

Director Reflects on 7½ Years at NIH

By Rich McManus

On July 31, NIH director Dr. James B. Wyngaarden relinquished what many consider the most powerful post in American medicine. He left behind a legacy that is at once easily computed and hard to fathom.

Easy to grasp are the achievements that numbers can capture. Arriving as director on Feb. 1, 1982 (though not formally inducted until Apr. 30), he gave himself the goal of doubling the NIH budget during his term. The 1990 budget assures fulfillment of that ambition.

In the 4 years preceding his arrival on campus, NIH suffered a 14 percent loss in purchasing power. During his 7½-year term, the institutes have realized a 35-40 percent gain in purchasing power.

Other statistics salute his dedication to stabilizing and promoting the advance of biomedical research.



Dr. James B. Wyngaarden at "farewell chat" with employees on July 25

Both the number and duration of investigator-initiated research project grants are up, a robust construction program is underway on campus, vigorous and talented staff occupy virtually all top management positions, a full-scale assault has been mounted on the AIDS epidemic and the most ambitious biomedical research project ever attempted—the human genome initiative—has begun under Wyngaarden's leadership.

"After I announced my resignation (on Apr. 20), some members of Congress called to thank me for the job I did," said the director in a recent interview. "I ended up thanking them more for *their* support. They said that I brought credibility to the institution because I wouldn't do anything foolish. I thought that was kind of a nice statement."

Pride in having lived up to the public trust emerges as Wyngaarden's most treasured success.

In February 1982, Wyngaarden began what was to be the longest term of any NIH director, save Dr. James A. Shannon, since the 1940's. He also learned he was in for two big surprises.

The first, he says, is "the degree to which NIH is tethered to the department (DHHS). It seems as though every decision is second-guessed, delayed or not acted on. It's almost impossible for the director to direct because he himself is being directed."

The second surprise was the ubiquity and tenacity of special interest groups, including myriad voluntary health organizations.

"They are extraordinarily interested in anything that we do," he related. "No matter what decision you make that favors one group, you are sure to hear about it from the others."

(See *Director* p. 14)

NIH Campus Undergoes Face-lift

If you have not been back to NIH's Bethesda campus in, say, the past week or two, you may not recognize the place. That's because one of the most ambitious construction and renovation programs in NIH history is underway.

No one knows this better than adventurous joggers or walkers trying to thread their way between projects that have already started. Bulldozers, dirt piles and trenches are but a few of the obstructions. Dump trucks, cranes and construction fences are added obstacles.

Perhaps the most unique new structure is the Children's Inn at NIH, a residence for up to 36 pediatric patients and their families being erected on the north side of the reservation.

Crafted in the style of a private dwelling, the inn is being built courtesy of a \$3.5 million gift from pharmaceutical firm Merck & Co., Inc. The 32,000-square-foot facility, when completed in February 1990,

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will be a home-away-from-home for young patients with cancer and other diseases.

Larger than the inn, but belonging more explicitly to the research mission of the institutes, is Bldg. 49, the Child Health and Neurosciences Building now rising just west of NIDR's Bldg. 30. A future home for some 500 employees studying brain function and mental retardation, the seven-story structure will also house a modern primate facility. Investigators from seven institutes will work in Bldg. 49, which is slated for completion in late 1992.

Perhaps the most widely anticipated construction project, because it will involve the most people, is still confined to the drawing board. Dubbed the Consolidated Office Building (COB), this project will return some 3,000 employees currently occupying rental buildings in the area to the NIH campus. It will include 9 stories of office space, 4 floors of parking and cost about \$120 million. The COB, scheduled for completion in 1994, will stand near Stone House and the Medical Center Metro station.

Also on the drawing board are additions to Bldgs. 14 and 29. Currently awaiting funding, Bldg. 14D-1 will stand between 14C and D, and contain laboratories, offices and animal surgery rooms. Bldg. 29B will be built next to the FDA's Bldg. 29A and host the Center for Biologics Evaluation and Research, a program supporting AIDS vaccine research. Construction is slated for completion in July 1993. At Bldg. 30, the dental institute plans a five-story tower addition on the east side to house cage washing, mechanical and support space in addition to three floors of laboratory space.

(See Face-lift p. 18)



The stone facade of the Children's Inn at NIH is already apparent as builders make progress on the facility, which will be a home-away-from-home for up to 36 pediatric patients and their families. Built on the north side of the NIH campus, the inn is scheduled for completion in February 1990.



A bulldozer scrapes dirt as the foundation is prepared for Bldg. 49, the Child Health and Neurosciences Building now rising on the west side of campus. Framing the 'dozer are Bldgs. 36 and 37. The new building, scheduled for completion in late 1992, will be seven stories tall and house investigators from seven institutes. It will also include a state-of-the-art primate facility.

Donate To The Children's Inn

The Children's Inn at NIH is 50 percent complete. The planned opening date is Feb. 14, 1990. While the cost of the building has been fully funded by Merck & Co., Inc., the Friends of the Children's Inn, Inc., is raising funds for the operating expenses of the inn. Donations may be mailed to and further information obtained from the Friends of the Children's Inn, Inc., Bldg. 31, Rm. B1W30, Bethesda, MD 20892, (301) 496-6061.

Update on Animal Rights Activities

The decade of the 1980's has seen a rise in antivivisection activity, often termed "animal rights."

Since 1985 there have been several demonstrations on the Bethesda campus. The largest occurred on Apr. 24, 1989, when 200 demonstrators protested the use of animals in research. After a rally, nearly 40 activists linked arms to block traffic on Wisconsin Avenue (near the National Library of Medicine entrance) for 30 minutes. Then, a small band of protesters headed to the Shannon Building (Bldg. 1). They chanted and pounded on the outside set of doors, breaking it open and damaging one of the doors. Some arrests were made and court actions are pending.

Earlier this year, the clandestine group known as the Animal Liberation Front claimed responsibility for the theft of animals from NIH-supported research projects at the University of Arizona (Tucson) and Texas Tech University, Lubbock.

Cystic Fibrosis Gene and Protein Discovered

A team of researchers led by NIDDK grantees Dr. Lap-Chee Tsui at the Hospital for Sick Children in Toronto and Dr. Francis Collins at the University of Michigan in Ann Arbor have identified the cystic fibrosis gene. They have also determined the error in the gene that causes 70 percent of the cases of CF: a deletion of 3 bases that code for one acid, a phenylalanine. This means that the gene directs the production of a defective protein, which its discoverers have named the Cystic Fibrosis Transmembrane Regulator (CFTR). It belongs to a class of proteins involved in regulating ion transport, which is thought to be the biochemical mechanism that is defective in CF.

The most common lethal genetic disease of Caucasians, CF affects about 2,000 babies born each year in this country and a total of more than 30,000 Americans. Patients with this disease produce copious amounts of thick, sticky mucus that impairs digestion and breathing, and makes them prone to chronic respiratory infections. These infections and the subsequent lung destruction are the major cause of death from CF. About half of those with the disease die before their mid-twenties.

NIDDK director Dr. Phillip Gordon said, "The CF gene is the key to understanding fully the underlying biochemical defect in CF and to designing treatments aimed at correcting this defect rather than just treating the symptoms of the disease. This advance is an example of the rewards of basic research, which gives scientists the tools they need to explore this disease at a molecular level."

Now that the gene has been identified, more families with CF will be studied to see whether different defects in the gene can account for the variable severity and manifestations of CF among families. The discovery also should lead to improved screening for CF.

This research was also supported by the Cystic Fibrosis Foundation, the Howard Hughes Medical Institute and the Canadian Cystic Fibrosis Foundation.

A Sampling of News About NIH Alumni Members

Dr. Robert A. Aldrich, former director of NICHD, 1962-64, now at Children's Hospital in Seattle:

"I have just completed 2-5 year study comparing health care systems of British Columbia and Washington state. Data have brought strong national interest including a spot on NBC Nightly News in July... The British Columbia outcomes are as good or better than Washington state, they cost no more (a little less) and cover 100% of the B.C. population. Public approval in B.C. is over 75%—almost the reverse is true in Washington state—How come?"

Dr. Bahige M. Baroudy, former visiting scientist at NIAID, 1979-85, writes: "On July 1, 1989, I began my tenure as the new director of the division of molecular virology at the James N. Gamble Institute of Medical Research, Cincinnati, Ohio. I plan to establish a strong program in both hepatitis and AIDS research. I would like to initiate a chapter of NIH Alumni in Cincinnati."

(See *Members* p. 12)

NIHAA Forum

Why Do the Human Genome Project?

By Dr. Robert G. Martin

Would someone please explain to me why the United States government and the National Institutes of Health have committed themselves to the human genome project? It's not that I have trouble comprehending the science. And it's not that I haven't done my homework. I've read the relevant literature: *Science*, *Nature*, *Time*, *Newsweek*, *The New York Times*, etc. I've even spoken with some of those directing the project.

My problem is not too few answers, but too many. I've heard it argued that the information obtained from this project will lead to major advances in medicine. Others who are less sanguine about the medical implications assure me that fundamental new biological understanding will result.

I've heard it suggested that we need the human genome project to get more funding for science in general; that it will engage the public imagination. That's what President Kennedy successfully accomplished with the space program and what President Nixon unsuccessfully attempted with the War on Cancer.

I've even heard it asserted from my more cynical colleagues that the real reason for this project is that too much of the biomedical research dollar is being spent on applied work and the project will divert funds back to basic research where it is most sorely needed.

