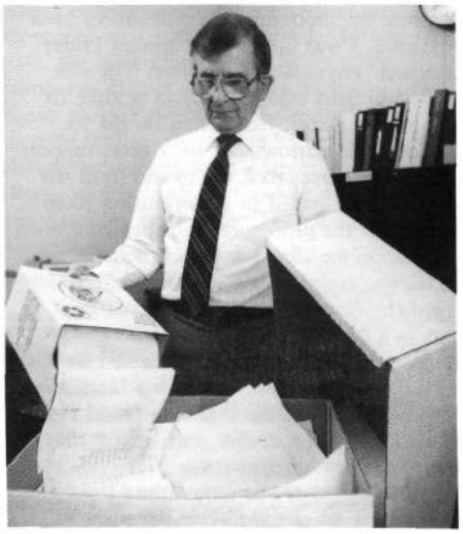
By Carla Garnett

The time has come for all good NIH'ers to come to the aid of their environment. Appropriate words must be adapted for the occasion: Ask not what your workplace can do for you, ask what you can do for your workplace.

Cliches aside, NIH begins 1991 with a new year's resolution to recycle. This month, employees in Bldgs. 1 and 31C will participate in an official effort to recycle office paper on NIH's campus.

Titled "White Office Paper Recovery Pilot Project" and sponsored by the Environmental Protection Branch of the Division of Safety, the program will likely expand during 1991 to the entire campus, when initial costs and logistics have been refined. The pilot project, and the campus-wide program when fully functional, is cost-free to participating offices. However, participants will be responsible for replacing worn recycling containers.

According to information provided by Ed Pfister, an NIH environmental health specialist who heads the pilot project, NIH generates 30 tons per day of solid waste. That makes NIH one of Montgomery County's largest generators of solid waste. About 40 to 80 tons per month of NIH's solid waste consists of recoverable office paper products.



Dr. Robert McKinney, director of NIH's Division of Safety, loads a box with white office paper destined for recycling. This month, NIH'ers who work in Bldgs. 1 and 31C join him in a pilot recycling program that gradually will expand across campus.

There are economic as well as ecologic reasons for recycling on campus. NIH could save up to $90,000 a year in solid waste disposal

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MARROW

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articles representing both the positive and negative sides, and names of other donors I could call and get feedback.

"They are very attentive to the fact that you are a volunteer," Hanson says. "They don't want to sway your decision either way. They want you to make an unbiased, informed decision.

"Most of the donors want to do this for someone. While I would be willing to do it again, my name will be taken out of the registry for a year. I support the bone marrow donation program wholeheartedly. The support is excellent, complications are rare and the discomfort is minimal."

The identity of the potential donor is protected so that the recipient's family will not be able to pressure the person. "I did not know the recipient but the donor center encourages correspondence. I did write letters but did not sign my name or address. Even the NIH courier taking the marrow to the West Coast did not know me.

"By 9 p.m. of the day I donated, I received a call from the courier saying the marrow had arrived and was being given to the patient."

In preparation for the harvesting process, Hanson donated 2 units of his blood, which were given back to him after the procedure. "It was a safety precaution," he says.

After giving the bone marrow on Friday, Hanson went back to work on Tuesday. "Because the procedure was done under local anesthesia, I was up walking around Friday afternoon. Physically, I was sore. The side effects had been explained ahead of time to me—sore and stiff, like falling on the ice.

"The bone marrow staff are a great support group. The nurses took me to and from the hospital, they stayed in the operating room throughout the procedure, and they continued to check on me after I was back home."

Hanson, raised on a small farm in Iowa, joined the Navy in 1975 and worked for 7 years as a hospital corpsman in emergency rooms, general surgery and intensive care units. For the last 3½ years of his Navy stint, he was stationed at the Bethesda Naval Hospital working in the cardiac unit, where they performed open heart surgery.

In October 1982, he joined the Clinical Center's critical care medicine department where he worked for 2 years before joining NHLBI's cardiac catheterization section in the Cardiology Branch, also in the CC. For the past 4 years he has served as an administrative officer, and recently received his B.S. in business management from the University of Maryland.

Hanson began giving blood while in the Navy and continued after joining NIH. For the last 5 years he has been giving platelets.

As to how the recipient is doing, he says, "It will be 2-3 weeks before they will have any clues, but the NIH staff will keep me posted." □

FIC Hosts Tax Talks

Christmas expenses. High gas prices. And a colder than normal winter. As if those weren't worries enough, some people want to talk taxes.

But their talk is aimed at calming worries. The Fogarty International Center's International Services and Communications Branch (ISCB) is hosting free seminars to help foreign scientists understand their tax obligations while in the United States.

Altogether, nine sessions will be given on the NIH Bethesda campus, beginning Jan. 25 and running through Mar. 28. Times and locations vary. The talks will cover federal and state annual returns as well as such special issues as tax treaty benefits.

Tax seminars also will be held at NCI and NINDS facilities in Frederick, Md., and NIA's Gerontology Research Center in Baltimore.

The lectures are open to NIH Visiting Program participants, nonimmigrant guest researchers and special volunteers, nonimmigrants with expert or expert consultant appointments, FIC scholars-in-residence, FIC international research fellows, and other nonimmigrant scientists at the NIH officially.

Additionally, ISCB offers free tax consultations for NIH foreign scientists. The tax consultant will not prepare forms, but will advise scientists about problems and procedures.

For a copy of the tax seminar schedule, check with ICD intramural administrative offices, or call ISCB, 496-6166 (before noon) or FIC's Volunteer Services Office, 496-7357. To set up a consultant appointment, phone 496-6166 (before noon). □

Corrections

In the Dec. 11 issue of the *Record*, the headline of a front-page story on NIAMS research credited a breakthrough to work on transgenic mice. Rats, not mice, were used in the experiments. Also in that issue, an award given by the National Association of Government Communicators was left out of a story on NIH winners; "Isolation Guidelines," by Ellyn Pollack, CC, won honorable mention in the category, "publication for technical audience (4-colors)." □

Vanpoolers Wanted

Drivers and riders are needed for a vanpool that leaves the Oxon Hill/Central Ave. area of Maryland. Working hours are 8 a.m. to 4:45 p.m. For more information call Rosa Snell, 496-6477. □

Christine Wisdom has recently been appointed NIGMS deputy executive officer. She has worked at NIH for the past 14 years. Most recently, she was on a 20-month detail from the Division of Legislative Analysis to the Labor/HHS/Education subcommittee of the House of Representatives committee on appropriations. Prior to that Wisdom was a program analyst in NIAID's AIDS Program. She has also been an administrative officer in NCI, a grants management specialist in NEI, and a nurse in the Clinical Center. Wisdom participated in the NIH Management Intern Program from 1982 to 1983, and earned a master's degree in public administration from American University in 1987.

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Ruby Dee To Keynote King Commemorative Program

A program in commemoration of the birth, life, and legacy of Dr. Martin Luther King, Jr., will be held on Friday, Jan. 18 from 11:30 a.m. to 1 p.m. in Masur Auditorium, Bldg. 10. The theme of this year's program will be, "Together—Our Quest for the Dream."

The program will feature Ruby Dee, actress, writer, and poet, who is a product of Harlem's American Negro Theatre. Dee has met some of the most exciting and fulfilling challenges of her career in television. She and her husband, Ossie Davis, presented a PBS special in celebration of the King anniversary, *The Dream and The Drum*, and conceived the critically acclaimed PBS series, *With Ossie and Ruby*, cohosting, performing in, and co-producing 26 hour-long programs.

Whether performing in live theater or starring in one of her many film and television roles, Dee has sought excellence and achieved it. She has been acclaimed as one of the stage's finest actresses in such plays as *Purlie Victorious* and *A Raisin in the Sun*. She was also named "Best Actress of the Year" by the NAACP, and was presented with its 22nd annual "Image Award" for her performance in *Do the Right Thing*.

Dee is also an accomplished author. Her book, *My One Good Nerve*, a compilation of some of her short stories, humor and poetry (Third World Press) has received critical praise. Her other books, *The Tower to Heaven* and *Two Ways to Count To Ten*, African folktales adapted for children by Holt, Rinehart and Winston, are soon to be published. She wrote the musical, *Take It From the Top*, a poetry anthology.

Ruby Dee

Musical selections will be provided by the "Fabulous Flying Fingers," students of the Rockville Elementary School. The group has appeared at the Kennedy Center, White House, and other venues in the area.

This program is sponsored by the Division of Equal Opportunity and its 1991 multicultural planning committee. Sign language interpretation will be provided. For reasonable accommodation needs, contact DEO, 496-6301. □

Panel Recommends Use of Botulinum Toxin

A potentially lethal toxin, previously known only as a cause of food poisoning, is now a safe and effective therapy for thousands of Americans with certain movement disorders, according to a recent NIH consensus panel.

Minute injections of botulinum toxin are recommended for treating spasms of the vocal cord and neck, the panel concluded. The FDA approved the drug earlier this year for treating involuntary contractions of the eyelids, misalignment of the eyes and hemifacial spasms. Serious side effects are uncommon.

"Because of the high success rates of the toxin treatment, thousands more patients have the potential to lead improved lives," said panel chairman Dr. Roger Duvoisin, chief of the department of neurology at the Robert Wood Johnson Medical School in New Brunswick, N.J.

The panel also stated that botulinum toxin is a promising treatment for stuttering, vocal and other tremors, and several forms of involuntary movement disorders known as dystonia. For example, the toxin can be administered to musicians, typists and others whose careers may be jeopardized by severe cramps in their hands.

"This new therapy is exciting news for neurologists and their patients and it is a good example of the kind of progress we anticipate during the Decade of the Brain," said Dr. Mark Hallett, clinical director for NINDS.

The panel heard additional testimony regarding the toxin's use in treating urinary and anal sphincter dysfunction, cerebral palsy and spasticity in multiple sclerosis, but concluded that further research is needed to judge the toxin's effectiveness for treating these disorders.

