

The NIH Record

U.S. Department
of Health
and
Human Services

April 24
1984
Vol. XXXVI
No. 9

National
Institutes
of
Health

NIH Security Reviewed After Sexual Attack

Security procedures—both inside NIH buildings and on the campus—have been reviewed and some special measures taken in the wake of the rape of a woman employee on campus the night of Apr. 5.

NIH police patrols have been increased and two vans have been assigned as a continuous shuttle service to carry employees to parking lots between 5:30 and 9 p.m. (See accompanying story for details.)

The woman employee was attacked by a male along a pathway near Parking Lot 41B.

Overall, security at NIH has been both comprehensive and effective. Only two violence-related incidents have occurred and both were recent: the rape and a purse-snatching incident in the ACRF garage a few days earlier.

Prior to the attack of the woman employee, a lighting survey of campus grounds had already been completed.

Paul Jarvis, director of the Division of Engineering Services, said campus lighting is divided among three different on-and-off switching systems at present.

He said the plan is, over time, to convert all of them to photo cells (some of the present lights operate on photo cells) which are not easily subject to human error or tampering.

Lawrence B. Samilton Jr., chief of Protection and Security at NIH, issued an agency-wide memo two working days after the attack urging all NIH personnel, especially women, to be "cautious and aware of what is going on around them, particularly when working or crossing the campus during early morning hours, after dark and on weekends when the campus is underpopulated."

Mr. Samilton also suggested that women ask coworkers to accompany them to their cars during high-risk hours or call NIH police for an escort.

The NIH police number is 496-5685.

He also urged employees to notify NIH police immediately of any suspicious activities they observe around the campus.

As part of general security, NIH police operate a 43-camera closed circuit television system. These cameras are located in the ACRF garage, on loading docks and at various spots around the campus.

Many of these cameras are also equipped with a two-way communications system connected to the Police Control Center.

Near each of the cameras so equipped is a gray speaker which also serves as a micro-

(See SECURITY, Page 10)

Researchers, Animal Specialists, Activists Join In NIH Symposium on Proper Use of Animals

By Jim Doherty

Some 450 biomedical researchers, laboratory animal specialists, ethicists, public officials and animal protection activists took part in a 2-day Symposium on Animal Welfare and Scientific Research in Washington, D.C., April 11-12.

The symposium was the opening event in a wide-ranging education program on research

animal welfare sponsored by the National Institutes of Health. Goal of NIH's continuing education program is to combine both scientific and humane considerations in animal research.

NIH's Office of Protection for Research Risks planned the symposium and will direct the ensuing education program.

(See ANIMALS, Page 11)



Symposium speakers at opening session: (l to r) Dr. Donald F. Fredrickson, former NIH Director who served as keynoter; Dr. James B. Wyngaarden, current NIH Director; Dr. Edward N. Brandt Jr., Assistant Secretary for Health; and Dr. Charles McCarthy, director of the Office for Protection from Research Risks, who served as symposium chairman.

Older Women Need Estrogen and Calcium To Prevent Osteoporosis, Panel Concludes

"The mainstays in prevention of osteoporosis are estrogen and calcium," according to an NIH Consensus Development Panel which met at NIH on Apr. 2-4. The panel said that current data point to estrogen and calcium deficiencies as the major causes of primary osteoporosis, an age-related disorder characterized by decreased bone mass which makes the bones more susceptible to fracture.

To prevent fractures, the 14-member panel recommended estrogen replacement in

postmenopausal women, plus adequate nutrition, including calcium intake of 1,000 to 1,500 mg a day, and a program of modest weight-bearing exercise such as walking.

Panel chairman Dr. William E. Peck, professor of medicine, Washington University School of Medicine and the Jewish Hospital of St. Louis, said that osteoporosis is a major health problem that affects some 20 million Americans, and costs the Nation at least \$3.8 billion per year.

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The NIH Record

Published biweekly at Bethesda, Md., by the Editorial Operations Branch, Division of Public Information, for the information of employees of the National Institutes of Health, Department of Health and Human Services, and circulated by request to writers and to researchers in biomedical and related fields. The content is reprintable without permission. Pictures may be available on request.

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TRAINING TIPS

The following courses sponsored by the Division of Personnel Management are given in Bldg. 31.

	Course Starts	Deadline
<i>Technical</i>		
Letterwriting for Secretaries	5/16	4/25
Self Assessment and Career Options (GS 1-8 or WG equivalent)	5/22	4/24
Self Assessment and Career Options (GS 9-12 or WG equivalent)	5/24	4/26
Principles of Editing	6/5	5/17
<i>Executive, Management and Supervisory</i>		
Making Time Productive	5/31	5/15
Effective Supervision	6/4	5/21
Effective Communication	6/12	5/25
Committee Dynamics	6/19	5/25
Economics, Challenges, Perspectives and Issues	6/21	4/23
Planning for Prevention and Results	6/27	6/12
Managing Performance Feedback	7/9	6/22
<i>Administrative Systems</i>		
Delpro (Delegated Procurement for new Delpro users only)	5/14*	5/7

To learn more about these and other courses, contact the Development and Training Operations Branch, DPM, 496-6371.

*Date change from 5/21 to 5/14

Scientific Products Exhibit Will Be on Display Apr. 26

The Supply Operations Branch, OD-DAS, is sponsoring a scientific products exhibit/workshop to be held in Rm. 117, Bldg. 30, on Apr. 26 from 9 a.m. to 2 p.m.

The program will be conducted by the Millipore Corporation, Continental Water Systems and Water Associates. Scientific personnel are invited to attend. □

May Is High Blood Pressure Month Have Yours Checked at the Times Below

Blood pressure screening dates and times: May 1, 8:30-1 p.m., Rm. 115, Bldg. 29; May 4, 8:30-1 p.m., Rm. 215, Bldg. 9; May 7, 8:30-1 p.m., Wilson Hall, Bldg. 1; May 11, 8:30-1 p.m., ACRF Lobby, Bldg. 10; May 14, 8:30-1 p.m., Conf. Rm. 3026, Bldg. 12A; May 18, 8:30-1 p.m., Conf. Rm. 104, Bldg. 14G; May 21, 8:30-4:30 p.m., Conf. Rm. 1B13, Bldg. 36; and May 29, 8:30-1 p.m., Rm. 117, Bldg. 30.

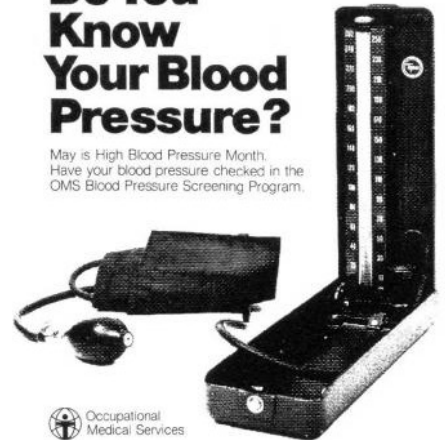
Blood pressure screening will also be done at the health units and satellite clinics during regular hours.

Health Units: Bldg. 10 (ACRF) 6th Floor Clinic; Bldg. 13, Rm. G901; Westwood Bldg., Rm. 28; and Federal Bldg., Rm. 5C12.

Satellite Clinics: Bldg. 38A, Conf. Rm. B1N14A, Wed., 1:30-3:30 p.m.; Bldg. 31, Rm. B2B57, Mon., 1:30-3 p.m.; Blair Bldg., Rm. 604, May 11, 8:30-10:30 a.m., May 25, 2:30-4:30 p.m., and every other Friday, alternating mornings and afternoons; and

Do You Know Your Blood Pressure?

May is High Blood Pressure Month. Have your blood pressure checked in the OMS Blood Pressure Screening Program.



Occupational Medical Services

Landow Bldg., Conf. Rm. 7B01, Thurs., 8:30-10:30 a.m. □

Savings Bond Campaign Runs Through May 30

NIH's 1984 Savings Bond Campaign—being held from now until May 30—features changes in the way interest on Savings Bonds is computed.

Today's Series EE Bonds earn a variable interest rate—85 percent of market rates when held at least 5 years. There is no upper limit on what these bonds can earn. They also have a guaranteed minimum return of 7.5 percent when held for at least 5 years.

The purchase price of all bond denominations is 50 percent of the face amount, starting with a \$50 bond for \$25, and going up to \$10,000. Savings Bonds are a safe investment because they are backed by the full faith and credit of the United States, and will be replaced without charge in case of theft, loss, or destruction.

Savings Bonds continue to offer the same tax advantages as in the past. They are a way to save to supplement retirement income, establishing an education fund or providing for a down payment on a house.

