

## In the Open

### **Intramural Women Scientists Speak Out on Status at NIH**

By Carla Garnett

For some in the group of six women researchers scheduled to speak at the recent panel discussion on the status of intramural women scientists, the podium in the packed Lipsett Amphitheater seemed peculiarly unfamiliar.

Although most were accustomed to giving presentations before large groups, this time was different. This time there were fewer concrete facts from which to draw conclusions than in a routine scientific presentation. This time the discussion would be personal as well as professional. In addition, it would involve a most basic topic—the differences between the male and female scientists and how their careers advance at NIH.

(See *Women* p. 22)

### **NIHAA Members Invited To Alumni Symposium**

On Sept. 21, the National Institute of Allergy and Infectious Diseases will sponsor the Alumni Symposium on "Immunology and Infectious Diseases" as part of the 1992 NIH Research Festival. The symposium will be hosted by Dr. Anthony S. Fauci, NIAID director, and Dr. John I. Gallin, director of NIAID's Division of Intramural Research. They have written the following note to NIHAA members:

"This year we wanted to honor an alumnus whose career has had a broad impact on NIH and on the general field of immunology and infectious diseases. From a huge group of qualified alumni we selected Dr. Sheldon M. Wolff as the NIH/NIAID 1992 Distinguished

(See *Symposium* p. 8)



Participants (seated, from l) Drs. Lynn Gerber, Judith Rapaport, Susan Swedo, M.A. Ruda, Mary Ann Robinson, Joan Schwartz and (standing) Monique Dubois-Dalq discussed tenure, promotion and sexual discrimination at intramural NIH during a public meeting.

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### **Anderson Details Therapy Progress at NIHAA Meeting**

Dr. W. French Anderson, chief of the Molecular Hematology Branch, NHLBI, highlighted the Mar. 21 annual meeting of the NIH Alumni Association with an exciting account of recent progress in human gene therapy research. Describing clinical gene marker and gene therapy protocols in progress on three continents, Anderson stated, "It is an extraordinary explosion in research across the world." He described therapy for the genetic disease adenosine deaminase (ADA) deficiency, and for malignant melanoma—conducted with colleagues from NIH—and noted further potential uses for patients with cardiovascular, blood, pulmonary, viral, liver, and central nervous system diseases.

(See *Anderson* p. 2)

*Anderson (continued from p. 1)*

Gene therapy "is a therapeutic technique in which a functional gene is inserted into the somatic cells of a patient to correct an inborn genetic error or to provide a new function to the cell," said Anderson. "We really didn't think of the latter at first," he mentioned, saying that it could turn out to be a major use, something similar to a drug delivery system.

What makes gene therapy exciting? "In theory, one should be able to use gene therapy as preventive medicine," said Anderson. For example, if you know a gene defect that leads to breast cancer, you may be able to correct the defect and prevent breast cancer.

The first human gene therapy study put a gene for neomycin resistance into tumor infiltrating lymphocytes (TIL cells) as a marker in a study of immunotherapy for malignant melanoma. In simple terms, a virus vector is used. That is, you start with a virus; then you hollow it out and put in the new gene. The virus doesn't know that, and puts the new gene into the target cell. It is a one-way delivery system—there is no risk of virus infection. In this study, melanoma patients were being treated with TIL cells and the T cell growth factor, interleukin-2 (IL-2). The marker allowed the investigators to track the experimentally injected TIL cells, to help them understand whether and how the TIL cells worked. Pictures of TIL + IL-2 therapy demonstrated one very dramatic response in a 29-year-old woman with advanced metastatic melanoma, studied by a joint NCI-NHLBI team. More than a year later, she still is in complete remission. Other cancer studies aim to use gene therapy principles to put a high concentration of a "suicide gene" into brain cancer, ovarian cancer, or other cancers, while avoiding or minimizing the concentration in normal cells.



**Dr. W. French Anderson, chief of NHLBI's Molecular Hematology Branch, describes recent progress in human gene therapy to the NIHAA audience.**

Adenosine deaminase (ADA) deficiency generally leads to death from infection before age 2. "What really drives this field is the sick kids," declared Anderson. "The constant reinforcement of going on rounds and seeing the sick kids, or seeing the people with cancer, is what motivates us. We postulated that cured cells should have a selective growth advantage and, in fact, that is exactly what has happened.

"First, we did a T cell correction," which corrected the ADA deficiency for the life of the cells that hold the gene. Polymerase chain reaction analysis showed these cells to have a half life of about 3 to 5 months. "The corrected cells live about five times longer than uncorrected cells," said Anderson. Photographs of a child before and after therapy provided dramatic proof of the amazing benefits that sometimes can be achieved. "We have approval now to go in with stem cells, which we hope will be a cure. First we did a T cell correction. Now we want to do a bone marrow correction."

What does Anderson see for the future? Current research aims for 1)

injectable targetable vectors; 2) site-specific integration; and 3) regulation by physiological signals. However, cautions Anderson, "in order for gene therapy to fulfill its promise, it must become low-cost, low-tech—something any doctor can do. All we can do now is basically turn the gene on or off. We need to be able to regulate the gene."

What are Anderson's main concerns? "The old face of eugenics and mischievous experimentation becomes a real issue. A line has to be drawn that says gene therapy can be used for treatment and prevention of disease, but not for any other purpose. It needs to be carefully overseen. I'm for public education to improve chances of using it rather than abusing it."

Anderson concluded by saying, "Germ line alteration (rather than somatic cells) is the next ethical debate. My view is that it would be ethical for treatment of disease, but not until we have a great deal more experience with somatic cells. Since the gene pool belongs to all of us, people should be educated and know about this in advance, and take part in the decision."

# NIHAA Update

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

## Editor's Note

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 suggestions, please drop a note to the editor. We reserve the right to edit materials.

**Editor: Harriet R. Greenwald**

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## Credit

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## A 5-Year Project

### Natcher Bldg. Plans Move Forward in Two Phases

Planning for the William H. Natcher Bldg., in progress for more than 4 years, is coming to fruition as NIH has targeted groundbreaking for phase I of the new office complex in September. Completion of the phase II complex would result by 1997 in new quarters for a total of about 3,000 NIH'ers currently occupying rental buildings in the area.

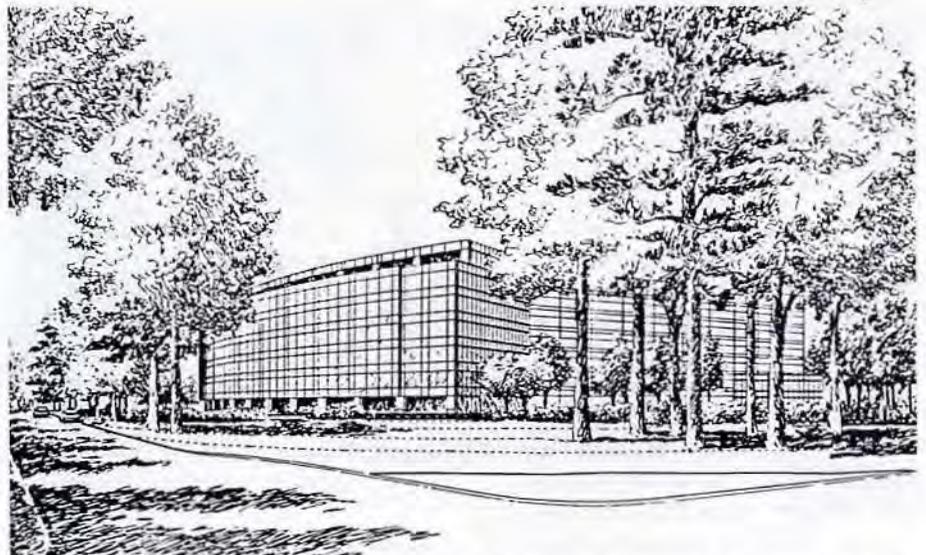
Originally known as the Consolidated Office Bldg., the project was designed to bring NIH extramural staff together on campus and to vacate off-campus real estate that is leased to NIH. On Feb. 7, NIH director Dr. Bernadine Healy and the ICD directors settled on a design that encompasses some 720,000 gross square feet of space on a site bounded roughly by Center Dr., Rockville Pike, and the Lawton Chiles International House (Stone House). Three weeks later, Healy presented architect's drawings of the facil-

ity to its namesake, Rep. William H. Natcher (D-Ky.), a long-time friend of NIH and chairman of the House appropriations subcommittee charged with NIH oversight.

