

THE NIH RECORD

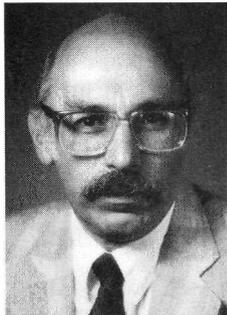
Still The Second Best Thing About Payday

NIGMS Welcomes New, But Familiar, Leader

By Alisa Zapp

Dr. Marvin Cassman now owns the shoes he's filled for 3 years. After serving as NIGMS' acting director since 1993, he was appointed permanent director last month.

NIH director Dr. Harold Varmus selected Cassman for the position because of his strong commitment to basic research, his concern for the health of the scientific community, and his long-term involvement with science policy. "Dr. Cassman is an outstanding scientist and scientific program manager whose skills are ideally suited



Dr. Marvin Cassman

SEE **CASSMAN**, PAGE 4

CFC Kickoff Set, Oct. 2

The annual NIH Combined Federal Campaign kickoff will take place on Wednesday, Oct. 2 at 11:45 a.m. in front of Bldg. 1. The National Center for Research Resources will host this season's CFC campaign. The theme this year is "Help Hope Take Shape."

There will be plenty of hope on hand with nearly 2,500 voluntary agencies participating in the CFC, which provides services to millions of those in need throughout the globe. If walking is your thing, come out and join the CFC walk and win a free workout at one of the R&W fitness centers or a gift of 25 percent off at an R&W gift shop. If you enjoy music,

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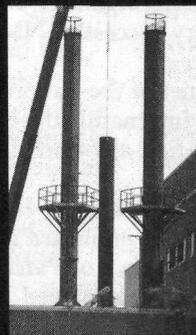
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U.S. Department of Health and Human Services National Institutes of Health

September 24, 1996 Vol. XLVIII, No. 20

A Tainted Classic

Anatomy Text Draws Criticism

By Rich McManus

A working group of intramural scientists has convened to decide the fate of an anatomy textbook—originally published in 1943 and available in the NIH Library and National Library of Medicine—written by a Nazi physician and, critics contend, based on data gleaned from Holocaust victims.

The two-volume *Pernkopf Anatomy, Atlas of Topographic and Applied Human Anatomy* by Dr. Eduard Pernkopf has been reprinted several times (the NIH Library has the 1964 and 1989 editions, translated in English from the original German) and has been recognized as a classic in the field. But during a lecture at the Holocaust Museum in Washington, D.C., last spring, two NIH physicians were outraged to learn of grim complicity with evil on the part of German doctors, including the renowned Pernkopf.

Dr. Robert Nussenblatt, NEI scientific director, had never met Dr. Pablo Gejman, chief of NIMH's unit on molecular clinical investigation, Clinical Neurogenetics Branch, prior to the lecture, titled, "Hippocrates Betrayed: Medicine in the Third Reich." But afterward they were united in their revulsion over what other medical professionals, who too had once sworn to "do no harm," had committed in the name of science.

"I came back [from the lecture] saddened, horrified, and angry

SEE **TAINTED TEXT**, PAGE 8

Campus Improvements To Affect Parking, Future Crunch Seen

The planning, design and construction teams of the Division of Engineering Services within the Office of Research Services are making long anticipated—and needed—projects a reality for NIH. Projects to improve campus infrastructure, construction associated with Bldg. 10 and the future Clinical Research Center, and a new Consolidated Laboratory Facility are in the works. The impact of these projects will be felt by NIH employees and visitors driving and parking on the Bethesda campus over the next several months and years.

The National Capital Planning Commission and the Montgomery County Planning Board, which have been monitoring NIH's Transportation Management Program (TMP), have repeatedly asked that NIH reduce its parking supply to conform with federally mandated limits. Campus-wide, there are currently about 9,000 spaces for 15,800 employees or a little over half a

SEE **IMPROVEMENTS**, PAGE 10



Dear Editor,

Pedestrians beware! On several occasions within the past 2 months I have experienced a very unnerving situation that should be brought to the attention of all who walk the sidewalks of the NIH campus, and the NIH Police. I have encountered bicyclists roaring past me (35 m.p.h. at least) as I trek merrily to my car in the evening. These people are on the sidewalks! On two occasions these cyclists have come within 2 feet of me. Ouch! On each occasion there was no warning (bells, whistles or even a yell). It was a frightening and dangerous maneuver. Had I stepped one foot to the left or right I could have been maimed or worse. I wonder how many other innocent folks have been accosted by these mindless people. I repeat: Pedestrians beware!

Beverly Stuart, OD

Dear Editor,

I am proud to be part of NIH and to contribute to our mission of maintaining and improving human health. But I have given a lot of thought to the role that NIH should play in the related challenge of assuring that we humans don't damage or overwhelm the Earth's natural systems on which we depend for our sustenance.

I think NIH should play a leading role in the quest

for a sustainable economy, for if we do not live sustainably, eventually human health will suffer. But at a minimum, NIH should comply with current environmental laws and regulations. At this point, NIH does not meet this minimum standard in some regards.

In accordance with Executive Order 12873, we should be using recycled paper, and should do double-sided copies whenever feasible. Yet the paper we use in my office is 0 percent recycled, and even the copies of the executive order requiring that we copy double-sided was received in my office on single-sided copies. In accordance with Montgomery County's mandatory business recycling regulations, we should be recycling office paper, newspaper, glass and plastic bottles, cans, cardboard and yard waste. I know of several NIH buildings that don't meet these requirements.

Moving beyond mere compliance with the law, NIH should install more efficient lighting, heating and cooling systems. In many cases, Pepco would pay for these upgrades. NIH, the taxpayer and the environment would all gain if we pursued these enhancements more vigorously. NIH can and should do better in protecting the environment.

Carl Henn, CMB/NIAID

Camera Club Meets, Oct. 8

The NIH R&W Camera Club will meet on Tuesday, Oct. 8 at 7:30 p.m. in Bldg. 31, Rm. 6C08. Guest speaker is John W. Boretos, a longtime club member who has taught photography and won numerous awards. The title of his talk is "Award Winning Photos Through Creative Lensmanship."

The subject for the evening's competition is photojournalism. Formats include black and white and color prints, and color slides. For more information, call Dr. Yuan Liu, 4-6382.

Symposium Marks Four Decades of Nuclear Magnetic Resonance at NIH

A symposium celebrating 40 years of nuclear magnetic resonance studies at NIH will honor Dr. Edwin D. Becker, chief of the NMR section in NIDDK's Laboratory of Chemical Physics, on Oct. 4 at 1:30 p.m. in Wilson Hall, Bldg. 1.

With 41 years at NIH, Becker is well-known for developing NMR methods and encouraging their use throughout the world, says Dr. Adriaan Bax, chief of the lab's biophysical NMR spectroscopy section and organizer of the symposium. "Ted Becker is the architect behind the very successful NMR and MRI programs at NIH."

During his career, Becker served as the first chief of the Laboratory of Chemical Physics, acting director of the Fogarty International Center, NIH associate director for international research, and first associate director for research services.



Dr. Edwin Becker

He is the widely known author of *High Resolution NMR*, a popular textbook published in 1969 and revised in 1980, and coauthor of *Pulse and Fourier Transform NMR*, a book that played a major role in developing Fourier transform NMR methods and their application to carbon-13.

In January 1996, Becker converted to a part-time position at NIH to facilitate his work as secretary general of the International Union of Pure and Applied Chemistry and to prepare a third edition of *High Resolution NMR*.

"Physical and Biological Nuclear Magnetic Resonance: A Symposium in Honor of Edwin D. Becker,"

will feature five internationally known specialists in the field: Alex Pines, University of California, Berkeley; Tom Farrar, University of Wisconsin; Rod Wasylshen, Dalhousie University; Gitte Vold, University of California, San Diego; and Dennis Torchia, NIDR.—Sharon Ricks

NIH RECORD

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Workshop on Inclusion of Children in Research

A workshop to examine the participation of children in clinical research was held recently at NIH, sponsored by NICHD and the American Academy of Pediatrics.

It was convened in response to concerns that many medical treatments administered to children are based on results of research performed only on adults, said NICHD director Dr. Duane Alexander. An added concern was that excluding children from taking part in clinical studies to protect them from potential risks would also result in their being denied the benefits of research.

Dr. Paul McCarthy, of Yale University and the AAP Council on Pediatric Research, said AAP sought to convene a workshop to learn what could improve children's access to research, as many members of the group believed research on children lagged behind that on adults. As an example, he cited a recent NIH Request for Applications on hypertension in minorities, which did not make any provisions to include children, despite the fact that hypertension is a serious problem in African American adolescents.

"The perception that the needs of children may be underserved reflects problems inherent in clinical research involving children, opportunities for creating new insights into important biologic and behavioral issues affecting children and youth, and, undoubtedly, barriers within the academic communities that impede the conduct of effective research involving children," AAP members stated in a paper submitted to conferees.

Dr. Ellen Wright Clayton of Children's Hospital of Vanderbilt University Medical Center outlined the various ethical conflicts surrounding the need to include children in research. The need for such research is clear, she wrote in a paper accompanying her presentation. Most available drugs have simply never been tested in children, she wrote, even though children differ physiologically from adults in important ways. This forces physicians to extrapolate from the adult data, or to rely on anecdotal evidence or on expert opinion. However, she added, children cannot simply be enrolled in trials in the same way that adults can.