This year's Savings Bond Campaign coordinators are:

NIH Coordinator: Beatrice B. McKinley, 31/7A11, 496-1521;
OD: Elaine Brill, 31/3B07, 496-1873; NCI: Ronald Adams, 31/3A48, 496-5964; NHLBI: Gretchen S. Jones, 31/5A46, 496-5931; NLM: Dennis Black, 38A/131N17, 496-6546;
NIAID: Mary Layton, 31/7A11, 496-1521;
NIADDK: Debbie Whittington, 31/9A24A, 496-1202; NICHD: David M. Rhoads, 31/2A25, 496-3365; NIA: Ann Conners, 31/2C11, 496-9121; NIDR: Joan Shariat, 31/2C33, 496-4768;
NIGMS: Sandra Chang, Westwood Bldg., 9A04, 496-7191; NINCDS: W. David Kerr, 31/8A47, 496-2575; NEI: Phyllis McKee, 31/6A17, 496-4233; Clinical Center: Tom Reed, 10/7C306, 496-6291; DCRT: Jan McLoon, 12A/3017, 496-4647.
FIC: Rita Singer, 16/214, 496-1213; DRR: Norman Mills, 31/5B31, 496-5451; DRG: Sharon Porter, Westwood Bldg., 438, 496-9797; DRS: Tom Ingalls, 14G/102, 496-3347; NIEHS: Richard King, NIEHS, P.O. Box 12233, Research Triangle Park, N.C. 27709, Mail Drop A302. □



The National Institute on Aging on Mar. 13-14 became the first Institute to host a meeting at the newly acquired former convent on the NIH grounds. Managers and supervisors (group picture) from NIA's Bethesda and Baltimore offices attended to discuss their various management styles. They had free access to the convent's halls and rooms once secluded from the outside world by strict orders of the Catholic church. At right, NIA's Gerontology Research Center staff members (l to r) Daniel Rogers and Elliott Shefrin share a casual moment.

Asian American Heritage Week To Be Observed at NIH

Physical fitness is the theme—the 12th annual NIH celebration of Asian Pacific American Heritage Week is the context.

T'ai-Chi, Aikido and Thai boxing or Thai sword fighting demonstrations will be part of the 12 to 2 p.m. outdoor fair on Wednesday and Thursday, May 2 and 3, on the patio of Bldg. 31A.

On both days of the outdoor fair, T'ai-Chi will be demonstrated at 12 noon, Aikido at 12:20 and Thai boxing or sword fighting at 12:40 p.m.

The outdoor fair will also include demonstrations of Chinese cooking, Cambodian watercolor and silk-screening, Japanese papercrafts and Pakistani embroidery.

Throughout the fair snack foods will be available for purchase: Chinese egg rolls; Japanese sushi; Korean mandu, jopchae, yaksik and Korean cake; Philippine pancit; and foods from Cambodia and Thailand.

"The Cult of Tea: Japanese Transformations of Chinese and Korean Art Forms," an hour-long lecture, is scheduled for Friday, May 4, 12 to 1 p.m. in the Clinical Center ACRF Amphitheater.

The ritualized drinking of tea was an aspect of Asian continental culture introduced into Japan along with Zen and painting in monochrome ink.

In Japan, tea drinking became a highly refined ritual which served as the context for the development of art forms ranging from architecture and garden design, to painting and ceramics.

Lecturers will be Dr. Gail Wiegl, professor of art history, University of Maryland, and Harvey Stupler, lecturer in art history, Smithsonian Institution and Baltimore Art Institute.



Dr. Nikhat Najam performs Darbari, a Pakistani dance dating from the Moghul empire in India.

On Friday evening, May 4, live performances will be offered by members of cultural groups from six countries: China, Indonesia, Korea, Pakistan, Singapore and Vietnam.

These performances include:

- Members of the Tung-Hsin Choral Society will perform three works by contemporary Chinese composers. The works describe a person's longing for his homeland.

- Members of the Potomac Chinese School

will perform a Chinese Ribbon Dance.

- The Jow Ga Kung Fu Association will demonstrate the Chinese martial art, Kung Fu.

- Two dancers will perform the Andago-Bugis, a Hindu-Javanese dance depicting a battle between two warriors: one armed with sword and shield, the other with a lance.

- The Tari-Rebana, a tambourine dance, will depict Islamic influence on Indonesian culture.

- Three Korean dances will be performed: dancers with the Korean Broadcasting Company will offer the royal Fan Dance; children from the Springbrook Korean School will perform the Puppet Dance, which depicts children playing; and children from the Washington Korean School will present traditional Korean dance steps in the Korean Drum Dance.

- Jhoon Rhee and students will perform "God Bless America" and "Marriage Between the East and West," a combination of ballet and karate.

- Bonnie Moore and John Goding of the Washington Ballet will dance Momentum, as well as the Grand Pas de Deux from Act III of *Sleeping Beauty*.

- The Nghia Sinh International, Inc., will show traditional Vietnamese folk costumes. They will describe the evolution of the costumes and the locale from which the costumes came.

There will also be an Asian exhibit in the display case outside the Clinical Center library during the month of May.

Asian Pacific American Heritage Week is being sponsored by the NIH Asian-American Cultural Committee in collaboration with the Division of Equal Opportunity. □

H-J Parking Permit Names Must Be Renewed in May

General parking permits for NIH employees whose last name begins with H, I or J must be renewed during May.

Employees may renew their parking permits any workday at the NIH Commuter Assistance Office, Bldg. 31, Rm. B1C19, between 8:30 a.m. and 3:30 p.m. Parking permits will also be available as follows: Westwood Bldg., Wednesday, May 9, 9-11 a.m., Conf. Rm. 3; Blair Bldg., Wednesday, May 9, 1-2 p.m., Conf. Rm. 110; Federal Bldg., Wednesday, May 16, 1-2 p.m., Conf. Rm. B119, and the Landow Bldg., Wednesday, May 16, 2:30-3:30 p.m., Conf. Rm. C.

Will Receive Memo

Affected employees will receive a memo reminding them of the upcoming renewal and providing specific instructions on obtaining replacement permits.

Employees with preferential (red) or carpool parking permits whose last name begins with H, I or J do **not** need to obtain new parking permits during May.

New May general employee parking permits must be displayed beginning Friday, June 1, 1984. □

The great pleasure of a dog is that you make a fool of yourself with him and not only will he not scold you, but he will make a fool of himself too.

—Samuel Butler

Employee Parking Committee Needs Area 3 Representative

The Employee Parking Committee needs a carpool sticker-holder to volunteer to represent geographical area 3 of the NIH campus.

The committee, still being organized, currently consists of five members and a chairperson. Employees with ideas, complaints, or suggestions should send their ideas to their area representative.

The following is the NIH campus geographical breakdown and area parking representatives.

Area 1: Bldgs. 31, 6, 21, 17, 15K
Representative: George Russell, Bldg. 31, Rm. 3B07

Area 2: Bldgs. 1, 2, 3, 4, 5, 7, 8, 9
Representative: Barbara Pheiffer, Bldg. 2, Rm. 119

Area 3: Bldgs. 11, 12, 12A, 12B, 13, 14, 16, 16A, 22, 25, 34
(A volunteer carpool representative is needed from this area.)

Area 4: Bldgs. 29, 29A, 30, 35, 36, 37
Representative: Sandra Fitzgerald, Bldg. 36, Rm. 2A21

Area 5: Bldgs. 18, 28, 28A, 32, 38, 38A, 41, 52
Representative: Marie Pinho, Bldg. 38A, Rm. 2S209

Area 6: Bldgs. 10, 10A, 20
Representative: Tom Baginski, Bldg. 10A, Rm. 3E68.

The committee hopes to hold its first meeting by the end of April. Agenda items will include campus security, Metro impact, and the multiple-sticker problem.

Visitors, off-campus employees, bicycle commuters and others with an interest in the parking problem may send their ideas and suggestions to Parking Committee acting chairperson, Tina Chisena, Bldg. 37, Rm. 5E24, 496-4116. □

Fitness Center to Celebrate First Anniversary With Race

The NIH Fitness Center along with the R&W Association is sponsoring a 2.5 mile run/1 mile walk to celebrate the first anniversary of the Fitness Center. The run will be held on Thursday, May 10, at noon.

All NIH personnel and their families are invited to participate free of charge. Prizes will

be awarded to top male and female finishers and to top male and female master's runners.

Registration will be held Apr. 25 through May 8. Applications may be picked up at the Fitness Center, all R&W stores, Activities Desk, and through the Health's Angels Running Club. □

Ovarian Cancer, the Fourth Most Common Cause of Cancer Death Among Women

The estimated 18,000 new cases of ovarian cancer diagnosed in this country in 1983 will cause over 11,000 deaths, making ovarian cancer the fourth most common cause of cancer death in American women.

Compared with other gynecologic cancers, ovarian cancer ranks second in incidence, but causes more deaths than any other cancer of the female reproductive system.

The ovaries, two almond-sized glands containing egg cells, lie in the lower abdomen, one on each side of the uterus. At about 5 months, the ovaries of a developing female fetus already contain about 7 million egg cells, her entire life's supply. The ovaries also secrete hormones that help regulate menstruation and pregnancy.