Back in 1988, the Division of Engineering Services (DES) at NIH completed a "program of requirements" for the structure. An environmental assessment conducted at the time identified two major issues that have required analysis—the impact of increased commuter traffic on Bethesda and the effect of a large new building on Stone House, a mansion whose Greek Revival architecture is of historical interest.

Last August, Healy approved an amendment to the program that added a 1,000-seat auditorium, a requirement that the building present a "gateway" entry to NIH that would be compatible with the adjoining Stone House and National Library of Medicine, and a two-phase plan for construction.

(See Natcher p. 4)



View from the corner of Rockville Pike and Center Dr. looking northwest at the proposed new William H. Natcher Bldg. Groundbreaking is expected by fall on the first phase of the project.

*Natcher* (continued from p. 3)

The DES is coordinating design and construction of the \$176 million facility, \$73.3 million of which is already appropriated. The first phase will include office space for about 600 people, a 1,000-seat auditorium and con-

<b>William H. Natcher Bldg. Schedule</b>	
Environmental Assessment and Environmental Impact Statement Initiated	November 1991
Building Design Initiated	November 1991
Environmental Assessment Completed	March 1992
Groundbreaking and Begin Phase I Construction	September 1992
Environmental Impact Statement Completed	December 1993
Begin Phase II Construction	May 1994
Completion of Phase I	August 1994
Completion of Phase II	January 1997

ference center, and a corresponding food service facility.

In phase I, parking for 450 cars will be included in several underground levels with surface parking for an additional 100 cars; the office building will be six or seven stories tall. This phase

is scheduled for completion in August 1994.

Although various options are still being considered, phase II should begin in May 1994 including underground parking for 1,350 more cars, office space for some 2,400 people, an expanded cafeteria, a fitness center, credit union, R&W, self-service store, travel agency and employee health unit. All offices with computers will be connected via LAN—local area network. Occupancy is anticipated to begin in January 1997.

“We haven’t yet resolved the exterior finishes but the tone will be light in order to complement the NLM across the street,” said Clyde Messerly, DES project officer. The rear of the building, which will face Stone House, will include horizontal bands of glass.

Additionally, a skylit atrium will cover a common area connecting the office towers, auditorium and food service. In all, the design maintains the park-like setting between the structure and the Metro station and Stone House to the north.

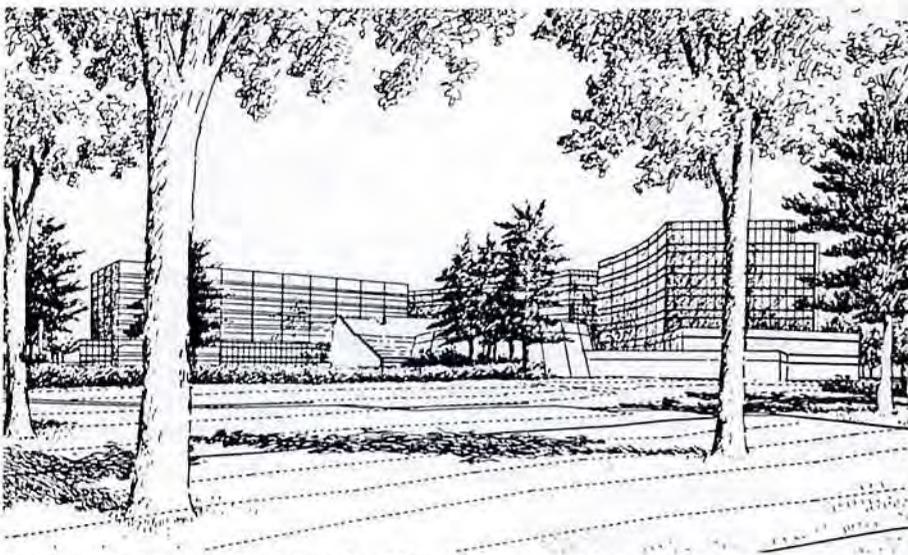
On Mar. 16, NIH hosted a “scoping session” at which the public was invited to offer comments concerning envi-

ronmental issues of the phase II plan. Held at Walter Johnson High School in Bethesda, the session acquainted neighbors with the proposed consolidation of NIH staff and the environmental impact statement process. This process, which will take 2 years, must be completed prior to construction of the larger phase II portion of the project.

An archaeological impact study on the site was completed in order to proceed with construction. NIH also had to create a traffic mitigation plan that takes into account the impact of additional cars on campus. NIH also had to consult with the Maryland Historical Trust about preserving the integrity of Stone House.

The Stone House, built in 1931 by George Freeland Peter, is considered a prime example of estate architecture, and is eligible for the National Register of Historic Places. NIH acquired the home in 1949; it was renamed for Sen. Lawton Chiles (now governor of Florida) last year. “We will use some stone on the building’s terrace to reflect the stone used in the Lawton Chiles House,” reports Jorge Urrutia, DES director. “We will also do some landscaping to complement the mansion.”

At least half of the occupants of the Natcher Bldg. will be extramural staff. The 600 tenants who will occupy the phase I building come from the Westwood Bldg. Occupancy for the second phase has not yet been determined. Bidding for phase I construction on the building was scheduled for May, following consideration of an environmental assessment that is nearing completion.



View from the Lawton Chiles International House (Stone House) looking southeast toward rear of Natcher Bldg.

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

**Dean of OD Staff**

**NIH Communications Chief Storm Whaley Retires**

*By Rich McManus*

Storm Whaley, NIH associate director for communications for five NIH directors and four acting directors since his arrival in July 1970, retired Feb. 3. Several hundred NIH'ers, among them a handful of past directors, turned out to bid him farewell at a reception Jan. 29 in Wilson Hall. "To say that you know Storm Whaley is to join a very privileged group," said Dr. Bernadine Healy, NIH director. "He embodies so much that is right and gentle about us. He is the communicator par excellence."

Healy praised Whaley as a gifted part-time painter, a prodigy at mathematics, a writer, singer, radio announcer, pilot and ground instructor. But most of all, she said, "Storm Whaley knows how to be your friend. He has been of inestimable value to me. I trusted his calm, confident advice and appreciated his clarity of view. He is an absolutely first-rate man and intellect. I'm happy I was able to get to know this extraordinary man who gave so much to NIH."

Added Healy's predecessor, Dr. James B. Wyngaarden, "When I came to NIH as director 10 years ago, I was immediately impressed by the quality of the staff, and one of the gems was Storm Whaley."

Admitting that it was difficult to speak in front of a crowd without a Whaley-crafted speech in front of him, Wyngaarden praised Storm's "marvelous touch with words."