Breakout groups discussed the problem and reported general agreement that some action by NIH is appropriate to try to increase inclusion of children in research. A summary of the workshop proceedings is now in preparation. ■



NCI Drs. Joseph F. Fraumeni, Jr., and Alfred G. Knudson, Jr., received the 1996 Irving J. Selikoff Award for Cancer Research. The Ramazzini Institute for Occupational and Environmental Health Research, which was founded by the late environmental epidemiologist Selikoff, confers this annual award on scientists who demonstrate excellence in research on the environmental and genetic determinants of cancer. The award cited the two scientists as leaders in research designed to detect and redirect the chain of events leading to cancer. Fraumeni is director of the Division of Cancer Epidemiology and Genetics and Knudson is acting director of DCEG's Human Genetics Program.

Gene with Role in Uterine Cancer Found

Some endometrial cancers, or tumors in the uterus, appear to result from a mutation in a DNA repair gene, called MSH3, scientists at NIEHS reported recently in *Nature Genetics*.

When impaired, the gene fails to correct errors that may occur in DNA, the genetic code of cells, the scientists said. These errors may result from environmental or chemical exposures and occur when the cell makes copies of its DNA for new cells.

These uncorrected errors, or genetic instability, can result in misspellings, unnecessary stuttering or deletions of the genetic code. This type of instability has been reported in many types of human tumors. Thus, in addition to the role of impaired MSH3 in endocrine cancer, the researchers said, it may play a role in these "other neoplasms that display microsatellite instability"—colon, pancreas, ovary, stomach, lung and bladder.

Some 35,000 sporadic endometrial cancers occur each year in the United States. The uterus is the fourth most common tumor site in women, after breast, lung and colon-rectal. ■

Biomedical Calendar Available

The 1996-1997 Calendar of Biomedical Meetings and Events, which includes meetings sponsored by NIH as well as those of major medical societies and biomedical research associations, is available from the Office of Communications, OD. To obtain a copy, call Betty Riley, 6-8855.

Before joining NIGMS in 1975, Dr. Marvin Cassman was an assistant professor of biochemistry and biophysics at the University of California, Santa Barbara. He earned a Ph.D. in biochemistry from Albert Einstein College of Medicine in New York and did a postdoctoral fellowship in the laboratory of Dr. Howard Schachman at the University of California, Berkeley.

Cassman's honors include the 1991 Presidential Meritorious Executive Rank Award and the 1983 NIH Director's Award. He is a member of the Protein Society and the American Chemical Society.

When he's not attending meetings, making funding decisions, keeping up on scientific literature, or doing myriad other duties of an ICD director, Cassman can be found hiking, playing racquetball, listening to his extensive collection of opera recordings, or sampling ethnic fare in one of Bethesda's restaurants.

CASSMAN, CONTINUED FROM PAGE 1

for this position at the helm of NIH's 'basic research institute,'" Varmus said. "Over the years, Dr. Cassman has proven himself to be astute at perceiving trends in biomedical science and innovative in creating new approaches to meet areas of opportunity or need. His expertise in such areas as structural biology, biotechnology, science policy, and technology transfer will be especially valuable at NIGMS and at NIH as a whole."

Cassman will oversee a \$947 million budget that funds more than 3,300 research grants—about 13 percent of all NIH grants. These support basic biomedical research in areas such as cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, and biological chemistry. The research is not targeted to specific diseases, but rather increases understanding of life processes and lays the foundation for advances in disease diagnosis, treatment, and prevention.

Cassman sees his job as one of "continual adjustments" to the changing field of basic biomedical research. Two of the emerging issues he foresees are addressing the needs of new investigators and reaching an understanding of global cellular regulatory mechanisms.

Special Efforts on Behalf of New Investigators

Cassman believes that the funding difficulties faced by many new investigators are a consequence of how federal science funds are distributed and changes in the U.S. economy. He views the structure of federal funding in this country as a reflection of the classic American spirit. "We provide an open door for everyone and then tell them they're in business for themselves. I think this has been extremely successful, but now growth is much less than it was in the past. We have to pay more attention to ensure that new people have the opportunity to get started and to achieve their potential," he said.

Because of his long-term interest in this issue, Cassman was appointed cochair of the NIH working group on new investigators. The group, which will meet for the first time on Sept. 24, will examine data on new investigators and determine whether NIH should devise additional ways to support and encourage these scientists.

Understanding Cellular Systems

"One of the most exciting research areas is cellular regulation," Cassman said. "We're getting all this information about molecular events from structural and molecular biology. Now we need to put together all the interactions of molecular circuitry in order to understand how a cell controls its function in a changing environment. This will require multidisciplinary approaches, including those derived from chemistry and engineering."

As an essential counterpoint to this, Cassman sees

the need to develop new ways of managing biological data.

"Our understanding of biology is growing at an incredible rate," he said. "One of the goals for the future is to be able to integrate that knowledge and make it accessible for use."

Positions and Accomplishments

Cassman has served at NIGMS in various capacities over the past 20 years. Since 1989, he has been deputy director of the institute. He organized and directed a new NIGMS program in biophysics and the physiological sciences. He was also chief of a section that focused on the molecular basis of disease.

In the late 1970's, he created and administered an NIGMS Shared Instrumentation Program that funded major equipment used by several biomedical researchers. This program later became a model for an NIH-wide initiative and similar programs in other government agencies.

Last year, he chaired the NIH working group on the Division of Research Grants to examine the structure of how NIH reviews grants. The group's recommendations included the establishment of a new central oversight body, the peer review oversight group; a broadening of study section membership; and the movement of DRG's Information Systems Branch into the Office of the Director. Many of the group's recommendations have been implemented.

Consistent with his strong interest in science policy, Cassman served as a staff member of the House subcommittee on science, research, and technology; and as senior policy analyst in the Office of Science and Technology Policy.

Of all his achievements at NIGMS, Cassman is most proud of organizing a research and training program focused on the structural biology of AIDS-related proteins. Established in 1987, this program has supported research that determined the high-resolution structure of HIV reverse transcriptase as well as studies on protease inhibitors and general approaches to modeling for the purpose of drug design.

The potential applications of such research—as of all fundamental research projects—are incalculable, Cassman believes. "If there's one thing that the 20th century has taught us, it is that knowledge is power. The more fundamental that knowledge, the more powerful a tool it is to address the problems of biology."

NIGMS' mission is to support biomedical research that enhances such knowledge. Clearly, it is also the passion of the institute's new director. ■

CC Hosts Medicine Lectures for Public

Drug-resistant bacteria, nicotine addiction, and aging are among topics that will be covered in the Clinical Center's Medicine for the Public lecture series, which begins Oct. 1.

The lectures, which are free and open to the public, are held at 7 p.m. on Tuesdays in Masur Auditorium, Bldg. 10.

The Medicine for the Public lecture series, now in its 20th year, features physician-scientists working at the forefront of medical research at NIH. For more information call Clinical Center Communications, 6-2563.

This year's schedule:

OCT. 1: Drug Abuse: A Preventable Behavior; Drug Addiction: A Treatable Disease. Dr. Alan Leshner, director, National Institute on Drug Abuse.

Drug Abuse.

OCT. 22: Drug-Resistant Bacteria: Old Foes with New Faces. Dr. David Henderson, CC deputy director for clinical care.

OCT. 8: Heart Attacks and Cardiovascular Risks in Men and Women. Dr. Jeffrey Hoeg, chief, cell biology section, National Heart, Lung and Blood Institute.

OCT. 29: Colorectal Cancer Therapy Now and into the Next Millennium. Dr. Carmen Allegra, chief, National Cancer Institute-Navy Medical Oncology Branch.

OCT. 15: Nicotine Addiction: Science, Medicine, and Public Policy. Dr. Jack Henningfield, chief, Clinical Pharmacology Research Branch, National Institute on

NOV. 12: Aging: Genes, Cells, and Selves. Dr. Richard Hodes, director, National Institute on Aging. ■

Winter To Give Lieberman Lecture

Dr. Greg Winter, head of the division of protein and nucleic acid chemistry at the Medical Research Council laboratory of molecular biology at Cambridge University, will deliver the Rose Lieberman Lecture on Monday, Oct. 7, at 2 p.m. in Lipsett Amphitheater, Bldg. 10. The presentation is titled "Making Human Antibodies by Phage Display Technology."

NIAID's Laboratory of Immunology established the lectureship to communicate innovations in the field that the late Rose Lieberman, a distinguished 30-year NIAID veteran, helped pioneer. Her research is fundamental to understanding the genetic basis of the structure and synthesis of antibody molecules. Winter exemplifies the type of scientist Lieberman was and admired. He also serves as

Fran Damages NIEHS Headquarters

Hurricane Fran, which hit North Carolina late Sept. 5, closed NIEHS the following day when flooding, tree-blocked roads, downed electric lines and malfunctioning traffic lights made driving to work in the area perilous.