Besides egg cells, the ovaries contain several other types of cells. Although cancer can affect any of these, 80 to 90 percent of ovarian cancers arise from the layer of epithelial cells that surrounds the ovary.

Epithelial cancers develop in either ovary with nearly equal frequency, and develop in both ovaries simultaneously about one-third of the time.

Overall, the incidence of ovarian cancer in European and North American women has increased only slightly since the 1940s. White women 40 to 50 years old living in highly industrialized countries, except Japan, develop the disease most often. In the United States, a woman has a 1.3 percent chance of developing ovarian cancer by her 74th year.

Childbearing is the most important known factor in preventing ovarian cancer, suggesting that hormones may play a role in the development of the disease.

Women who have had children are half as likely to develop ovarian cancer as women

who have not; several pregnancies confer even more protection.

Use of birth control pills, which create a hormonal balance similar to that found during pregnancy, may reduce the risk of ovarian cancer by 10 to 50 percent.

Cancer of other reproductive organs such as the breast may also increase a woman's chance of developing ovarian cancer. For example, women with breast cancer have twice the expected risk of developing ovarian cancer. Similarly, women who already have ovarian cancer are three to four times more likely to develop breast cancer.

Studies of Japanese women in Hiroshima exposed to atomic bomb radiation during World War II revealed almost twice the expected number of ovarian cancer cases. But, the X-ray doses used for diagnosis are not likely to increase a woman's chances of developing the disease.

Exposure to asbestos has been linked to ovarian cancer risk in one study of women working in asbestos-contaminated industrial areas. Particles of asbestos have been found in normal and cancerous ovaries, as have particles of talc, a chemical relative of asbestos.

Because, in nature, deposits of the minerals asbestos and talc are often found near each other, it is possible that talc may become slightly contaminated with asbestos during mining.

Only two studies have examined ovarian cancer risk associated with talc use in women. One study found an increased incidence in talc users while the other did not. Talc has not been shown to cause cancer in laboratory animals. For more information, call 1-800- 4CANCER. □

Renal Conference To Review Monoclonal Antibody Advances

The latest advances in monoclonal antibody technology will be presented at the Conference on Monoclonal Antibodies in Renal Research to be held at NIH on May 3-4.

The conference, designed to review the many applications of monoclonal antibody technology, will provide a forum where investigators working with these techniques can interact with researchers studying the kidney.

The meeting will offer an opportunity for the scientists to plan broader use of monoclonal antibodies with numerous renal problems.

Topics to be discussed include: "Monoclonal Antibody Production and Characterization," "Potential of Monoclonal Antibodies in Kidney Disease Research," and "Non-GBM Antigens in Renal Function and Disease."

Presentations also will be given on monoclonal antibodies in relation to kidney antigens, transplantation, immunotherapy, and in defining cells of the immune response.

The meeting, sponsored by the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, will be held from 8:30 a.m. to 6 p.m., on May 3, and 8:30 a.m. to 5:30 p.m. on May 4, in Wilson Hall in Bldg. 1.

For further information on the program, call Dr. M. J. Scherbenke at 496-7458. □

Dr. Nussenblatt Appointed NEI Deputy Clinical Director

Dr. Robert B. Nussenblatt has been appointed deputy clinical director of the National Eye Institute effective May 1. In his new position, Dr. Nussenblatt will coordinate day-to-day operations of the NEI Clinical Branch and of the 50 inpatient, outpatient, and laboratory research projects of this program.

His administrative responsibilities will include management of personnel and budgets, direction of the Eye Clinic and 13 West Nursing Unit, and coordination of clinical vision research efforts by staff scientists in all five sections of the Clinical Branch. In addition, he will assist and advise in the formulation of broad goals and policies for the Clinical Branch.

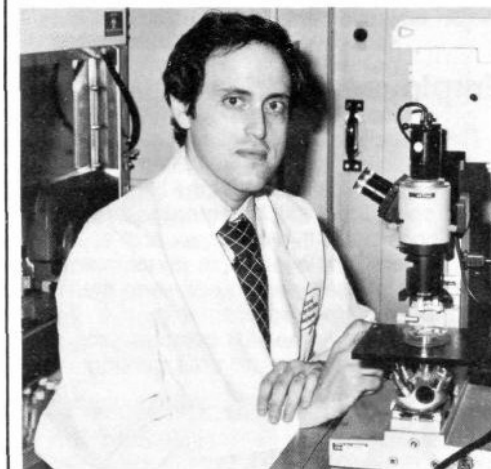
"Dr. Nussenblatt is an excellent clinical researcher, at home in the laboratory, who will make maximal use of all resources available to him in directing a high quality vision research program," said Dr. Jin Kinoshita, NEI scientific director.

Came to NEI in 1977

Dr. Nussenblatt will continue to serve as chief of the NEI's Clinical Ophthalmic Immunology Section, which he has directed since its establishment in 1981.

He joined the NEI Clinical Branch in 1977, following residencies in medicine and ophthalmology at New York University Medical Center.

He received his M.D. in 1972 from the State University of New York, Downstate Medical College, and served his internship and residencies at Bellevue Hospital in New York



Dr. Nussenblatt

City. He is a commissioned officer in the U.S. Public Health Service.

In 1982 he received an Alcon Pharmaceutical Company cash award to support his work on a breakthrough treatment for an inflammatory eye disease called uveitis. (See *NIH Record*, Oct. 25, 1983.)

Dr. Nussenblatt is the author of over 60 papers, reviews, and conference proceedings and is an internationally recognized expert on uveitis and other inflammatory diseases of the eye. □

The secret of being miserable is to have leisure to bother about whether you are happy or not.

—G. B. Shaw

Tumor Invasion, Metastases Subject of Writers' Seminar

The NIH Science Writers' Seminar on Tumor Invasion and Metastases will be held on Monday, May 7, from 1:30 to 4 p.m. in Bldg. 31, Conf. Rm. 6.

The moderator, Dr. Lance Liotta, chief, Laboratory of Pathology, NCI, will present an overview of the research in tumor metastasis and will describe his research on the biochemical mechanisms of invasion.

Dr. James Talmadge, head, Preclinical Screening Laboratory, Program Resources Inc., NCI Frederick Cancer Research Facility, will speak on tumor heterogeneity and the immunology of metastasis.

Monoclonal Antibodies

The use of monoclonal antibodies in the detection of metastases will be discussed by Dr. John Weinstein of NCI's Laboratory of Mathematical Biology.

Science Writers' Seminars, sponsored by the intramural scientists of NIH and the Division of Public Information, OD, are designed to provide members of the press with background information on the various areas of research conducted at NIH.

For additional information, call Bobbi Bennett, 496-1766. □

Dr. Beaubien Appointed Deputy Director, FIC

Dr. Mark S. Beaubien, a PHS commissioned officer, will continue his long association with the Fogarty International Center as newly appointed deputy director.

In this capacity, he will share responsibility with the Director for administering a number of programs and developing strategies for



Dr. Beaubien

the participation of NIH in bilateral agreements and with multilateral organizations.

Foreign Service Career

Coming to the Fogarty International Center in 1971, Dr. Beaubien brought with him an international background, having previously served the Public Health Service in a variety of capacities. Among many tours of duty completed in his foreign service career were Peace Corps assignments in Bangladesh and Malaysia, and AID appointments in Vietnam and Thailand.

Immediately prior to joining FIC, he was associate director for professional resources at the Office of International Health.

At the Fogarty Center, he has served in several branch positions and as Acting Director and Acting Associate Director for International Research, NIH, in 1982 and 1983.

A native of Indiana, Dr. Beaubien received his B.S. and M.D. from the University of Chicago.

Canal Zone

His experience includes training in the Canal Zone, the Philippines, and at the Centers for Disease Control in Atlanta. He has been employed as a staff physician in internal medicine at Henry Ford Hospital in Detroit, Mich., and has also been in private practice.

Dr. Beaubien received the AID Vietnam Service Award and the PHS Meritorious Service Medal in 1968 and the PHS Commendation Medal in 1982. □

All that mankind has done, thought, gained or been; it is lying as in magic preservation in the pages of books.—*Thomas Carlyle*

DCRT Will Open 20th Anniversary Commemoration With Lectures by Two Biomedical Computing Experts

The Division of Computer Research and Technology is sponsoring a morning of lectures May 4 as the first public event commemorating the 20th Anniversary of DCRT.

The Commemorative Lectures, at 9 to 11:30 a.m. in the Lister Hill Auditorium, Bldg. 38A, are open to the public.

Both the featured speakers—Dr. C. Franklin Starmer Jr., Duke University, and Dr. Marsden S. Blois Jr., University of California, San Francisco—are well-known for their expertise in biomedical computing.

Dr. Starmer will speak on "Exploring Biological Processes with a Digital Computer." In the last two decades, his work in research

computing has spanned biophysics, biochemistry, physiology, pharmacology, clinical imaging, clinical data structures and analysis, and data base management.