Without doubt there is a great deal of outstanding work currently underway that will enormously facilitate genomic mapping. But this work was funded before the project got under way and it will continue

to be funded because it *is* outstanding. Why does it need special priority?

The understanding and possibly the treatment of major health problems like cystic fibrosis would certainly be advanced by locating the responsible gene. But this, too, is underway without the genome project (See story in this issue).

As a long range goal, gene therapy will require the kind of information that the human genome project will yield. But there is no possibility of extensive gene therapy—even on single gene diseases—in the immediate future. Why the race to complete the mapping of the human genome in 5 years?

To my mind, the most compelling reason for the project is to make possible the study of multi-gene disorders such as schizophrenia, for which current genetic tools are inadequate. But if this is the reason for the project, I, for one, doubt

that the American public has been adequately educated or convinced.

It's not that I object to the human genome project per se—I'm certainly willing to be converted. My difficulties are not scientific, they are political.

Frank Press, president of the National Academy of Sciences, has forcefully argued that scientists must assist in setting priorities. He reasons that research funds are, and will remain, limited. I find that difficult to challenge.

Oh, I know that the entire federal science budget only amounts to about 0.5 percent of the gross national product; and an estimated 3 billion dollars over 20 years is a drop in the bucket. But *glasnost* and reductions at the Department of Defense notwithstanding, I don't believe that a significant increase in the real dollar expenditure for basic science is a high priority for the American public.

My concern is not only whether those who favor the human genome project have adequately explained



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why they wish to stress this project over others—statements I have seen quoted to the effect that, “Who could oppose this project on scientific grounds?” certainly haven’t to my satisfaction—but what the broader effect of insufficient public justification and clarification will be on all scientific effort?

Consider for a moment how one would recognize when the American public had reached the conclusion that the federal expenditure for research was too large. I suggest that this would be manifest not by a coalition of rational opponents favoring one or another worthwhile public project, for example, expansion of grants to the arts or humanities in preference to the sciences. Rather, it would come slowly and insidiously as a growing wave of antiscience sentiment. It would be confused, it would be angry, it would be irrational. It would be cloaked in terms of moralistic and ethical superiority.

That is what is upon us now. That’s why we have congressional committees overzealously investigating trivial scientific disputes, mislabelling them as examples of fraud; why we have nature freaks who would outlaw all pesticides although natural pesticides are often more prevalent and dangerous to the human population; why we have hysterical individuals claiming to be the only “true environmentalists” because they oppose all forms of recombinant DNA technology; and partly why we have the rapid growth of animal rights opposition to research. It is also why there has been a growing fascination with the occult; why the wife of an acutely “tuned in” president consulted with her astrologer perhaps as frequently as he did with his science advisor; and why universities throughout the

United States are suffering from a decline in the number of students majoring in the sciences.

It is my thesis that we, the scientific community, are ultimately responsible for this wave of anti-science feeling. For years we have gone to the public through its elected representatives and asked for support. We have been careful not to claim we were about to cure cancer or diabetes or Alzheimer’s disease. But when the media or the Congress became confused and implied or inferred that we were, we made precious little attempt to correct them. When a real moral issue arose—the animal rights question—the National Academy of Sciences responded with a document that is scientifically weak, morally inane and politically makes the Dukakis campaign committee look like giants.

Our first and foremost responsibility is to teach. There can be no meaningful dialogue with a scientifically illiterate community. (We’ve tried—but not hard enough. I recall in the early 1960’s when Arthur Kornberg came to the National Institutes of Health and delivered a public lecture in which he expounded upon the incredible amount of information in the human genome and its minute size. It was, he explained, “as if we could microfilm all of the information in the Encyclopedia Britannica onto something the size of the head of a pin.” The next morning the *Washington Post* dutifully reported that scientists had developed a camera for photographing the encyclopedia on the head of a pin. We must not be discouraged.)

I do not deny that mapping the human genome is worthwhile. I do question whether there is justification for the urgency it is receiving.

More seriously, I feel there’s a negative side to the human genome project that I fear will come back to haunt us if it is not forthrightly discussed with the American public. Let’s face it. In the short term, the primary use of the information that will be obtained from the project will be for the diagnosis of inborn errors of metabolism which have no cure. Put more bluntly, the main use of this information will be to advise when abortion should be encouraged. Although I may favor abortion in these circumstances, I recognize that others do not.

What I feel is needed is a clear statement of why this project is important—more important than a host of other worthwhile projects. The funding for this project is not going to come exclusively from new funds any more than the War on Cancer was funded entirely by new sources.

Until and unless I am convinced not only that this project is scientifically important—I am already so convinced—but also rates the highest of priorities and possible public opprobrium for the use the information it generates will be put to, I simply cannot fathom the haste.

Please, convince me I am wrong.

Dr. Martin is chief of the microbial genetics section in the Laboratory of Molecular Biology, NIDDK.

Dr. James D. Watson, NIH associate director for human genome research, declined to respond to the essay at this time. We hope to have a response and letters, pro and con, in the next *Update*.

NIHAA Forum

What's The Big Hurry?—Thoughts on the Human Genome Project

By Dr. Bernard D. Davis

I have no fundamental disagreement with Robert Martin's discussion of the human genome project, and so I cannot offer a sharp counterpoint. But there are differences in emphasis.

First, it seems important to note how much the project has shifted its goal, without changing its title. When it first burst on the scene as a novel, large-scale enterprise for the Department of Energy, we were told that the goal was urgent because the resulting database would advance the many applications of genetics to medicine by speeding up our localization of each newly discovered gene. In addition, 98 percent of the human genome at present appears to be "junk," in the sense that we have no basis for linking it to function; and by applying molecular genetics in the mode of natural history (i.e., looking to see what is there rather than to answer a specific question) we should develop insights into this huge terra incognita. Above all, a program of sequencing the human genome serially, from A to Z, would be a more cost-effective way of reaching the goal than our present approach: sequencing regions of specific interest and eventually filling in the gaps.

But one might ask how large a fraction of the unknown territory would have to be explored in order to provide most of the benefits of sequencing. Moreover, while the difference between a partial and a

complete sequence of a functional unit, such as protein, is very important for its further study, with a collection of functional (and possibly nonfunctional) units like the human genome, completing a sequence does not seem to have nearly so compelling a benefit. Indeed, as a major scientific goal it seems more symbolic than real.

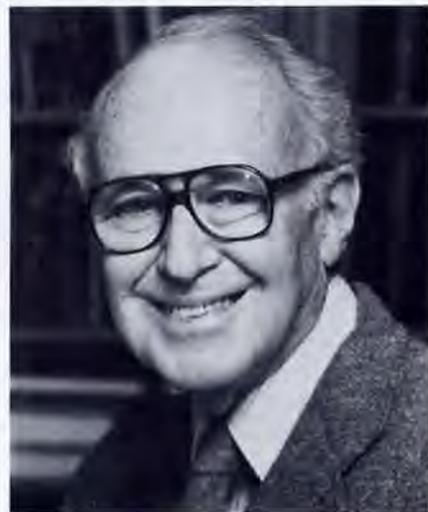
Perhaps the strongest argument for a crash program is not scientific but political: the populace will willingly provide money for a scientific project when it seems a dramatic goal, similar to that of winning in sports. But as we have already seen with other crash projects, that is a dangerous game unless the payoffs are really large and rapid. Moreover, as this project grows, its funding will surely be primarily competitive rather than additional.

How has the genome project evolved? A National Academy of Sciences committee decided early, and wisely, that the cost of pursuing the initial Holy Grail of a complete sequence would at present be too expensive. Instead, it advocated a program that would make the physical and genetic maps more detailed, would sequence regions of particular interest and would expand research on the techniques of sequencing; exhaustive sequencing will be indefinitely postponed until it becomes much cheaper. These recommendations seem to be generally accepted as the current program.

So I must ask: how does this program differ, except in scale, from what we would be doing without it? For unless its specific benefits are spelled out, and the justification for urgency are convincing, biomedical scientists working in other areas will surely become increasingly critical. Is

the goal scientifically any more pressing than any number of other goals in the biomedical sciences? Indeed, because we cannot experiment freely with man, would not sequencing the genome of *Drosophila* or the mouse be more likely to lead to yet unknown principles? Above all, with the funding of approved RO1 grants now threatening to drop as low as 12 percent, will not most of the biomedical research community become bitter at seeing one area meanwhile being force-fed?

Accordingly, while Martin predicts a backlash in the public, I see the greatest reaction coming from the scientific community. At the same time, I agree with his general feeling that antisience sentiment in the public is growing. But in addition to the causes that he notes, I would add some others: extrapolation from the real social costs of various physical technologies to hypothetical dangers from genetic manipulation; fear that we do not have the wisdom to adjust our behavior rapidly enough to the march of technology; resentment at the arcane knowledge and the power of scientists; and uneasiness as scientific findings contradict many treasured



Dr. Bernard D. Davis

preconceptions about human origins and nature. The genetic revolution is adding to all the problems.

I thus suggest that, if the human genome project does begin to generate public concern, the cause may be less its failure to live up to its promises than fear of these promises. And I'm not sure I agree with Bob Martin that the scientific community could have averted antiscience sentiment by explaining its actions better. I suspect that the conflicts are to some degree inevitable. On the other hand, we're not obligated to make things worse! A distinguished molecular geneticist was quoted last year as saying, "When we have the whole human genome sequenced, we will really know what human beings are." I could not blame any humanist who might feel compelled to try to save the world from such people.