Damage to NIEHS was generally confined to shorted electrical circuits, some soggy carpets and loosened ceiling tiles. But the first talk in NIEHS' 1996-97 Distinguished Lecture Series, which was to have been Sept. 10, was indefinitely postponed when the home hosting the lecturer, NCI molecular biology lab chief Ira Pastan, lost power—and hotel rooms were unavailable because they were filled with people fleeing flooded or damaged homes.

The main NIEHS campus in Research Triangle Park never lost power but the smaller North Campus did—and when its backup generator also failed, on Saturday, scientists and other volunteers moved freezers to the main campus' new F module laboratories, where they could get power.

Tall trees fell but damaged no NIEHS buildings and blocked no campus roads.

Most employees' homes lost power for at least a day and many remained without power into the following week. With TV silenced, some enjoyed bringing out board games to play by candlelight. But serious property damage—trees through roofs and bedrooms and baths, for example—were suffered by numerous employees.

"I love this area for its mild winters and sailing," one recent addition to the workforce from the Washington area said, "but this winter my pipes froze and broke, and this summer, during Fran, I awoke to a crack as a tree outside my bedroom broke off and hit the roof. My jogging trail is a mess and I haven't been able to get to my boat to see if it's ok. The 'best place to live in America' isn't supposed to be like this!" ■

deputy director of the MRC Centre for Protein Engineering at Cambridge University. After graduating from Cambridge in 1973, his postdoctoral work involved nucleotide sequencing, and he completed the sequencing of influenza virus. Subsequently, his work has focused on the development of modern protein chemistry—engineering new and altered proteins by manipulation of their genes. A reception will follow the lecture in the amphitheater lobby. ■

FAES Concert Set

The first concert of the 1996-1997 FAES Music Series will be held Oct. 6 at 4 p.m. in Masur Auditorium, Bldg. 10, and will feature the Trio di Parma, violin, cello and piano. Tickets are \$20 at the door; \$10 for students. For information call 6-7975. ■

Kaiser Plan Service Day

Kaiser Permanente Health Plan will be on the NIH campus Thursday, Sept. 26 to assist plan enrollees who have claims or enrollment problems or questions. A plan representative will be available from 10 a.m. to noon in Bldg. 31, Rm. 3C05 and from 1 to 3 p.m. in Bldg. 38, Conf. Rm. B. No appointment is necessary. Assistance will be provided on a first-come, first-served basis.

NCI Hosts Poster Session for Students/Teachers

A poster and lecture session recently culminated the formal activities of the McKinley High School-National Cancer Institute adopt-a-school program for the year. The participants—five students and four teachers—presented their summer research to an audience in Wilson Hall.

NCI established the program in the belief that early exposure to science will increase the number of students who choose to pursue advanced degrees in science and medicine. The partnership was established in 1989 to provide an employment and learning experience for the students. A year later, the Teacher Enrichment Program was developed.

This year's session featured both new and experienced students, with at least one veteran preparing to move on to a major university. Kara Jagessar will pursue studies in science and will be tracked for possible postgraduate affiliation with the institute.

The NCI EEO office, in leading the program, earned the District of Columbia Public Schools' Superintendent's Award, which was accepted by EEO Officer Sandra Thomas.

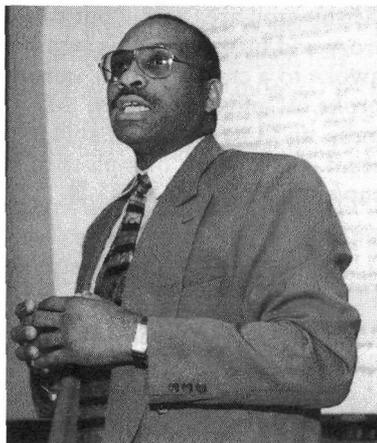
The NCI EEO Officers' Recognition Award was also presented to the year's mentors and employees who helped the students.



Sandra Thomas, NCI EEO officer, accepts the Superintendent's Award from D.C. Public Schools, represented here by Thomas Baldwin (l). Looking on is NCI deputy director Dr. Alan Rabson.



College-bound Kara Jagessar discusses her work in NCI's Laboratory of Pathology.



Charles Perry, a teacher at McKinley, presents results of work in the Laboratory of Molecular Pharmacology.

NIH Marks Fire Prevention Week

On Tuesday, Oct. 8, NIH will observe Fire Prevention Week with myriad displays and demonstrations. These will be held outside the Bldg. 10 B1-level cafeteria from 10 a.m. to 2 p.m. and are sponsored by the Emergency Management Branch, Office of Research Services. Fire Prevention Week this year is Oct. 6-12.

This year's theme is "Let's Hear It for Fire Safety." Fire safety is important because the perils of fire are real, both in the home and at work. Each individual should be vigilant to identify potential fire hazards and correct them quickly. Most fires can be prevented.

NIH fire fighters will display an array of fire detection and suppression devices; provide demonstrations of fire, rescue and hazardous materials response vehicles and the equipment and protective clothing used on campus; and provide a variety of fire-safety and severe weather brochures and other emergency preparedness handouts.

Other attractions include a Maryland State Police med-evac helicopter; the Prince George's County "robot," used for handling extremely hazardous materials and explosive devices; the Montgomery County air boat, used for water rescues; two trained dogs; and a fire safety house, designed to train children how to react in fire emergencies.

A number of prizes, including fire extinguishers, smoke detectors, carbon monoxide detectors, home fire escape ladders, gift certificates and tickets to local sporting events will be awarded to those attending the activities. Sparky the fire dog will be present to greet all visitors. Also, the winners of the 1997 Fire Prevention Week slogan contest will be announced. Two winners will be selected and the winning slogans and authors' names will be featured on next year's Fire Prevention Week posters.

Hot dogs, chips and soft drinks will be on sale from 11 a.m. to 1 p.m. and proceeds will be donated to NIH charities. The rain date is Thursday, Oct. 10. A sign language interpreter will be available during the activities. Call 6-1985 for more information. ■

CFC KICKOFF, CONTINUED FROM PAGE 1

come hear the cool jazz sounds of Questet. Lunch may be purchased from George Starke's Head Hog BBQ. The fare includes a pulled pork or chicken sandwich for \$4, a sandwich platter, which includes beans and coleslaw, for \$5.75, and a rib sandwich for \$5. Soft drinks are also available for \$.75. Sign up for a free raffle and win a color TV (courtesy of Geico) or theater tickets. Want to join a team of winners? Talk to your CFC keyworker—today—about how you can "Help Hope Take Shape" by contributing to the less fortunate. ■

First Person

Are There Any Germs in Ice?

By Ethel Frear

Many folks are becoming very concerned with their health, and desperately want to know about the latest virus going around. What happens when you find yourself working in a lab called Allergy and Infectious Diseases? I had visions of little bugs, the ones you can't see, crawling over everything.

On my first day at work, the secretary—who was transferring to another location—asked me to make a list of items I would need in the office over the next several months. At the supply store, I pointed out a mint green soap called Vionex.

Written in large letters on the front of the container was the phrase "antimicrobial liquid soap." What's antimicrobial? Is that crucial? The label went on to say that the product "can't be bought in the grocery store." Further, it said clearly, "Effective for germ killing."

I figured, "Can't be anything better than that! Better get two, just in case." This was not a soap to be taken lightly!

Returning to the office and presenting my newfound germ-killing soap to my coworkers, I



was assured that safety measures in the lab were in effect at all times. Later in the day, I walked to Bldg. 31 to grab a bite to eat and observed a cafeteria worker standing on a ladder dumping a large tub of ice into a dispenser. The thought struck me, "How long can germs live in ice?" I assumed cold kills everything. The colder the better! You remember the days when Mom was considered the final authority in the home. When I was a kid, she always said, "Wait 'til the snow comes, it will kill all the germs." Right?

Not true, according to one of the doctors at the Allergy and Infectious Diseases lab. In 1972, the Norwalk virus was discovered by Dr. Albert Kapikian and his colleagues. The virus was named for the location where it was first detected—Norwalk, Ohio.

According to a 1993 issue of the *Journal of the American Medical Association*, outbreaks of this virus have been found in many camps, hospitals, nursing homes, schools, institutions, in families, and wherever people meet as a group. What does the virus cause? A diarrheal illness, better known as the 24-hour bug, or stomach virus.

After talking with Kapikian about germs and their relationship to ice, I was now intrigued enough to

begin my own research.

Do you have any idea how difficult it is to find out about ice? It's a three-letter word. Not difficult. You would think, down through the ages, someone would have been curious enough to investigate germs living in ice. Why? For one thing, it's an item that most people use on a regular basis.

In the book, *Physics and Chemistry of Ice*, Dr. Roy Daniells states that the Egyptians, Hebrews, Greeks, and Romans did not have ice as one of their central experiences. There you have it, folks. No one was interested, even at that time, to investigate germs living in ice! I looked in the Bible and found, in the Book of Job, the word "ice" mentioned in chapter 38, verse 29. How do you suppose the author knew about ice?

I then discovered one cannot look up just one word, they are always in combination with other words: ice crystals, ice needles, ice machinery. The list is unending. I decided the best place to find out about germs in ice would be the NIH Library. I would have all those wonderful medical books at my fingertips.