He currently is a member of the NIH National Advisory Research Resources Council and the North Carolina Governor's Committee on Data Processing and Information Systems.

Dr. Blois, who will discuss "Making Medicine Whole Again," has attacked some fundamental questions underlying use of computers in medical education and medical practice. He is on the board of directors of the World Association of Medical Informatics and author of a forthcoming book, *Information and Medicine*. □

Pretreatment Levels of Two Herpes-1 Antibodies Predict Most Likely Survivors of Oral Cancer

Recent accumulated evidence suggests a connection between antibody response to herpes simplex virus type 1 (HSV-1) and survival of cancer of the mouth.

Dr. Edward J. Shillitoe stressed that people who get recurrent herpes infections are no more prone to developing oral cancer than people who never had herpes.

Previous studies conducted by Dr. Shillitoe, a National Institute of Dental Research grantee formerly of the University of California, San Francisco School of Dentistry, have shown that patients with squamous cell carcinoma of the mouth—a cancer arising from the lining of the mouth—have higher levels of antibody to herpes simplex virus type 1 than do matched controls.

Now, in a followup study, Dr. Shillitoe and colleagues have shown that pretreatment assessment of antibody response to HSV-1 is an accurate predictor of survival.

Cancer of the mouth accounts for about 4 percent of all cancers occurring annually in the United States. While cancer of the mouth has been detected in men and women of all ages, it is most frequently found in men after the age of 40.

Many studies have shown a significant link between mouth cancer and use of smoking or chewing tobacco, and snuff, and indicate that the death rate for mouth cancer is about four times higher for cigarette smokers than for nonsmokers. Cancers of the mouth cause about 9,000 deaths annually in this country.

However, more than half of all mouth cancer patients are alive 5 years after treatment, with an improved survival rate when lesions are localized and have not spread.

In Dr. Shillitoe's earlier studies, patients included those with primary herpes simplex virus infection, those with recurrent herpes

simplex virus infection, patients with untreated oral cancer, and patients with treated oral cancer. Patients from those studies then entered into a long-term survival study and were followed from 4 to 5 years.

The latest results have been derived from monitoring 70 of those patients who, at the beginning of this study, had untreated squamous cell carcinoma.

Levels of IgG, IgA, and IgM antibody to herpes simplex virus type 1 and cytomegalovirus were measured in these patients prior to their receiving treatment.

Dr. Shillitoe found that patients whose pretreatment level of IgG antibody to HSV-1 was higher than the median had a 5-year survival rate of 76 percent. Those whose IgG response fell below the median level had a 5-year survival rate of only 4 percent.

The reverse was true for the IgM antibody levels. Patients with IgM antibody levels higher than the median level had a 5-year survival rate of 56 percent, while those whose IgM antibody response was lower than the median level had an 81 percent survival rate.

Further, patients with untreated oral cancer had higher levels of IgM antibody than did either patients with acute or recurrent herpetic infections or age-matched control subjects.

No relationship was found between high or low levels of IgA antibody and survival rates.

In addition, no relationship was found between antibodies of any class to cytomegalovirus.

When survivals were compared to pretreatment tumor size, patients with the smallest tumors had a survival rate of 57 percent.

Pretreatment assessment of antibody to herpes simplex virus type 1 therefore distinguished the prognosis of the cancer as accurately as tumor staging. □

NIH Library Presents Lecture on Immunology

The NIH Library, DRS, will present the second of its 1984 lectures on current topics in biomedical sciences for medical librarians and information specialists.

This series has been approved by the Medical Library Association for continuing education credit.

The lecture, "A Survey of Immunology," will

be given by Dr. Sotiros D. Chaparas, chief, Mycobacterial and Fungal Antigens Branch, National Center for Drugs and Biologics, at 2 p.m., Thursday, May 3, in Bldg. 10, Rm. 2C116 (Medical Board Rm.).

Seating is limited so please call Sarah Log, 496-2398, or Kathie Vashaw, 496-1156 to arrange to attend. □

Teaching Nursing Home Conference on Elderly Care Considered Successful by NIA Program Officials

"Study it, but do it!" stressed Dr. T. Franklin Williams, Director of the National Institute on Aging as he spoke about the need to improve long-term care in this country. Emphasizing the human and economic costs of chronic illness and the importance of coordinating community services and long-term care, Dr. Williams urged a dual agenda of research and rapid dissemination of information and accelerated change.

The setting was a conference on teaching nursing homes held Mar. 25-27, in Washington, D.C., jointly sponsored by the NIA and the Beverly Foundation. Scientists, long-term health care providers and administrators, students, and educators came together to assess current status and accelerate progress in this crucial area.

Dr. Edward L. Schneider, associate director of the NIA and organizer of the conference, felt that the meeting fulfilled its goal of providing a forum for examining ways to encourage cooperation between academic centers and long-term care facilities.

He anticipates that major research achievements will occur in previously neglected areas such as urinary incontinence.

In a sense, the conference celebrated an idea that has quickly become a reality. In 1981, Dr. Robert N. Butler, then NIA Director, published an article in *The Journal of the American Medical Association* calling for "teaching nursing home," long-term care facilities affiliated with medical, dental, nursing, and pharmacy schools that would foster research into clinical issues as well as on chronic diseases.

Pressing for action, Dr. Butler said, "The image of the nursing home is scarred by scandal, abuse, ignorance, and fear—an image similar to that of the ancient hospital untouched by science." He noted that doctors referred patients to nursing homes, but rarely followed them up after their admission.

The growing number of the elderly, the increase of chronic illness in old age, the need for long-term care, and the individual and societal cost of such care combine to make this an issue of almost unprecedented importance. A doctor involved in long-term care recently referred to the elderly as "the 'boat people' of our health care delivery system."

Soon after Dr. Butler's article was published, the NIA inaugurated grants to support teaching nursing home programs. The NIA currently funds five teaching nursing home programs located in Baltimore, Boston, Cleveland, New York, and Philadelphia.

Other teaching nursing home programs are being supported by the Beverly Foundation and the Robert Wood Johnson Foundation.

Each program is different, but each emphasizes to one degree or another research on disease processes in the elderly, the improvement of nursing home care, the design of community and clinical strategies to prevent or postpone placement in a long-term care facility, and rehabilitation of patients and assistance after their return home.

Teaching nursing homes build on the concept of the teaching hospital. Historically, teaching hospitals have exerted a positive



impact on both medical education and clinical practice.

The process of bringing young doctors and nurses in training to the bedside of the patient, the important tradition of grand rounds—with a senior lecturer presenting basic principles and addressing the specific problems of an individual patient—and the constant evaluation of clinical practice have combined to greatly benefit anyone treated in an acute care hospital—whether a teaching hospital or not.

In contrast, our long-term care facilities, particularly nursing homes, have been isolated from the main stream of medical care, research, and education.

There are about 19,000 nursing homes in the United States today with about 1.5 million residents, the majority of whom are elderly. Many nursing home residents suffer from Alzheimer's disease—a research priority for the NIA.

Drawing on his experience in creating one of the first teaching nursing homes in Rochester, New York, Dr. Williams noted that whatever the basic structure—*for-profit, non-profit, or public*—long-term care requires a special relationship with the community as a whole.

He said, "... the teaching nursing home must be considered a 'public undertaking,' no matter whether the background or ownership of any of the individual components is private or public."

He went on to predict that "... within a relatively short time, for example, 5 to 10 years, essentially every medical school, nursing school, or other relevant professional school in this country will have an affiliation with one or more nursing homes for required experience for students and house staff, and with varying degrees of involvement in research."

Furthermore, Dr. Williams anticipates that all professional licensing and certifying boards will require experience in geriatric medicine.

On a practical level, Dr. Williams outlined

the community components of a successful teaching nursing home program and called for a national consortium of organizations to rapidly disseminate information gained in such special settings and to incorporate change into nursing homes throughout the country.

He anticipates a network of organizations that represent *for-profit, public, and nonprofit* long-term care units, consumer lobbies, and organizations of retired persons as well as medical and research groups.

David Banks, president, Beverly Enterprises, noted that teaching nursing homes have a major role to play in demonstrating how to improve the quality of life for nursing home residents—and that quality of life will be one of the important issues in long-term care in the future.—Clarissa Wittenberg □

NIA Director Wins Award

Dr. T. Franklin Williams was recently presented the Distinguished Service Award from the University of North Carolina School of Medicine in Chapel Hill.

The NIA Director was cited for "his leadership in studying and improving health care for the chronically ill and the aged, for his keen intellect wedded to human compassion, and for the responsibility he has now undertaken to deal with important medical and social problems on the national level."

Dr. Williams graduated from the University of North Carolina in 1942 and received his medical degree with honors from Harvard Medical School in 1950. As professor of medicine and preventive medicine at the University of North Carolina, he researched chronic diseases and made significant contributions in the areas of endocrinology, renal disease, and health care delivery.