I would suggest that scientists, in communicating with the public, should emphasize the limits of their powers as well as the promise. For example, the ability to manipulate DNA *in vitro* at will does not mean that we can manipulate organisms without limit: evolution has required that the parts fit each other. To the extent that the public has the illusion of unlimited manipulation, the hoopla over the human genome project may increase its fears more than its hopes.

It would be nice to know whether the project is more than simply an acceleration of what we would be doing anyway, and what specific benefits make it urgent. And since Congress likes big, visible projects, it would also be nice to feel that the scientists responsible for this one will be willing to press for restraint and balance in funding.

Dr. Davis is professor emeritus of bacterial physiology at Harvard Medical School and a recent Fogarty Scholar-in-Residence at NIDDK.

CALENDAR

OCTOBER—DECEMBER

An exhibit on "Medicine and the Naturalist Tradition: An Exhibition of Medically Related Materials from the Collections of the NLM" is on display in the NLM lobby (Bldg. 38 on the NIH campus) through December 31, 1989. For more information call (301) 496-5405.

NOVEMBER—MARCH

The Foundation for Advanced Education in the Sciences will present several concerts in its 1989-90 Chamber Music Series.

- November 12, 1989
Trio D'Archi Di Roma
- December 17, 1989
Beaux-Arts Trio
- January 28, 1990
Micha Maisky—Cello
- February 11, 1990
Bartok Quartet
- February 25, 1990
Andras Schiff—Piano
- March 18, 1990
New York Chamber Soloists

The concerts will be held on Sundays at 4 p.m. in Masur Auditorium, Bldg. 10. For further information about tickets call 496-7976.

NOVEMBER

G. Burroughs Mider Lecture

November 15, 1989—3 p.m.
Masur Auditorium, Bldg. 10

Speaker:

Dr. Gary Felsenfeld
Chief, Section on Physical Chemistry
Laboratory of Molecular Biology
National Institute of Diabetes and
Digestive and Kidney Diseases

Title: "Switching Globin Genes On and Off: Chromatin Structure and Gene Expression"

November 29-30, 1989—7:30-5:30 p.m.
Masur Auditorium, Bldg. 10

Frontiers in Basic Sciences Symposium "Thrombolysis" (NHLBI)

DECEMBER

NIHAA Fall Meeting

December 6, 1989—5-8 p.m.
the Cloister, Bldg. 60

Speaker:

Dr. Purnell W. Choppin
President, Howard Hughes Medical
Institute

For more information, call
(301) 530-0567.

JANUARY

The NIH Lecture

January 17, 1990—3 p.m.
Masur Auditorium, Bldg. 10

Speaker:

Dr. Michael S. Brown
Paul J. Thomas Professor of Genetics
Department of Molecular Genetics
The University of Texas Southwestern
Medical Center at Dallas

FEBRUARY

The R. E. Dyer Lecture

February 14, 1990—3 p.m.
Masur Auditorium, Bldg. 10

Speaker:

Dr. Malcolm A. Martin
Chief, Laboratory of Molecular
Microbiology
National Institutes of Allergy and
Infectious Diseases

For more information about various lectures and events at NIH, you may call (301) 496-1766 and for NIHAA (301) 530-0567.

NIH Notes for January-August 1989

HONORS AND AWARDS

Dr. Stuart A. Aaronson, chief of the Laboratory of Cellular and Molecular Biology, NCI, was honored with a share in the 1989 Paul Ehrlich and Ludwig Darmstaedter Award for "Outstanding scientific accomplishments in the area of oncology and growth factors during the development of cancer." ... **Dr. Richard H. Adamson**, director of NCI's Division of Cancer Etiology, received the Arnold J. Lehman Award from the Society of Toxicology for his multidisciplinary research and management skills, which have contributed to the application of sound scientific principals in chemical regulatory activities ... **Dr. Gilbert Ashwell** of NIDDK's Laboratory of Biochemistry and Metabolism has received the Senior U.S. Scientist Award from the Alexander von Humboldt Foundation of the Federal Republic of Germany in recognition for his work on the asialo-glycoprotein, a receptor found only on liver cells ... **Dr. Edwin D. Becker**, chief of the nuclear magnetic resonance section in the Laboratory of Molecular Biology, NIDDK, received the Bicentennial Medal from Georgetown University in "grateful recognition of his long and fruitful dedication to Georgetown University, to the welfare of the nation, and to the progress of science" ... **Dr. Louise A. Brinton**, chief of NCI's environmental studies section, Environmental Epidemiology Branch, named president-elect of the Society for Epidemiologic Research ... **Dr. Arnold Brossi**, chief of NIDDK's section on medicinal chemistry in the Laboratory of Chemistry, won the 1988 Charles Mentzer Prize of the Société Chimie Thérapeutique for his distinguished accomplishments in medicinal chemistry ... **Dr. Herbert C. Brown**, a Nobel laureate and longtime NIGMS grantee, received the Order of the Rising Sun, Gold and Silver Star from the Emperor of Japan. This award is the highest honor that can be given to a foreign scientist by the Japanese ... **Suzanne Burgess**, NIAMS clinical research nurse on the Clinical Center's 9 East patient care unit, winner of the 1989 Mabel May Wagner Award, the highest award given to PHS nurses ... **Dr. David G. Cogan**, senior medical officer in NEI's Clinical Branch, received an honorary doctor of science

degree from Duke University for his contributions to the field of ophthalmology ... **Dr. Lois K. Cohen**, assistant director for international health, and chief of planning, evaluation and communications at NIDR, awarded an honorary doctor of letters from Purdue University, her alma mater, for "her achievements in research and her commitment to public service." She is the first sociologist to receive an honorary degree from Purdue ... **Dr. Kenneth Croen**, medical staff fellow in NIAID's medical virology section, received an ICAAC Young Investigator Award by the American Society of Microbiology for his research on two herpes viruses ... **Dr. John L. Decker**, Clinical Center director, won the American College of Rheumatology 1989 Medal for his major contributions to the field of rheumatology ... **Dr. Lawrence R. Deyton**, chief, community research section in the AIDS program, NIAID, received the National Lesbian and Gay Health Foundation's 1989 Diego Lopez Award for Outstanding Achievement in AIDS Services ... **David S. Dwyer**, management analyst in DRG's Office of Administrative Management, honored for his work with the Bethesda-Chevy Chase Rescue Squad, specifically celebrating his 20th year as chief ... **Dr. Ronald Dubner**, chief of the Neurobiology and Anesthesiology Branch, NIDR, chosen as the recipient of the Bristol-Myers Award for Distinguished Achievement in Pain Research. He was also the winner of a fellowship from the Japan Society for the Promotion of Science to conduct research in Japan for 1 month ... **Evelyn Farinas**, Clinical Center pharmacist, elected president of the D.C. Society of Hospital Pharmacists, a 300-member regional chapter of the American Society of Hospital Pharmacists ... **Dr. Anthony S. Fauci**, director of NIAID and NIH associate director for AIDS research, received several awards: AAAS/Westinghouse Award for Public Understanding of Science and Technology, the Surgeon General's Exemplary Service Medal and the Surgeon General's Medallion. He also shared the 1989 Duke University Award for Excellence in Immunologic Research with **Dr. Sheldon M. Wolff**, who was NIAID clinical director from 1968 to 1977 and is now Endicott professor and chairman of Tufts School of Medicine in Boston. The two were cited as "major forces in the development of immunologic research."

... **Dr. Joseph A. Frank**, director of magnetic resonance research, diagnostic radiology department, Clinical Center, led a research team that won a certificate of merit for the scientific exhibit, "Assessment of Normal and Abnormal Renal Function with Gd-DTPA-Enhanced Dynamic MR Imaging," presented at the 74th Scientific Assembly and Annual Meeting of the Radiological Society of North America held in Chicago ... **Dr. Robert Gallo**, chief of NCI's Laboratory of Tumor Cell Biology, and **Dr. Ada Sue Hinshaw**, director of the National Center for Nursing Research, were elected members of the Institute of Medicine of the National Academy of Sciences ... **Dr. Ralph J. Helmsen**, currently research training and resources officer for NEI, received the Cornea Section Award at the annual meeting of the Association for Research in Vision and Ophthalmology ... **Dr. James Joseph** and **Dr. George Roth** of the molecular physiology and genetics section of NIA's Gerontology Research Center won the 1989 Sandoz Prize for Gerontological Research from the International Association of Gerontology for their work on the role of calcium mobilization in altered signal transduction in the nervous system ... **Dr. Martin Kamen**, a scholar-in-residence at the FIC, received the John Scott Award for his discovery and isolation of carbon-14 ... **Dr. Stephen I. Katz**, chief of NCI's Dermatology Branch, has been named Sulzberger professor of dermatology at the F. Edward Hebert School of Medicine of the Uniformed Services University of the Health Sciences (USUHS). He will combine the Sulzberger professorship with his current NIH position ... **Dr. David M. Kingsley**, a postdoctoral investigator in the mammalian genetics laboratory of the Basic Research Program at the Frederick Cancer Research Facility, is winner of the 1989 Lucille P. Markey Scholar Award in Biomedical Science. The award will support his research on the isolation and sequencing of the short-ear gene of the mouse ... **Dr. Richard Klausner**, chief of NICHD's Biology and Metabolism Branch, delivered the Presidential Lecture at the annual meeting of the Endocrine Society on June 21 in Seattle. The society honored him for his fundamental contributions to the understanding of RNA regulatory elements ... **Dr. John H. Klippel**, NIAMS clinical director, was honored by the American Lupus Society when it inducted him into the National Lupus Hall of Fame for his research in the area of systemic lupus erythematosus ... **Dr. Ronald L.**