But those germs were not easy to find! I gave up and decided to seek out a reference person. These people know what they are doing. They know how to type in the key word, and bingo, up comes the answer.

I next consulted the *MMWR—Morbidity and Mortality Weekly Report*—published by the Centers for Disease Control and Prevention (CDC). We all know what the CDC is because we were educated in the movie *Outbreak*.

During May 1978, 759 gastroenteritis cases were reported in southern Missouri and in some surrounding areas of Arkansas. All of the patients had eaten at a local restaurant, experienced nausea, vomiting, and diarrhea with chills, lasting 24 to 48 hours. It was found that the illness—later tied to a sewage leak—was associated with tap water and ice-containing beverages. Well, I decided, there you have it, germs in ice!

The most interesting article I discovered was in the *American Journal of Infection Control*, involving Presbyterian University Hospital in Pittsburgh. The report was titled, "A Flavobacterium meningosepticum Outbreak Among Intensive Care Patients." Research showed that patient contact with tap water and ice-water ingestion caused the outbreak, which was quickly brought under control.

Are we all safe from germs in our ice water? I don't know, but I'll tell you one thing: Before I fill my ice trays, I'm going to wash them out with Vionex soap! ■

Editor's Note

Ethel Frear wrote the first-person feature story at left about her initial experiences as a secretary in an NIAID lab. Currently an NEI employee, she thought others might enjoy her tale. Any NIH'er wishing to contribute a story from personal experience here is invited to do so. We'll call the column First Person. Contact us at the address on p. 2.

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as the role of physicians became clarified,” said Nussenblatt, who says he clings, albeit “naively,” to the Hippocratic Oath. “It became clear from the information presented—and my impression is that this is not questioned in any way—that the Nazi mentality and ‘solution’ was very much a product of the medical philosophy of the time. It was a very sobering message for me.”

Feeling a sense of betrayal on the part of physicians, Nussenblatt returned to NIH where he confided his emotions to Dr. Michael Gottesman, NIH deputy director for intramural research, who put him in touch with Gejman.

“Pablo was there and was equally angered,” Nussenblatt recalls. “We’ve become good friends since then.”

Gejman, a native of Argentina who spent 5 years in Israel, has joined Nussenblatt, Gottesman, and several other NIH scientists including Clinical Center director Dr. John Gallin, NIDDK scientific director Dr. Allen Spiegel, and new CC bioethicist Dr. Ezekiel Emanuel, on a working group that will try to decide what to do about the tainted texts. Opposed to book burnings and censorship, the group hopes to agree on a useful, educational way to expose the texts’ past.

Gejman says the reigning medical philosophy of the era gave rise to atrocities: certain races were deemed healthy and fit and others ranked lower. Society apparently accepted as truth certain “scientific” findings about the relative value of the aged, the ill, and, eventually, certain cultures and religions.

“The elimination of the unfit was accepted,” he said. “It was just a difference in scale from the elimination of the mentally ill, and children with genetic defects, to the Holocaust, which was the elimination of what was considered undesirable for the Nazis.”

“By the 1930’s, individuals considered unfit were murdered in Germany,” adds Nussenblatt. “They were gassed and drugged. It was a simple maneuver to bring this sophisticated expertise to the Holocaust.”

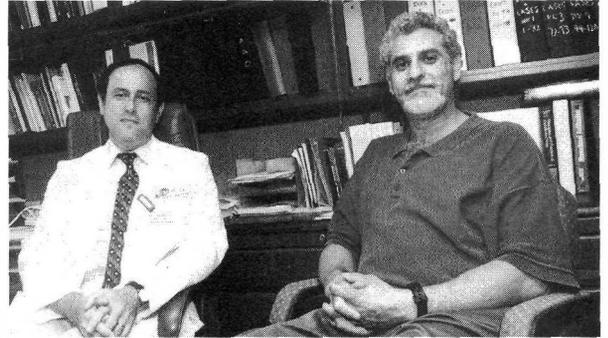
Physicians were deeply involved in these actions, he said; some were SS (German secret police) members.

“The trains that brought Jews to Auschwitz were met by a physician who decided who lived and who died, based on brief physical inspection,” he continues. “A physician led the prison camp at Treblinka and oversaw the killing of Jews. Physicians did experiments on people deemed unfit.”

Enter Eduard Pernkopf, an anatomist, embryologist—and Nazi—on the faculty of the University of Vienna. In 1938, when Hitler’s troops invaded Austria, Pernkopf was made dean of the faculty and began getting rid of Jewish professors and others who wouldn’t take a loyalty oath to Hitler. Gejman learned that 132 faculty members were thus purged,



An oncologist who serves on the President’s National Bioethics Advisory Commission is new director of the Clinical Center’s department of clinical bioethics. Dr. Ezekiel J. Emanuel comes to the CC from Dana-Farber Cancer Institute at Harvard, where he has served as assistant professor of medicine and associate professor of social medicine and of clinical epidemiology. He edits the *Journal of Clinical Oncology’s* “Ethics Rounds,” and is associate editor of the *Journal of Clinical Ethics*. Among his numerous publications is a book, *The Ends of Human Life: Medical Ethics in a Liberal Polity*. He initially will serve part-time as a senior consultant for clinical bioethics and takes over the program full-time in 1997.



Drs. Robert Nussenblatt (l) and Pablo Gejman have become friends over the Pernkopf issue.

out of a total of 197 teachers.

In his first official speech in his new capacity, Pernkopf issued the following charge to his faculty in words that clearly predict, to Gejman, both euthanasia and eventual Holocaust: “To assume the medical care—with all your professional skill—of the body of the people which has been entrusted to you, not only in the positive sense of furthering the propagation of the fit, but also in the negative sense of eliminating the unfit and defective. The methods by which racial hygiene proceeds are well known to you: control of marriage, propagation of the genetically fit whose genetic, biologic constitution promises healthy descendants: discouragement of breeding by individuals who do not belong together properly, whose races clash: finally, the exclusion of the genetically inferior from future generations by sterilization and other means.”

Pernkopf remained dean until 1943, during which time he completed his first atlas, then was promoted to president of the university until the war ended.

Piecing together evidence from many quarters, scholars argue that Pernkopf dissected the corpses of Nazi victims in order to explore human anatomy. Among the atlas drawings are faces that appear to be Semitic, dissections of circumcised men, and signatures of medical artists that incorporate both swastikas and SS symbols. Gejman found that these symbols continued to be published in the 1963-1964 English-language editions of the atlas.

“There are well-founded allegations that the Institute of Anatomy of the University of Vienna used corpses of executed persons for teaching purposes,” said Gejman. “Some of these materials may still be in use at the university.” He found further allegations that the bodies of murdered children were used in research at a Vienna hospital, though it isn’t clearly proven that this occurred under Pernkopf’s direction.

Gejman confronted the book’s current publisher with his findings, but has been brushed off. “They allow that the author may be tainted, but the work itself is not tainted,” he said.

Gejman doesn’t disclaim the book’s scientific

worth: "A 1990 editorial in the *New England Journal of Medicine* described it as a classic in the field. It is a very well-known book for surgeons. It has some of the best work of medical illustration. Even in Israel you will find these books," he said.

But therein lies the ethical problem, says Nussenblatt. "Up to now, the book has had scientific value, but now we know that it is tainted. People suffered horribly and were executed due to their race or ideology. And for 50 years we've had people saying [the Holocaust] couldn't have happened. So what do you do with data that's tainted ethically? How do we somehow make it educational? We want to handle this in a positive way, to turn something that was terrible and sad into something positive. We don't want to burn these books."

Echoed Gejman, "After some debate among the physicians concerned with the problem, we decided that we don't want to remove the books or destroy them. But some pointers or explanation might be helpful. We need to decide how far to go. Should there be a Holocaust section of the library? I think it may be worthwhile for NIH to host a consensus development conference on these ethical issues."

Gejman says that tainted medical texts don't stop with Pernkopf; his own profession of mental health has skeletons in its closets.

"There are major problems in psychiatry," he said. "Many mentally ill people were killed. Psychiatry doesn't deal with its own history as it should."

Cautions Nussenblatt, however, "We don't want this to be a witch hunt."

Both men see in Pernkopf unsettling glimpses of current moral dilemmas.

"If we don't understand our past, we won't be able to set forth our future," Nussenblatt warned.

Uninterested in meting out punishment to those involved in wartime crimes, Nussenblatt prefers instead to end what he terms a "conspiracy of silence." Let the light of day shine on some of the still-living guilty parties and let humanity know these survivors for what they are. "The worst thing that can happen to them is to bring their deeds into the limelight," he said. "There are higher goals than revenge."

Nussenblatt observes that "science and medicine are amoral. Morals and ethics are brought by the people who do it." Science, when insufficiently challenged—or too highly regarded—by society, can be harmful, he said. "In the 1930's, social, class and racial distinctions were very strong and were assumed to have been proven scientifically. That's the constant battle of science—to avoid being seen as unchallengeable authority."

It is still stunning to Nussenblatt that so many of the guilty parties from that era remain unremorseful. Their excuse? "They only did what they felt society asked them to do.

"We'll be facing some new challenges with the Human Genome Project," he predicted. "We'll be faced with some soul-searching questions in the future. But we have these soul-searching questions from the past that we haven't dealt with."