Though Whaley came to NIH with media experience and remained in close contact with the press corps, Wyngaarden said, "He never became one of them. Their motto is 'If you can't think of anything nice to say, let's



Joining Storm Whaley at the reception on Jan. 29 in Wilson Hall were (from l) former NIH director Dr. James Wyngaarden, current director Dr. Bernadine Healy, and former acting director and deputy director Dr. William Raub.

hear it.'" Demonstrating that he had learned something of the Whaley wit through years of collaboration on hundreds of speeches, Wyngaarden remarked, "I heard that Storm was retiring to Arkansas to paint flowers (a reference to Gennifer Flowers, alleged mistress of presidential candidate Bill Clinton)."

Currently the foreign secretary of the National Academy of Sciences, Wyngaarden, an avid art collector, said he was a great admirer of Whaley's paintings. "They show his many qualities of creativity and curiosity."

Dr. Thomas Malone, former NIH deputy director and acting director, arrived in Bldg. 1 about the same time as Whaley; the two became lasting friends. "I once proposed that we collaborate on a masterful book on the history of NIH. Storm Whaley said it couldn't be published until we both left the planet."

Malone lauded his friend's writing skill, in particular. "He always embell-

ished his writing with deep knowledge of history, art and literature. In crafting speeches for the directors and deputies, he showed uncommon talent and forbearance. It's remarkable that he maintained his sanity through all this, and that he loved it."

Dr. William Raub, who was acting NIH director for almost 2 years before the arrival of Healy, said Whaley stood for "intellect, dignity and class. More than anything else, he evoked in me the feeling of being my friend.

"The second thing he evoked is 4:45 p.m. on a Friday. That's when he would appear in my doorway with a sly smile and say, 'I think we're in trouble again.' There is no one I wanted and needed more at these times than Storm."

Raub, who with Whaley helped form the NIH Supramural Singers years ago, then led the vocalists in a rousing rendition of "Storm, Storm

*(See Whaley p. 6)*

*Whaley (continued from p. 5)*

He's The One," sung to the tune of "Home on the Range." It's last verse read: "Storm, Storm you're the one. You really stand out from the rest. When the news has bad facets, you just cover our assets, you're better than good, you're the best."



**A common scene on the third floor of Bldg. 1 in the past 10 years has been a conference between Whaley and his closest assistant, R. Anne Thomas, director of the Division of Public Information and, now, acting NIH associate director for communications.**

The last speaker at the reception was Whaley's right-hand colleague for the past decade, R. Anne Thomas, director of the Division of Public Information, who will now be acting NIH associate director for communications.

"You set our high standards for service to the public and the media," she said. "You did it by setting an example and tone to emulate. You are our rock, our support, our friend and our book of knowledge. No one will miss you more than I."

With his wife Jane at his side, Whaley said, "It has been an enormous privilege to work with the extraordinary people who are NIH. It's wonderful to work with you. When Dr. Healy arrived, she congratulated me on the quality of the staff in the Office of Communications. I'm extremely proud

of that. I'm also proud of the information officers at NIH, and their talent, energy and ingenuity."

He recounted highlights of his associations at NIH, ranging from anecdotes about directors to fond recollections of his two most cherished ad hoc memberships—the "Lunch Bunch" that met twice a week for years, and the "Kitchen Cabinet" that breakfasted almost daily in the Bldg. 1 cafeteria and whose membership spanned all levels of NIH. "The organizations I belonged to seemed to have meals in them," he quipped.

Storm Hammond Whaley was born Mar. 15, 1916, in Sulphur Springs, Ark. He graduated in 1935 from John Brown University in Siloam Springs, Ark., with a B.S. in mathematics.

While an undergraduate, he worked as a radio announcer for the station in town, KUOA. The year he graduated, the Brown organization, which owned the university, bought the radio station and named Whaley manager.

"There were five of us on the staff—two engineers and three announcers. We did everything from writing the news to selling advertisements."

Whaley's voice, still a soothing bass, was a natural for radio and also helped gain him a spot in the local barber shop quartet, the "Ozarkians."

The Brown organization later bought radio stations in Long Beach, Calif., and Tulsa, Okla. Whaley became general manager of the burgeoning media empire, though he remained in Arkansas.

In his home state, Whaley proved an ambitious reporter, covering not only local politics but also ranging as far away as San Francisco, where he covered the convention that organized the United Nations. In 1946 he would cover the first General Assembly of the United Nations in New York. "We did some pretty wild things for a station

our size," he recalls.

Whaley also covered the national political conventions in 1940, '44, '48, and '52. He gave the speech nominating Sen. J.W. Fulbright for president in 1952, and had written news stories for Fulbright-owned papers in Arkansas.

After 18 years in radio, Whaley "felt it was time to let the new generation take over," and resigned from his general managership. He left to join the staff of Rep. J.W. Trimble of Arkansas as administrative assistant.

"In the course of my radio career, I became greatly interested in the political scene—the news led me into it," he said.

When Trimble offered him the job in Washington, Whaley was also offered a position as assistant to the president of the University of Arkansas. That job was held open for him while he gained experience with Trimble.

Back home in 1954, Whaley joined the University of Arkansas at the behest of its president, John Tyler Caldwell, whom Whaley had met and impressed during his journalism career. As Caldwell's "legislative liaison," Whaley was to help move and shake on behalf of the university at sessions of the state legislature in Little Rock.

In addition to being the state capitol, Little Rock was home to the university's fledgling medical center, whose expenditures of state funds were a concern to the governor. Among his other duties, Whaley was expected to smooth feathers in the state house.

In the summer of 1959, while he was on vacation, President Caldwell decided to leave the University of Arkansas to become chancellor at North Carolina State University. Caldwell's deputy, unbeknownst to Caldwell, accepted a vice presidency at Boston University.

"Neither one told the other of his plans," Whaley remembers. The university board asked Whaley, who was

now assistant to the president at the university, to be acting president and to initiate the search for a new president. The board also asked him to reorganize the medical center, which needed a vice president for health sciences.

For 6 months, Whaley was a university president. Recruitment for a new president went smoothly, but Whaley struck out when it came to filling the health sciences post.

"We had two prospects, but neither wanted the job. Out of my failure to recruit for it, I was awarded the job. Here I was, no physician, not really an educator, and I was responsible for the medical center."

It was as a medical center vice president that Whaley first became acquainted with NIH.

"I was treated well when I came up here," he recalls of a mission to Bethesda to obtain special equipment for cardiac catheterization. "I was taken in hand by Luther Terry, who helped me get the equipment we needed."

Terry, who would become U.S. surgeon general, was one of two critical contacts for Whaley in government. The other was Dr. Robert Marston, who held a position similar to Whaley's at the University of Mississippi.

"Terry, when he was surgeon general, asked me to serve on the National Advisory Health Council," said Whaley, who made many NIH contacts as a result. Terry also appointed him to the United States delegation to the World Health Assembly, World Health Organization, in 1962-64.

Marston had come to NIH in 1966 as head of the Regional Medical Program.

"He invited me to join him at NIH but I couldn't shake loose," Whaley remembers. Nevertheless Storm consulted to the RMP and wrote speeches on its behalf.

When Marston was named NIH

director, he created the position of NIH associate director for communications and persuaded Whaley to take the post in July 1970. In almost 22 years, Whaley kept the same office and desk in Bldg. 1, serving directors who were more and less interested in the importance of communicating NIH's mission to the public.



**Former NIH director Dr. Donald Fredrickson greets his friend and former speechwriter at the reception. Whaley said Fredrickson "invariably improved the speeches I wrote for him."**

Of former director Dr. Donald Fredrickson, who was also at the reception, Whaley recalls, "He was a very interesting person to work with. I always enjoyed it. It was adventurous and fun to draft speeches for him. It was also humbling. He would invariably improve my writing during brainstorming sessions."