Levin of the Biomedical Engineering and Instrumentation Branch, DRS, has received the Washington Academy of Sciences 1989 Award for Scientific Achievement in Engineering for his comprehensive analytical and experimental advances in bioheat transfer ... **Madeleine M. Lindahl**, an advanced clinical nurse at the Clinical Center, has been named 1989 Maryland Hospital Nurse of the Year. In 1988, she was named "Nurse of the Year" at NIH for outstanding practice in a research environment ... **Dr. Lance Liotta**, chief of the Laboratory of Pathology, Division of Cancer Biology, **Dr. Charles Myers**, chief of the Medicine Branch, Division of Cancer Treatment, and **Dr. Steven A. Rosenberg**, chief of the Surgery Branch, Division of Cancer Treatment, NCI, awarded \$50,000 each from the Milken Family Foundation of California for their work on cancer research ... **Dr. Donald A. B. Lindberg**, NLM director, received the Surgeon General's Medallion. Also honored at NLM with the Surgeon General's Exemplary Service Award were **Margaret M. Kaiser**, **Peter B. Hirtle**, **Lucinda H. Keister**, and **Dr. John L. Parascandola** of the History of Medicine Division, NLM ... **Dr. James E. Mosimann**, chief of the Laboratory of Statistical and Mathematical Methodology, DCRT, received the University Faculty Award from American University for outstanding teaching in an adjunct appointment ... **Dr. John J. Mulvihill**, chief of the clinical genetics section, NCI, recipient of the 1989 Friedrich von Recklinghausen Award from the National Neurofibromatosis Foundation, Inc. He was recognized for his work as editor of the foundation's quarterly *Research Newsletter* ... **Linda Nee**, an NINDS genetic research associate, was honored by the Greater Washington Chapter of the Alzheimer's Disease and Related Disorders Association with a "1988 Researcher Award" for her work on familial Alzheimer's disease ... **Dr. Abner L. Notkins**, director of NIDR's intramural research program, received the Solomon A. Berson Medical Alumni Achievement Award from New York University School of Medicine. A 1958 graduate of the school, he won the Berson award in basic science. Last year, **Dr. Sheldon G. Cohen** of NIAID won the Berson award for health science ... **Dr. David P. Rall**, director of NIEHS, received the Distinguished Service Medal from the Institute of Occupational Health, Helsinki, for his work in occupational health and safety and for his contribution to the development of occupational health in Finland ...

Dr. John B. Robbins, chief of the Laboratory of Developmental and Molecular Immunity, NICHD, delivered the annual Louis Weinstein Lecture at Tufts and he was honored there for his vaccine work ...

Dr. Jesse Roth, NIDDK scientific director, received an honorary doctoral degree from the University of Rome in recognition of his research on insulin receptors and peptide hormones ... **Dr. Harry A. Saroff**, scientist emeritus in NIDDK's Laboratory of Biochemical Pharmacology, was honored by his colleagues on the occasion of his 75th birthday with a symposium on Mar. 8 titled "The Physical Chemistry of Proteins: 75 Years of Research." He came to work at NIDDK 40 years ago as a research chemist and his primary interest has remained protein chemistry. He retired from the PHS Commissioned Corps 11 years ago as a scientist director. He then became a scientist emeritus and special expert for NIDDK ... **Dr. M. James Scherbenke**, director of the renal physiology/cell biology program of the Division of Kidney, Urologic, and Hematologic Diseases, NIDDK, received the American Society of Nephrology's Special Recognition Award for his service to the nephrology community during the past 20 years ... **Dr. James Shelhamer**, senior investigator with the CC's critical care medicine department, was honored as the hospital's Clinical Educator of the Year ... **The DeWitt Stetten, Jr. Museum of Medical Research** won the John Wesley Powell Prize, a biennial award given by the Society for History in the Federal Government, in recognition of the museum's series of five exhibits entitled, "Windows into NIH History: A Centennial Retrospective." It was the first time an exhibit concentrating on the history of science in medicine has won the award. The exhibit, showing major research advances by NCI, NIDR, NHLBI, NIAID, NIMH and NINDS, is located in the CC lobby ...

Dr. DeWitt Stetten, Jr., NIH deputy director for science emeritus, was honored with a symposium on the molecular basis of disease held April 30 in Masur Auditorium. A luncheon celebrating his birthday was held following the series of talks. An exhibit, "DeWitt Stetten, Jr., M.D., Ph.D: Scientist, Administrator, Humanist," has been mounted in the CC lobby ... **Dr. James B. Wyngaarden**, 12th director of NIH, named the winner of the 1989 FASEB Public Service Award for his "superb performance" and his "dedication to advancing the nation's biomedical research efforts."

APPOINTMENTS AND PERSONNEL CHANGES

Dr. James E. Balow, chief, kidney disease section, NIDDK, has been named clinical director of NIDDK. He has been acting clinical director for the institute since August, 1988 ... **Stephen Benowitz**, appointed Oct. 24, 1988, as director of the Division of Personnel Management. He came to NIH from the Department of Treasury, where he was personnel director ... **Dr. Gerald J. Chader** appointed director of the intramural research program at NEI. He joined NEI in 1971 as a research chemist and in 1982 was named chief, Laboratory of Vision Research ... **Dr. George W. Counts**, an authority on infectious diseases, named head of the new Clinical Research Management Branch in the Treatment Research Program of the Division of AIDS, NIAID. Prior to joining NIAID, he was professor of medicine at the University of Washington in Seattle, where he had been on the faculty since 1975 ... **Dr. Joseph W. Cullen**, deputy director of the Division of Cancer Prevention and Control, NCI, left July 1 to become head of AMC Cancer Research Center, Denver ... **Dr. George Curlin** has been appointed deputy director of NIAID's Microbiology and Infectious Diseases Program. An internationally known expert in enteric infectious disease, he is rejoining NIAID after a 5-year stay with the Agency for International Development during which he managed the inter-agency agreement between PHS and AID in vaccine development and testing ... **Dr. Darla Danford**, appointed director of the Division of Nutrition Research Coordination in the Office of Disease Prevention, OD. She will also serve as chairperson of the NIH Nutrition Coordinating Committee ... **Dr. Nirmal K. Das**, executive secretary of the Allergy, Immunology and Transplantation Research Committee, NIAID, left in July to assume position of director, university-wide programs, Office of Health Affairs, University of California, Berkeley ... **Dr. Felix de la Cruz** appointed chief, Mental Retardation and Developmental Disabilities Branch (MRDDB) in the Center for Research for Mothers and Children, NICHD. Prior to his appointment, he served as special assistant for pediatrics and more recently as acting chief, MRDDB ... **Dr. Howard B. Dickler** chosen chief of the Clinical Immunology Branch in the Division of Allergy,

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Immunology, and Transplantation, NIAID. An authority on immunology, he had worked since 1974 as a senior investigator in NCI's Immunology Branch ... **Linda S. Dugger**, named Federal Women's Program manager in NIH's Division of Equal Opportunity. Her goals are to facilitate and increase awareness at NIH about women's issues, networking and career goals ... **Dr. Stephen R. Fahnestock** appointed program administrator in the Genetics Program, NIGMS. Prior to joining NIH he was with Genex ... **Dr. William T. Friedewald**, the first associate director for disease prevention, OD, resigned his post and retired from the Commissioned Corps, PHS, Aug. 31, to become chief medical director at Metropolitan Life Insurance Co. in New York City ... **Dr. Muriel I. Kaiser** named chief of the newly formed Ophthalmic Genetics and Clinical Services Branch, NEI. She had been head of NEI's section on ophthalmic genetics and pediatric ophthalmology in the Clinical Branch ... **Dr. Edward D. Korn**, chosen scientific director of the intramural research program at NHLBI ... **Dr. David J. Lipman**, a former medical staff fellow at NIH, named first director of the National Center for Biotechnology Information at NLM ... **William T. Magers**, a 16-year veteran of the NIH Fire Department, Emergency Management Branch, appointed NIH fire chief ... **Dr. George R. Martin** chosen scientific director for the National Institute on Aging. He joins NIA after 14 years as chief of NIDR's Laboratory of Developmental Biology and Anomalies ... **Dr. Michael E. McClure** appointed chief, Reproductive Sciences Branch, Center for Population Research, NICHD. He joined NICHD in 1979 as a health scientist administrator in the Reproductive Sciences Branch and most recently headed the branch's Reproductive Genetics and Immunology Program ... **Dr. Daniel Nixon**, associate director for cancer prevention research program, Division of Cancer Prevention and Control, NCI, left in July to become vice president for professional education at the American Cancer Society, Atlanta ... **Dr. Paul C. Rambaut**, deputy director of NCI's Division of Extramural Activities, named deputy assistant secretary general for scientific and environmental affairs at the North Atlantic Treaty Organization. For his period of service in Brussels, he has been appointed a foreign service officer in the U.S. State Department. When his tour is complete (3-5 years) he will return to NIH ... **Harvey W. Rogers**, chief of the Environmental Protection