He said it's important for younger physicians to be aware of how their profession may be steered awry, "especially as those who witnessed it first-hand die off."

Pernkopf's book, while a classic, is no longer a unique work, said Nussenblatt. "There are very adequate substitutes," and the Visible Human Project at NLM is fast making old anatomy texts obsolete.

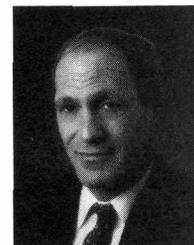
The two scientists presented the Pernkopf case to the NIH scientific directors at a meeting last June, and the working group has since assembled, and meets this month. While many colleagues who are aware of their extracurricular interests are supportive, some are skeptical, admits Gejman. "Some have told us to stop beating a dead horse."

The two are deeply aware of this issue's potential to derail their other professional commitments, not even to mention the sheer weight of utter sadness about the Holocaust. But the good that might emerge from such deep evil prompts them to seek positive closure.

Nussenblatt freely admits the group needs professional guidance. "It shouldn't be a personal vendetta—that's not what we want," he said. "We have to raise ourselves above this garbage. And it shouldn't ever happen to somebody else."

Gejman says it's essential to deal with Pernkopf because society is ever on the verge of tumbling down slippery slopes. "In the 1920's, the idea of the elimination of the unfit became prominent among a few physicians in Germany. This was followed a few years afterward by the first formal decisions by the medical profession on who should live and who should die, and proceeded all the way to the Holocaust."

"These questions are even stronger now due to the power of science," said Nussenblatt. "Science can do very powerful good, but it can also do very powerful evil. The Holocaust is a glaring example of where scientific rationales were applied through pseudoscience carried out by immoral people." ■



Michael I. Goldrich has been named deputy director of the Clinical Center. He will function as the CC's chief operating officer. He comes from NIAID, where he had served as director for management and operations since 1984 and most recently as deputy director. He holds a baccalaureate from the University of Maryland and earned an MBA summa cum laude from Loyola University. He came to NIH as a financial management trainee in 1971 and worked as a grants specialist, financial management analyst, and senior administrative officer at NCI before joining NIAID.

WWW For another account of this issue, read Jonathan Broder's story "The Corpses That Won't Die," in *The Jerusalem Report* dated Feb. 22, 1996 at http://www.eneews.com/magazines/old_jr/archive/022696.3.html.

IMPROVEMENTS, CONTINUED FROM PAGE 10

Hispanic Heritage Month Observed

National observance of Hispanic Heritage Month, Sept. 15-Oct. 15, is set aside annually to recognize the achievements of Hispanic Americans.

NIH will celebrate with a scientific symposium on Wednesday, Oct. 9, in Natcher Auditorium, 1-3 p.m. Titled "The Hispanic Health Legacy: A Portrait of Biomedical Research II: 1994-1996," the symposium features Dr. Amelie G. Ramirez, University of Texas Health Sciences Center; Dr. David Hayes-Bautista, UCLA School of Medicine; Dr. Julio Santiago, Washington University School of Medicine; and Dr. John I. Gallin, Clinical Center. A reception follows.

For details, call Mary Martinez, 6-7057. Sign language interpretation provided. For information about reasonable accommodations, call 6-2906 (v/tty).

space (0.57 space) per employee. This exceeds the maximum allowable parking ratio of 0.50 space per employee for federal installations in the area by about 1,100 spaces. The commitment to reduce excess parking was also incorporated in the NIH Master Plan for the Bethesda campus as a condition of approval by the reviewing agencies.

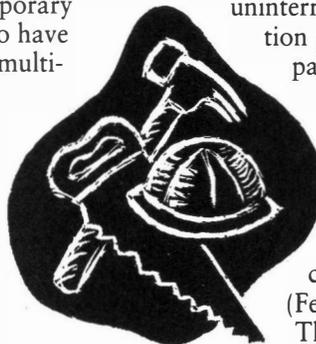
Anticipating the cumulative effect of upcoming construction on the campus parking supply, ORS decided to leave open a number of temporary parking lots across campus that were to have been removed upon completion of the multi-level parking garage MLP-8 and the Natcher Bldg. parking garage. In addition, parking spaces located within the campus perimeter buffer zone will be retained as long as necessary to alleviate the impact of parking supply shrinking faster than the demand can be offset by TMP measures. Although NIH has been highly successful through its TMP efforts in reducing the number of peak hour vehicle trips in and out of the campus by about 30 percent since 1992, it is still necessary to retain temporary and buffer spaces to help mitigate the impact of construction projects.

Parking lots currently underutilized that can be used by NIH employees include Lots 41A, 41B, 41C and temporary Lot T1 at the south end of campus. Regular campus shuttle service is provided from these lots throughout the day.

ORS also leases 130 parking spaces in Garage 57 in Bethesda and up to 150 NIH cars can park at Mid-Pike Plaza on Rockville Pike at Montrose Rd. Regular shuttle service to the campus is provided from these lots. Another 150 spaces at the Shady Grove Station and 25 spaces at the New Carrollton Station are earmarked for NIH'ers who can park free and ride Metro.

Employees with renewed interest in the NIH Transshare program can contact the Employee Transportation Services Office (ETSO) at 2-7433 or stop by Bldg. 31, Rm. B3B04. This program promotes use of public transportation by providing participants with a \$42 monthly subsidy. ETSO can also provide assistance in establishing car pools through the Ridefinders network.

ORS is assessing the total effects of the construction projects on campus circulation, traffic and parking in an effort to mitigate negative impacts. Advance notice of all road or pedestrian rerouting and parking lot closures will be posted at the respective sites. As employees gear up for a renewed parking crunch on the Bethesda campus, ORS will continue to inform NIH'ers on details of upcoming projects, their impacts and available alternatives to driving alone to campus.



Highlights of Major Projects Under Way

Construction on the **Utility Tunnel Expansion Project** started recently with the fencing-in of a staging and construction area at the intersection of South Dr. and Service Rd. West (NE corner of parking lot 10H south of Bldg. 10). Under this project, two sections of new underground utility tunnel, totaling approximately 2,000 linear feet, will be constructed linking to the existing tunnels. The construction is phased in increments to ensure uninterrupted operations and the least disruption possible. Roadways and pedestrian pathways will be maintained throughout the construction period, which is expected to extend through 1998. Parking that will be affected includes temporary closure of 26 spaces in the NE corner of lot 13C (September 1996 to January 1997) and temporary closure of 75 parking spaces in lot 10C (February to November 1997).

The **Clinical Center Essential Maintenance and Safety Program** is designed to restore infrastructure systems and correct life safety problems in Bldg. 10. These improvements will keep the building operational over the next 10 to 15 years while the Clinical Research Center is constructed and a phased renewal of the remaining building can take place. The project calls for new mechanical units to be constructed on the roof of Bldg. 10 and restoration of the entire HVAC systems in the Clinical Center. The contract has been awarded and construction should begin by the end of September. The trailer staging and construction laydown area will be located at the SE corner of lot 10K (off of Center Dr. near Old Georgetown Rd.) and will result in the closure of approximately 50 spaces beginning in mid-September for up to 3 years. An additional 20-30 spaces could be required beginning in 1997 for staging areas of other infrastructure projects related to Bldg. 10.

The contract for the **Clinical Center Parking Garage Restoration Project** in Bldg. 10 was recently awarded and construction is expected to begin within 2 months. The main focus of this project is to repair deteriorated concrete decking. The existing surface will be removed by using a robotics high-pressure water system. This will help keep noise and vibration inside the building to a minimum. Once this is completed, new epoxy-coated steel reinforcement will be installed and a new concrete finish surface will then be placed. While phased construction over 2 to 3 years will help minimize the number of parking spaces disturbed at any time, up to 400 spaces per phase will be affected. This includes about 25 spaces in temporary lot T5 on Convent Dr., which will be used for the construction staging area.

The **Consolidated Laboratory Facility (CLF)**,

which is currently under design, is planned to replace the obsolete laboratory Bldgs. 2, 3 and 7. Also known as Bldg. 50, this new research building will include laboratories, animal facilities and administrative space and will house about 490 research personnel in 240,000 gross square feet of space. The CLF will be located in the SW corner of the intersection of South and Center Drives, at the site of parking lot 13C. When construction begins in May 1997, this will result in the permanent removal of 315 spaces from the campus parking supply. The design intends to maintain service parking and emergency access to the surrounding buildings both in the interim construction period (estimated through 1999) as well as in the long term.

The long awaited renewal of the Clinical Center will begin with the construction of the **Clinical Research Center (CRC)**. This project will add a new research hospital to the north of the existing Bldg. 10 comprising 250 beds and associated laboratories in approximately 850,000 gross square feet of space. Site projects that must be completed before construction can begin include creation of a temporary drop-off and entrance at the south of Bldg. 10 to replace the current entrance to the ACRF, and the relocation of Center Dr. to the north. The existing roadway systems will remain operational throughout these projects. Construction of the south entrance is expected to begin in the summer of 1997. Relocation of Center Dr. and other site work for the CRC will begin later in 1997. It will result in the closure of most of parking lots 20A, B, C and T4 north of Bldg. 10 and the loss of about 400 spaces. These spaces will eventually be replaced at the completion of the CRC, currently scheduled for the end of 2001.