Botulinum toxin acts on injected muscles by chemically blocking the connection between the nerve and target muscle, reducing the spasm and often allowing patients to move more freely.—**Stephanie E. Clipper** □

Overweight Women Wanted

Women ages 18-49 in good health who are at least 50 pounds overweight are needed for an NIMH study. Free weight loss treatment (Optifast program) will be offered in exchange for your research participation. Call 496-4319 and leave message. □

NIH Library Compares Well With U.S. Medical Libraries

Each year the Association of Academic Health Sciences Library Directors produces a compilation of statistics for medical school libraries in the United States and Canada. Comparing the NIH Library to the 114 medical school libraries in the *1988-89 Annual Statistics of Medical School Libraries in the U.S. and Canada*, the NIH collection ranks in the top 20 percent of these libraries. With approximately 235,000 print volumes, the NIH Library is 22nd in the number of volumes. The library adds 4,000 new books a year for a rank of 9th.

Between 30,000 and 35,000 people enter the library each month to use the collection and other services. This places it in 20th to 23rd place among the medical school libraries. NIH Library clientele make 4.25 million photocopy exposures each year. In photocopy exposures NIH is second only to the University of California-San Francisco with 5.4 million. In addition, the library requests 150,000 photocopies from other libraries.

Library reference services perform 13,200 data base searches a year in NLM data bases and in data bases supplied by other vendors such as Dialog, STN and Nexis. This places the NIH Library at the top of the list for number of data base searches performed by librarians for their clientele.

The library has approximately 10,000 library cardholders using the various services, supported by a staff of 54 people. In terms of staff, the NIH Library ranks 17th while in the number of clients served it ranks second. In square footage the NIH Library, with less than 40,000 square feet, is 53rd. Thus the library manages to serve a larger number of clients with a small staff and in much smaller quarters than most of the 114 medical school libraries studied. □

Normal Volunteers Needed

The Developmental Endocrinology Branch, NICHD, is recruiting healthy women, who have undergone a tubal ligation, for clinical research studies. Candidates must be 21-40 years of age and have regular menstrual cycles. They should not be taking any medications.

Studies last for one menstrual cycle, require frequent blood drawing during a single morning, first morning void urine collection for 10 days, and involve the spraying of a small amount of a hormone-containing solution into their uterus through a very small tube. Compensation is available. For further information call 496-4244. □

WEGENER'S

(Continued from Page 1)

and understanding from other members of the group as they learn to live with this disease."

Wegener's granulomatosis is a vasculitic disease, that is, a disease characterized by inflammation of blood vessel walls. This inflammation damages the body by restricting blood flow to vital organs. Although vasculitic diseases can result in damage to any organ system, Wegener's granulomatosis primarily affects the respiratory tract (sinus, nose, trachea, and lungs) and the kidneys. This disorder occurs equally in men and women and usually strikes in middle age. It is extremely rare in Blacks compared to whites. Although the disease is not hereditary, its cause is not known.

Approximately 150 patients with Wegener's granulomatosis are being studied at NIH. Williams, a 48-year-old former construction field accountant from Wyoming, has been in an NIAID study for Wegener's granulomatosis patients for 15 years. Patients come here from all over the United States and from as far away as Germany, South America and Mexico. Judith K. Williams (no relation to Jerry Williams) is a social worker in the Clinical Center who has worked with Wegener's granulomatosis patients for about 5 years. According to Williams, when patients arrive at the CC, they are relieved to find support from both health professionals and other patients who understand the disease. At NIH, they find patients who have, or have had, the same fears and uncertainties. Doctors, nurses and social workers team up to provide the patients with optimal care.

No one knows how many patients have Wegener's granulomatosis. However, the number of patients being diagnosed has been increasing because of extensive research on the disease. One goal of the foundation is to promote and support research on the disease.

The group has received much help and advice from Randy Schools, general manager of the NIH Recreation and Welfare Association. As an advisor to the foundation's board of directors, he helped them write bylaws and obtain nonprofit status. Currently, he is working with the board to acquire funding resources and to develop an effective administrative management system.

Although the organization was started with NIH staff and patients, its membership includes patients from other institutions such as the Mayo Clinic. The members plan to publish a quarterly newsletter to disseminate information about the disease and about support mechanisms.

Getting information to "those in diverse medical fields" about the symptoms of Wegener's granulomatosis is one of the primary goals of the foundation. Symptoms can range from mild to severe. Most patients first

Judith K. Williams

notice them in the upper respiratory tract, with the most common manifestation being persistent rhinorrhea ("runny nose") or other cold symptoms that do not respond to standard treatment or that become progressively worse. They also may experience hearing loss due to otitis media (inner ear infection). In addition to the above, other symptoms that may send the patient to a doctor include loss of appetite, fever, weight loss, fatigue and malaise.

"Disfigurement is a major separator of patients with Wegener's granulomatosis from patients with other chronic diseases," says Judith Williams. Severe sinusitis can lead to what is called "saddle nose deformity," which means that the cartilage in the nose is destroyed, leading to collapse of the bony structure of the nose. This visible manifestation of the disease process stigmatizes patients and makes it even more difficult for them to cope.

For the most effective and successful treatment, early diagnosis is critical. Most blood tests are nonspecific and only suggest that the patient has an inflammatory disease, often showing anemia (low red blood cell count) and other changes in the blood. Recently, however, antineutrophil cytoplasmic antibodies (an antibody is a disease-fighting protein) in the blood have been shown to be both sensitive and specific for Wegener's granulomatosis and may be helpful in establishing a diagnosis. Chest x-rays and kidney biopsies are important tools in diagnosing Wegener's granulomatosis.

Chest x-rays are usually abnormal, although often there are no symptoms of lung problems. If symptoms are present, they may include cough, hemoptysis (spitting up of blood or blood-stained sputum), and infrequently, chest discomfort. Although kidney inflammation is common, it, too, usually has no symptoms. Some patients experience joint pains or a form of arthritis. Other organ systems that can be involved include the eye, nervous system, heart and skin.

In the beginning of therapy, patients receive cyclophosphamide and prednisone (a corticosteroid) daily. Cyclophosphamide and corticosteroids are powerful drugs that suppress the immune system and that induce complete disease remission in most patients. Because these drugs are toxic and can have serious side effects, the patient is monitored carefully by a doctor who can adjust dosage if necessary.

Wegener's granulomatosis may flare as the dose of cyclophosphamide is reduced, but it can usually be reversed by increasing the dose. However, many patients remain in remission after therapy has been stopped completely and are able to lead relatively normal lives.

The successful treatment regimen for Wegener's granulomatosis as well as other formerly fatal vasculitic diseases such as polyarteritis nodosa and lymphomatoid granulomatosis was developed during the 1970's by Fauci and his colleagues. Fauci, who is also chief of NIAID's Laboratory of Immunoregulation, continues to follow patients with Wegener's granulomatosis at the CC while striving to improve treatment for patients. Drugs being tested in patients today include methotrexate and Bactrim.

Jerry Williams, who has lived with the disease for 24 years, gives talks on Wegener's granulomatosis to groups such as Lions clubs and fraternal organizations. His disease has been in remission for 7 years, and he "has never felt better." Williams feels that the hardest part for patients with Wegener's granulomatosis is learning to live with the disease. It is "a physical as well as a psychological illness—because of the medications and because you don't understand what's happening to your body. You have to be a fighter." And learn to cope with the disease by taking things one day at a time—just as one learns to pronounce Wegener's granulomatosis by taking it one syllable at a time. To Williams, and to other patients with the disease, each day has become an important event.

For information on the Wegener's Granulomatosis Foundation, Inc., call Judith Williams, 496-8331. □

Slide Carousel Is Missing

A carousel tray of slides belonging to the Clinical Center's educational services office is missing from the hospital's medical board room. Anyone who used the slide projector in that room between Nov. 19 and 30 is asked to check whether they inadvertently picked up the wrong slides. The first slide in the sequence is an aerial view of NIH and the last shows an instructor and students in a classroom. The carousel and slides can be returned to Bldg. 10, Rm. 1N252. Or call 496-1618 and someone will pick them up. □

Male Menopause?

Testosterone and Growth Hormone May Ease Reproductive Changes in Aging Men

By Anne Blank

Due to a recent technological breakthrough, women past their biological childbearing years may now bear children. Through a new medical technique, a younger woman's ovum is transplanted into the uterus of an older, postmenopausal woman after artificial insemination with sperm from the older woman's male partner.

But what about the male partner's fertility? Because there is no physiological event in men equivalent to the menopause in women, reproductive problems in aging men have often been overlooked. Men, however, have their own reproductive issues to deal with as they age. From prostate cancer to decreased sexual functioning and declining fertility, the reproductive problems facing the aging male need to be addressed.

Accordingly, NICHD and the Andrology Program of Cedars-Sinai Medical Center in Los Angeles recently cosponsored the first national symposium on this topic. A diverse group of specialists including gerontologists, urologists, endocrinologists and psychiatrists convened recently at NIH for the conference "Reproductive Issues and the Aging Male." "One of the purposes of this meeting was to bring various people together to formulate questions and a research agenda," said Dr. Florence Haseltine, director of NICHD's Center for Population Research and a cochair of the conference. In addition to NICHD, other institutes studying reproductive issues in the aging male include NIA, NIDDK and NIMH.

A primary question concerns the role of testosterone therapy in treating impotence and other age-related changes in men. As men age, they experience a progressive decline in testosterone levels and daily sperm production (hypogonadism), which may impair sexual response and function. Other adverse effects of the disorder include a reduction in lean body mass and total body potassium, and an increase in total body fat.

About 80 percent of men with hypogonadism are now treated with testosterone, but it may not be successful in all cases. "Hypogonadism can result in erectile dysfunction, but elderly patients with impotence are under multifaceted effects and may not respond to testosterone," said Dr. Ronald Swerdloff of Harbor/UCLA Medical Center.

Among these multifaceted effects are psychological and cognitive factors that may have nothing to do with a decline in testosterone. Dr. Gene Cohen, deputy NIA director, noted studies indicating that hormone therapy is ineffective in altering libido or sexual responsiveness. According to Haseltine: "Testosterone plays some role in impotence; what that role is remains unclear."

But testosterone replacement therapy may have another beneficial effect on the aging process. The hormone has been found to be useful in treating the loss of bone density that occurs as men age. Although bone loss in older women has long been recognized, it is only within the past decade that doctors discovered a similar age-related loss in bone density occurring in men. And while women still account for most age-related bone fractures, loss of bone density is still a significant problem for men, who account for 20 percent of hip fractures. Among nursing home patients, fractures are a common injury. Compared with the general male population, male nursing home residents suffer 5 to 11 times more fractures.