Branch, DS, since 1986 and an NIH environmental engineer since 1974, transferred to the newly formed PHS Agency for Toxic Substances and Disease Registry in Atlanta ... **Dr. Michael Rogers** has joined the staff of the Pharmacological Sciences Program at NIGMS. He has had a long association with NIH as a staff fellow, an expert consultant, and most recently as the executive secretary of the bioorganic and natural products chemistry study section of DRG ... **Dr. W. Sue Shafer** named associate director for program activities at NIGMS. She came to NIH in 1974 as a health scientist administrator in the Cellular and Molecular Basis of Disease Program, NIGMS. Since 1987 she has been with NIAAAA ... **Dr. Philip H. Sheridan** named chief of the Developmental Neurology Branch in NINDS's extramural Division of Convulsive, Developmental and Neuromuscular Disorders. He has been with NINDS since 1982 ... **Dr. Barbara A. Underwood**, who was special assistant to the director for nutrition research and international programs, NEI, has been reassigned to be assistant director for international program activities in the newly created Office of International Program Activities, OD, NEI. **Terrence Gillen**, who was chief of the policy, legislation, planning and evaluation section, NEI, has been reassigned as deputy assistant director for international program activities. He will also be NEI's international program liaison officer ... **Dr. Sten Vermund** named chief of the Epidemiology Branch in the AIDS program of NIAID. Before coming to NIH, he was assistant professor of epidemiology and social medicine and pediatrics at Albert Einstein Medical College, Bronx, N.Y. He was also visiting medical professor at City University of New York Medical School and adjunct assistant professor of public health (epidemiology) at both Columbia University and Cornell University Medical College ... **Dr. Judith N. Wasserheit** named chief of newly created Sexually Transmitted Diseases (STDs) Branch, NIAID. Prior to joining NIAID, she was assistant professor of medicine in the division of infectious diseases at Johns Hopkins University School of Medicine. She was also medical director of the Druid STD Clinic and assistant chief of STD Clinical Services for Baltimore City Health Department ... **Dr. James B. Wyngaarden**, NIH director since Apr. 30, 1982, left NIH on July 31. NIH deputy director **Dr. William F. Raub** named acting director of NIH until a thirteenth director of NIH is selected.

RETIREMENTS

Dr. William Adelman, chief of the NINDS Laboratory of Biophysics since 1971, has retired after a 34-year career in scientific research. He plans to continue his association with the Woods Hole Marine Biological Laboratory when he moves to Falmouth, Mass., but his chief activity will be to paint ... **James Augustine**, public information officer, DRR, retired Dec. 30, 1988, after 30 years of federal service. He joined DRR in 1966 and during his years there produced hundreds of communications projects for DRR programs and resources ... **L. Thomas Byrd** retired from the Clinical Center's clinical pathology department on Feb. 24 after more than 32 years of government work, 30 of which were spent in that department ... **Dr. W. Emmett Barkley**, director of the Division of Engineering Services, OD, retired from NIH on Mar. 31 after 28 years of service in the PHS Commissioned Corps. He has joined Howard Hughes Medical Institute as director of laboratory safety ... **Dr. William Gay**, director of the DRR Animal Resources Program since 1980, has retired after working more than 34 years at NIH. He will continue to work as a private consultant in laboratory animal and health related areas ... **Phyllis Hansen**, protocol assistant in the Office of the Director, Clinical Center, retired after 30 years at NIH ... **Wilma A. Kline**, a grants clerk in the NIGMS Biophysics and Physiological Science Program, retired after 27 years of government service; 11 were with NIGMS and 7 with NCI. She was also active in the R&W, serving as a member of its board of directors ... **Marge Leibold**, a receptionist at NIDR's dental clinic for 18 years, retired Mar. 30 ... **John Mason**, chief of the mechanical instrumentation fabrication section of the Biomedical Engineering and Instrumentation Branch, DRS, retired after 31 years at BEIB; he was a federal employee for 37 years ... **June McCalla**, clinical nurse specialist at the Clinical Center, retired June 30 after a 36-year career at NCI's Pediatric Branch. She started working there in 1953 when the CC opened and she was NCI's first pediatric nurse practitioner ... **Dr. Marie U. Nylen**, extramural program director, NIDR, retired July 31. Her NIDR career spanned 40 years and she made many contributions and discoveries in dental research. In 1977, she became the first woman to head an intramural program at NIH when she was named scientific

director of NIDR ... **Dr. David M. Renquist**, chief of the animal center section, VRB, DRS, at Poolesville, has retired from the PHS Commissioned Corps to become head of the division of veterinary science at the Primate Research Institute, Almagordo, New Mexico ... **Nancy Shapiro**, Fogarty International Center's conference management assistant, retired June 30 after 33 years of federal service. She joined NIH in 1971 and moved to the Fogarty Center in 1975, where for 14 years she managed many conferences ... **Donald H. Spence**, electrician leader in the Clinical Center's maintenance section, has retired after 36 years of government service. Twenty-eight of those years were spent at NIH; 22 working in Bldg. 10. He is retiring to Prosperity, S.C., with his wife Linda, who retired from the CC director's office more than 2 years ago ... **Dr. Elizabeth K. Weisburger**, NCI assistant director for chemical carcinogenesis, retired Jan. 1 after 39 years at NIH ... **Albertha Wheeler**, retired after 34 years at NIH. For the last 16 years she worked in the NIH Committee Management Office ... **Jeanne R. Winnick**, a public information specialist in NIAID's Office of Communications, has retired after 37 years in federal service. She came to NIH in 1972 as a secretary in the Office of Communications and became a specialist in handling public and congressional inquiries ... **Dr. William E. Wright**, senior staff periodontist in the Clinical Investigations and Patient Care Branch, NIDR, and an officer in the Commissioned Corps, retired Mar. 1. He served in the PHS for 24 years, 17 at NIDR. His research focused on periodontal diseases and the oral side effects of chemotherapy and radiation.

DEATHS

Mark W. Bell, a former NIH employee, died at the Washington Hospital Center on Feb. 5. He retired from NICHD in March 1986 as senior contracting officer after working at NIH for 20 years ... **Dr. Bernard Beryl "Steve" Brody**, 80, a pioneer in drug therapy development, died Feb. 28 of cardiac arrest at his home in Charlottesville, Va. He was founder and chief of the Laboratory of Chemical Pharmacology at the National Heart Institute. He was a major figure in the field of modern pharmacology. He said his most important discovery was that human and animal responses to drugs did not differ significantly. After his retirement in 1970 from NIH he was a

senior consultant with Hoffman-La Roche laboratories and professor of pharmacology at Pennsylvania State University College of Medicine, and a research consultant and lecturer at George Washington University ... **K. Dorothy Calnan**, 84, a research biologist at NCI from the 1940's until she retired in 1970, died of cardiac arrest Aug. 22 at Mount Vernon Hospital in Alexandria ... **John Buckner Debnam**, 68, a firefighter with NIH's Fire Department for 23 years before retiring in 1978 as assistant fire chief, died Aug. 11 of cancer at Washington Adventist Hospital, Takoma Park ... **Loretta Edmonston**, 75, a budget analyst at NIH, died Mar. 23 at Shady Grove Adventist Hospital ... **Dr. Arlan J. Gottlieb**, 55, chief of hematology at State University of New York Health Science Center at Syracuse, died June 14 at his home after a year-long battle with lymphoma.

From 1962 to 1967 he was a research fellow at NIH. He also served on various review committees at NCI related to cancer trials ... **Ada Ruthellen Hruska**, 63, a nurse analyst with the Clinical Center's information systems department, died Jan. 23. Her 34-year career mirrored the growth of NIH from a small campus to a huge complex. She also was involved in the CC's transition to a computerized medical information system ... **Dr. John Roderick Heller, Jr.**, 84, director of NCI from 1948 to 1960 and president and chief executive officer of Memorial-Sloan Kettering Cancer Center from 1960 to 1964, died in Bethesda, May 4 of a stroke. During his tenure as NCI director, progress was made in the acceptance of cancer chemotherapies and the groundwork was established for the virus cancer research program ... **Stanley J. Kissel, Jr.**,
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Late this spring, two congressional figures died who for decades had supported and championed NIH. On May 20, former U.S. Senator Warren G. Magnuson (D-Wash.), 84, died in Seattle of congestive heart failure as a complication of diabetes. Ten days later, May 30, U.S. Rep. Claude D. Pepper (D-Fla.), 88, died of stomach cancer at Walter Reed Army Hospital. Both men had played leading roles in the legislative history and growth of NIH. In 1937 as a freshman congressman, Magnuson introduced his first bill—the National Cancer Institute Act, which established NCI. Pepper, then a U.S. Senator, also sponsored the 1937 Act creating NCI. Later on in their congressional careers they continued their support: Magnuson chaired committees overseeing NIH appropriations and Pepper sponsored legislation creating all but one NIH institute. To commemorate their contributions to biomedical research, two buildings at NIH have been renamed in their honor. On Oct. 22, 1981, the NIH research hospital was rededicated as the Warren Grant Magnuson Clinical Center and on May 10, 1989, Bldg. 31 (above), the largest administrative building at NIH, was renamed the Claude Denson Pepper Building.