A number of other projects with smaller direct impacts on parking supply are scheduled in and around Bldg. 10. The largest of these is a new **Fire Station** that will provide the NIH Fire Department a state-of-the-art facility for its emergency response vehicles, living quarters for the fire fighters, and adequate space for emergency response training. Finally, projects to replace equipment and expand the **Power Plant** at the center of campus are scheduled to begin in 1997. All these projects will require staging and laydown areas and will also affect the roadway circulation through portions of the site. Additional parking space loss could result from these projects. ■

Come Back to Bethesda

On Oct. 5, Bethesda will be transformed into yesteryear, back to the 1950's. More than 125 custom and classic cars fill the streets as an auto show begins at 11 a.m. at Chevy Chase Cars. At noon, local restaurants host "Taste of Bethesda." The day winds down at 4, but the night blasts off with an old-fashioned Sock Hop at Holy Cross Academy on Strathmore Ave. at 7:30. Tickets for the dance are \$15. The event raises money for the Children's Inn at NIH. Call 6-5672 for tickets.

Fellows Host Workshop on Survival Skills

The NIH fellows committee, in conjunction with the Office of Research on Women's Health, the Office of Education and the scientific directors, announces a 7-part workshop series entitled, "What They Never Taught You in Graduate/Medical School: A Series of 'Survival Skills' Workshops."

Success in a scientific career requires not only training in a fundamental discipline and extensive experience, but also a range of survival skills. Among these are the ability to communicate, teach, look for a job, handle interviews, and negotiate a job offer. In addition, life as a professional requires effective networking, getting the most out of meetings, supervising and mentoring. Most individuals learn these skills through trial and error, but this is inefficient at best. The objective of this series, directed by Michael Zigmond and Beth Fischer of the University of Pittsburgh, is to help fellows acquire these skills.

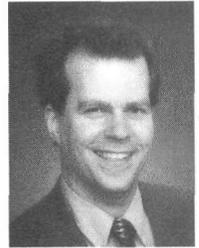
The series begins on Sept. 25, 8-11:30 a.m. in Masur Auditorium, Bldg. 10, with "The Job Hunt," including advice on resumes/CVs, cover letters, and interviews. Future sessions include Oct. 1, "Negotiating a Job Offer," 9:30 a.m.-noon, Wilson Hall, Bldg. 1 (and a repeat session from 1:30 to 4 p.m. in Lipsett Amphitheater, Bldg. 10); Oct. 28, "Life as A Professional," 8-11:30 a.m., Lipsett Amphitheater; Dec. 16, "Oral Presentations," 8-11:30 a.m., Lipsett.

The second part of the series begins in January 1997 and continues through May.

Although the workshops will be open to all fellows at NIH, seating will be limited (250 people) and will be available on a first-come, first-served basis. Contact your fellows committee representative and look for flyers to be distributed across campus. A link to a description of the entire series will soon be found at <ftp://helix.nih.gov/felcom/index.html>. ■

CFC Chili Cookoff, Oct. 22

Get down and spicy at the first Chili Cookoff on Tuesday, Oct. 22. A chili lunch will be served by Hard Times Cafe and Chili's Restaurant. Ben & Jerry's Ice Cream and Victoria's Italian Ice cart will add to the ambiance as the band "Revival Chili" entertains you. CFC charities will be on hand distributing literature. The day ends with the judging of the best, hottest and most original chili. Prizes will be tickets and trips, and all entries win something. Submit a quart of chili on Oct. 22 before 11 a.m. To preregister, call Ruth at 6-6061. ■



Dr. Sholom Wacholder, a mathematical statistician in the Biostatistics Branch of NCI's Division of Cancer Epidemiology and Genetics, has been named a fellow of the American Statistical Association. The designation of fellow recognizes outstanding professional contribution and leadership in the field of statistical science.

NIH Guest House Opens

Ribbon cutting ceremonies will open the NIH Guest House, which will provide overnight accommodations for Clinical Center patients and their families, on Sept. 27 at 1 p.m.

Temporarily quartered in Bldg. 20 (the apartment building across Center Dr. from the Clinical Center), the NIH Guest House will provide short-term lodging. The facility is a pilot initiative testing the feasibility of offering such housing on campus. If the pilot is a success, a permanent site will be found. The guest house has seven rooms: six efficiencies and a one-bedroom apartment.

Like the Children's Inn, the Guest House is based on the idea that clinical care is enhanced when families stay together. The purpose is to keep families whole while adults undergo outpatient treatment.



The NIH Guest House

"Patient volunteers make unique sacrifices when they come here. We're hoping this facility will make it easier to participate in clinical research," said Dr. John I. Gallin, CC director. "For caregivers at the CC, the Guest House will be a more efficient way to keep their patients close by

and comfortable during scheduled visits. Facilitating family support is an essential part of providing excellent clinical care."

The 44-year-old apartments received a face-lift and now look like standard hotel rooms. Each room will also have a refrigerator and a microwave.

In addition to outpatients and their families, the Guest House will accommodate clinical research volunteers, and occasionally guest lecturers and consultants.

The CC social work department will coordinate registration, booking on the basis of need using a computerized reservation system and certain admission criteria. The CC housekeeping and fabric care department will handle housekeeping duties.

Guests will receive keys to their rooms, just as they would in a hotel. A booklet outlining house policies will be given to guests as they register.—Sara Byars ■

Hope for Women Facing Infertility Treatment

Cindy sought out doctor after doctor in her quest to have a child. She was diagnosed with autoimmune ovarian failure, a mysterious disorder in which the immune system is believed to attack the ovaries. In 1991, she began taking dexamethasone, a powerful drug that suppresses activity of the immune system. Nine months later, she still wasn't pregnant. But she began to have pain in her knee. Eventually, doctors found the treatment had cut off blood flow to her bone and caused her right knee to decompose. After undergoing experimental surgery, she can walk, but can no longer run, or play tennis or any other high-impact sports. Eventually, she will need to have the knee replaced entirely.

Several years later, Cindy was reading through a physician's newsletter when she came across an article about Dr. Lawrence Nelson's research. Nelson is an NICHD investigator who studies ovarian failure. He hopes to provide a lower risk alternative to the high-dose immune suppressive treatment that Cindy received.

When Cindy contacted him, Nelson explained to her that autoimmune ovarian failure is a little-studied phenomenon. For reasons no one completely understands, the ovaries of some women stop functioning prematurely, sometimes as early as their teens or twenties. As a result, ovulation ceases, menstruation stops, and blood levels of the female hormone estrogen fall off dramatically. In some cases, the women have antibodies that bind to tissue in the ovaries; in these women the disorder is believed to result from an immune attack on the ovaries.

Because of the presence of antibodies against ovarian tissue, physicians have believed that prescribing drugs such as dexamethasone or prednisone to suppress the body's immune system will allow women's ovaries to develop and release eggs for fertilization. Nelson points out that physicians have relied largely upon anecdotal evidence of these drugs' success and safety.

"The present treatment has a lot of risks, such as aseptic necrosis, the bone deterioration which afflicted Cindy," he said. "And it's never been tested in a large-scale clinical trial."

Nelson is studying treatment with a shorter term, low dose of prednisone, and is currently seeking additional patients. Patients should be between 18 and 39 years of age, and be interested in becoming pregnant. Women interested in participating may contact Nelson at NICHD's Developmental Endocrinology Branch, Bldg. 10, Rm. 10N262, 6-4686.

"I applaud his work," Cindy said. "It's in a controlled setting, it doesn't use large doses of drugs that have never been fully tested. I'm glad that Dr. Nelson is doing the research he's doing."—Vanessa Curto ■

Have a Green Thumb?

Are you interested in gardening? Are you a master gardener or a novice? Do you plant in woodland acres or indoor pots? Grow vegetables or flowers? Anyone who is or wants to be a gardener is welcome to join the new NIH Garden Club. The club's principal aim is to share information about gardening, plants and seeds, and love of nature. If interested, call R&W, 6-4600.

Mammography Screening Returns to NIH

The George Washington University Breast Care Center recently initiated a mobile mammography screening program and the NIH worksite health promotion program has arranged to offer this screening opportunity to employees and their families. Fall screening dates have been arranged and, if interest among NIH'ers and their families supports it, more days will be scheduled in the spring. The dates and locations (all times are 8:30 a.m. to 4 p.m.) for fall are:

Date	Location
Oct. 2	Bldg. 31C Parking lot D
Oct. 30	Exec.Blvd. Parking lot behind EPS/ EPN
Oct. 31	Bldg. 10 Convent Drive shuttle turnaround
Nov. 6	Natcher Visitor spaces by front entrance

The GWU Breast Care Center mammography van is furnished much like a doctor's office and is accredited by the American College of Radiology. Trained female technologists will perform the mammograms and board-certified radiologists will interpret results. The center will send a report of results to women and their doctors and will make appropriate referrals to the GWU Medical Center system for those who desire.

One in eight women in the U.S. will develop breast cancer during her lifetime. The chance of getting breast cancer increases with age. When breast cancer is found and treated early, the 5-year survival rate is about 90 percent. Mammography detects breast cancer in the earliest, most treatable stages.