It is difficult to determine, however, whether testosterone replacement is an effective treatment for this problem because bone density is affected by other factors such as calcium intake and absorption. "You have to decide what is going to be a positive benefit," said Dr. Lisa Tenover of Wesley Woods Geriatric Hospital in Atlanta. "The data just aren't there to decide where to intervene even if there is a positive benefit."

In fact, some animal studies have indicated that, in some circumstances, testosterone administration may result in latent prostate cancer becoming clinically apparent. Because of this, most medical experts in the field recommend screening for prostate cancer before beginning testosterone therapy.

Beginning at about age 50, the incidence of prostate cancer increases. Approximately 86,000 cases are diagnosed annually in the United States, with a disproportionate number of these cases occurring in Blacks.

Prevalence studies in other countries indicate that genetics and diet may play a role in the development of prostate cancer. Thailand, for example, only has 1 case per 100,000 men annually, compared with 23 per 100,000 in the U.S. In Norway, the number is even higher: 33 out of every 100,000 men develop this type of cancer each year. The treatment for prostate cancer involves blocking testosterone production either with surgery (castration) or drugs, and can result in a 25 percent increase in survival rates.

In addition to having an increased incidence of prostate cancer, older men are more likely than young men to develop benign prostatic hyperplasia (BPH—an overgrowth of glandular tissue in the prostate resulting in urinary obstruction). About 50 percent of men in their fifties have some degree of urinary difficulty, possibly due to BPH, which in advanced stages can result in total urinary blockage. The causes of BPH are unknown.

Although BPH growth can begin as early as age 30, clinical symptoms do not usually appear until age 60. The standard treatment is prostatectomy (surgical removal of the prostate gland, or a portion of it), which is usually done around age 65. More than 400,000 prostatectomies were performed in the U.S. last year.

In addition to testosterone, another hormone that decreases as men age is human growth hormone (GH). The hormone stimulates amino acid transport, reduces adipose mass and enlarges lean body mass (including muscle, liver, kidney, heart and connective tissues).

GH secretion probably begins to decline relatively early in life—by about age 30. In addition to the aging process, another factor that has been shown to decrease GH secretion is obesity. Concurrently, short-term fasting can increase production.

In a study of human GH cited by Dr. Daniel Rudman, associate chief of staff in geriatrics at VA Medical Center in Milwaukee, a group of men receiving the hormone exhibited a 10 percent increase (in kilograms) in lean body mass, an 8 percent decrease in adipose mass, and 8 and 10 percent increases respectively in liver and spleen volume. In the control group, which did not receive GH, none of these factors underwent significant change.

Although it is difficult to determine the exact effects of a decline in GH secretion, it has been linked to reductions in lean body mass, the quality and quantity of sleep, nutrition, and gonadal steroids. As Rudman said: "These geriatric changes may result in part from the 'GH menopause.' " □

Normal Volunteers Sought

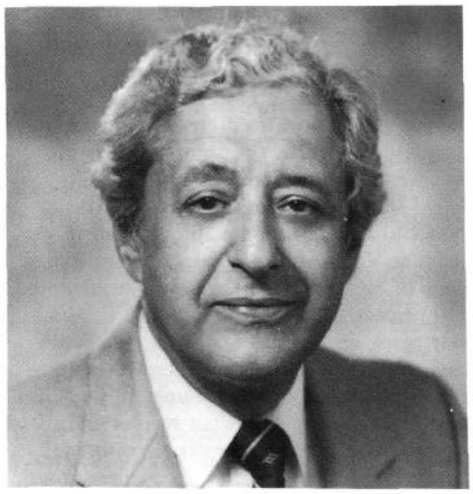
The Clinical Neuroendocrinology Branch, NIMH, and the Developmental Endocrinology Branch, NICHD, seek healthy men and women between the ages of 20 and 55 years for studies involving the relations of hormone changes to sleep and psychological functioning. Individuals will be admitted to the Clinical Center for four nights. Psychological testing will be conducted along with blood sampling and EEG monitoring. For more information call (301) 496-4319. □

MISHKIN

(Continued from Page 1)

tion for his advances in understanding the structure and function of the brain, much of it through research in monkeys. He will speak on memory circuits or systems in the forebrain, which is the largest section of the brain and is responsible for complex mental activities. Two basic types of memory that he will discuss are stimulus memory, which provides us with facts or knowledge about our surroundings, and stimulus-response memory, or habits, which teach us behavior such as walking, dressing, and using a fork to eat.

The first step in understanding stimulus memory is understanding the organization of the visual system and other sensory processing systems for sounds, smells, tastes, or sensations of touch. This is because "nothing is in the mind that was not first in the senses," Mishkin quotes from Thomas Aquinas. "It's all the information we take in, store in the



Dr. Mortimer Mishkin

brain, and then recall when we come across something—an object, a face, a place—that reminds us of that stimulus."

Each of the sensory systems in the cerebral cortex, the brain's command center located in the forebrain, is organized as a stream or pathway, with innumerable stations along the way, to process sensory input. Mishkin describes this portion of the cortex as an online processing center: the eye opens and passes along what it sees from one station, or large cell mass, to another. Storing the information that moves along the sensory pathway depends upon interaction between that pathway and the limbic system, which plays an important role in stimulus recognition and recall.

"We don't know for sure where the storage takes place," Mishkin says. "But my guess is that traces of information are stored in certain stations along the sensory pathway itself."

Studies support the idea. Patients with amnesia, who cannot form new memories because of limbic system damage, are able to retrieve earlier memory that was stored along the pathway before the limbic system damage occurred.

The basic system responsible for memory of habits or behavior appears to be centered on the basal ganglia, which lie deep inside the forebrain and are involved in body movement. Malfunction here can produce tremors in the limbs or even paralysis. Research suggests that as information moves along the sensory pathways in the cortex, it advances not only toward the basal ganglia where response memories or habits are stored, but also toward the limbic system, needed for storing stimulus memory or facts, as if there were a fork in the processing stream.

Stimulus memory, or what you know, is stored in the first system, and what you do, which are the habits, is stored in the second system, Mishkin explains.

"There's no good answer yet as to how stimulus memory or knowing gets expressed in behavior," he says. "We know we can inhibit a habit or control it by reinforcement, but we don't know the brain circuitry that allows knowledge to control behavior."

In his decades of studying human and animal brains, Mishkin says his most important research breakthrough was learning that habits and facts are stored separately in the brain. "Understanding that was a revelation," he says. "It was fundamental to knowing how the brain is organized for learning and remembering things. Before, we thought there was only one type of memory, and we were working in the wrong part of the brain."

Mishkin's findings paved the way for an animal model of amnesia that has enabled researchers to move forward to other discoveries. Mishkin emphasizes the important contribution animals have made in brain research to learn about the causes and, ultimately, to develop better treatments for brain disorders like Parkinson's and Alzheimer's diseases, which affect millions of people.

"We are getting close to the answers about memory and how brain diseases affect it," Mishkin says. "And as we begin to unravel what goes on inside the brain, both normally and when it goes awry, we get closer and closer to the time when we will be able to design therapies to overcome those terrible diseases." □

Mood Disorder Study

NIMH sponsors evaluation and treatment programs for women with regular menstrual cycles between the ages of 18 and 25, who are medication-free (including oral contraceptives and vitamins) and experiencing mood changes in relationship to menses. For information, call 496-9675. □

NIDR Plans for the Nineties

NIDR's research agenda *Broadening the Scope: the NIDR Long-Range Research Plan for the Nineties*, is now available. The new plan was developed by institute staff and hundreds of consultants enlisted to help determine the future course of NIDR-funded research.

The long-range plan, which emphasizes the broadening scope of dental research, identifies 19 priority research areas that encompass virtually all diseases and disorders of the oral and facial tissues. Particular emphasis is placed on the oral and dental problems of older adults, with a call for the elimination of edentulism, or tooth loss, in future generations.

Reflected in the plan is a concern for the relationship between oral and general health—not only the ways in which systemic diseases and medical treatments can undermine oral health, but also the effects of oral disease on general health and well-being. Dental research in the 1990's will explore genetic and congenital diseases that affect oral health, cancer and oral soft tissue disease, chronic degenerative diseases of bones and connective tissues, autoimmune diseases and other immune dysfunctions, and chronic orofacial pain and sensory-motor disorders. NIDR's long-range plan calls for international collaborative activities; collaboration among NIDR, academia, and the private sector; and improvements in the oral health of racial and ethnic minorities.

To elicit participation from the dental community at the outset of the development of the new long-range plan, NIDR placed a notice in the *Federal Register*. The notice invited responses to questions about dental research and solicited names of individuals who could serve as consultants to the institute in planning the oral health research agenda for the 1990's. Six panels of outside experts were assembled to address the major areas of oral health research. Among the consultants were leading dental scientists, career investigators from other fields, representatives from dental organizations, and leaders in research administration, dental education and dental practice. NIDR also met with industry and minority representatives to obtain their recommendations about future directions in oral and dental research.

Copies of *Broadening the Scope: the NIDR Long-Range Research Plan for the Nineties* may be obtained by writing: NIDR, P. O. Box 54793, Washington, DC 20032. □

USUHS Needs Male Volunteers

The Uniformed Services University of the Health Sciences is seeking healthy males, ages 18-40 who are nonsmokers and nondrug users, for a study of effects of performance on physiological functioning. Volunteers will be paid $30 for a 3-hour session. For further information call Sandra, 295-3278. □

NIAID's Michael Frank Leaves NIH for Academic Post

In the field of immunology, the researcher whose name is probably the most closely associated with NIH studies of complement function is NIAID's Dr. Michael M. Frank, chief of the institute's Laboratory of Clinical Investigation (LCI). On Dec. 1, Frank's career took a new direction as he left NIH to become professor and chairman, department of pediatrics, at North Carolina's Duke University Medical Center.