About Wyngaarden: "Again, a very stimulating thing to do. He did a great deal of speaking, and had an absolutely photographic memory."

Whaley said that Lunch Bunch gatherings were organized in part to determine what Marston, who had a deep Southern accent, was saying.

He calls Healy "very determined and imaginative. When we called her former colleagues to see what she was

like, we were told we better get us some roller skates."

His oddest assignment, he remembers, is when President Ford was at NIH for Fredrickson's swearing-in. The Secret Service paged Whaley to report to the head of the White House detail immediately. Arriving on the scene, Whaley learned that he was needed to clear the chaplain's prayer.

"That was probably the most exalted assignment I had," he says, chuckling. "I couldn't figure out what they were looking for, frankly."

Whaley plans to remain in Bethesda for the immediate future.

"I may get more serious about watercoloring," he says of a painting career that blossomed in the mid-1970's at the urging of one of his three daughters. "I can get lost in painting," he admits. "It hasn't lost its fascination. I'm still very much addicted." Whaley says he will remember fondly his years at NIH, during which he has become almost as much a part of the institution as the pillars in front of Bldg. 1.

"The reception I had here was impressive," he said. "I've always felt comfortable working with people that I recognize as giants. I was never made to feel uncomfortable. I learned a lot about medicine. One of the things you have to do is recognize that you don't know much."

Whaley leaves NIH as the dean—by a longshot—of the Office of the Director staff, having served since July 1, 1970. His nearest competitor, in terms of longevity, is Dr. Philip S. Chen, Jr., who became an associate director 13 years after Whaley.

At a ceremony in his office on his last work day, Whaley assured his colleagues that he will keep in touch. "I'll be around," he said, exchanging hugs with coworkers. He has recently been elected to serve on the NIHAA board of directors.

*Symposium (continued from p. 1)*

Alumnus of the Year. Shelly Wolff is being honored for his important contributions to studies of host defense against infectious diseases, for his enormous impact on clinical medicine, and for his unusual ability to foster the careers of a large group of clinician-scientists, many of whom now occupy leadership positions in infectious diseases throughout the world.



Dr. Sheldon M. Wolff is the recipient of the NIH/NIAID 1992 Distinguished Alumni Award. He was clinical director and chief of the laboratory of clinical investigation, NIAID, from 1966 to 1977. He is now physician-in-chief, New England Medical Center, and Endicott professor and chairman of the department of medicine at Tufts University School of Medicine.

"We hope that many alumni will return to the Bethesda campus and join us for the Monday morning symposium, and then stay to participate in the other activities that follow."

The 1992 NIH Research Festival will continue Monday afternoon, Sept. 21 with an opening symposium on neurosciences. On Tuesday, Sept. 22, there will be three other symposia: "The Extracellular Matrix in Development and Pathology," "Structural Bio-

logy," and "Transgenic Animals as Disease Models."

More than 30 workshops are planned for the festival, along with poster sessions accompanying corresponding workshops. The workshops will be held on Tuesday, Sept. 21, in various locations throughout the campus. The posters will be displayed in the Research Festival tents that will be set up in parking lot 10-D southwest of the Clinical Center. The final program and scheduling information with details will be available in August.

The Technical Sales Association (TSA) will provide refreshments for each poster session on Monday and Tuesday. There will be no picnic this year. Thursday, Sept. 24 and Friday, Sept. 25 have been reserved for the TSA Scientific Equipment Show in the

Research Festival tents. There will be over 300 exhibitors; it is one of the largest shows on the east coast.

The research festival committee is chaired this year by Dr. Edward Korn, NHLBI scientific director. The Research Festival was started 7 years ago by Dr. Abner Notkins, director of intramural research, NIDR. Efforts by Notkins and subsequent chairpersons, Dr. J. Edward Rall, former NIH deputy director for intramural research, and the NIH Special Projects Office headed by Thomas Flavin, have made the event a great success.

The next issue of NIHAA Update will have more coverage of the final schedule and program. For more information call the NIHAA office at (301) 530-0567 or the NIH Visitor Information Center at (301) 496-1776.

**NIH/NIAID Distinguished Alumni Symposium**

Monday, Sept. 21, 1992, 8:45 a.m. — 12 noon  
Masur Auditorium, Bldg. 10

**Chairperson**  
Dr. John I. Gallin

Dr. Anthony S. Fauci  
*Award Presentation*

**Opening Remarks**  
Dr. Anthony S. Fauci

Dr. Charles A. Dinarello  
Tufts University School of Medicine  
*The Role of Interleukin-1 in Disease*

**Speakers**

Dr. Richard M. Krause  
Fogarty International Center  
National Institutes of Health  
*The Origins of Plagues*

Dr. Baruj Benacerraf  
Dana-Farber Cancer Institute  
*Antigen Processing and Presentation*

Dr. Sheldon M. Wolff  
Tufts University School of Medicine  
*Mechanisms of Host Defense:  
Recollections on the Development of  
an Intramural Program*

Dr. Mark M. Davis  
Stanford University School of  
Medicine  
*Topology and Chemistry of T Cell  
Recognition*

Dr. Charles A. Janeway, Jr.  
Yale University School of Medicine  
*The Activation of CD4 T Cells*

## News From and About NIHAA Members and Foreign Chapters

**Dr. Lawrence D. Aronson**, who was in NIAMD's Laboratory of Biochemical Pharmacy as a staff associate from 1967 to 1969, is a medical consultant for the Michigan State Department of Education in Lansing.

**Dr. Stanley Barban**, a scientist administrator at NIAID from 1949 until he retired in 1988, has been volunteering in the Emeritus Scientists, Mathematicians and Engineers (ESME) program. He has been teaching at two elementary schools in the District. He has put together a course called "The Invisible World" with 6 lectures on microbiology and virology. The whole experience of teaching 5th and 6th graders is "very challenging and enjoyable" and he would like to encourage other NIHAA members to participate. If you would like more information about the program you may call the project director, Dr. Harold I. Sharlin, at (202) 966-2122.

**Carolyn Brown**, chief of the NIH Library, retired in January 1992. Her first library position was at NIH, but she then worked at the National Naval Medical Center, National Bureau of



Standards, National Oceanic and Atmospheric Administration and the

Executive Office of the President. She returned to NIH in 1982 when she was selected chief of the NIH Library. She writes that she has no immediate plans except to do "some traveling, and to look at other parts of the country with the thought of a possible move closer to a daughter in California. But that's long-term."

**Dr. George F. Cahill**, director of the Howard Hughes Medical Student Scholars Program and vice president for scientific training and development at the Howard Hughes Medical Institute from 1984 to 1989, writes that he is now teaching biology at Dartmouth College where he is professor of biological sciences.

**Dr. Paul Calabresi**, who was a field investigator at NCI from 1956 to 1960,



is now professor and chairman of the department of medicine at Brown University School of Medicine, and chairman of the National Cancer Advisory Board. In March, he received the Oscar Hunter Memorial Award in Therapeutics at the 93rd annual meeting of the American Society for Clinical Pharmacology and Therapeutics. This award honors individual scientists for outstanding contributions to clinical

pharmacology and therapeutics and it recognizes a meritorious career in drug research, excellence in patient care, and a distinguished teaching career.

**Dr. G. Rasul Chaudhry**, a senior staff fellow in the Laboratory of Molecular Biology, NINCDS, from 1982 to 1985, writes that after he left NIH he was in the soil science department at the University of Florida. In 1990, he went to Oakland University in Rochester, Minn., where he is an associate professor in the department of biological sciences.