Each appointment should take about 20 minutes. The cost is \$75 and can be paid by check or credit card at the time the mammogram is performed. Receipts will be available to submit to insurance companies for reimbursement. Women should direct questions about insurance reimbursement to their personal carrier. To schedule an appointment or ask questions about the Breast Care Center and its mobile mammography program, call (202) 994-9999. ■

Depression Study Recruits Men and Women

The Behavioral Endocrinology Branch, NIMH, seeks men and women ages 18-65 who experience sadness, fatigue, loss of energy, lack of motivation and decreased sexual interest. If you are interested in a free evaluation and participation in treatment studies involving estrogen, DHEA (a natural hormone that decreases with age), or thyroid hormone, call Linda Simpson-St. Clair, 6-9576. You must be medication free and in good physical health. ■

Seminar on Women and Smoking

The Office of Research on Women's Health will sponsor the last of its 1996 seminars on Tuesday, Sept. 24. Titled, "Women and the Mystique of Smoking," it will be held in Natcher Auditorium from 2 to 4 p.m.

Although many know about the ill effects of smoking, tobacco use continues as a major adverse health behavior for Americans. In addition to increasing risk for cancer and cardiovascular morbidity and mortality, women who smoke during pregnancy risk untoward effects to the developing fetus. Reasons for starting and stopping smoking differ for men and women. The seminar will review who the new smokers are and discuss health effects of tobacco use on women. In addition, there will be a discussion of how women have been targeted in tobacco advertisements and how communities can influence tobacco industry marketing practices.

Speakers for the seminar include Drs. Karen Emmons, Corrine Husten, Robert Kleges, and John P. Pierce. Open discussion with the audience is planned. All are welcome to attend. For more information, call 2-1770. ■

Volunteers Needed for AIDS Quilt Display

On Oct. 11-13, thousands of Americans, including many school children, are expected to converge on the National Mall to participate in the display of the entire AIDS Memorial Quilt. More than 45,000 quilt panels will stretch from the Capitol to the Washington Monument.

As these panels—the equivalent of 15 city blocks—are unfolded, the names of those fallen to AIDS will ring out over the expanse. More than 70,000 names will be read in memory of the people whose names have been sewn, painted, or glued onto quilt panels.

Many NIH staff will be among the volunteers helping at the display. Linda Rosendorf, a microbiologist in NIAID's Division of Microbiology and Infectious Diseases, is a member of the group helping to organize the display. Such volunteers also participate in outreach to the local community throughout the year, taking sections of the quilt to schools, workplaces, churches and synagogues, conventions, and public buildings to help people understand the impact of HIV. Volunteers are still needed for the October display. Call (202) 29-NAMES for more information. ■

Attention Sleepers!

The Clinical Psychobiology Branch, NIMH, is recruiting male and female healthy volunteers, with no sleep disturbances, who qualify as long (more than 9 hours per night) or short (less than 6 hours per night) sleepers, and who sleep long or short on a regular basis. Volunteers should have no history of mental illness and should not be on any medications, including over-the-counter medications and birth control. In one study, participants will spend 5 consecutive nights on a NIMH research unit. After the second night, subjects will remain on the unit around the clock until the morning after the fifth night. The study does not involve taking any medications. Contact Holly Giesen, 6-6981, or email hgiesen@box-h.nih.gov.

How Suite It Is

DCRT has purchased licenses from Microsoft Corp. allowing NIH employees to install Microsoft Office Suite software on their PC or Macintosh computers. Each license permits an NIH user to install without charge Microsoft Office Suite on one office machine, one home machine, and one laptop, but stipulates that the software be used on only one machine at a time. To install the software on more computers, you must buy another license. DCRT has also purchased software maintenance to cover all upgrades and new releases of Microsoft Office Suite until Apr. 1, 1997.

The software comes in two editions, standard and professional. Contact your local network administrator for help with installation, which can also be done via the NIH Campus Network Distribution System (CandyLAN).

Patients' Herbal Medicine Use Examined in CC Nursing Study

The popularity of herbal medicines is growing like a weed. Health products made from plants are sold in health food and grocery stores for arthritis, headaches, allergies, stress, and even the common cold.

A new Clinical Center nursing department study assessing the incidence of herbal medicine use among some CC patients aims to illustrate what herbal products are taken by CC patients, what percentage of patients use them, and why.

The World Health Organization estimates that use of herbal medicines, also called dietary supplements, is three to four times more common worldwide than conventional biomedicine. These herb-based capsules, liquids, and teas—products like ginseng, spirulina, camomile, milk thistle, ma huang, and wheat grass—share drugstore shelf space with proven remedies like vitamin C, calcium tablets, and antihistamines.

A *New England Journal of Medicine* study estimates one in three Americans used some form of

alternative medicine in 1990 to relieve chronic health problems—and paid almost \$14 billion for it.

Ennice Johnson, a CC nurse on the 9th floor clinic and primary investigator of the study, surveyed 500 NIDDK, NICHD, and NIAMS outpatients being treated for chronic hepatitis and hepatic, rheumatic, endocrine, or metabolic conditions.

“Chronically ill patients are vulnerable for herb use because their medical needs are not being met. They have conditions for which there is no cure,” she explains.

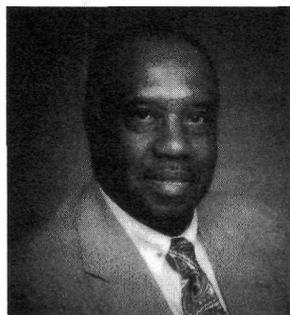
“We, as nurses, must consider a patient’s cultural and emotional needs and we need to create a research environment that is culturally sensitive to these needs.”

Subjects in Johnson’s study completed an herbal assessment survey, which gathered patient information such as their age, occupation, education, and a description and cost of any herbal therapy they had used. Johnson and her research team hope to create a database of potential effects of herbal medicines.—

Laura Bradbard ■

Martin Retires After 31 Years

George G. Martin, senior building engineer of Bldgs. 1, 2 and 4, retired from NIH recently after more than 31 years of service. Beginning in 1966, Martin worked in the transportation section of the former Division of Administrative Services until 1981, when he was accepted by the Division of Engineering Services Apprenticeship Program.



George G. Martin

After 4 years of schooling, he became a utilities system repairer operator, and in a few years became a shift head for the north maintenance engineering unit. Martin accepted the job of senior building engineer in 1991, the position he held at retirement.

Other accomplishments include active

involvement in EEO, and former leader key-member of the Shrine Anwar Temple #219, a charitable organization that supports many community projects including youth scholarship programs.

In retirement, Martin plans to move south, where he will undoubtedly make many new friends and stay as “busy as he wants to be.” He will certainly be missed at NIH. However, he feels he has accomplished much while working here, where his theme has been, “What I haven’t gotten in over 30 years of working at NIH, I don’t need!”—Richard MacGregor ■

OMA Mourns Woody Harris

On June 22, Elwood “Woody” Harris, Sr., died of a heart attack at the age of 50. He worked for the federal government for some 30 years, concluding with the Food and Drug Administration as a criminal investigator, for which he received numerous awards. He showed great dedication to his work. His last assignment was a detail with the NIH Office of Management Assessment.

Harris grew up in the Washington area. He attended Roosevelt High School in D.C. and began his career in the U.S. Marines.

He was first brought into the federal workforce 30 years ago at the U.S. Naval Security Station by personnel management specialist Marie Cannon. It happens that Cannon presently serves the Office of Management Assessment and so was again Harris’s personnel specialist for his last appointment.

Harris was a member of numerous organizations including the National Disabled Veterans Association, the Montgomery County branch of the National Association for the Advancement of Colored People and the local chapter of Blacks in Government. He enjoyed deep-sea fishing, his community, and conversing with his long-time neighbors. Coworkers said he was a terrific person and was much loved; he will be sorely missed.

He leaves a son, Elwood, Jr.; a daughter, Maria Wright; daughter-in-law Charmine; son-in-law Clarence; brothers Robert D. Harris, Jr., and Wilbert Harris; grandchildren and a host of friends and relatives.—Paul Coppola and Arlene Zonts



DCRT Offers New Computer Classes for Fall Term

This fall's DCRT Computer Training Program offers 75 classes on topics in Internet tools and resources, statistics, personal computing, database, Unix, and mainframe services, along with seminars for scientists in imaging, molecular modeling, computational biology, and sequence analysis.

The most exciting area in computing, the World Wide Web, is the focus of several classes this term. Seminars will describe the features of Netscape, the most popular Web browser at NIH, and its new competitor, Microsoft's Internet Explorer. Web page designers may be interested in three new classes: "Where To Keep Web Pages at NIH," "Tools to Integrate Databases into the Web," and "Designing Graphics for the Web." In "Designing an Intranet," DCRT will share its experience in developing a local Web for internal use.

"Computational Biology: Tools on the Web," and "Computing and Biomedical Science: Looking Beyond the World Wide Web," reflect the impact of the Internet on science. Other new scientific seminars include "Formation of Biological Vesicles," "Wavelets in Tomography," and "Image Reconstruction via the Maximum Entropy Method." "Getting Started on the NIH SP Parallel Computer" is designed for researchers who would like use this parallel machine.