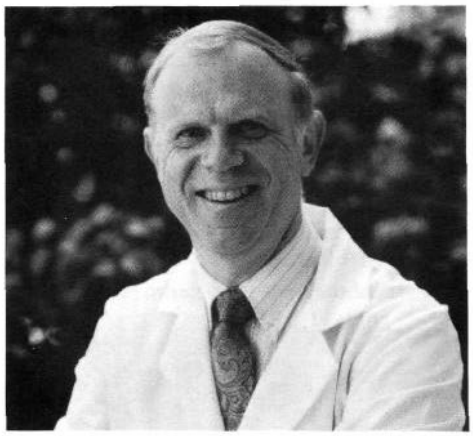
After coming to NIH as a clinical associate in the early 1960's, Frank later returned as a senior investigator in the immunology section of the Biology Branch of the National Cancer Institute before joining NIAID in 1968 as head of LCI's clinical immunology section. In 1977, he took on the additional responsibilities of both NIAID clinical director and chief of LCI. His research interests, broadly described, involve the relationship between immune mechanisms in host defense and immune damage in the development of disease. His pursuits in this arena led him to examine how these processes interrelate with immune complexes and, ultimately, with complement activation.

The complement system is composed of more than 25 different proteins (some found in blood and others in cell membranes) that must act in concert to provide an immunologic strike force, shaping what are now known as the "classical" and "alternate" pathways of complement activation. However, the same mechanisms that serve to protect us can, under certain conditions, cause damaging autoimmune reactions. Frank began his career with studies of how the complement system interacted with the various classes of immunoglobulins to mediate cell damage. This had important implications in childhood immunity, which was of great concern to him as a pediatrician.

Frank's clinical immunology section performed complement component assays on blood samples from patients with a wide variety of diseases. This was made possible because of his staff's success in devising methods to purify the various complement proteins and to establish sensitive assays that reliably measured the functional activity of individual components in whole blood. Although many of Frank's coworkers contributed to this effort over the years, most notable were Dr. Carl Hammer, Thelma Gaither, Gilda Linton and Lois Renfer. By applying his staff's expertise in this area, Frank was able to help clarify mechanisms involved in a number of medical disorders, especially hemolytic anemias (i.e., paroxysmal nocturnal hemoglobinuria, systemic lupus erythematosus, acquired angioedema and hereditary angioedema [HAE]).

Frank conducted the clinical trials that defined the course of treatment currently in use with HAE patients. These therapies have proved to be effective in controlling the potentially fatal swelling attacks that characterize HAE. Other complement or immunoglobulin-related clinical problems investigated by his section were Sjogren's syndrome, glomerulonephritis, primary biliary cirrhosis, adult respiratory distress syndrome, capillary-leak syndrome, and HLA-associated autoimmune diseases. Most recently, his laboratory has been studying a previously undescribed plasma protein, sgp120, which appears to be linked to the human complement system.

Also notable in Frank's NIAID career was his ability to recognize talent among those who applied for positions in his lab and, in addition, to nurture the development of his staff members. His former staff fellows now head major academic medical units in infectious disease, hematology, allergy/immunology, rheumatology, dermatology and pulmonary medicine.



Dr. Michael M. Frank

Born in Brooklyn, Frank earned his A.B. (with honors) at the University of Wisconsin, where he was a Ford Foundation scholar. Four years later, in 1960, Frank received his M.D. from Harvard Medical School. As a member of the American Society for Clinical Investigation, he served as secretary/treasurer from 1980 to 1983. He was a member of the board of directors of the Foundation for Advanced Education in the Sciences from 1977 to 1983. He has served on the editorial boards of most of the major journals in his field, including the *Journal of Clinical Investigation*, *Blood*, the *Journal of Clinical Immunology*, *Reviews in Infectious Disease*, *Medicine*, and *Current Opinions in Pediatrics* and has been deputy editor of the *Journal of Immunology*.—**Karen Leighty** □

Laws Prohibit Nepotism

Managers, have you taken time to update your knowledge on federal nepotism laws? If not, it's time to do so.

A public official may not advocate (recommend either orally or in writing) a relative's appointment, employment, or advancement anywhere in the official's own agency or in an agency over which the official exercises jurisdiction or control. The term "relative" includes aunt, brother, brother-in-law, daughter, daughter-in-law, father, father-in-law, first cousin, half brother, half sister, husband, mother, mother-in-law, stepbrother, stepdaughter, stepfather, stepmother, stepsister, stepson, uncle, wife.

A public official may not appoint, employ, promote, or advance his/her own relative (or the relative of any other public official within or exercising jurisdiction over the agency, if these officials have recommended the action) in any agency over which he/she exercises jurisdiction or control. These restrictions apply throughout NIH. A public official may not participate in a promotion panel decision affecting a relative. A subordinate of a supervisor may not appoint or promote a relative of the supervisor.

Employees are advised that the information supplied on their SF-171 forms, which identifies relatives employed by the NIH, should be updated whenever there is a change.

Everyone is urged to assist in the effort to continue sound management practices at NIH. If you have any questions regarding this information, contact your servicing personnel office. □

Robbins' Paper Called 'Classic'

A paper published 32 years ago in the *Journal of Physiology* by Dr. Jay H. Robbins of NCI's Dermatology Branch has been named a "citation classic" by *Current Contents*, a publication of the Institute for Scientific Information.

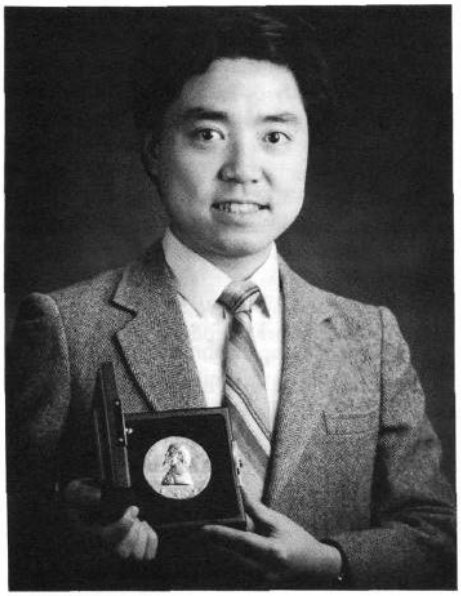
The article, "The excitation and inhibition of crustacean muscle by amino acids," written while Robbins was a medical student, has been cited in more than 105 publications.

Robbins and several other independent investigators published work in 1959 that launched the field of excitatory amino acid research.

Robbins found that, among 47 amino acids studied for their effect on crayfish muscle, L-glutamic acid was the most potent excitatory compound. "I suggested that L-glutamate could be the excitatory transmitter.

"Today," says Robbins, "L-glutamate is the likely transmitter at the majority of excitatory synapses in the mammalian central nervous system and, in excess, may be responsible for neuronal dysfunction or death in a variety of human neurologic and psychiatric disorders." □

Dong Receives Melville Medal



Dr. Cheng Dong

Dr. Cheng Dong of the Biomedical Engineering and Instrumentation Program (BEIP), NCRR, recently received the 1990 Melville Medal of the American Society of Mechanical Engineers as first author of the best original paper presented for discussion and publication: "Passive Deformation Analysis of Human Leukocytes." In 1989 he won the ASME award for best paper in bioengineering.

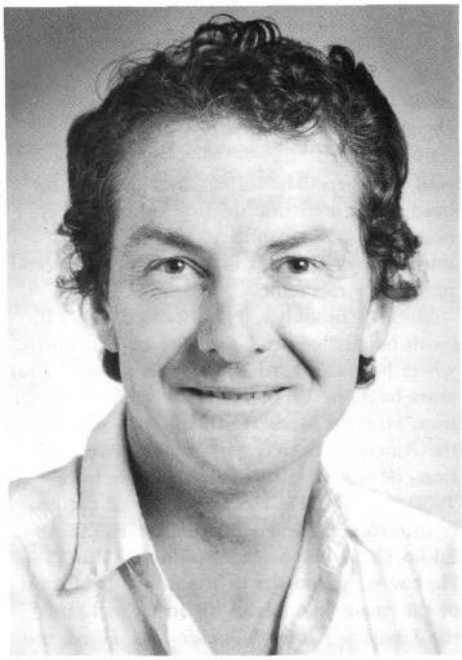
Dong recently joined the theoretical biomechanics group, mechanical engineering section, BEIP, coming from the Bioengineering Division, University of California, San Diego. His projects there included biomechanical modeling in collaboration with UCSD's cell mechanics and biophysics laboratory. He is interested in developing research in tissue biology and microcirculation, and especially in collaborative work with NIH investigators in developmental biology, cell rheology, and cardiovascular dynamics.

Dong received his B.S. in engineering mechanics from Shanghai Jiao-Tong University in 1982 and was awarded a scholarship from the Chinese government for overseas graduate study. He received his Ph.D. in bioengineering from Columbia University in 1988. □

Ravussin Wins Mayer Award

NIDDK scientist Dr. Eric Ravussin of the Phoenix Epidemiology and Clinical Research Branch in Arizona received the Andre Mayer Award for outstanding research in obesity at the 6th International Congress on Obesity in Kobe, Japan. Ravussin came to the Phoenix facility from Switzerland in 1984 to set up a respiratory chamber to measure daily metabolic rate, the first in the United States.

Perhaps most noted of Ravussin's investigations are his prospective studies of the impact of metabolic rate on body weight change in men. "We have been able to follow people over years to see how metabolic rate affects body weight over time," said Ravussin. He has found great variation in metabolic rates in individuals of any given body size and body composition as well as great similarity in metabolic rates among genetically related individuals. Ravussin has also found that a low metabolic rate is a risk factor for body weight gain. □



Dr. Eric Ravussin

Laurels Mark Open

'Washingtonian' Applauds Pizzo

Dr. Philip A. Pizzo, chief of the NCI Pediatrics Branch, is being honored in this month's *Washingtonian* magazine as one of about 20 "Washingtonians of the Year."

Pizzo shares the honor with three congressional wives who were the officers of the Friends of the Children's Inn, a nonprofit organization that helped raise funds to build the family-oriented inn. Pizzo's co-honorees are: Carmala Walgren, wife of former Rep. Doug Walgren of Pennsylvania (D), Debbie Dingell, wife of Rep. John Dingell of Michigan (D), and D. Chris Downey, wife of Rep. Thomas J. Downey of New York (D).

Pizzo, who first conceived the idea of the inn 9 years ago, said at the dedication on June 21, that he has learned "the meaning of life and death" during his 16 years at NIH. He said, "One day the inn will be a monument to the children whose participation in research projects allowed diseases to be cured. These cures we hope for will allow children to stay in the real inn—their homes."