Later, on the faculty of the University of Rochester School of Medicine and Dentistry and as medical director of Monroe Community Hospital and co-director of the Center on Aging at the University of Rochester Medical Center, he did extensive research on the problems of the aging.

Dr. Williams has published widely in the areas of clinical care for the geriatric patient, assessment, long-term care and chronic illness, diabetes, and research in health services for the elderly. □

NIH Sailing Association to Meet At FAES House, 7:30 p.m., Apr. 26

The monthly meeting of the NIH Sailing Association will be a potluck dinner meeting at the FAES House on Thursday evening, Apr. 26, at 7:30 p.m.

Admission is by RSVP to Elaine Hamilton (496-5566).

You will be asked to bring a dish to share and pay one dollar head charge at the door.

A film from the Chesapeake Bay Foundation entitled *Chesapeake Horizons* will be shown. This film addresses the problems of the bay and what is being done to help save it.

There will be beer and wine for sale and anyone who is interested in learning more about the NIH Sailing Association is welcome to come. □

Symposium on Molecular Basis of Cellular Regulation To Be Held on May 2-4 at NIH

Basic knowledge of the molecular aspects of cellular control is of vital importance in biomedical research. In order to integrate current views of various aspects of cellular regulation, the Fogarty International Center, in cooperation with the International Union of Biochemistry; National Heart, Lung, and Blood Institute; National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases; and National Institute of Aging will sponsor a 2½ day international symposium on this subject. The symposium will begin at 8:30 a.m., Wednesday, May 2 in the Masur Auditorium, Bldg. 10.

The symposium is being organized by a committee of scientists from NIH, universities, and industry. This occasion also provides the opportunity to honor two NIH researchers, Dr. Thressa C. Stadtman and Dr. Earl R. Stadtman, for their outstanding contributions to the elucidation of basic principles in the field covered by this conference.

NIDR Joins With Colgate-Palmolive To Produce Two Films on the Dental Wonders of Fluoride

Two new films on the prevention of tooth decay have been produced by the National Institute of Dental Research under a grant from the Colgate-Palmolive Company.

NIDR, in its first cooperative venture of this kind with industry, obtained funds from the firm to underwrite the production of the films through the Institute's National Caries Program.

The films—*Fluoride: The Magnificent Mineral*, designed for teenagers and adults, and *Fantastic Fluoride* for children—explain what fluoride is and what it does, reinforce the message that fluorides help prevent tooth decay and challenge many misconceptions about the use of fluorides.

They represent an important step in the department's prevention strategy and were accomplished through the President's joint government-private sector initiatives.

The Department of Health and Human Services has given high priority to the promotion of preventive health measures through increased knowledge and education.

More than 300 scientists from all over the world will attend or participate in the conference. There will be 22 oral presentations discussing various aspects of cellular regulation.

These papers, with additional invited manuscripts, will be published in two volumes in the series, "Current Topics in Cellular Regulation."

One volume will deal primarily with cellular regulation mediated by enzyme-catalyzed covalent modification of proteins, and the other will focus on cellular regulation mediated by noncovalent biorecognition.

All researchers are welcome to attend the symposium. However, due to space limitations, preregistration is recommended.

For additional information, write to: International Studies Branch, Fogarty International Center, Bldg. 16A, Rm. 205, National Institutes of Health, Bethesda, MD 20205, or call Nancy Shapiro at (301) 496-2517. □

Although fluoride has been used as a public health measure for nearly 40 years, many people do not know that it is an essential nutrient for the proper growth and development of teeth and bones, as well as the most effective agent available to prevent tooth decay.

A popular myth is that fluorides benefit only young children. While children are more vulnerable to tooth decay than adults, all ages are susceptible to decay and therefore benefit from using fluorides as long as they retain their natural teeth.

The new films, which are the first ever produced for the express purpose of educating the public about fluoride, also explain available methods of fluoride application including fluoridation of public water supplies, fluoride mouth rinses, tablets, gels and dentifrices.

For information on obtaining the films on a free loan, contact: Alice M. Horowitz, NIDR, 549 Westwood Bldg., 5333 Westbard Ave., Bethesda, MD 20205. □



The National Institute of Dental Research hosted the 20th annual Dental Students Conference on Research, Mar. 28-30. The conference was jointly sponsored by the American Dental Association and Proctor and Gamble Company. More than 60 students from every dental school in the country came to the NIDR to hear presentations about research activities, the grant application process, and training opportunities.

Wm. G. Baylis, Ex-NIADDK Executive Officer, Dies at 71



William G. Baylis

William G. "Gil" Baylis, 71, former executive officer of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases, died Mar. 23 in Phoenix, Ariz.

Mr. Baylis came to NIH and the Institute in 1948. Prior to that time he served in Counter-Intelligence as a U.S. Navy lieutenant during World War II, and worked with the Federal Power Commission, the Social Security Administration, and the Veterans Administration.

Mr. Baylis received numerous commendations for his insight as an administrator, anticipating the Institute's needs during his 24 years of service.

He was instrumental in developing the Epidemiology Clinical Research Study of the Southwestern Indians, which included work with the Pima Tribe in Sacaton, Ariz. He retired from NIADDK in 1972. Survivors include his wife, Phyllis, and two sisters.

Marine Agent Expert To Speak On Coldwater Near-Drownings

John Schwartz, marine agent with the University of Maryland Extension Service, will discuss the "coldwater, near-drowning syndrome" in a talk at Masur Auditorium at 12 noon on May 1.

The Division of Safety, OD, and R&W Association invited Mr. Schwartz to discuss the treatment and survival of persons declared dead after drowning.

Mr. Schwartz's speech will interest swimmers, campers and other outdoor enthusiasts as well as health care and emergency first aid personnel. He will also discuss the mammalian diving reflex and hypothermia as related to drownings.

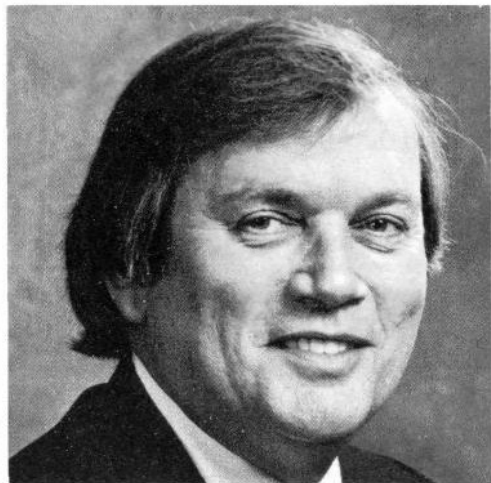
Mr. Schwartz previously worked with Dr. Martin Nemiroff, pioneer researcher in coldwater near-drowning studies at the University of Michigan. He is also a diving instructor and certified CPR instructor. □

Any manager who can't get along with a .400 hitter is crazy.

—Joe McCarthy, N.Y. Yankees manager

Dr. Wm. Cooper Appointed To New NLM Position

Dr. William G. Cooper, the National Library of Medicine's associate director for planning since 1979, has been named associate director for extramural programs. He will also serve as acting associate director for planning.



Dr. Cooper

The extramural programs post is not new to Dr. Cooper. Since 1982, in addition to his planning responsibilities, he has served as EP's acting associate director.

In fiscal year 1983, NLM's extramural programs administered grants and contracts (for seven regional medical libraries) totalling \$7.5 million.

The programs, authorized by the Medical Library Assistance Act of 1965 and extensions, support improvements in health information services by providing funds to develop and extend library services, strengthen information resources, conduct research on ways to improve communication and knowledge transfer, train health information personnel, and produce critical reviews and other publications on important health topics.

Served in Various Positions

Since coming to NLM in 1979 as planning officer, Dr. Cooper has served the Library in various capacities. He assisted in the relocation of the National Medical Audiovisual Center from Atlanta to Bethesda, and served as acting NMAC director.

He has also been acting deputy director for research and education, with responsibilities for administering the programs of the Lister Hill National Center for Biomedical Communications and NMAC.

Dr. Cooper received his M.S. from Cornell University and Ph.D. from Columbia University both in anatomy. From 1955 to 1979, with the exception of 2 years when he served with the Association of American Medical Colleges, Dr. Cooper was a member of the faculty of the University of Colorado School of Medicine.

From 1969 to 1978, he served as a consultant to NLM in addition to membership on the Biomedical Library Review Committee (1972-76). While on the staff of the Association of American Medical Colleges, he helped develop NLM's AVLINE data base. □

Dr. Franklin Tyeryar Named New NIAID Branch Chief

Dr. Franklin J. Tyeryar has been appointed chief of the Development and Applications Branch of the Microbiology and Infectious Diseases Program, NIAID. His appointment was announced recently by Dr. Richard M. Krause, Institute Director.



Dr. Tyeryar

In his new position, Dr. Tyeryar will guide the Institute's effort to translate information from basic research studies into ways to control or prevent infectious diseases.