**Dr. Deborah J. Cotton**, a clinical associate in NIAID's Laboratory of Clinical Investigation from 1978 to 1984, and also a medical staff fellow at NCI in the Pediatric Branch, is now assistant professor in the department of health policy and management at the Harvard School of Public Health. She is also an assistant professor of medicine at Harvard Medical School and an associate physician at Beth Israel Hospital.

**Dr. Eli Glatstein**, chief of NCI's Radiation Oncology Branch from August 1977 to February 1992, is now professor and chairman of the department of radiation oncology at the University of Texas, Southwestern Medical School in Dallas. He is also in charge of a newly created Center for Therapeutic Cancer Research.

**Dr. Edgar Haber**, an NIH Fellow from 1958 to 1962, has been named to head a new laboratory at the Harvard School of Public Health. Bristol-Myers Squibb gave a \$23.5 million grant to SPH to support a cardiovascular research center for 5 years. He will study genes

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controlling the cells that narrow arterial walls, and the mechanisms of blood clot formation. He has also been named the first holder of the Blout professorship of health science since he will head the laboratory as director of the division of biological sciences at SPH. The chair honors Elkan R. Blout, who set up the biological sciences division.

**Dr. Theodore Hahn**, who was at NCI in the Metabolism Branch as a clinical associate from 1966 to 1969, was recently selected by G.D. Searle & Co. to share in \$10 million in research funds for investigations into prostaglandins, arthritis, and related inflammatory diseases. He is director of geriatric research at the Veterans Administration Medical Center in Los Angeles.

**Dr. John W. Hiemenz**, a clinical associate at NCI from 1980 to 1983, writes that after spending a year on the staff in the division of medical oncology at the University of Florida in Gainesville, he joined the newly formed division of bone marrow transplantation at the H. Lee Moffit Cancer Center at the University of South Florida in Tampa. He has been on the staff there since August 1991. The transplant unit at the Moffit Cancer Center has grown rapidly since it opened 2 years ago. They have now transplanted more than 100 patients with a variety of tumor types. His investigational interests continue to be supportive care, particularly the management of opportunistic infections in the immunosuppressed cancer patient. He plans to continue his previous ties and collaborative efforts with Dr. Philip Pizzo, chief of the Pediatric Branch, NCI, and other members of his group.

**Dr. R. Rodney Howell**, who was a clinical associate in clinical investigations at NIAMD from 1960 to 1962, and a staff associate in the Laboratory of Molecular Biology, NIAMD, from 1962 to 1964, is currently professor and chairman of the department of pediatrics at the University of Miami School of Medicine and chief of pediatrics, Children's Hospital Center, UM/Miami. He writes, under suggestions for the newsletter, that he hopes it will continue to "keep members posted about major NIH programs and plans and keep up with major events with alumni." He also suggests that NIHAA members are "a well informed group that can be very supportive (or not) of key NIH programs through our elected representatives—especially in very populous states."

**Dr. Robert I. Levy**, who was at NIH from 1963 to 1981, with his last position as director of NHLBI, left Sandoz Pharmaceuticals Corp. in March, where he has been president of the Sandoz Research Institute since 1988. He has joined the Wyeth-Ayerst Laboratories unit of the American Home Products Corp. as director of worldwide research.

**Dr. Charles R. McCarthy**, who was director of the Office for Protection from Research Risks, OD, retired on Mar. 31. He plans "to write a book on *The Protection of the Rights and Welfare of Human Subjects*. In the fall of 1992, I will be working as a senior research scholar at the Kennedy Institute for Ethics, Georgetown University."



A new NIHAA chapter met on Feb. 19, 1992, in Turku, Finland. The chapter named itself "Sunomen NIH Alumni Association" ("Sunomen" means Finnish). The 11 members represented universities in Helsinki and Oula. They are (first row, from l) Pannu Vilkki, chairman; Niilo Karki, Heikki Seppa; (second row, from l) Maila Penttinen, Risto Penttinen, secretary; Veijo Raunio; (third row, from l) Kari Punnonenn, Susanna Punnonen, Hannu Raunio, Kari Pulkki; and (fourth row) Hannu Larjava. There are over 30 members in "Sunomen NIH Alumni Association" who will keep us up to date on the chapter's activities. "Tervehdys" and "tervetullut" (greetings and welcome) from NIHAA in Bethesda.

**Dr. Daniel W. Nixon**, associate director in the Cancer Prevention Research Program at NCI from 1987 to 1989, and now American Cancer Society vice president for professional education, recently completed a study to modify eating behavior of sailors. The crew of a United States Navy ship assigned to the Mediterranean ate meals prepared according to ACS guidelines for nutrition during a 6-month deployment. The ACS guidelines provide advice on a dietary pattern to follow for lowered cancer risk—i.e., eat foods low in fat and high in fiber; include a variety of foods, especially more fruits and vegetables; and practice moderation. The sailors liked the diet and lost an average of 12 pounds, compared to sailors on the control ship.

**Dr. Jack A. Roth**, who was head of the thoracic oncology section at NCI from 1980 to 1986, is now chairman of thoracic surgery at the University of Texas M.D. Anderson Cancer Center, Houston. The Society of Surgical Oncology presented its Lucy Wortham James Award to him in March. It is the society's highest honor and recognizes him for "outstanding contributions in clinical oncology research, notably his applications of new molecular biology



techniques to prevention and therapy of thoracic cancers."

**Dr. Millie P. Schaefer**, who was at NCI from 1976 to 1978, and at NHLBI from 1978 to 1986, has accepted a research position with NIOSH in Cincinnati, Ohio. She writes that she "enjoys the newsletter. Keep it coming."

**Dr. Irving "Ozzie" Simos**, who was deputy chief of DRG's Referral and Review Branch before passing away on Dec. 9, 1990, was remembered on Apr. 26 with a concert at Walter Johnson High School in Bethesda. Titled "Ever Since Babylon," the oratorio commemorated the 500th anniversary of Columbus' voyage to the New World and of the expulsion of the Jews from Spain. It was sponsored by Congregation Beth El where Simos, a violinist, was a member.



**Dr. Michael D. Sussman**, a staff fellow and a guest investigator at NIH from 1969 to 1973, has left the Univer-

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The Egyptian Association of NIH Alumni met in Cairo in November 1991. There were over 30 members at this second general meeting of the group. Shown in the photo are the officers and the board of directors elected at the meeting (front row, from l) S. Gerzawy, M. Raafat, M. N. El-Bolkainy, chairman; N. Mokhtar, A. Korshid, and M. Attia; (second row, from l) S. Abdel Hadi, treasurer; R. Hamza, M. Hussein, H. Khaled, secretary; S. Shouman and A. Nabawi. The National Cancer Institute of Egypt will be the headquarters of the association; organizational planning is underway.

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sity of Virginia, where he was for the past 15 years professor of orthopaedic surgery, professor of pediatrics, and director of the division of pediatric orthopaedics. He writes that, on Jan. 1, he became chief of staff at the Shriners Hospital for Crippled Children in Portland, Ore. "In this new job I will be responsible for medical direction of hospital affairs at this 40-bed pediatric orthopaedic hospital, as well as having responsibility for direction of the basic science laboratory which is made up of 7 primary investigators, all of whom are studying various aspects of connective tissues."