Kidney Foundation Cites Laurence

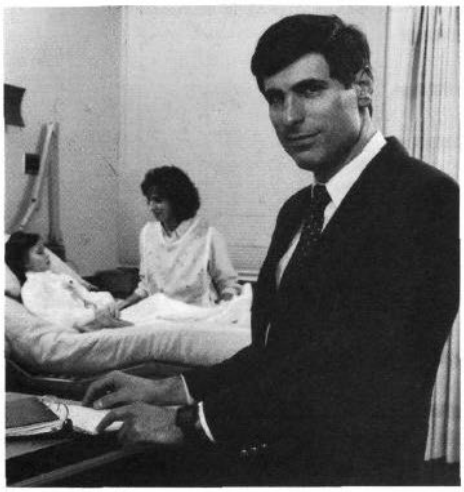
L. Earl Laurence, NIDDK executive officer, recently received the National Kidney Foundation's George M. O'Brien Award in recognition of his longtime support of coordinating foundation programs with NIDDK.

The award was presented to Laurence by foundation president Dr. Saulo Klahr on Dec. 1 during the National Kidney Foundation's 40th annual meeting in Washington, D.C.

"Mr. Laurence has been a long-time supporter of the foundation and our goals," said Klahr. "In his role at NIDDK, he has encouraged open and candid dialogue about the priorities of the foundation and the programs of NIDDK. His support and accessibility have fostered the growing working relationship between the two organizations."

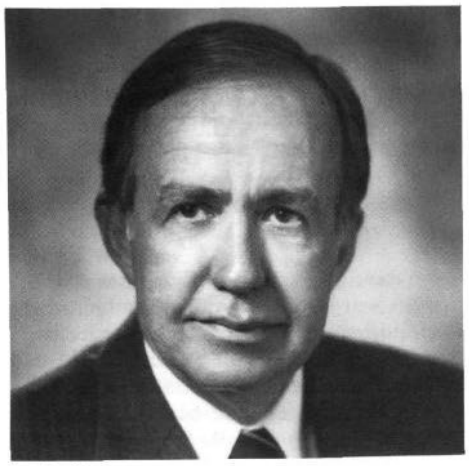
The George M. O'Brien Award was established in 1986 to recognize individuals who have made major contributions to medical progress, particularly in the areas of kidney and urologic diseases. The award was established in honor of the late Rep. George M. O'Brien (R-Ill.) who provided the major congressional leadership culminating in the establishment of six new centers for research in

ing of New Decade



Dr. Philip Pizzo

Pizzo and the other Washingtonians being honored by the magazine will receive special plaques at a luncheon on Jan. 18 at the Willard Hotel. □



L. Earl Laurence

kidney and urologic diseases. Former recipients of the award are Rep. William H. Natcher (D-Ken.), Sen. Mark O. Hatfield (R-Ore.), Henry Neil and Rep. Silvio Conte (R-Mass.).

Laurence has previously held several positions within NIH, including executive officer and hospital administrator of the Clinical Center. □

NICHD's Lobotsky Recognized

Julia Lobotsky, head of the reproductive biology section of the Reproductive Sciences Branch, Center for Population Research, NICHD, recently received two awards from organizations concerned with the reproductive sciences. She was given a Lifetime Achievement Award at the Endocrine Society's 72nd annual meeting in Atlanta. The award recognized "her tireless efforts in support of biomedical research, relentless pursuit of excellence and unending empathy for investigators." The award was created especially for her by the society's awards committee.

Lobotsky also was presented with the Distinguished Service Award from the Society for the Study of Reproduction at its 23rd annual meeting in Knoxville. This award was given for her "invaluable contribution to the membership of the SSR and the fields of reproductive biology and endocrinology as a whole." The award recognizes an individual who has given "unselfish service and leadership to reproductive biology."

Lobotsky has been involved with the Women in Endocrinology, an organization that plays an important role in increasing the presence of women in the Endocrine Society's committees, journal reviews, and offices.

Julia Lobotsky

Lobotsky has been with NICHD since 1973. She is part of a team that administers grants to researchers in the reproductive sciences. □

Blood Banks Honor Harding

Dr. Fann Harding has been awarded the American Association of Blood Banking (AABB) Distinguished Service Award. Harding, assistant to the director of the Division of Blood Diseases and Resources, NHLBI, received this award in recognition of her leadership in initiating and establishing the Transfusion Medicine Academic Awards (TMAA) program and maintaining it as a major force in transforming transfusion medicine. The award was presented at the AABB's recent annual meeting in Los Angeles.

Transfusion Medicine Academic Awards were initiated by the institute in 1983 to encourage the development of transfusion medicine curricula and to allow the awardee to broaden his or her expertise in transfusion medicine. Schools of medicine, osteopathy and veterinary medicine in the United States (including possessions and territories) are encouraged to apply for one 5-year TMAA, which is nonrenewable. The schools are required to have a blood center as well as patient care and research facilities to support the activity.

To date, 36 TMAAs have been awarded from 86 applying schools. In the U.S., there are 127 medical schools and 27 veterinary medical schools. The program is achieving its goals of attracting outstanding students and clinicians to the field, reassessing transfusion and component therapy practices, and evaluating and developing educational techniques among research, medical and blood service communities.

Dr. Fann Harding

The institute has subsequently developed Specialized Centers of Research programs in transfusion medicine to support basic and clinical research activities and the National Blood Resources Education Program to provide professional and public education in transfusion medicine. □

RECYCLE

(Continued from Page 1)

costs if an effective recycling program is implemented. Currently, NIH spends $3,000 every day transporting and disposing of its solid waste.

The Environmental Protection Agency estimates that 17 trees are saved for each ton of recycled paper. EPA says more than 4,000 kilowatts less energy is used to produce recycled paper than to produce so-called virgin paper, or never-used paper. In addition, air pollution is reduced significantly and water is conserved in the production process of recycled paper.

Dr. Robert McKinney, director of the Division of Safety, launched his own recycling effort last year. He applauded the new program.

"Recycling is as easy as discarding paper into a waste basket," McKinney said. "You need only change the direction."

Working as recycling pilot facilitator is Jack Patterson, who will be soliciting NIH volunteers to help coordinate the effort and boost its acceptance by employees.

The pilot project is just the first step in NIH's recycling roadmap. Its success will pave the way for accomplishing three major goals: Recycle as much white office paper as possible, increase the demand for recycled paper products on campus and gradually add other materials such as cardboard, glass, aluminum and plastics to NIH's recyclable goods list. □

Everyone at NIH Can Recycle Now

Even before NIH's recycling program reaches your office, you can contribute to the effort: As soon as you finish with this issue of the *Record*, get a box (the kind copypaper comes in will do nicely) and toss in the newsletter. Then, anytime you have white paper to throw away, add it to the box as well. When you have a half dozen or so boxes full of paper, call the Transportation Branch, 496-4381. They will cart off the boxes—for a modest fee—and help you become a responsible recycler. (There will be no fee after the official recycling program begins in your office.)

A few rules about your box: staples are okay but paper clips are not; carbon paper is a no-no; no bound journals or glossy, magazine-type paper, including fax paper, can go; no colored paper allowed (however, white paper that has colored lettering on it is acceptable); no plastics; no envelopes, food wrappings or paper towels; yellow "post-it" gummed note paper is also unacceptable—it reduces the paper quality from high to low grade. High grade paper sold for $125 per ton last year but is now in the $75-$90 range.

NIA Reorganization Yields New Extramural Programs

Dr. Richard Sprott

Dr. Evan Hadley

Two new extramural programs have replaced the National Institute on Aging's Biomedical Research and Clinical Medicine Program (BRCM). The reorganization, which was effective Oct. 1, increases the number of NIA extramural grants programs from three to four.

The Biology of Aging Program (BAP) will support studies that focus on the basic biology of aging. The program funds research on biomarkers, molecular and cell biology, endocrinology, physiology, genetics, immunology, animal models, nutrition and metabolism. Dr. Richard Sprott, who was associate director for BRCM, is associate director for the new BAP program.

The Geriatrics Program (GP) will support clinical research and research on diseases of older persons. "The program is responsible for clinical research on such topics as physical frailty, pharmacology, clinical trials, rehabilitation and geriatric training, including the Claude D. Pepper Geriatric Research and Training Centers," said Dr. Evan Hadley, who was named associate director for GP. "These are growth areas because of their great public health importance and congressional concern."

Among NIA's other extramural programs is the Neuroscience and Neuropsychology of Aging program, which supports research on age-related changes in the nervous system, especially as they affect sensory processes, learning, cognition, memory and sleep. Studies of Alzheimer's disease and other disorders associated with the aging nervous system are of special interest.

The institute's Behavioral and Social Research Program, the fourth NIA extramural program, fosters research on promoting healthy and productive functioning in the middle and later years. □

OSIA Sponsors Fundraising Dinner, Concert

The NIH Lodge of the Order Sons of Italy in America (OSIA) is sponsoring a fundraising dinner for lodge activities, rather than the Christmas Festa that has been held the last few years. The dinner will be held at the FAES House on Saturday, Jan. 12. A social hour will begin at 6 p.m. with dinner served between 7 and 9 p.m.

For an admission price of $12, guests may select from a menu including Cipriani's spaghetti (an excellent Chicago-made pasta), meatballs, salad, cannoli, soft drinks and coffee. Beer and wine will also be available as a separate purchase.

Entertainment will be provided by "Mandolinisti Italiani," a string trio composed of mandolin, mandola and guitar. The group has performed at many functions in the Washington area, playing in the Neapolitan style. Proceeds will be used for the philanthropic, educational and social activities of the lodge. Tickets for the dinner will be available in advance or may be purchased at the door. For more information, call 652-6136.

As part of the Festa dello Spirito, the ongoing celebration of the Columbus Quincentennial, the OSIA Lodge has invited the 80-member Rockville Concert Band to give a concert in Masur Auditorium on Tuesday, Mar. 26. The band, which completed a very successful 2-week European tour in 1989, is one of the premier adult bands on the East Coast. The concert, which is free, will highlight works by Italian and Spanish composers. Refreshments will be served following the concert. □

Alopecia Areata Deserves More Study, Workshop Finds

More than 100 participants and members of the press attended a research workshop on alopecia areata, held recently at NIH and sponsored by the National Institute of Arthritis and Musculoskeletal and Skin Diseases and the National Alopecia Areata Foundation. Alopecia areata is a distressing and unpredictable disorder that can cause patchy hair loss or total loss of body hair.