Activities of the branch include targeting important infectious disease problems as well as stimulating and supporting research on bacterial and viral vaccines, antiviral substances, and other control measures.

Specific disease areas being studied include viral hepatitis, influenza, and other viral respiratory diseases.

Dr. Tyeryar formerly headed the hepatitis and respiratory diseases programs within the Development and Applications Branch. In this position, he played an important role in the development and testing of the recently licensed hepatitis B vaccine.

Born in Frederick, Md., Dr. Tyeryar received his B.S. and Ph.D. degrees from the University of Maryland. His laboratory work in microbial physiology and genetics was conducted at Fort Detrick and the Naval Medical Research Institute. He joined the NIAID's Infectious Disease Branch in 1973 as a microbiologist.

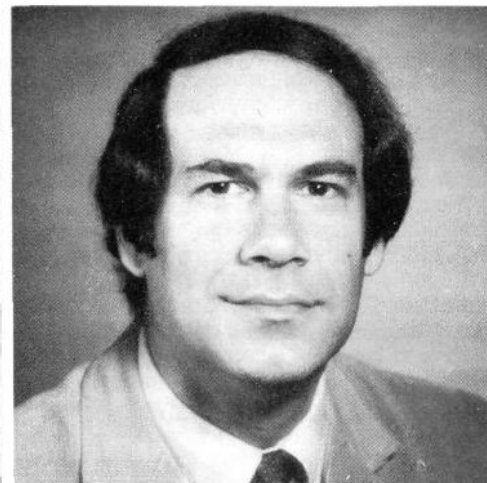
In 1979 he was presented the NIH Director's Award "in recognition of his outstanding leadership, initiative, and judgment in coordinating epidemiologic and vaccine evaluation studies to prevent and control hepatitis."

In addition to this award, he also received the Leroy D. Fothergill Science Award in 1970, from the Scientific Research Society of America, Fort Detrick Branch, and the J. Howard Brown Award in 1967 from the Maryland chapter of the American Society for Microbiology.

Dr. Tyeryar is a member of the Infectious Diseases Society of America, the American Society of Virology, the American Society for Microbiology, and Sigma Xi, and has served on the editorial board of *Infection and Immunity*. □

Dr. Mark Hallett Named NINCDS Clinical Director

Dr. Mark Hallett, a Harvard Medical School neurologist and investigator, has been named clinical director of the National Institute of Neurological and Communicative Disorders and Stroke Intramural Research Program.



Dr. Hallett

A former director of Harvard's clinical neurophysiology laboratory at Brigham and Women's Hospital, Dr. Hallett assumed his new position Apr. 1.

As NINCDS clinical director, Dr. Hallett will oversee the nature and quality of clinical care provided to patients involved in research protocols of NINCDS's seven intramural branches. For example, he will be ultimately responsible for patient safety in clinical investigations.

Manage Neurology Consulting Service

Dr. Hallett will also manage the neurology consulting service, which provides neurological examinations for patients in other Institutes.

Other facets of his position will include overseeing the operation of the electroencephalography (EEG) and electromyography (EMG) laboratories, soliciting speakers for neurology grand rounds, and arranging weekly clinical conferences.

In the past, Dr. Hallett has combined research with clinical and administrative duties. Using EEG and EMG he has studied the control of movement in normal volunteers and people with motor disorders such as Parkinson's disease, cerebellar ataxia and spasticity.

Direct New Research Section

Dr. Hallett will continue his clinical investigations at NINCDS as he directs a new intramural research section studying human motor control.

Dr. Hallett received his M.D. from Harvard Medical School. His postmedical school training includes 2 years as a staff associate in the Laboratory of Neurobiology, NIMH, and a year at the Institute of Psychiatry in London.

Dr. Hallett holds memberships in the Society for Neuroscience and the American Academy of Neurology, and is board certified in neurology and electroencephalography. □

Engineer Alfred Perkins Dies

Alfred L. Perkins, 57, chief, Engineering Design Branch, Division of Engineering Services, died at the Clinical Center on Feb. 6, after a 2-month illness with pneumonia.

Mr. Perkins joined NIH in 1957 as an architectural engineer in the old Plant Engineering Branch of the Division of Research Services. In 1962, he was made chief of the Engineering Design Section which later became a branch.

He received his bachelor's degree from the Kansas State University and a master of arts from Georgetown University. Before joining NIH he was a secondary education teacher in Fairfax County schools.

Over the years he was responsible for NIH's master planning and architectural/engineering design services for over 6 million square feet of medical research laboratories, hospital, office, and administrative areas. During his tenure as chief, he was involved in the planning and design of the ACRF, the Lister Hill Center, Bldg. 29A, and Bldg. 41.

He served as NIH's principal technical officer on the Clinical Center Modernization Committee, the Fine Arts Committee, and the Facility Planning Committee. He also appeared before regional planning boards such as the National Capital Planning Commission to present new NIH facilities.

In 1980, he received the NIH Award of Merit "for exceptional engineering and managerial initiatives in support of the NIH design programs." In 1981, he was presented a Certificate of Appreciation by the Institute of Business Designers for his contributions in promoting quality interior design for the Government.

Mr. Perkins also participated generously in community and church activities.

He is survived by his wife Rita; two daughters, Amy and Hannah; and three sons, Mark, Matthew, and Andrew.



Shirley S. Taylor received \$379 recently for her suggestion to include the telephone number on NIH letterhead stationery. Mrs. Taylor, a secretary, works in the Laboratory of Clinical Investigation, NIAID.

NICHD Director Honored in Field of Endocrinology

Dr. Mortimer B. Lipsett, NICHD Director, recently delivered three major scientific lectures in connection with honors he received in the field of endocrinology.

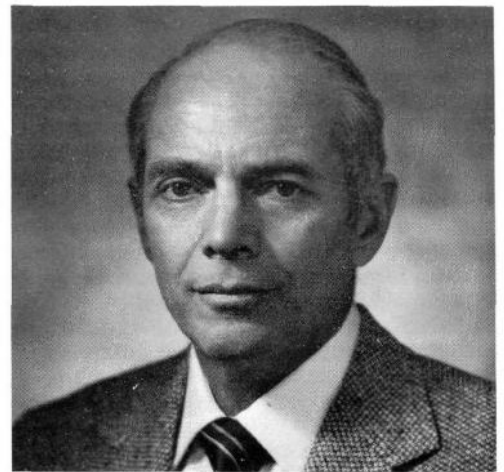
He was named Andrologist of the Year by the American Society for Andrology (study of diseases peculiar to the male sex) at its annual meeting Mar. 16 in Los Angeles.

On Mar. 20, he presented a lecture on Glucocorticoid Receptor Defects at Kyoto University in Japan.

Dr. Lipsett again discussed glucocorticoid receptors as the trans-Atlantic lecturer in endocrinology, a biennial award given by the British Endocrine Society at that society's meeting in Edinburgh, Scotland, on Mar. 26.

An internationally recognized expert in developmental endocrinology, Dr. Lipsett has been with NIH for 30 years. Throughout his research career, he has made significant contributions to the understanding of the endocrinology of cancer and reproduction. He is the author of more than 250 scientific articles related to these fields.

Dr. Lipsett has been Director of NICHD since 1982; prior to that he served 6 years as



Dr. Lipsett

Director of the NIH Clinical Center. He currently holds the office of secretary general for the International Society of Endocrinology and is a past president of the Endocrine Society. □

New Literature Searches

Nine new bibliographies on subjects of current widespread interest are available without charge from the National Library of Medicine's Reference Section. The bibliographies were produced through NLM's computer-based system MEDLARS and contain references from recent medical journal literature.

A complete list of available Literature Searches is published each month in *Index Medicus* and *Abridged Index Medicus*.

When requesting Literature Searches, please include title and number, enclose a self-addressed gummed label, and mail to: Literature Search Program, Reference Section, National Library of Medicine, Bethesda, MD 20209.

The newly available bibliographies follow:

- LS84-1 *Diagnostic ultrasound in pregnancy*. Sept. 1982 through Jan. 1984. 204 citations in English, the Scandinavian languages, and German.
- LS84-2 *Analgesic-associated kidney disease*. Jan. 1977 through Feb. 1984.
- LS84-3 *Osteoporosis*. Jan. 1980 through Mar. 1984. 355 citations in English.
- LS84-4 *Hospices*. June 1979 through Feb. 1984. 431 citations from the Health Planning and Administration data base.
- LS84-5 *Alzheimer's disease*. Jan. 1983 through Feb. 1984. 317 citations.
- LS84-6 *Bone marrow transplantation in leukemia and solid tumors*. Jan. 1980 through March 1984. 303 citations in English.
- LS84-7 *DRGs and prospective pricing*. May 1982 through Mar. 1984. 354 citations from the Health Planning and Administration data base.
- LS84-8 *Recurrent mood disorders*. Jan. 1981 through Apr. 1984. 118 citations.
- LS84-9 *Acquired immune deficiency syndrome (AIDS)*. Third quarterly update and supplement. Jan. 1984 through Apr. 1984. 387 citations, including addendum. □

Five New Members Named To DRR Advisory Council

Five new members have been appointed to the National Advisory Research Resources Council of the Division of Research Resources.