**Dr. P. Roy Vagelos**, senior surgeon and then head of the section of comparative biochemistry, Laboratory of Biochemistry, NHLBI, from 1956 to 1966, is currently chairman and chief executive officer of Merck & Co., Inc. In a poll conducted by *Fortune* magazine, Merck for the sixth straight year earned the highest rating among 307 major companies. In 1991, the company ranked first in seven categories with the highest score of any company in the 10 years of the survey. Vagelos was also named one of the outstanding CEO's who was responsible for the company's "golden" record.

**Dr. Kathryn C. Zoon**, who was in the Laboratory of Chemical Biology, NIAMDD, from 1975 to 1980, as a postdoc and staff and senior fellow, has been named the new director of FDA's Center for Biologics Evaluation and Research. The center coordinates FDA's efforts against AIDS, and is also responsible for the safety and effectiveness of biological products. Since 1988, she had been director of the division of cytokine biology at FDA.

## NIHAA Taiwan Chapter Celebrates 30th Anniversary

On Feb. 22, the National Institutes of Health Alumni Association Taiwan chapter held a special celebration in observance of the 30th anniversary of Taiwan's first formal association with the NIH. Dr. Hung-Chi Lue, chairman, NIHAA Taiwan, presided over the celebration. Representatives from various Taiwan agencies and organizations participated, including Dr. Po-Ya Chang, director-general, Department of Health, Republic of China. Chang also hosted a banquet in honor of the occasion.

Participation in the celebration by representatives from the United States was made possible through the generous support of the government of Taiwan. It included two current NIH staff members, and two NIH alumni. The two current staff members were Dr. Theodore Nash of the National Institute of Allergy and Infectious Diseases, and Dr. Kenneth Culver of the National Cancer Institute. One alumna participant was Nash's spouse,

Dr. Carol Lee Koski, formerly of the National Institute of Neurological and Communicative Disorders and Stroke, and currently a faculty member at the University of Maryland School of Medicine. The other alumnus was Dr. Joe R. Held, NIHAA president.

In 1962, the NIH supported three Taiwanese postdoctoral fellows for special studies in the U.S., marking the beginning of a tradition that has resulted in more than 100 Taiwanese physicians and scientists receiving similar support during subsequent years. The Taiwan chapter, established on Dec. 12, 1987, at the time of the NIH Centennial, is made up of approximately 80 of these individuals. The chapter was one of the first to be established, and has had an active program including the holding of annual scientific meetings.

The celebration was organized by the NIHAA Taiwan chapter, and the Taiwan NIH fellowships committee. It was sponsored by the College of



Among those attending the banquet in honor of the 30th anniversary of Taiwan's first association with NIH were (from l) Juliana Lue, Dr. Po-Ya Chang, director-general, Department of Health, Republic of China; and Dr. Hung-Chi Lue, chairman, NIHAA Taiwan.

Medicine, National Taiwan University, the National Department of Health, the National Science Council, and the Bristol-Myers Squibb Co.'s Taiwan Pharmaceutical Group. The highlight of the celebration was a scientific symposium, the Fifth NIHAA Taiwan Scientific Meeting. Of the three original fellows who received awards in 1962, two are still living and participated in the celebration: Dr. Chin-Yun Lee and Dr. Chuan-Chiung Chang.

The symposium included the following presentations: "Primary immunodeficiency disease in Taiwan," by Dr. Kue-Hsiung Hsieh; "Patterns of genetic disorders and approaches for genetic health promotion in Taiwan," by Dr. Tso-Ren Wang; "Bone marrow transplantation in the treatment of leukemia and thalassemia," by Dr. Yao-Chang Chen; "Human gene therapy for immunodeficiency and cancer," by Dr. Kenneth W. Culver; "Pathogenesis of Guillain-Barré syndrome," by Dr. Carol Lee Koski; "Neuromuscular paralysis by toxins and nerve gases," by Dr. Chuan-Chiung Chang; "Surface antigenic variation in *Giardia lamblia*," by Dr. Theodore E. Nash; "Infectious course of *Giardia lamblia* virus," by Dr. Jung-Hsiang Tai; "Targeting the glycosome," by Dr. Ching-Chung Wang; "Hypertrophic cardiomyopathy in the pig," by Dr. Si-Kwang Liu; "National laboratory animal breeding and research center: Its role and function in biomedical research in Taiwan," by Dr. Chou C. Hong; and "Current trends in the utilization of animals in biomedical research and testing," by Dr. Joe R. Held.

During the week before the symposium, the U.S. visitors had the opportunity to visit the National Department of Health, the National Taiwan University Hospital, the Veterans General Hos-

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The NIH/NIHAA contingent on the steps of the Institute of Molecular Biology, Academia Sinica, were (from l) Dr. Joe R. Held, NIHAA president; Dr. C.C. Wang, Director, Institute of Molecular Biology; Dr. Kenneth Culver, NCI, Dr. Theodore Nash, NIAID; Dr. Carol Koski, University of Maryland School of Medicine; and Dr. Ming-Yang Yeh, NIHAA Taiwan.



The NIH Taiwan chairmen at the banquet were (from l) Dr. Hung-Chi Lue, 1990-1992; Dr. Joe R. Held, NIHAA president; Dr. Chen-Yuan Lee, 1987-1988; and Dr. Po-Chao Huang, 1988-1990.



Participants in the NIHAA Taiwan scientific meeting held in observance of NIH Taiwan 30th year anniversary, which took place on Feb. 22, 1992, met at the College of Medicine, National Taiwan University, Taipei, Taiwan, Republic of China.

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pital, the National Defense Medical Center and Tri-Service General Hospital, the Academia Sinica's Institute of Biomedical Sciences and Institute of Molecular Biology, and the Pig Research Institute of Taiwan.

There was a good deal of evidence of the emphasis being given to biomedical research as a national priority. The visitors found an impressive array of research activities and resources for their support. Among those with whom they met was Dr. Chen-Wen Wu, who has recently returned to Taiwan from the U.S., where he was most recently on the faculty at the State University of New York at Stony Brook, to become director of the Institute of Biomedical Sciences. Moreover, the director-general of the Department of Health has given him the added responsibility of heading a staff that is planning a new National Institute for Health Research.

Besides visiting biomedical facilities, the visitors also had the opportuni-

ty to become acquainted with some of the country's cultural heritage and beautiful scenery. Prominent in this regard was a visit to the National Palace Museum, which contains one of the world's greatest collections of historical Chinese artifacts.

Upon his return, when reporting to the NIHAA Board of Directors on the visit, Held said, "This was an outstanding opportunity to reinforce our ties with our colleagues from another country who had a common bond with us, not only because of our past connections with NIH, but also because of a dedication to work that will continue to improve the health and welfare of peoples everywhere. The NIHAA can play a special role in helping to maintain the ties that were established through the NIH visiting and fellowship programs, and thus reinforce the types of contacts that will strengthen biomedical research throughout the world. The Taiwan chapter deserves special recognition for having been one of the first NIHAA

chapters, and for the active program that it has developed for continuing exchange of scientific information. It has set a good example for many others. Not only did we find this to be a beneficial experience, but also an especially pleasant one, thanks to the warm and friendly hospitality of our hosts."

Just recently the Taiwan Chapter, NIHAA, elected Dr. Cheng-Wen Wu, president; and Dr. Ding-Shinn Chen, vice president for the years 1991-1995.

The DeWitt Stetten, Jr. Museum of Medical Research plans to open three exhibits this fall in the Clinical Center (Bldg. 10):

1. *The World of Medical and Scientific Instruments*
2. *Synthetic Opiates: Man-Made Pain Relievers*
3. *Supercomputing in Medical Research*

## Science Research Updates

### **INCREASED RISK OF BREAST CANCER FROM RADIATION TREATMENT IS SMALL**

Radiation treatment for breast cancer contributes very little to the risk of developing cancer in the opposite breast, according to a report by the National Cancer Institute, published in the Mar. 19, 1992, *New England Journal of Medicine*.