Experts from numerous fields exchanged information on the clinical and histopathologic features of alopecia areata, the factors controlling hair growth, autoimmune and pharmacologic aspects of this disease, and animal models for future studies.

"This workshop has focused attention on a very frustrating disease," said Dr. Lawrence E. Shulman, NIAMS director. "We hope that this meeting will stimulate researchers to submit grant applications in this field."

An estimated 2 percent of new patients in dermatology clinics suffer from this disorder, stated Dr. Vera Price, clinical professor of dermatology at the University of California, in her opening remarks to the workshop. The disease is difficult to study, she added, because "it switches itself on and off, like a loose electrical circuit."

The cause of alopecia areata remains unknown. A halo of dark-staining lymphocytes around the hair root is "the most convincing evidence that alopecia areata is an autoimmune disorder," according to Dr. Jean-Claude Bystryn, professor of dermatology at New York University. Workshop participants suggested that hair follicle cells, melanocytes, or vascular cells in the scalp may be under autoimmune attack.

On hand for the recent research workshop at NIH on alopecia areata were (from l) Dr. Steven J. Hausman, deputy NIAMS director; and meeting chairpersons Drs. Jean-Claude Bystryn, Vera Price, Alan Moshell, and John Headington.

Several therapies for alopecia areata may interfere with this suspected autoimmunity. These include PUVA (psoralen plus ultraviolet light), cyclosporin A, inosiplex, corticosteroids, anthralin, and diphenylcyclopropenone. The last of these is unavailable in the Unites States, although it has been tested extensively overseas by Dr. Rudolf Happle, professor of dermatology at the University of Nymegen in the Netherlands, who presented his work at the meeting. According to Happle, the immune system may be tricked into reacting against this topical drug—a potent allergen—rather than the hair bulb. Another current therapy is minoxidil.

Additional studies are needed to determine the exact cause of alopecia areata, to develop more effective treatments, and to find how to prevent its rapid onset. Mouse and rat models of alopecia were presented at the workshop as potential research tools.

The workshop was chaired by Price, Bystryn, Dr. John Headington, professor of pathology and dermatology at the University of Michigan Medical School, and Dr. Alan Moshell, director of the Skin Diseases Program at NIAMS. Abstracts of the workshop will be published in a spring issue of the *Journal of Investigative Dermatology*.—**Lauren Ward** □

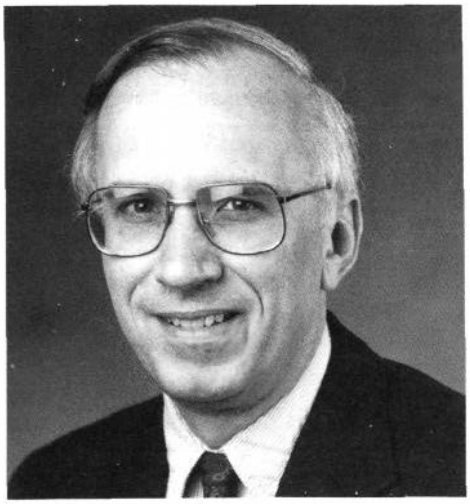
Richard Havlik Named NIA Associate Director

Dr. Richard Havlik has been appointed associate director of NIA's Epidemiology, Demography, and Biometry Program.

"Dr. Havlik's impressive scientific credentials and his experience in aging research and the epidemiology of aging make him eminently qualified for this position," says Dr. T. Franklin Williams, NIA director.

Havlik will direct epidemiologic studies that look at aging processes and identify differences between "usual aging" and the onset of disease. In cooperation with other NIH institutes, he will be responsible for developing projects to obtain data related to cancer, dementia, heart disease, osteoporosis, arthritis, vision and hearing disorders, and other major diseases of older persons. In addition, he will collaborate with international programs, including those of the World Health Organization, in comparing research results with groups studying aging around the world.

His previous research has focused on the health status of older persons and includes studies of risk factors for cardiovascular disease, including studies of high blood pressure and cholesterol levels.



Dr. Richard Havlik

According to Havlik, "NIA will continue to emphasize epidemiologic studies of Alzheimer's disease and of disability in women." He hopes to see more family and community-based studies of genetic and environmental determinants of aging and age-related disorders and thinks that the increasing number of centenarians might also be of interest for future studies.

A native of Illinois, Havlik received his undergraduate degree from DePauw University, his master's degree in public health from Johns Hopkins University, and his medical degree from Northwestern University Medical School.

He first came to NIH in 1968 as a research associate in the Epidemiology Branch, NHLBI. In 1980 he was appointed chief of NHLBI's clinical and genetic epidemiology section in the Epidemiology and Biometry Program. Prior to his appointment as NIA associate director, Havlik served as special assistant for biomedical applications at the National Center for Health Statistics, Centers for Disease Control.

Havlik is a member of the American Epidemiological Society, the Gerontological Society of America, and the American Public Health Association. □

New Year's Resolve: Computer Training

When adding physical fitness to your new year's list, a word of advice: don't neglect the intellect! The Spring 1991 DCRT Computer Training Program offers more than 70 classes ranging from 2-hour seminars to week-long intensive courses. The first class begins Jan. 22. Applying is easy—a simple one-page form—and the courses and seminars are free.

The Research Menu

Once again, advanced seminars for the research community lead the list. Dr. George Weiss, DCRT, will lead a six-session seminar, "The Theory of Random Walks and Diffusion Processes." A second extensive series, "CHARMM: A Program for Macromolecular Energy, Minimization, and Dynamics Calculations," will meet for 13 sessions led by such speakers as Drs. Bernard Brooks and Martin Field, DCRT; Dr. David States, NLM; and Richard Venable, FDA. Shorter advanced scientific seminars will include "Progress in Computational Folding of Proteins," by Richard Feldman, DCRT, and "Software for Solving Transport, Diffusion, and Reaction Problems," by Dr. John Fletcher, DCRT.

Two popular single-session seminars on scientific software will be presented by the software designers. Wayne Rasband, NIMH, will describe the latest version of his Image software in "Image Processing on the Macintosh II," and Marvin Shapiro, DCRT, will discuss the use of DNAdraw in "Drawing DNA Sequences with Computers."

Scientific data analysis will be the topic of two DCRT-led seminars, "Flow Cytometry Data Analysis," by Luther Barden, and "Recurrent Problems in Data Analysis," by Dr. James Malley. "Introduction to Mathematica," by the division's Dr. George Hutchinson will meet for three sessions to discuss the use of this software for symbolic computation.

SAS has long been the most popular statistical software at NIH. In March there will be a seminar introducing users to the new features of version 6.06. This seminar has been scheduled for Lipsett Amphitheater to accommodate up to 200 students. Two sessions of "Using SAS at NIH," have been scheduled, one in March and one in May. "Introduction to Using SAS on the PC," will be offered in April.

Networks and Communication

Networking is perhaps the foremost topic in computing today. The Spring term will offer a new seminar on high-speed, full-screen connections to the mainframe from microcomputers on LANs and super high-speed network file transfer. NUnet, the network connecting NIH LANs to each other and the mainframes, will be the subject of two seminars, "NUnet, LAN, and Mainframe Mail Connectivity," and "Technology for Connecting Networks at NIH-NUnet." Electronic mail locally and worldwide will be the subject of two additional seminars, "ENTER MAIL," and "BITNET." Completing the offering will be "Using the Internet," on the use of mail and file transfer on UNIX systems, and "Networks for the Scientific Community," a discussion of LAN wiring strategies and future plans for RESnet.

The seminar "ENTER BBS" will demonstrate the use of the NIH central electronic bulletin board system. Two sessions are planned to meet users' needs for information on this increasingly popular communication system.

UNIX

UNIX systems, and especially the Convex system, will be presented in "Introduction to the Convex Supercomputer," "CXbatch System," "COVUEshell," and "Convex Tape System." "Welcome to UNIX," and "Fundamentals of UNIX," should satisfy those beginning to learn about UNIX. "Andrew File System," will present the Advanced Laboratory Workstation project's UNIX facility.

The C language is popular on UNIX systems and is increasingly used on many types of computers because programs written in C are portable. A full program of C-language training will be offered in the coming term, including: "Getting Started with C," "C Language Fundamentals," "C Language Workshop," and the new advanced course, "C Language Data Structures." These offerings present an unusual opportunity to begin or extend your knowledge of C without complex paperwork, fees, or the need to leave the NIH campus.

Object-oriented programming and the C++ language have received particular attention from DCRT computer scientists recently. A series of three seminars including the new "Object-Oriented Data Structures" will be offered.

370 Facilities

Advanced WYLBUR users are not being overlooked. For the first time in over a year, Roger Fajman, the author of NIH WYLBUR, will be offering the "WYLBUR Ranges and Patterns" course in May. This is a logical followup for students who take "Creating and Using Simple WYLBUR Command Procedures," this April or who have taken it in the past. Another advanced course, "WYLBUR Command Procedures for Programmers," will be offered in May. Of course, "Introduction to WYLBUR" and "Beyond Basic WYLBUR," will also be given during the term.

As usual, a full program of DB2 courses will be available to train students in the use of this powerful relational data base management system. "Getting Started with DB2," "Designing Tables and Managing a DB2 Data Base," "DB2 SQL and QMF Selected Topics," and "DB2 Application Programming," are the DCRT offerings.

PCs and Macs

Personal computers continue to grow in popularity. Several sessions of "Intermediate PC-DOS," will meet the needs of those who have some experience using an IBM PC; more elementary PC classes are now taught by the NIH Training Center. More advanced PC users will benefit from "Memory Management on the PC," "Batch Files with PC-DOS," and "PC-DOS Advanced Topics." In February, Robert Magnuson, DCRT, will present a seminar on his RMAG DOS Utilities, which will offer UNIX-like features for users of DOS. "Printing on the LaserJet," will show how dBASE, Lotus 1-2-3, and WordPerfect can be used with the popular HP LaserJet printers. "Mac to DOS and Back" will help those bridging the gap between these different machines.

In April, a new seminar led by Dr. James Malley, DCRT, will feature demonstrations of several Macintosh software packages of interest to scientists. In May, "Macintosh Shareware," will describe valuable shareware products and guidelines for using shareware safely.