The 18-member council is composed of biomedical scientists, health science administrators, and other persons interested in program areas of the DRR.

The Division conceives, develops, and ensures the availability of resources essential to the conduct of human health research.

New council members are Dr. Charles Franklin Starmer, Jr., professor of computer science and associate professor of medicine at Duke University, Durham, N.C., and Dr. George C. Christensen, vice president for academic affairs at Iowa State University, Ames.

Also, Dr. Ann Miller Lawrence, professor of medicine and biochemistry at Loyola University's Stritch School of Medicine, Maywood, Ill.; Dr. Donald Wayne Seldin, chairman of the department of internal medicine at the University of Texas Southwestern Medical School in Dallas, Tex., and William P. Morrissey, executive vice president of the Boston Five Cents Savings Bank, Boston.

A major function of the council is to review grant applications for division programs, including the General Clinical Research Center, Primate Research Center, Laboratory Animal Resource, Biotechnology Resource, Biomedical Research Support, and Minority Biomedical Research Support Programs.

The Secretary of the Department of Health and Human Services appoints new members who serve 4-year terms. □

Go into the street, and give one man a lecture on morality, and another a shilling, and see which will respect you most.—Samuel Johnson

SECURITY

(Continued from Page 1)

phone. Instructions on how to use it can be found on a lit-up box just beneath the speaker/microphone.

To use it, just push the button and when the green "talk" light comes on, tell the police where you are (camera number) and your message.

Steps are already under way to make campus buildings even more secure against unauthorized entry after hours.

The Cardkey system is in effect at 16 buildings: 1, 2, 4, 5, 6, 7, 9, 11, 15K, 16A, 21, 22, 30, 36, 37 and 38A, and the Protection and Security Management Branch will soon be issuing cards for six other buildings which are already wired for the system: 3, 13, 18, 25, 31 and 32.

Further, wiring is being installed in many of the remaining buildings and work requests have been submitted for those where installation has yet to start.

The Cardkey system controls entry and exit to buildings and areas by means of a card-reader during high-risk hours: weekdays from 6 p.m. to 6 a.m. and round-the-clock on weekends.

The white plastic cards can be coded as to hours the individual may enter and keyed to work on one or more buildings as the user's authorized access indicates.

Such cards are issued to staff members with an official need of access in off-hours.

Overall, NIH operates on a computerized security system—Programmed Access Security System (PASS).

This system locks and unlocks doors electronically at predetermined times and monitors intrusions and burglar alarms.

Every door on the system is wired so that an unauthorized entry or attempt immediately alerts NIH police at the control center through a computer terminal, and prints out when and where the problem is and the appropriate police response to the situation. □

NHLBI Director Presents Awards to Employees

Length-of-service awards, merit awards, commendation medals and EEO awards were presented to staff members by Dr. Claude Lenfant, NHLBI Director.

Nineteen NHLBI employees received 20-year length-of-service awards and three were awarded 30-year pins.

Dr. Ronald G. Crystal, chief of NHLBI's Pulmonary Branch, and Dr. H. Bryan Brewer, chief of the Molecular Disease Branch received Public Health Service Commendation Medals. Dr. Jack Orloff, director of the Division of Intramural Research, received the EEO Award.

Merit Awards were given to Rosemary M. Brown, Nancy T. Cherry, Douglas W. Frye, Dr. Dorothy P. Gail and Dr. John I. Hercules. □

The mind of a bigot is like the pupil of the eye; the more light you pour upon it, the more it will contract.—*Oliver Wendell Holmes, Jr.*

Rape Prevention Information Available at Two Centers

What can women do to protect themselves against rape or other assaults?

Rape Prevention Centers urge women to take self-defense courses—not necessarily full-scale karate or martial arts instruction—but courses in basic techniques.

On the NIH campus, the R&W Self-Defense Club offers such a course. To participate you must be a member of R&W and also pay an additional \$5 fee for equipment and materials. For more information, call Sue Stewart, 496-5586 or Emily Mitchell, 496-7003, or Don Murphy, president, at 530-4280 (nights).

For comprehensive advice on self-protective measures—what to do as well as what **not** to do—there are two area rape prevention programs: Sexual Assault Service, The Community Crisis Center, 4910 Auburn Avenue, Bethesda, MD 20814, 656-9420; and D.C. Rape Crisis Center, 333-RAPE.

Basic fact sheets on rape prevention tactics are also available from literature display racks in the NIH Employee Assistance Office, Bldg. 31, Rm. 2B57. □

Dr. H. Horowitz Receives Dental Research Award

Dr. Herschel S. Horowitz of the National Institute of Dental Research received the H. Trendley Dean Award at the annual meeting of the International Association for Dental Research, held Mar. 15-18 in Dallas, Tex. The award is presented annually for meritorious research in epidemiology and dental caries.

Dr. Horowitz, chief of the Clinical Trials Section, Disease Prevention Branch of the proposed Epidemiology and Oral Disease Prevention Program, is an internationally renowned authority on fluorides and dental caries.

He has made major contributions to dental research in areas of epidemiology, dental fluorosis, school water fluoridation, topical fluoride application, pit and fissure sealants, and other areas of clinical field research.

The H. Trendley Dean Award, consisting of a plaque and a stipend, was created in honor of Dr. Dean, former NIDR Director from 1948 to 1953. A pioneer in dental research, Dr. Dean established the basis of our knowledge about the relation of fluorides to dental health. He developed a method for quantitatively measuring dental fluorosis and demonstrated a significant difference in dental decay between fluoridated and nonfluoridated areas.

Dr. Horowitz has been with the U.S. Public Health Service since 1960 and with the NIDR since 1971. He holds D.D.S and M.P.H. degrees from the University of Michigan and is a diplomate and immediate past-president of the American Board of Dental Public Health.

He is currently a consultant to the World Health Organization, the American Dental Association's Council on Dental Therapeutics, the National Academy of Sciences, the Food and Drug Administration, and other agencies and organizations.

He received the USPHS Meritorious Service Medal in 1975 and the Carl A. Schlack Award from the Association of Military Surgeons of the United States in 1983. In addi-

Van Service Initiated To Outlying Parking Lot

A two-van shuttle service to carry employees on the main NIH campus to their parked cars between 5:30 p.m. and 9 p.m. began several days after a sexual assault on a woman NIH employee on Apr. 5. This service is expected to be temporary.

The two vans run continuously during the designated hours.

Their routes are as follows:

Shuttle No. 1: Starting at Bldg. 10 (Clinical Center), right from Center Drive to Bldg. 31A; from Bldg. 31A to Circle of Bldg. 1; from Bldg. 1, continue on Center Drive to back platform of Bldg. 38; from Bldg. 38 platform to 41B parking lot.

Shuttle No. 2: Starting at Bldg. 10, left from Center Drive to Convent Drive; left from Convent Drive to circle of Bldgs. 36 and 37; continue on Convent Drive to Lincoln Drive; left on Lincoln Drive to Bldg. 29; continue on Lincoln Drive to Service Road West; right from Service Road West to 41B parking lot. (See map on the back of the NIH Telephone Directory to trace routes.) □



Dr. Horowitz

tion, he has published over 100 scientific papers and serves on the editorial board of four professional journals. □

Children With Asthma Needed For Self-Management Programs

The National Heart, Lung, and Blood Institute is producing training tapes to teach health educators how to conduct the *Living with Asthma* and *Air Power* programs, two courses in pediatric asthma self-management.

These courses, developed under NHLBI research contracts, help children to manage their asthma better on a day-to-day basis.

Needed are children with asthma, 8 to 13 years of age, who wish to participate in a group that will be videotaped. Interested parents should call Chris Krutzsch at 496-4236. □

ANIMALS

(Continued from Page 1)

OPRR oversees procedures to ensure that Public Health Service award recipients who use animals in their research meet requirements of PHS policy on the humane care and use of animals.

In the symposium's opening session, Dr. James B. Wyngaarden, NIH Director, outlined procedures for approving NIH proposals and applications for projects involving animals and described current efforts to document the fact that PHS policies are implemented.

"The Federal Government cannot, on its own, adequately deal with the mounting pressure on this issue," he said. "It is the responsibility of the institutions and investigators involved to become more active in responding to questions about the need for animals in research and appropriate safeguards."

Dr. Edward N. Brandt Jr., Assistant Secretary for Health, told those attending: "The way we care for and use animals in research must be consistent with our lifesaving and life-protecting mission." He announced a proposed revision in the PHS Policy for Humane Care and Use of Animals and called for wide public comment.

In his keynote address, former NIH Director, Dr. Donald S. Fredrickson, reviewed some of the most striking modern medical advances that have depended on animals, including the heart-lung machine and viral vaccines—especially polio vaccine.