Researchers compared the exposure to radiation therapy in two groups of women diagnosed with breast cancer between 1935 and 1982. One group consisted of 655 women in whom a second cancer had developed in the opposite breast at least 5 years after the initial mammary tumor. The other group comprised 1,189 control patients with breast cancer who did not develop a second tumor. The patients were matched by age, year of initial diagnosis, race, and length of survival.

Overall, only 23 percent of those who had received radiation therapy developed cancer in the other breast, compared with 20 percent of the control group. Among women who survived for at least 10 years, radiation treatment was associated with a small elevated risk of a second breast cancer, which increased significantly with the dose of radiation. The women treated with radiation for breast cancer before age 45 had a 60 percent greater chance of developing a tumor in the opposite breast than same-age women who did not receive radiation for their breast cancer. Radiation exposure after the age of 45, however, when the majority of breast cancers are diagnosed, posed minimal risk.

Regardless of the type of treatment received, women with cancer in one

breast have approximately a 200 percent increased risk of developing a second primary tumor in the other breast compared to women without the disease. Radiation was once commonly used as a part of treatment after mastectomy, but currently is used most frequently as localized treatment after lumpectomy as primary therapy for women with early stage breast cancer.

Therefore, according to NCI's Dr. John Boice, Jr., principal investigator of the study, the results provide "reassurance that the breast cancer risk from radiation treatments is small," and should not be a factor in the selection of therapy. "It seems prudent, however, to try to minimize the radiation exposure of the opposite breast whenever possible during treatment, particularly for women less than 45 years of age," said Boice.

### **RATE OF ASYMPTOMATIC SHEDDING OF HERPES SIMPLEX TYPE 2 IS HIGHEST FOLLOWING INITIAL INFECTION**

A study of young women with genital herpes has shown that asymptomatic shedding of herpes simplex virus (HSV) type 2 occurs most frequently during the first 3 months after the initial episode of infection.

The study, funded by the National Institute of Allergy and Infectious Diseases, was conducted by Drs. David Koelle, Lawrence Corey, and colleagues at the University of Washington in Seattle. Of 306 women with a first symptomatic episode of genital herpes, 43 had primary HSV type 1, 227 had primary HSV type 2, and 36 had prior oral-labial HSV type 1 and had recently acquired their first infection with HSV type 2. Cultures for HSV were obtained every 4-6 weeks, during times at which no lesions or

symptoms were present. The median follow-up was 63 weeks.

The overall rates of asymptomatic shedding from any site were significantly higher for women with HSV type 2 compared with those from type 1 infection. Asymptomatic cervical shedding, however, was three times more frequent early after primary HSV type 2 infection—during the first 3 months—than later. The frequency of asymptomatic reactivation after primary HSV type 2 infection decreased over the course of follow-up, but the rate of symptomatic recurrent herpes did not change over time.

Study findings suggest that the risk of exposure to HSV type 1 via sexual activity, whether from contact with genital lesions or unwitting contact with asymptomatic shedding, is less than that of type 2. Asymptomatic HSV type 2 is more common than type 1. The researchers recommend, therefore, that patients be counseled as to the importance of the routine use of condoms to prevent transmission of infection to sexual partners, particularly during the 3 month period of highest risk.

Results of this study were published in the Mar. 15, 1992, issue of the *Annals of Internal Medicine*.

### **SUPERVISED WALKING AND EDUCATION FOUND BENEFICIAL IN OSTEOARTHRITIS OF THE KNEE**

A supervised program combining fitness walking and supportive patient education for individuals with osteoarthritis of the knee can improve function without worsening disease-related symptoms or pain. This was the finding of a clinical trial supported by the National Institute of Arthritis and Musculoskeletal and Skin Diseases, published in the *Annals of Internal*

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*Medicine*, Apr. 1, 1992.

Dr. Pamela Kovar and her colleagues at the Cornell Arthritis and Musculoskeletal Diseases Center, Hospital for Special Surgery in New York and at the Medical College of Georgia in Augusta evaluated the effects of an 8 week program of supervised fitness walking and patient education, compared with standard medical care. The 92 patients in the study were between 40 and 89 years of age, with chronic osteoarthritis of one or both knee joints associated with a history of symptomatic knee pain during weight-bearing activities.

Forty-seven patients participated in a program consisting of three sessions per week of light stretching and strengthening exercises, education designed to motivate physical activity, and up to 30 minutes of walking.

After 8 weeks, the researchers used the Arthritis Impact Measurement Scale to assess the functional status, complaints of pain, and use of medication of these patients, along with a walking distance test, and compared the results with those of 45 patients who had received routine medical care only.

The patients assigned to the walking program had an average 18.4 percent improvement in walking distance relative to their pre-intervention assessments. In contrast, those who had not participated in the program showed a decrease in distance walked relative to their earlier measurements. The walking group also had a 39 percent improvement in functional status, a 27 percent decrease in pain, and reduction in the use of medication.

The researchers believe that these findings provide compelling evidence of the potential value of supervised fitness walking in conjunction with supportive education in managing patients with osteoarthritis.

### **INCIDENCE OF ASTHMA IS INCREASED IN CHILDREN OF MOTHERS WHO SMOKE**

Children are at increased risk of developing asthma if their mothers smoke 10 or more cigarettes per day and have 12 or fewer years of formal education, according to a study supported by the National Heart, Lung, and Blood Institute.

Scientists at the University of Arizona College of Medicine in Tucson, led by Dr. Fernando Martinez, conducted a longitudinal study of 786 children, enrolled when younger than 5 years of age, to determine the relationship between parental smoking and both subsequent incidence of asthma and status of lung function before the age of 12.

They found that children of mothers who had 12 or fewer years of education and who smoked at least 10 cigarettes a day, were 2.5 times or 70 percent more likely to develop asthma, and had 15.7 percent lower values on a test of lung function than children of mothers at the same education level who smoked less or were non-smokers. In contrast, however, maternal smoking had no significant effect on the subsequent incidence of asthma or status of lung function in children whose mothers had more than 12 years of education. It is possible that increased exposure to air-borne allergens, as well as nutritional factors, may make children of less educated mothers more susceptible to the adverse effects of passive smoking.

The findings suggest that many cases of childhood asthma could be prevented if smoking cessation efforts were aimed especially at less educated women of childbearing age, among whom there has been an increased prevalence of smoking.

Study results were published in the Jan. 1, 1992, issue of *Pediatrics*.

## **CALENDAR**

### **May to July**

An exhibit on "Images of Hospital Pharmacy in America," commemorating the 50th anniversary of the founding of the American Society of Hospital Pharmacists will be on display in the front lobby of the NLM (Bldg. 38, 8600 Rockville Pike) from May 28 to July 28, 1992. The exhibit is mounted in collaboration with the Smithsonian Institution and will include books, documents, photographs and artifacts. For more information about the exhibit contact the History of Medicine Division, NLM, (301) 496-7976.

### **June**

The third "Town Meeting" is scheduled for Monday, June 29 in Masur Auditorium, Bldg. 10 at 1:00 p.m. Speakers will be Rep. Connie Morella (R.-Md.) and Judith Martin, a.k.a. Miss Manners.

### **September**

1992 NIH Research Festival  
Sept. 21—NIH/NIAID Alumni Symposium on Monday morning from 8:45 to 12 noon in Masur Auditorium, Bldg. 10.

Sept. 21 and 22—Additional symposia, workshops and coordinated poster sessions.