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52, chief of the social work department at the Clinical Center, died May 18 following heart surgery at Walter Reed Army Medical Center. He joined PHS in 1962 and in 1980 moved to NIH as chief of the social work department ... **Adrian P.**

Loftis, 80, a retired laboratory animal technician for NINDS, died Mar. 10 of cancer in his Washington, D.C., home. He was responsible for the care and handling of laboratory animals and invented a tool for the safe handling of cats ... **Ora**

Marshino, 94, information specialist at NCI, died Feb. 7 at Owensboro, Ky. She was a writer in the information office at NCI from its inception until her retirement in the 1960's ... **Robert J. Mayfield**, chief of the Grants Management Branch at NIEHS, died Jan. 18 after a long fight against pancreatic cancer ... **Dr. Charles W. Mays**, 59, a radiobiologist at the Radiation Epidemiology Branch, NCI, died of cancer on Aug. 3 at Washington Hospital Center. He was a specialist in studying cancer risk from exposure to ionizing radiation and he had come to NCI in 1987 ... **Dr. Sidney H. Newman**, a population specialist and behavioral science administrator at the Center for Population Research, NICHD, died of cancer Jan. 1 at his home in Bethesda. He joined PHS in 1947 and in 1968 came to NICHD as the first psychologist at the Center for Population Research. He retired in May 1986 ... **Dr. Edward P. Offutt, Jr.**, 75, a retired science administrator at NIAMD, died of cancer on Apr. 20 ... **Dr. Grant Lister Rasmussen**, 84, a scientist at NIH for 17 years until he retired in 1971 as chief of the Laboratory of Neuroanatomical Sciences, died May 15 of congestive heart failure at his home in Bethesda ... **Dr. Jose Albert Rivera**, 78, a retired colonel in the Army Medical Corps who worked at NIH from 1965 until 1973 as a scientist-administrator in the National Institute of Neurological Diseases and Blindness, died Aug. 15 of cancer at the Bethesda Naval Medical Center ... **Dr. Morrison Rogosa**, 80, scientist emeritus in the microbial systematics section, Epidemiology and Oral Disease Prevention Program, NIDR, died Mar. 28 of congestive heart failure. His research career spanned more than 50 years. He joined NIDR in 1948 and his major field of research was the isolation, classification and study of oral bacteria ... **Dr. Sanford M. Rosenthal**, 91, the retired chief of the Laboratory of Pharmacology and Toxicology at NIAMD, died of cardiac arrest May 1 at his home

in Potomac. He joined the PHS in 1928 and retired in 1961. In 1931 he developed a liver function test; in 1934, an antidote for mercury poisoning; and in 1937, a treatment for pneumococcal pneumonia. During the early 1950's, he reported the benefits of oral saline solution as treatment for shock resulting from burn injuries. After retiring he remained for several years as a consultant to NIAMD ... **Dr. Robert M. Stephan**, 80, a former scientist in the Oral Medicine Branch, NIDR, died Feb. 26. He advanced dental caries research in 1951 by providing the first rat model for studying tooth decay. He retired from NIDR in 1972 after 26 years of government service ... **Dr. Ulrich Weiss**, 81, a retired researcher at NIAMD and an authority on opium alkaloids, died July 17 at a hospital in Denpasar, Bali, Indonesia, after a heart attack. He collected Native American and Indonesian textiles and was on a trip sponsored by the Smithsonian Institutions, and American Textile Museum when he became ill. He joined NIH in 1951 ... **Joseph G. Whitlock, Jr.**, retired chief of the Telecommunications Branch, Office of Research Services, died of cancer on Jan. 14. He began his 24-year career at NIH in 1965. All his career was spent in the Telecommunications Branch, until his retirement in September 1988 ... **Dr. Bernice Elaine Eddy Wooley**, 85, a pioneer NIH virologist, died of cardiopulmonary arrest May 24 at a hospital in Easley, S.C. She began work at NIH in 1937 and did research on influenza and other viruses. With Sarah Stewart of NCI, she discovered the SE polyoma virus. She also did important testing in relation to polio vaccine development. She retired from NIH in 1972 ... **Dr. Theodore D. Tjossem**, 70, a retired psychologist at NIH, died Feb. 28 of an aortic aneurysm at Arlington Hospital. He was chief of the Mental Retardation and Developmental Disabilities Branch, NICHD, from 1966 to 1987 when he retired ... **Rev. Sidney T. Yancey, Jr.**, 66, pastor of Mount Pleasant Baptist Church in Washington since 1965 and retired biomedical scientist at NIH, died of cancer May 10 at Providence Hospital, Washington, D.C. He came to Washington in 1965 and was a student at Washington Baptist Seminary and an animal caretaker for the Cancer Treatment Division, NCI. In the mid-1960's he became a biomedical scientist at NCI. He worked on projects identifying spontaneous tumors in animals, several of which were named for him. He retired in 1982 and worked as a consultant at NCI until 1985.

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Dr. Edward N. Brandt, Jr., former assistant secretary for health, DHHS, and then president of the University of Maryland at Baltimore is now the executive dean of the University of Oklahoma College of Medicine, Oklahoma City, OK.

John C. Dougall, NICHD associate director for program service from 1962 to 1973, writes: "Since I retired I look back with appreciation for all the helpful information I picked up during those years when the Aging Program was part of NICHD. It has made adjustment to a retirement community that much easier."

Dr. Maxwell Gordon, former pre- and postdoctoral fellow at NIH, writes that he has been "elected chairman of the board and chief executive officer of Lenti-Chemico Pharmaceutical Laboratory, Inc., a subsidiary of the Ajinomoto Company in Tokyo."

Dr. Jane E. Henney, former deputy director of NCI, named vice chancellor for health programs and policy at the University of Kansas Medical Center, Kansas City. She had been associate vice chancellor.

Dr. Caspar W. Hiatt former chief, Laboratory of Biophysics and Biochemistry, Division of Biologics Standards, 1956-67, is now retired and writes that "I have moved ashore after 4½ years of living aboard our 31' sailboat 'Bellatrix' cruising on the East Coast and the Bahamas. We will keep the boat and use it for summer cruises."

Dr. Henry R. Hirsch, NIMH, Laboratory of Neurobiology, 1961-63, and now with the department of physiology and biophysics at the University of Kentucky, Lexington, writes: "My

current research is in theoretical biology, specializing in gerontology and cell kinetics. My latest project is a computer model of waste-limited cell culture growth."

Dr. James F. Hogg, a special volunteer at NHLBI's Laboratory of Biochemical Genetics, writes that "As a result of my first visit to NIH in 1957, Marshall Nirenberg came to NIH to work with DeWitt Stetten. Since then I have visited NIH on various occasions. Now I am learning about this remarkable institution at first hand. Regrettably I have no more students to send."

Maria A. Jakus, who was with DRG, writes, "I hope that future issues of the *NIHAA Update* will include more news about the extramural program—DRG and the study sections and other review panels—since it comprises a rather large chunk of NIH!"

Dr. Nasser Javadpour, who was urologic surgeon from 1972 to 1984, writes: "I was appointed professor and director, section of urologic oncology, University of Maryland School of Medicine in 1984. My research and clinical achievements have been: (1) Development of a continent urinary diversion technique with no stoma after removal of the bladder for invasive cancer. (2) Use of the dye-laser (photodynamic therapy) for superficial bladder cancer with preservation of the bladder."

Edward E. Nicholas, Jr., former NIH director of personnel, OD, writes, "I will finish tenure as manager of Cable Channel 10 in the fall of 1989 and am a new partner in the Nicholas Partnership—consultant in personnel and resource management."

Dr. Michael Otten, who was with the Division of Computer Research and

Technology, 1967-69, writes: "Currently with Inactive Reserve of USPHS, executive with IBM International (World Trade Corp.). Member of the Scarsdale School Board. Served as president and chairman-of-the-board of Green Chimney School and Childrens Services, a \$10 million per year operation supporting emotionally disturbed children in Brewster, N.Y. Adjunct professor at Union of Experimenting Colleges and Universities."

George L. Payne, Office of Director, 1959-79, writes " 'ODD Special Assistant'—that is what the sign on my door said! Since retiring from NIH I have spent most of my time organizing and then managing (as treasurer) the Strathmore Hall Foundation, Inc.—a nonprofit corporation dedicated to operating and developing the Strathmore Hall Arts Center (10 blocks north of NIH on Rockville Pike). The Center, now starting on its 7th operating year, is flourishing far beyond expectations. Several NIH Institutes have used the Center for elegant post-conference receptions."

Dr. Leon S. Smith, senior assistant at NIAID, 1957-59, writes that he is "chairman of medicine at St. Michael Medical Center, Newark, N.J., and professor of medicine, N.Y. Medical School as well as professor of preventive medicine." Four of his five children have become physicians including two in infectious diseases. He is now spending more time with AIDS problem. Chairman of the N.J. Medical Task Force on AIDS, administering grants, clinics and education at St. Michael.

Hilah B. Thomas, who was a writer/editor in the information office at NIGMS and then NIDR from 1960 to 1983, writes: "I keep well and reasonably busy. Usually I take a course at the University of Virginia to keep my

wits working. I swim with my husband in a municipal pool an hour each weekday morning. I garden in a desultory way, and we do some hiking in nearby mountains. We have only 3 more miles to go before finishing our walk along the old C&O Canal towpath; it has been great fun traipsing its 184 miles of river and hills and fields with a few towns thrown in to break the pace from Georgetown to Cumberland. I still miss my work and friends at NIH."

Dr. Gordon D. Wallace, former associate director of intramural research at NIAID, writes, "I am the president of two companies which I founded: Wallace Biotechnology Associates—technology transfer brokering with a focus on federal labs, and Bio-Brite, Inc., where we are developing a portable light dosage system to provide phototherapy for seasonal affective disorder and related conditions, jet lag and swing shift (shiftwork) disorders. This is in cooperation with NIMH."

William J. Walsh, III, who was coordinator for Biomedical Research and Health Affairs at the Department of State, retired after 28 years of federal service and is now "an international economist specializing in the life sciences, biotechnology and export and import of foods and pharmaceuticals." He was elected chairman of the board of Currents International, Inc. in Massachusetts with offices in Boston, Brussels and Washington.