Eight new classes show the rapidly changing area of personal computing. The conversion from MS Mail to Exchange will be explained in "MS Exchange Migration for MS Mail Administrators," and "A Look at MS Exchange for End Users."

Microsoft Office 97 and FrontPage, a PC product for creating Web pages without writing code, will be demonstrated by Microsoft representatives. Windows NT, the most powerful operating system for the PC, is featured in two new classes: "Microsoft Windows NT Overview for Managers," and "Advanced Windows NT Workshop." Consider attending "How to Get NIH Site-licensed Software," to help you save money on software and "Choosing the Right PC: What You Need to Know," for guidance on upgrading your desktop.

As Web applications expand and become production services, the reliability and security of the mainframe are giving it a new role, a trend reflected in three new courses: "Web Data Access with Central Support," "Allocating Space for Mainframe Data," and "Backup/Recovery Facility for Personal Computers and Servers."

The mainframe-based Administrative Database Information System (ADBIS) has a new interface, ADBIS for Windows, which provides integrated information from the NIH Administrative Database. Sessions will be offered for each of the modules available so far: Budget and Finance, NIH Property Management, and Procurement and Market Requisitions.

For complete information on the fall term, visit the DCRT Web page at <http://www.dcrtnih.gov/>, use WYLBUR's ENTER TRAINING command, or request a printed catalog by calling 4-DCRT. Classes are free and available to NIH staff and registered users of DCRT systems.—Leslie Barden **R**

DCRT Training Classes

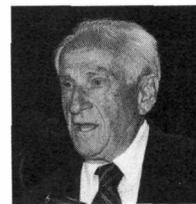
All classes are on campus and are given without charge. Call 4-DCRT for information.

Getting Started on the NIH SP Parallel Computer	9/26
Netscape for the PC	10/1
Introduction to HTML	10/2
Unix Support: An Overview of the ALW System	10/2
Introduction to Computer Data Security	10/3
Windows 95 Start Up	10/3
Microsoft's Internet Offerings	10/3
Relational Database and Client/Server Access Overview	10/4
WIG	10/2
Fundamentals of Unix	10/8-9
ADBIS for Windows: Budget and Finance	10/9
Image Processing on the Macintosh	10/10
LISTSERV Electronic Mailing Lists	10/10
Using SQL to Retrieve Data	10/10-11
PC Troubleshooting	10/16-17
Backup/Recovery Facility for Personal Computers and Servers	10/17
Introduction to the Helix Systems	10/18
Database Technology Seminar	10/18
Tools to Integrate Databases into the Web	10/21
Allocating Space for Mainframe Data	10/21
Planning and Installing a LAN	10/22
SQL for Database Administration	10/22-23
ADBIS for Windows: NIH Property Management	10/23
Macintosh Shortcuts and Techniques	10/24
Oracle Data Browser	10/25
Designing an Intranet	10/25

OHRM Training Tips

The Division of Workforce Development, OHRM, offers the courses below. Personal computer training is available through User Resource Centers self-study courses. For more information, call 6-6211.

<i>Courses and Programs</i>	<i>Starting Dates</i>
<i>Management, Supervisory & Professional Development</i>	
Effective Supervision: A New Role Perspective	9/24-27
Fostering Creative Thinking and Innovation at Work	10/30
Interacting with Difficult People	11/7
Changing Tomorrow Today: Rise and Shine	11/12-13
<i>Administrative Skills Development</i>	
Domestic Travel	10/23
Basic T&A Using TAIMS	10/28
Foreign Travel	10/31



Former NICHD scientific director Dr. Roy Hertz received the Fred Conrad Koch Award and medal, the highest scientific honor bestowed by The Endocrine Society, for his illustrious career in basic and clinical endocrinology. He is emeritus professor of pharmacology and obstetrics/gynecology at George Washington University Medical Center and scientist emeritus at NIH. The award was presented during the 10th International Congress of Endocrinology.

Business Club Forms

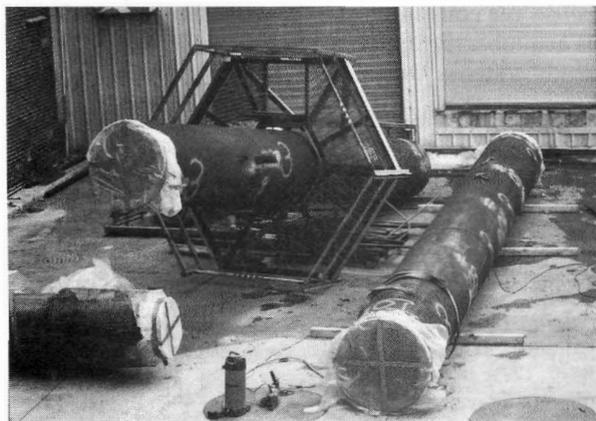
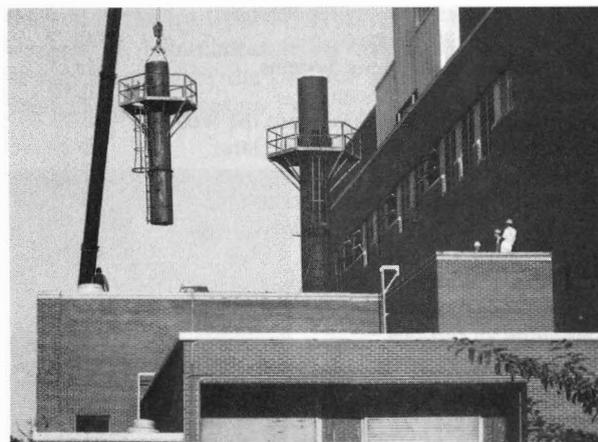
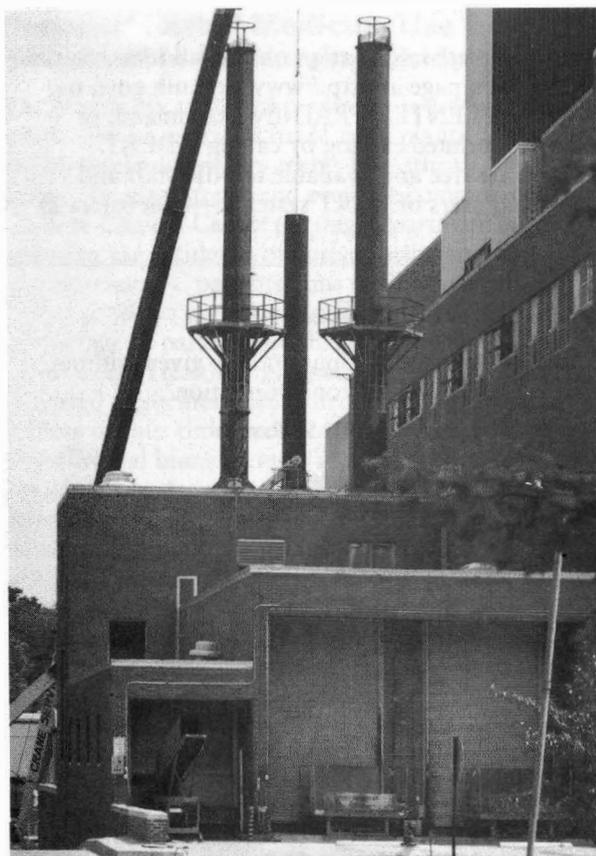
A home-based business club is forming at NIH. Anyone interested in meeting other home-based business owners should call R&W at 6-4600. Get a chance to interact with people who are already experienced in the field.

Wednesday Afternoon Lectures

The Wednesday Afternoon Lecture series continues on Oct. 2 in Bldg. 10's Masur Auditorium at 3 p.m. Speaking will be Dr. Michael J. Chamberlin, professor of biochemistry and molecular biology, department of molecular and cell biology, University of California, Berkeley. His topic will be "The Role of RNA Binding Sites in Elongation and Termination by RNA Polymerases." Hosts for the occasion are the Lambda Lunch and Molecular Biology Interest Groups.

On Oct. 9, Dr. Wade H. Berrettini visits to discuss "Genetic Analysis of Animal Models for Behavioral Disorders," sponsored by the Genetics Interest Group. He is professor, departments of psychiatry, human behavior and pharmacology, Thomas Jefferson University.

For more information or for reasonable accommodation, call Hilda Madine, 4-5595.



Last Stand for Stacks: Shown at left is the "before" view of smoke stacks attached to NIH's three incinerators, near Bldg. 11 on Service Rd. South in the center of campus. Idle since 1994 when NIH stopped incinerating at the facility, the stacks were dismantled on Aug. 30.

Arvind Patel (l), project officer, and Calvin Williams, infrastructure and modernization project director, oversee the day-long Phase III removal and disposal of incineration stacks. Removal lasted from 6 a.m. to 9 p.m., concluding with the relocation via truck of the stack pieces to a campus storage area. Disposal will begin after final testing of the stacks' innards.



NIH's Office of Research Services' Division of Engineering Services contracted with Brown & Root Services Corp. to slice the stacks into sections (above), remove the sections, seal the ends and haul the pieces to a storage area (left top and bottom), where the refractory (heat-insulating material, shown below) will be packaged and sent for testing.