To make good public policy decisions on use of research animals, Dr. Fredrickson said, society needs to be familiar with scientific methods and objectives; scientists need to provide convincing assurances that their methods are humane and responsible; and the whole community needs to seek an ethical frame "for judging the fruits of the quest for understanding in a fashion that does not retard the search itself."

The second session of the symposium opened with a discussion of proposed changes in the PHS policy on animal welfare by Dr. William F. Raub, NIH Deputy Director for Extramural Research and Training. The proposed policy has been published as a special edition of the *NIH Guide for Grants and Contracts* (Vol. 13, No. 5, Apr. 5, 1984).

Dr. Raub explained that the new policy resulted, in part, from 10 site visits to randomly selected awardee institutions. It provides advantages to institutions that have approval from the American Association for Accreditation of Laboratory Animal Care (AAALAC).

Scientists are in the best position to promote good animal care practices, Dr. Raub said, and the vast majority are well motivated. The proposed changes will make it easier to know exactly what is expected, he said.

In a panel on clinical medicine moderated by television broadcaster John Charles Daly, Dr. Lawrence H. Cohn, director of Cardiac Surgery Research at Brigham and Women's Hospital, Boston, described a long series of cardiac surgery advances based on the use of large animals.

He presented his patient Theresa Rye, R.N., who had open-heart surgery in 1982 at age 26 for a rare congenital heart defect called "scimitar syndrome," which causes an



Ms. Rye of Boston, had her heart stopped for 30 minutes during an operation.



Dr. Karl Johan Öbrink of Uppsala, Sweden, summarized the animal symposium from an international viewpoint.

abnormal left-to-right shunting of blood.

If not corrected, the condition leads inevitably to pulmonary artery hypertension and almost certain death.

"My operation was unique," Ms. Rye said. "Part of my surgery required the heart-lung bypass machine to be turned off. It was a chilling experience for me to learn my body was frozen to 15 degrees centigrade and that I had been clinically dead for 30 minutes during the operation."

"I hope that legislators, lobbyists, and research agencies appreciate that these kinds of procedures would be impossible had there not been an animal research model."

The role of animals in the development of transplantation was described by Dr. Stuart W. Jamieson, director of the Cardiac Surgery Experimental Laboratories at Stanford University Medical Center. He presented his patient, Samuel S. Stark, who was diagnosed in 1980 as having primary pulmonary hypertension and by 1983 was near death.

Mr. Stark received a heart and lung transplant at Stanford on June 2, 1983. "After 53 days in the hospital and 2½ months as an outpatient, I'm now back home and working full time."

Dr. Earl H. Wood, emeritus professor of physiology and medicine at Mayo Medical School in Rochester, Minn., cited three examples of necessary human and animal experimentation from his own career: solving the blackout problem among fighter pilots in World War II; solving the loss of oxygen content in arterial blood of the early astronauts; and the development of a high speed computer-based tomographic system designed to produce three-dimensional noninvasive images of the heart, lung and blood in motion. The last two projects required animal models prior to human experiments.

The final member of the panel, Dr. Clarence A. Rawlings, professor of small animal surgery at the University of Georgia School of Veterinary Medicine, illustrated the benefits of animal research for animals other than humans.

Congressman Doug Walgren (Pa.) encouraged the scientific community to go forward under the leadership of the NIH in pursuit of high standards of laboratory animal care.

In a panel chaired by Dr. Andrew N. Rowan, Tufts University School of Veterinary Medicine, varying views were presented on current measures of using and caring for research animals.

Dr. Constance Kagan of the Animal Political Action Committee described the approaches of three main groups in the animal protection movement: those who are concerned about animal welfare; utilitarians who hold that each case of proposed animal use must be evaluated separately; and those who generally believe that the use of animals in research and testing should immediately cease.

Henry Spira, director of the Coalitions to Abolish the LD50 and Draize Tests, explained his activities as an attempt to attack "a universe of pain and death" at its most vulnerable spots.

Christine G. Stevens, president of the Animal Welfare Institute, presented arguments for strengthening the Animal Welfare Act.

Dr. Karl Johan Öbrink of the Biomedical Center, Uppsala, Sweden, summarized the symposium from an international viewpoint.

He stressed that good animal care means better science, and that our knowledge of living things is still small, despite the recent progress. The only way to biomedical knowledge is to study life itself, he said. "Studies in an intact human or animal give you information that cannot be obtained in any other way. Studies at the various biological levels complement each other, and one level cannot give the same information as the other."

Despite all laws and regulations on this subject, animal experimentation will always involve personal judgments of appropriateness, Dr. Öbrink said. Some kind of review committee with scientific and nonscientific membership is necessary, he indicated. □

There are two things we must resign ourselves to on pain of finding life unbearable: the ravages of time and human injustice.—*Nicholas Chamfort*

OSTEOPOROSIS

(Continued from Page 1)

The panel noted that at present there are few established laboratory tests for identifying persons at risk for osteoporosis or those with mild disease. Generally, a fracture must occur before a positive diagnosis can be made.

Osteoporosis is a subtle disease which may appear without warning. A fall, blow, or lifting that would not strain the average person can easily cause one or more bones to break in a person with severe osteoporosis.

Although any of the bones may be affected, fractures of the spine, wrist, and hip are the most common. It is estimated that about 1.3 million fractures attributable to osteoporosis occur in people 45 years of age and older.

Among those who live to be age 90, one-third of women and 17 percent of men will suffer a hip fracture due to osteoporosis. The panel reported that most older patients with hip fractures fail to recover normal activity and approximately 20 percent die within 1 year after fracture.

Risk of osteoporosis is great among postmenopausal Caucasian women. Removal of the ovaries by surgery or damage from irradiation or early natural menopause are strong predictors for the development of osteoporosis.

Postmenopausal women are especially vulnerable because changes in the body's hormone levels accelerate loss of bone tissue. Women who are underweight are more likely to develop osteoporosis. Cigarette smoking may also be a risk factor.

The conference was sponsored by the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases and the NIH Office for Medical Applications of Research.

The panel suggested that to retard or halt the progress of the disease before structural defects occur, the following strategies are warranted:

- Estrogen replacement therapy: Low-dose estrogen is the most effective single method for the prevention of osteoporosis in women. Case-controlled studies have shown a 60 percent reduction in hip and wrist fractures in women whose estrogen replacement began within a few years of menopause.

Even when initiated as late as 6 years after menopause, estrogen prevents further loss of bone mass. However, it does not restore it to premenopausal levels.

Estrogen is associated with increased risk of endometrial cancer, an uncommon form of cancer that, fortunately, is easily detected and rarely fatal. However, the panel felt the consequences of osteoporosis are far greater than the risks of endometrial cancer.

Most studies do not link estrogen to increased breast cancer risk. Until more data on risks and benefits of estrogen therapy are available, some physicians and patients may prefer to reserve estrogen therapy for women who have undergone premature menopause or have other risk factors.

- Increased calcium intake: the usual daily calcium intake in the United States of 450 to 550 mg falls below the National Research Council's recommended dietary allowance of 800 mg. The osteoporosis panel recom-



This side view X-ray of a 76-year-old woman shows the spinal curvature or "dowager's hump" (on the right) that is characteristic of osteoporosis.

mended a daily requirement—above that of the recommended allowance—of 1,000 mg of calcium for premenopausal and estrogen-treated women and 1,500 mg daily for postmenopausal women not on estrogen.

Increased calcium intake may also prevent age-related bone loss in men. The major sources of calcium in the U.S. diet are milk and dairy products. For people who are unable to take 1,000 to 1,500 mg of calcium by diet, calcium supplement tablets are recommended. But anyone with a history of kidney stones should only take calcium supplements under the guidance of a physician.

- Normal levels of vitamin D, especially for people who get little sunlight: Because vitamin D is dangerous at high doses, one should not take more than 600 to 800 I.U. without a doctor's recommendation.

- Weight-bearing exercise: Some recent studies suggest that weight-bearing exercise, such as walking, may reduce bone loss.

The panel indicated that fracture prevention is the primary goal in the approach to osteoporosis. "There is great need for additional research on understanding the biology of human bone, defining individuals at special risk, and developing safe, effective, low-cost strategies for fracture prevention," they said.

The panel members included representatives of orthopedics, endocrinology, gynecology, rheumatology, epidemiology, nutrition, biochemistry, family medicine, and the general public.

Copies of the consensus statement are available from the NIH Office for Medical Applications of Research, Bldg. 1, Rm. 216, phone 496-1143, or the NIADDC Office of Health Research Reports, Bldg. 31, Rm. 9A04, phone 496-3583.—**Barbara Weldon** □

The great tragedy of science—the slaying of a beautiful hypothesis by an ugly fact.—*T. H. Huxley*

U. S. GOVERNMENT PRINTING OFFICE 1984—421-134/16

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National Institutes of Health
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Bethesda, Maryland 20205
Official Business
Penalty for Private Use \$300

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HHS 396