Connecting microcomputers to mainframes via telephone lines is the topic of two seminars, one on how to use Kermit on the PC and the other on connecting Macintoshes to the IBM/370 mainframe.

All courses and seminars in the DCRT Computer Training Program are taught without charge on the NIH campus. A brochure, "Computer Courses and Seminars," for Spring 1991 will be sent out soon; detailed course information is also available online through WYLBUR's ENTER TRAINING command. Call the Computer Center Training Unit, DCRT, any time for information and advice, 496-2339. □

Subjects Needed

The Clinical Neuroendocrinology Branch, NIMH, and the Developmental Endocrinology Branch, NICHD, are conducting an outpatient study on depression in adolescents ages 12 to 18 years. Biological and psychological characteristics of depression will be examined. The study does not involve drug treatment. Individuals will receive monetary compensation for their time. For more information call (301) 496-4319. □

Caribbean Islands Offer Unique Natural Laboratory for Research

While most of us think of the Caribbean Islands as a place for a paradise vacation, a group of NIH scientists recently concluded that these English-speaking Caribbean Islands also offer a unique setting of research resources for collaborative studies with United States scientists.

The Fogarty International Center's Latin American initiative recently made a cooperative research development fund award to the Division of Research Grants to explore possibilities for collaborative research with Caribbean scientists. Under the award, an NIH field visit team held discussions with the scientific directors of the Commonwealth Caribbean Medical Research Council and visited the biomedical research facilities of the University of the West Indies in Kingston, Jamaica; Port of Spain, Trinidad; and Bridgetown, Barbados.

NIH's team consisted of Dr. Faye Calhoun, deputy chief for review, DRG, and coordinator; Dr. Arlene Fonaroff, FIC's program officer for the Americas, WHO, and PAHO; and representatives from four ICDs: Dr. Lois Lipsett, NIDDK; Dr. James Kavanagh, NICHD; Reva Lawrence, NIAMS; and Dr. Steve Mockrin, NHLBI.

According to Calhoun, "Each of the islands has a substantial minority population of Blacks and East Indians. Certain diseases appear to be much more prevalent than in the United States and may have a somewhat different natural history when compared to cases found in the predominantly Caucasian population in the U.S. This provides unique clinical materials and population resources for crosscultural studies and other collaborative efforts."

The NIH team noted that Caribbean investigators have already completed a number of population-based studies. Their ability to track participants on some of the islands for long periods of time and to document family histories for up to several generations has provided a valuable resource for determining pathophysiological similarities and differences.

The team also recommended that NIH extramural grantees be made aware of the population-based studies and special registries ongoing in the Caribbean. For example, the island of Dominica has a registry of every person living on the island. The registry is always current because residents who move must reregister.

Other recommendations focused on the development of both NIH-Caribbean extramural and NIH-Caribbean intramural collaborations and the establishment of a scientist-to-scientist exchange program.

This drawing of Georges Fattet in his office (circa 1847) is a modern adaptation by NIH artist Al Laoang from an oil painting by Edouard Pingret.

Murder Mystery for Dinner

You are cordially invited to a dinner, a clue, and a murder or two. Help solve the crime on Saturday, Feb. 3 at the Georgetown Holiday Inn, as "Mystery on the Menu" presents a murder mystery dinner theatre. The fun starts at 7 p.m. The murder mystery dinner package is only $39 and includes dinner, the show, tax, gratuity, parking and a glass of champagne. It's a great idea for a holiday gift! Make your reservation at any R&W location. For more information call 496-4600. □

19th Century French Dentistry Highlighted at NLM

A new exhibit titled "Dentistry in Paris: Georges Fattet and His Contemporaries 1830-1860," opens in the lobby of the National Library of Medicine on Jan. 22 and remains on display through March.

The NLM prepared the exhibit in conjunction with the National Institute of Dental Research and Dr. Bernard Moskow, a professor of clinical dentistry at Columbia University. An original oil painting of Georges Fattet in his office circa 1847, from Moskow's collection, is the centerpiece.

Georges Fattet was one of Paris's most extravagant 19th century chirurgiens-dentistes. He attracted much attention with the long brocaded dressing gown that he wore in his operatory and his retinue of attendants dressed in formal morning coats. He often rode through the streets of Paris in a carriage shaped like a set of false teeth.

Included in the NLM exhibit are original caricatures depicting the eccentric dentist. Parisian painters gravitated to Fattet and his contemporaries as natural subjects of caricature. Fattet was pleased with such drawings since he believed they publicized his practice.

Supplementing the materials from NLM and Moskow's private collection are 19th century objects from the Fauchard Dental Museum of Paris, the Dental Museum at the University of Maryland and rare books from the University of Pennsylvania. Additional objects were loaned by Dr. Pierre Laudet of Toulouse, France.

The exhibit area is open during the library's regular hours: 8:30 a.m. to 5 p.m., Monday through Saturday. □

Shown in front of Stone House after submitting their field visit team report to the FIC director are (from l): Reva Lawrence, epidemiologist (NIAMS); Dr. Faye Calhoun, deputy chief for review (DRG); Dr. Steve Mockrin, chief, Hypertension and Kidney Diseases Branch (NHLBI); Dr. Zulaika Ali, pediatrician (University of the West Indies); Dr. Farley Cleghorn, visiting fellow from the Caribbean Epidemiology Research Center in Trinidad; Dr. Arlene Fonaroff, program officer for the Americas (FIC); Dr. Pamela Rogers-Johnson, visiting scientist (University of the West Indies, Jamaica); Dr. James Kavanagh, deputy director, Center for Research for Mothers and Children (NICHD); and Dr. Lois Lipsett, special assistant to the director, DDEMD (NIDDK).

Benton To Oversee NCHGR Computer Needs

One of the biggest challenges facing the human genome project will be to develop new computer hardware and software to gather, store, and analyze the vast amount of information that will come from the project's chromosome mapping and DNA sequencing research. The 50,000 to 100,000 genes that make up the human genome are estimated to contain 100 million or so characters of information. If printed in the fine type used in dictionaries, all the information in the human genome would require a 220,000-page volume about 25 feet thick.

Although computers have become more commonplace in biomedical research laboratories, they are a long way from the caliber of machine needed for genome research. Dr. David Benton has joined the National Center for Human Genome Research as assistant to the director for scientific data management to oversee its "informatics" program to develop computer technologies able to meet the needs of the genome project. Benton comes to NCHGR from the West Coast technology company IntelliGenetics, Inc., where he managed the DNA sequence database GenBank.

Benton received his B.A. degree in chemistry from St. Olaf College in Minnesota in 1973. At the University of Minnesota, he studied the sequence of ribosomal RNA genes in plants and received his Ph.D. in cell biology in 1980. From 1980 to 1985, Benton worked as a molecular and cell biologist for the Atlantic Richfield Plant Cell Research Institute in Dublin, Calif. In the Stanford University laboratory of Dr. Ronald Davis, Benton developed the method now widely used for screening bacteriophage DNA for recombinant sequences.

Dr. David Benton

A new scientific discipline, informatics combines the methods of mathematics, computer science, and biology to create tools for acquiring and managing genome research data and for analyzing the biological information contained in the human genome, as well as those of certain model organisms. The ultimate informatics goal of the genome project is to develop a public database network containing all the chromosome mapping and DNA sequencing data generated during the project. One of the first challenges will be to develop larger capacity computer technologies to help laboratory scientists store and manage genome research data. □

France Honors DRG's Rapaport

Dr. Felix T. Rapaport, a past member of several study sections within the Division of Research Grants, was inducted last month into the Order of the Legion of Honor by President Francois Mitterand of France.

Rapaport was a member of the Arthritis and Metabolic Disease Program's project committee from 1968 to 1972, and was chairman in 1971-72. He was also a member of the surgery A study section from 1975 to 1979.

The premier French order and decoration, the Legion honors Rapaport for his career achievements in medicine that have contributed to the renown of France. Rapaport collaborated with Nobel prize winner Jean Dausset for 17 years in a series of experiments culminating in the discovery of the human leukocyte antigen (HLA) system of human histocompatibility.

Rapaport is currently professor and chairman of the surgery department at the State University of New York at Stony Brook and is founding chief of its transplantation service. □

NHLBI Council Gains Five

Five new members have been appointed to the National Heart, Lung, and Blood Advisory Council for terms running through October 1993.

They are: Dr. Janice E.G. Douglas of Case Western Reserve University and University Hospitals (Cleveland), where she is professor of medicine and director, division of hypertension and endocrinology; Dr. Marcellus Grace, dean and professor of pharmacy administration at the college of pharmacy, Xavier University of Louisiana, New Orleans; Dr. Zachariah P. Zachariah, director of the cardiovascular laboratories at Holy Cross Hospital, Ft. Lauderdale, Fla.; Dr. John Allen Clements, professor of pediatrics at the Cardiovascular Research Institute, University of California at San Francisco; Dr. Thalia Papayannopoulou, professor, department of medicine, University of Washington School of Medicine, Seattle. □

Jones Named NIGMS Deputy

Dr. Joye F. Jones has been named deputy associate director for program activities, NIGMS, where she will help set grant funding policies and procedures. She will also serve as the NIGMS liaison to the Division of Research Grants and will be the alternate NIGMS representative to the NIH extramural program management committee.

Jones has served as chief of the genetics of growth and differentiation section of the NIGMS Genetics Program since 1989. She joined NIGMS as a program administrator in the Genetics Program in 1986. In this capacity, Jones administered a portfolio of 150 research grants and supervised the Genetics Program's pre- and postdoctoral training grants. In 1988 and 1989, Jones also served as a special assistant to the NIGMS Office of Program Activities.

Dr. Joye F. Jones

Born in Prattville, Ala., Jones received a B.S. in biology from Florida State University and a Ph.D. in immunology and medical microbiology from the University of Florida. From 1980 until 1986, she was an assistant and later an associate professor in the department of microbiology at Thomas Jefferson University in Philadelphia. Jones first came to NIH in 1977 as a postdoctoral fellow in the Immunology Branch of the National Cancer Institute. □

Study Pays Subjects

You and two friends can each earn $420 by participating in a study of prescription drugs that requires a total of seven sessions, each lasting 6 hours. Sessions take place during the day and on Saturdays. All participants must be between 21 and 50 years old and not active-duty military. Call 295-0972 for more information. □

Asthma Hospitalizations, Deaths Rise in Minority Children

By James Hadley

Asthma-related deaths and hospitalization rates are on the rise, particularly among young African-American and other minorities, according to the results of two recent studies by Dr. Kevin B. Weiss, special assistant to the director of the Division of Allergy, Immunology, and Transplantation, NIAID, and assistant professor of health care sciences and medicine at George Washington University Medical Center and Drs. Diane K. Wagener and Peter J. Gergen of the National Center of Health Statistics.