Dr. I. Bernard Weinstein, a clinical associate in the metabolism service at NCI from 1957 to 1959 and now director of the Columbia University Comprehensive Cancer Center, is president-elect of the American Association for Cancer Research (AACR), the world's leading professional

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organization of cancer scientists. He will become president of the association in May 1990.

Dr. Ann F. Welton, who was a post-doctoral associate at NIH in NIAMD from 1974 to 1977 and who is now the senior director of Allergy and Inflammation Research at Hoffman-La Roche Inc., was recently honored as recipient of the 1989 Tribute to Women and Industry (TWIN) Award for her contributions to industry in New Jersey.

Director (continued from p. 1)

During his first year, Wyngaarden was deluged with courtesy visits from these agencies.

"I started to wonder when they would end so I could get down to doing the director's job."

Lesson three: "Much of the NIH director's job is representational—to the Congress, to the public and to the administration."

Asked the hardest decision he had to make as director, Wyngaarden gives an insight into his values:

"When I appealed to Secretary Bowen to keep Dr. Edwin Becker from being banished from NIH (owing to an investigation by the DHHS inspector general that found irregularities in procurement), I had to go over the heads of everyone above me in the department. It was my most difficult moment. But I'm glad I did it."

Many of Wyngaarden's biggest battles fell into the category of "trying to prevent adverse things from happening." At the root of many of these struggles is NIH's identity: Is it the crown jewel of federal intellectual enterprise or just another government agency?

"I don't think intramural NIH



Dr. Richard C. Greulich (l), former NIA scientific director and Gerontology Research Center (GRC) director, and **Dr. George R. Martin (r)**, current NIA scientific director and GRC director, stand with **Dr. Nathan W. Shock**, NIH scientist emeritus, for whom the GRC was renamed in dedication ceremonies in June 1989.

can prosper if it is treated like any other government bureaucracy," Wyngaarden said. "NIH is the one shining exception to the blatant mediocrity of most federal laboratories.

"We have tried to operate as much like a university as we can," he continued. "You tend not to find as much federal bureaucracy mind-set here."

Being different has its disadvantages, he allowed.

"We're not looked upon as team players, and in many ways that perception is correct. For example, we have far better relations with Congress than with the administration. As long as I have been here, there have been only two exceptions to a hold-the-line budget mentality. AIDS is one, and that was imposed by an epidemic. The other is the human genome initiative."

Clearly impatient with the bureaucracy, Wyngaarden said it often seems as though "the chief function of all who hold positions

above me in the department is to say no."

Frustrations and all, however, he is happy to have been director.

"I'm very pleased to be here," he said. "I don't regret it for an instant. It has been a very positive experience, but it takes its toll. The pressure is relentless and you have to develop a thick hide."

Wyngaarden says he knew for the past year that the job was wearing him down.

"I knew that I wanted a less pressure packed life from day to day," he said. "Seven and a half years is about the right length of time. I would like to have stayed a little while longer, give or take a few months. President Bush asked me to remain until August 1, which gave the search committee a little longer than if I left July 1 (the date originally reported for his departure)."

The director says his leaving is "a clear sign to NIH that the directorship is political and not immune to

turnover."

Looking at NIH's challenges in the future, he sees "a cultural warp affecting science now, some of which, honestly, is self-imposed. The scientific community has been derelict in stressing the need for animals in biomedical research."

Regarding recent charges of fraud and misconduct in science: "There are bona fide examples of misconduct that have hurt the public's confidence in science. Our enterprise rests on integrity; betrayers of the truth have hurt us a great deal."

NIH has recently established an Office of Scientific Integrity that will oversee claims of misconduct and fraud at grantee institutions. Admitted Wyngaarden, "No human enterprise is run by angels."

Two other looming issues—recombinant DNA research and fears associated therewith, and use of fetal tissues recovered from elective abortion—have further politicized the institutes.

"All of these issues make an impression on Congress," Wyngaarden cautioned. "We need to enlist more support from the public. They need persuading about the benefits of medical research to health. The days of the ivory tower and splendid isolation are over."

Regarding his future, Wyngaarden said, "I've been approached, since announcing my resignation, about an amazing number of things. Most have been university and medical school jobs. But some of them are a little bizarre. Someone called about a job in biological warfare but I didn't return the call."

Wyngaarden estimates that he's been contacted by more than two dozen groups interested in his services.

"I've had two invitations from foreign universities that have been very appealing," he said. "I've had

one feeler about a position in government (not in DHHS). And many major corporations and biotechnology firms have offered me positions on their boards."

Wherever he goes, Wyngaarden wants a forum for his views on public policy.

"There are many issues that need to be addressed—funding, animals in research, misconduct and fraud, conflict of interest, the fear of products derived from recombinant DNA research both in this country and abroad. These problems constitute a major impediment to biotechnology," he said.

Two major groups have asked

him to fill this public policy role—both are based in Washington, though one would involve half-time work in Europe.

"It's essential that we have worldwide harmony on these matters, especially with respect to regulatory issues," he said.

Wyngaarden noted that he has been on leave from Duke University for the length of his directorship and may go back there. Basically, he is seeking a firm base from which to operate.

Whatever he decides to do professionally, Wyngaarden plans to continue hobbies that include skiing, tennis, sailing and art collection.

Principal Accomplishments by Dr. James B. Wyngaarden

- The NIH overall appropriation was doubled from \$3.57 billion in FY 1981 to \$7.3 billion in FY 1989.
- Led the massive research effort against AIDS from its beginning.
- Initiated the NIH Human Genome Research Program and recruited Dr. James D. Watson as its head.
- Played a key role in shaping the emergence of biotechnology on the national and international scene.
- Wyngaarden acted on the premise that the "true engine of science is found in the ideas of the scientists themselves." He took significant steps to minimize the management of research by others than scientists, and to reduce the procedural burdens on investigations. As a result:
 - The number of research project grants increased from about 16,000 in FY 1982 to 20,500 proposed for FY 1990.
 - The proportion of the budget devoted to research project grants increased from 50.3 percent in FY 1982 to 57.6 percent in the budget proposed for FY 1990.
 - The average length of award of research project grants was increased from 3.3 years in FY 1982 to 4.1 years in FY 1988. The proportion of competing research project grant awards that have a project period for 5 years or more has grown from 19.2 percent in FY 1981 to 48.3 percent in FY 1988.
- Strengthened the NIH intramural research program.
 - The FY 1982 intramural budget was \$455 million and the request for FY 1990 is \$849 million.
 - Initiated planning for Consolidated Office Building.
 - Began construction of Child Health and Neuroscience Facility.
- Was active as an influential spokesman for biomedical research, nationally and internationally, particularly through many various observances of the NIH Centennial during 1986 and 1987.
- Acquired the former convent property within the bounds of the NIH campus as the location for the Mary Woodard Lasker Center for Health Research and Education. The site is now used principally for the Howard Hughes Medical Institute (HHMI)-NIH cooperative training program for medical students to encourage more physicians to enter biomedical research. In 1985 HHMI renovated the convent building and constructed a residence for the HHMI-NIH research scholars.
- Initiated the Physician-Scientist and Dentist-Scientist training programs (5-year combined basic science and clinical development programs).

NIAID Reports AIDS Drug Success

Two NIAID-sponsored multicenter clinical trials of zidovudine (AZT) have shown that individuals with early ARC (AIDS-related complex) or asymptomatic HIV infection and a T4 helper cell count less than 500 can benefit from the drug. According to NIAID director Dr. Anthony S. Fauci, these studies emphasize "how critical it is that persons at risk for HIV infection be tested and seek prompt medical care."

In mid-August, the largest AIDS clinical trial to date showed that early treatment with AZT can slow progression of disease without significant side effects in asymptomatic HIV-

positive individuals with fewer than 500 T4 cells. In such individuals, the rate of progression to AIDS or severe ARC was about half that for the comparable group who received a placebo.

Two weeks earlier, another clinical trial showed that AZT significantly slows the progression of HIV infection to advanced ARC or AIDS in persons with early ARC and a T4 count less than 500. As a result of these two studies, an estimated 500,000 to 600,000 HIV-infected Americans with early or no symptoms of the disease could benefit from AZT treatment.



Telling an AIDS patient some good news regarding the drug AZT are (from l) Dr. Anthony S. Fauci, NIAID director and NIH associate director for AIDS research, Dr. H. Clifford Lane, NIAID deputy clinical director, and Dr. Randi Leavitt, senior investigator, NIAID.

NIHAA Update

The NIHAA Update welcomes letters and news from readers. We wish not only to bring alumni news about NIH, but also to serve as a means for reporting information about alumni—their concerns, information on recent appointments, honors, books published and other developments of interest to their colleagues. If you have news about yourself or about other alumni, or comments on and suggestions for the NIHAA Update, please drop a note to the editor. We reserve the right to edit material.

Editor's Note

The NIHAA Update, published Spring and Fall 1989, is the newsletter of the NIH Alumni Association. The NIHAA office is at 9101 Old Georgetown Rd., Bethesda, MD 20814, (301) 530-0567.

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State of the NIH Alumni Association

Dear NIHAA Members:

I would like to give you an update about the progress we have made during the last 12 months.

All alumni associations promote collegiality and comradery, but the primary goal of the NIH Alumni Association is to promote the best interest of NIH in its role as the leading biomedical research institution in the world. Hundreds of alumni already have expressed a strong interest in participating in this effort.

Our organizing committee came up with a four-phase plan:

Phase I—To establish a local Washington chapter, where so many alumni currently live.

Phase II—To establish a national and international organization.

Phase III—To establish alumni chapters, not dissimilar to the Washington chapter, in cities and countries around the world where there is a critical mass of NIH alumni.

Phase IV—To build an Alumni House on or near the NIH campus.

During the last few months, much has been accomplished.

Regarding *Phase I*:

First, the Washington chapter has been established and there are now close to 1,000 members locally and nationally.

Second, more than \$50,000 has been raised as start-up funds for the association.

Third, an NIH Alumni Association office is now operational and is located at the FAES Social and Academic Center on Old Georgetown Rd.

Fourth, a board of directors has been appointed.

Fifth, an executive director,



Dr. Abner L. Notkins, director of NIDR's intramural research program and chairman of the organizing committee for NIHAA.

Harriet Greenwald, is hard at work.

Sixth, a national advisory board will soon be appointed.

Seventh, an outstanding editorial board has been put together and our first two newsletters, the *NIHAA Update*, published. We hope that it will provide an avenue of communication between NIH and its alumni and we plan to publish it quarterly next year.

Phase II, the establishment of a national and international organization, is now under way. We sent out nearly 5,000 letters to former NIH scientists/administrators inviting them to join the NIH Alumni Association. I might add that several months ago an article appeared in *Science* magazine entitled "Calling All NIH Alumni" that outlined the purpose of the association. We have received more than 125 responses to that article. The national membership drive is off to a good start with some 550 new members joining.

Once *Phase II* is in place, *Phase III* will be initiated—that is the

establishment of local NIH chapters. If the alumni association is going to be successful it needs more than just a newsletter and an annual meeting. It needs support at the grass-roots level! We hope that in cities and countries where there is a critical mass of alumni such as New York, Chicago and San Francisco, local NIH chapters will be established. In fact some of our colleagues in foreign countries are ahead of us and chapters already have been set up in Taiwan, Japan and India.

Phase IV, the construction of an NIH Alumni House, is the greatest challenge. We view Alumni House as a place where NIH staff, alumni and colleagues from universities and industry can meet. We hope that the building will contain a restaurant, a comfortable library, a number of small meeting rooms and perhaps overnight accommodations for guests. At this time, we are just exploring the possibilities of this idea.

From a broader philosophical point of view, the alumni association could carry out two other important missions. The first is the dissemination of information to the lay public about poorly understood biomedical issues. I think that historians will almost certainly refer to this last part of the 20th century as the "revolution in biology and medicine." It is, therefore, ironic that it is becoming harder than ever to attract young graduates into a career of research. The uncertainty of grants, the difficulty in obtaining tenure, the relatively poor salaries and the beat of other drums are perhaps some of the reasons. Even more disturbing and surprising is the development of a conservatism and antiintellectualism in our society. Some would have us teach creationism, others believe that science is filled with fraud and still others are

(See *Association* on p. 18)

Association (continued from p. 17)

opposed to studies on fetal tissue, gene therapy, transgenic animals, or for that matter any animals in research. The days of the purity and unquestioned value of research are gone, and these new societal attitudes and their ramifications are of deep concern and could thwart the orderly progress of science in the future. Perhaps one of the reasons for this is that the gap between what we as scientists have learned from the enormous explosion of information and what the rest of society truly understands has grown even wider. I believe that we, as researchers, have a new responsibility—to counteract these antiintellectual and antiscience movements. One of the contributions that the NIH Alumni Association could make, perhaps even better than NIH, because it would have a freer hand, is to explain these issues to the public.

A second important mission for an NIH Alumni Association would be to identify and bring to the attention of the NIH intramural staff young and promising local students and researchers who might wish to study at NIH. Perhaps our alumni could even do more than that, and act as “big brothers and sisters” who seek out and guide young men and women into science careers.

These are at least two worthy long-term goals for our alumni association.

Abner Louis Notkins, M.D.
Chairman, Organizing Committee,
NIHAA

(The above remarks were taken from a talk by Dr. Notkins at the NIHAA meeting on June 8, 1989.)



The Honorable Lowell P. Weicker, Jr. (c) greets guests including NIDR's Dr. Abner L. Notkins (l) and Dr. Lois A. Salzman (r) at the NIH Alumni Association meeting on June 8 at the Cloister. The reception and talk were attended by more than 120 guests. They heard an interesting and exciting talk by Sen. Weicker, now president and CEO of Research!America, who told the group that “it is terribly important that this concept of an alumni association take hold, and it is terribly important that it succeed.”

Face-lift (continued from p. 2)

The so-called “round robin” renovation of aging NIH laboratory buildings continues, with Bldg. 5 undergoing a \$17.5 million, 2-year renewal project. Bldgs. 8 and 4 are already complete, and Bldgs. 2, 3 and 7 will be done, in that order, after 5 is finished. Employees from Bldg. 5 have moved into Bldg. 4.

Animal holding space at NIH will also be expanded with construction of Bldg. 6B, which should be finished before the end of 1989. Built as a six-story facility adjacent to Bldg. 6, 6B includes 56,000 square-feet of space. Two basement levels and the ground floor of the structure will be divided into 23 holding rooms for small animals. The upper floors will be laboratories, primarily serving NICHD.

Over at the Clinical Center, which has undergone renovation almost

continually since its cornerstone was laid in June 1951, a new three-story surgery wing is nearing completion on the hospital's west side. Woven almost seamlessly into the red brick of the main structure, the addition will house heart and neurology operating suites as well as the CC's department of transfusion medicine and blood bank. The \$8.5 million project has been under way for the past 5 years. The former surgery suite in Bldg. 10A (the round building appended to the west portal of the CC) is now being renovated into an animal holding facility with completion slated for this fall.

Future additions to Bldg. 10 include a new medical intensive care unit to be constructed over the existing library patio on the hospital's south side and three new A-wing floors to accommodate AIDS researchers from several institutes. Since the A-

wing is located on the east extremity of Bldg. 10 (though, oddly, on the opposite side of the hospital from 10A), it is now possible to state truthfully that the CC is undergoing renovation from the east unto the west.

As if new buildings and renovations to existing structures were not enough to keep the builders busy, the utility systems on campus are in need of extensive modernization and improvement. A comprehensive program, estimated to span the next decade, is being developed to meet these "infrastructure" needs. Included in the program will be heating and refrigeration equipment in the NIH central power plants, the central distribution systems carrying steam and chilled water to the NIH buildings, and, in the case of the Bldg. 10, improvements to the infrastructure of the CC itself.

"It is a Herculean job," noted F. Anthony Clifford, acting director of DES. And one that is literally changing the face of NIH.

NIH Retrospectives



Fall 1949

The Heart Institute launches big program with \$10,000,000 in grants for fiscal year... The National Institutes of Mental Health, headed by Dr. Robert H. Felix, is scheduled to move 100 workers from Washington, D.C., to building T-6... Dr. Carl L. Larson appointed director of the Rocky Mountain Laboratory, filling the vacancy left by the recent death of Dr. Ralph R. Parker... Dr. Jesse P. Greenstein, head of the biochemis-

try section in the Research Branch of NCI, reported on a simple low-cost method for mass-scale production of amino acids... "The Hamsters" wowed audiences with their musical review on "Life at NIH."



Fall 1959

Dr. Ralph Wyckoff, internationally known biophysicist, retired from his position as chief of the section on molecular biophysics, NIAMD, after 12 years at NIH... A movie was filmed at the Clinical Center on NIH... Dr. Arthur Kornberg, former chief of the enzyme and metabolism section of NIAMD, is a shared winner of the Nobel Prize for "discoveries of the mechanism in the biological synthesis of ribonucleic acids and deoxyribonucleic acids."... Scientists at NIMH and NINDB voted to establish an Assembly of Scientists to "help develop and promote the professional excellence and scientific achievements of the Institutes"... A 513-acre site in Poolesville chosen for NIH animal farm.



Fall 1969

NLM during the first week of August 1969 passed another historic milestone in its computer operation as the number of citations entered in the computer passed the 1,000,000 marker... Dr. Harold L. Stewart retired from his job as chief of NCI's Pathologic Anatomy Branch and chief of the Laboratory of

Pathology after 30 years with NCI... The first group of six scholars-in-residence at the Fogarty International Center announced by Dr. Milo D. Leavitt, Jr., FIC director... The redesignation of the National Heart Institute as the National Heart and Lung Institute officially announced Dec. 8.

The NIH Record

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 National Institutes of Health

Fall 1979

Dr. DeWitt Stetten, Jr., NIH deputy director for science, has been named senior scientific advisor to NIH director Dr. Donald S. Fredrickson... Dr. Herbert C. Brown, NIGMS grantee, awarded the 1979 Nobel Prize for chemistry for his research on boron chemistry... NIH'ers ride bikes to work to save energy and money and thermostats are lowered in offices to save heat... HEW Secretary Patricia Roberts Harris visits NIH... Major NIDR field study will determine prevalence of dental diseases among 40,000 American students... Dr. Ralph D. Lillie, 83, who was with NIH from 1925 until his retirement in 1960, died Oct. 5 in New Orleans. His histochemical innovations helped investigators in many disciplines add a new dimension to their research.

If you did not receive the first issue of *NIHAA Update* and would like a copy, please notify the editor at 9101 Old Georgetown Rd., Bethesda, MD 20814.