Previous research suggested that the increase in reported asthma hospitalizations and deaths may have been due to a change in disease coding procedures that took effect in 1979. But the new studies, one on asthma deaths and the other on hospitalizations, indicate that the increase may be real, especially among poor African-American youth.

Commenting on the significance of the studies, NIAID director Dr. Anthony S. Fauci said, "These studies lay the foundation for asthma research initiatives such as the National Cooperative Inner-City Asthma Study, to be funded by NIAID in the near future. Furthermore, these studies come at a time when consistent medical care and well-managed drug therapy can prevent asthma-related deaths."

The lead article examined deaths from asthma in the United States from 1968 through 1987. The researchers found that asthma mortality in persons ages 5 to 34 declined steadily from 1968 to 1977, but increased dramatically from 1978 through 1987. The mortality rate increased significantly faster among 5- to 15-year-olds than among those ages 15 to 34. The increase could not be attributed solely to the diagnostic coding change.

The researchers also found that, compared to Caucasians, minorities had substantially higher rates for asthma mortality. "In 1987, the highest rate was that among nonwhite males—3.5 deaths per million of population—nearly five times as high as the rate among whites of both sexes," according to the researchers.

Four locales were found to have mortality rates higher than the rate for the general U.S. population: New York City; Cook County, Ill.; Maricopa County, Ariz.; and Fresno, Calif. When combined, New York City and Cook County accounted for 21 percent of all asthma deaths, suggesting that these two areas "are, in part, driving the U.S. trend" in rising asthma mortality, point out the authors.

The scientists also reviewed national trends in asthma hospitalizations from 1979 through 1987. They analyzed data from the National Hospital Discharge Survey, an annual study of hospitalizations, diagnoses, and payment methods.

Asthma hospitalizations for children up to 17 years old increased 4.5 percent each year during the study period. The largest yearly increase, 5 percent, occurred in children up to age 4, while the smallest increase, 2.9 percent, occurred among 5- to 17-year-olds.

Young African-American and other minority children showed the largest increase in asthma hospitalizations, report the authors. Minority children under age 4 had 1.8 times the increase in hospitalization as that of age-matched Caucasians.

In 1979, the hospitalization rate for asthma was 2.67 and 5.76 per 1,000 for Caucasian and minority children, respectively. By 1987, the rate had increased to 3.53 for Caucasians and 10.16 for minority children.

"At this time, we can only speculate about the reasons why both asthma mortality and hospitalization occur disproportionately among minorities and the economically disadvantaged in urban areas," Weiss said. "Additional research on asthma in this population will, we hope, lead to a better understanding of the factors contributing to the increase of asthma-related health problems." □

Library Offers New Info Systems

The NIH Library has been experimenting with various new formats for providing information to NIH staff. A new CD/ROM Medline system has been ordered and should appear in the library within 2 months. It was chosen with advice from NIH staff who helped evaluate two systems.

Already available is *The Physician's Desk Reference* (*PDR*) on CD/ROM. It includes *PDR*, *PDR's Drug Interaction and Side Effects Index*, *PDR for Nonprescription Drugs*, and *PDR for Ophthalmology*. The automated format is easier to use than the book format.

On the same microcomputer as the PDR, located behind the reference desk, are two instructional programs from the Dynamical Systems Corp. for demonstrating nonlinear dynamics and chaos. *Chaos in the Classroom: I*, covering maps and bifurcations, allows the student to visualize behavior of various models with changes in parameters. *Chaos in the Classroom: II* demonstrates fractals and Julia sets.

In conjunction with the new software on chaos, the library is providing a bibliography of books on chaos and fractals owned by the library. Many of these books will be on display during January. □

Simos, Former DRG Deputy, Dies

Dr. Irving "Ozzie" Simos, who retired from the Division of Research Grants in 1987, died Dec. 9 of amyotrophic lateral sclerosis, also known as Lou Gehrig's disease.

Simos had a long and distinguished career at NIH that spanned 30 years. He held positions that included executive secretary of the small grants section at the National Institute of Mental Health (at that time a component of NIH) and deputy chief of the Referral and Review Branch of DRG. He was a well-respected member of the NIH extramural community and many of his colleagues valued his thoughtful advice and quiet demeanor.

Simos received his bachelor's and master's degrees and a doctorate in clinical psychology from the University of Minnesota. He was an Army veteran of World War II. From 1949 to 1955, he served on the faculty of the University of Nebraska, then spent 2 years at the Veterans Administration Hospital at Perry Point, Md., where he was a supervisory psychologist, before joining NIH.

After his retirement from NIH in 1987, he was a volunteer counselor in Rockville with a Woman's Place, an arm of the Montgomery County Women's Commission. His hobbies included the violin. He performed with the Montgomery County Symphony and the NIH Chamber Orchestra.

Survivors include his wife of 38 years, Charlotte Simos of Potomac; their son, Daniel, of Gaithersburg; a stepdaughter, Frances W. Tribe of Orinda, Calif.; and four grandchildren.

Many friends and colleagues joined the Simos family at a memorial service at Beth-El Congregation of Montgomery County in Bethesda.

DRG's Fitch Is Mourned

Dr. Kenneth Fitch, a health scientist administrator in the Division of Research Grants, passed away on Dec. 4 of cancer.

He was an executive secretary in the special review section of DRG's Referral and Review Branch. His career at NIH began in 1981 when he became an expert consultant with the National Cancer Institute. In 1987, he became an employee of the National Institute of Allergy and Infectious Diseases, later transferring to the National Heart, Lung, and Blood Institute, and in 1989, he joined DRG.

From 1963 to 1987, he was an associate professor of anatomy at Illinois State University in Normal. During 1968-9, he was a Fulbright fellow at Ege University in Igmir, Turkey. Fitch received his Ph.D. in zoology from the University of Michigan in 1956.

A memorial service was held at the Cedar Lane Unitarian Church in Bethesda.

Fitch is survived by his wife, Jean, and their three children.

NIGMS director Dr. Ruth L. Kirschstein (r) presents a certificate of appreciation to Dr. Elizabeth H. Blackburn, a molecular biologist from the University of California, San Francisco, who presented the 1990 DeWitt Stetten Jr. Lecture. Blackburn discussed her NIGMS-sponsored research on the ends of chromosomes, which protect the genetic information during the chromosome duplication that precedes cell division. Also shown is Jane Stetten.

Hepatitis Vaccine Recommended

A widely publicized health issue for health care workers exposed to human blood and body fluids is the risk of HIV infection from on-the-job injuries (for example, needlesticks, splashes). But another virus, which is transmitted 50 times more readily than HIV, can also be passed by needlesticks or as a result of other accidental injuries involving blood and body fluids: hepatitis B.

Each year, about 12,000 health care workers in the United States are infected with hepatitis B. Many of them develop serious chronic liver disease, and more than 250 U.S. health care workers die from their infections. Such infections and deaths could have been prevented if these health care workers had been vaccinated for hepatitis B.

Even if your job requires infrequent handling of human blood or body fluids, you should be vaccinated against hepatitis B. The vaccine is extremely safe, effective and has relatively few potential side effects. More than 90 percent of those vaccinated develop antibodies to hepatitis B.

The vaccination series consists of three injections over 6 months. Employees who receive the full vaccination series are encouraged to have their blood tested annually to ensure that they have adequate immunity to hepatitis B.

The vaccine is free to federal employees at NIH and is administered by the Occupational Medical Service (OMS) by appointment. For more information, call OMS, 496-4411, or the hospital epidemiology service, 496-2209. To schedule your vaccination for hepatitis B or to have your blood tested for antibodies to hepatitis B, call OMS. □

An Open Letter to Federal Employees

From Constance Newman
Director, Office of Personnel Management

President Bush has just signed into law a bill to reform the federal pay system for white collar workers. The new law is the result of a cooperative effort on the part of Congress, the administration, and federal employee organizations. It developed from a common understanding that our old inflexible pay system was unfair to our current workforce and was threatening our continued ability to recruit and retain the best.

The new system is flexible and market sensitive. While it retains the General Schedule, it changes fundamentally the way GS pay rates are adjusted. The schedule will be adjusted each January based on changes in the national average cost of labor (Employment Cost Index). Beginning in 1994, there will also be adjustments based on the differences between federal and nonfederal salaries in local areas. This will help make the government a competitive employer in all parts of the country.

The law also provides a variety of new pay authorities. It provides, for example, for recruitment and relocation bonuses and retention allowances to deal with especially difficult staffing problems. There are also some immediate relief measures to provide help for the most acute problems until the new system is fully in place.

I believe the new pay system will provide a fair, equitable, and cost effective means of compensating federal employees for the critical services you provide to this nation. It will also assure that we continue to attract men and women of the highest caliber. You will be hearing more about the new system as implementation proceeds. □

Fed Ex Gets Shipping Contract

The General Services Administration (GSA) awarded the Federal Express Corp. a government-wide, mandatory-use contract effective Jan. 15 for overnight shipment of small packages. The prior contractor, Airborne Express, should not be used after Jan. 14. NIH shippers must have a valid account number under this contract before using Federal Express. New accounts can be established for the ICDs by the NIH contracting officer's representative Blaine Jacobs, chief, Shipping and Receiving Branch, Division of Logistics, Bldg. 13, Rm. 1759, 496-5921. Beginning Tuesday, Jan. 15, call Federal Express direct for GSA contract pickups with your new account number at 953-3333 or 1-800-238-5355. □

Dr. William Raub, NIH acting director, accepts his 1991 R&W membership from R&W president Dr. Helen Gift. Standing are (from l) Kelly Goka, director of recreation and member services; Rowena Ahern, 1st vice president; Charles Butler, 2nd vice president; and Randy Schools, general manager. During the drive, which runs through Jan. 31, you can purchase a membership for only $4 and receive a free desk calendar. You'll also be entered in a drawing for a Bahamas cruise and other great prizes. Join today at any R&W location. For more information call 496-4600.

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