Sept. 24 and 25—Technical Sales Association Scientific Equipment Show in Research Festival Tents.

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

## MacArthur- Some Glimpses

By Dr. Roger O. Egeberg

*Editor's Note: Dr. Egeberg is a senior scholar in residence at the National Academy of Sciences' Institute of Medicine, and a member of NIHAA's Board of Contributing Editors. In this essay, he shares with us his reminiscences about Gen. Douglas MacArthur. On June 4, Egeberg appeared on CBS television talking about his World War II experiences.*

I first met General MacArthur in a swamp. I was in the right on a one-way road but in a last minute decision, I allowed him to stay dry while I got wet.

I was Surgeon of the Command in Milne Bay, New Guinea, early in World War II. Among my responsibilities was staging (finding a temporary home for) small hospitals on their way to support the fighting on the north coast. The plain was just above high-water level, and sudden torrents from the Owen Stanleys often flooded large areas.

Exploring the jungle, I had found a few acres of safe land. To use it I had to get permission from the Sixth Army, which was responsible for making New Guinea ours.

My headquarters was about 8 miles from the Sixth Army headquarters. On arriving, the Sixth Army Surgeon agreed that I should have two acres but he suggested I see the Chief Engineer, who in turn insisted I see the head of Signal Corps, who passed me along to G-1, G-2, G-3, and G-4. Seven visits—the day shot. I started home angry.

There was a stretch of about a half mile of one-way road. I entered it headed in the right direction. Soon, I saw approaching me six jeeps. "Some of those damn Sixth Army colonels coming the wrong way on their own road; I'll show them." With my head lowered, I continued my course, but soon



Dr. Roger O. Egeberg

decided I didn't want to hit the front jeep too hard. I looked up to judge the distance and saw on the front jeep, less than a hundred feet away, a red placard with four stars on it. In the vehicle were General MacArthur and General Krueger!

I gave my steering wheel a hard turn off the road, jumped out and managed a salute as both the jeep and I slowly sank into the swamp . . . and the cavalcade passed by. MacArthur was the only one who returned my salute. He was pretty close and I detected a slight smile on his face.

Half an hour later a soldier, driving one of our 6-wheel trucks, pulled my sinking jeep back onto the road.

About 20 minutes later I was stopped by a truck dumping rocks into a low spot in the road. Before the truck had finished, a jeep tried to pass me. That stopped the truck and created a three-vehicle traffic jam. I turned to the other jeep and shouted, "You goddamned sonovabitch, can't you see . . ." At least this time it was only a two-star general. I weakly pretended to be cursing my engine as I backed off down the road.

I was formally introduced to MacArthur in Brisbane, Australia, some months later. I had returned to Australia after a year in Milne Bay and was called in to see Gen. George Rice,

the chief medical officer in GHQ. He told me that MacArthur was looking for a doctor and wanted to interview a few. I was startled but responded, "I don't want to be his doctor. He's the cause of all our troubles in Milne Bay. The same food each day for 3 months. Not enough bulldozers. Not enough jeeps. No oil for the control of malaria. And a Sixth Army Headquarters that's too demanding."

He was as amazed at my answer as I had been at his request. "Egeberg, you're talking awfully goddamned big. Go back to your quarters and talk with some of your friends; and come back to see me tomorrow morning at 9 o'clock."

I did. The next morning, apologizing for my hasty answer, I told Gen. Rice I would be honored to serve as the general's physician if chosen.

The next day a colonel took me into the office of the acting chief of staff. "Lieutenant Colonel Roger O. Egeberg 0400234 reporting for an interview with General MacArthur," I saluted at attention as my driver had instructed me. Then I saw the two stars on his shoulders and had a good look at his face. It was the "sonovabitch." "We have met before," he muttered, not looking at all happy. "Yes sir. Milne Bay, New Guinea, sir." "I remember well, and if the general takes you on, I trust you will never use such language in his presence."

I entered a large room and there was MacArthur striding toward me with his hand outstretched and a welcoming smile on his face. He wanted to know about my background and was particularly interested in my year behind the Himalayas at the age of 20.

He started telling me what he hoped I would do as the doctor for the officers of GHQ. I had thought this was just an interview, but gathered I was in and found that I was thrilled. He hoped I would start a small dispensary for the

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officers to get initial health care, and wanted me to take care of him and "Jean and Arthur."

"You know, my officers are under a particular strain. They don't have the opportunity to relax and some of them begin to feel the strain. I want you to get to know these officers, know them well enough so you can determine if any should be relieved for a week or two, possibly a visit home if you think it indicated." He kept that word.

My first landing with the general was the most exciting one. It was in the Admiralty Islands. I had been his doctor for 3 months, had set up the dispensary and had begun to ask myself, "Is this just a posh job?" when Larry Lehrbas, the general's senior aide, told me that we would be joining the general on a landing and would be leaving in 3 days.

We flew to Milne Bay and, with a fair amount of saluting, boarded the cruiser *Phoenix*—the general, Adm. Thomas Kinkaid (head of the Seventh Fleet), Larry, and I. The ship left immediately and was out of Milne Bay heading north within the hour.

We anchored in the Finschhafen Roads. The general wanted to see the western part of the island of New Britain on which the Marines had landed a week or two earlier and by now had taken much of the western tip. We went ashore and walked inland about a half mile. "The Marines fought hard for this piece of ground," he said with admiration.

That evening we dined in his cabin with white cloth, shining silverware, and thin glassware.

I was awakened the next morning and joined the general in the dining part of his quarters about 5:00. After breakfast, in the predawn darkness, our 6-inch guns started bombarding the shore 6 miles off our port side. The luminescent rear ends of the shells traveled shoreward, disappeared from sight and

were soon followed by an explosion among the palm trees. We watched a landing barge leaving the LCI (landing craft infantry) that was near us. Then it was daylight but under a heavy overcast.

A landing craft appeared at our side and the general started toward the gangplank. We knew enough to precede him at that point, and I first and then Larry went down the steps. I found myself standing near the middle of the craft. It was a relatively quiet sea so the general easily made the transition from the gangplank to the landing craft. I thought it was time to sit down and sort of get behind the gunwale.

As we headed into the landing area, a soldier told us that the coxswain of an earlier landing craft had been killed at this place by machine gun fire. I longed to sit down, but the general remained standing and was looking keenly ahead.

I remember vividly the thoughts that went through my mind. Here we are, standing up when we could be down behind the steel sides of our craft, and there to the right of us is the point where the machine gun was supposed to be located. I thought I might drop my handkerchief and lean down to pick it up and hope that if any shooting started it would start at that moment. But I realized that if I once stooped over, I would probably not have the courage to stand up again, so I remained standing.

We touched the beach and the front of the landing craft was lowered. Immediately, MacArthur was met by Gen. William C. Chase, who was in command of this part of the First Cavalry Division. We continued forward to a landing strip, passing two places where men were setting up machine guns in shallow scooped-out holes and protecting them with palm tree trunks. The general stepped over the guns and was soon on the airstrip. He walked out onto it and I continued

at his side, being on his left—the appropriate military position—which now put me between him and the far side of the strip. It was drizzling and we walked down the strip a hundred yards or so.

Several shells had landed on the runway, and there were two dead Japanese soldiers. We went over to look at them, the general hoping to find some evidence of the kind of outfit to which they belonged. But they were both naked except for their shorts. As the general started back, I moved over to his right side between him and the other side of the strip, and at that point I heard Japanese voices in the woods just a couple of hundred feet away from us. Somebody who was all "spit and polish" suggested that I get over on the other side of the general, but the general heard him and said he understood why I was there. We all too slowly walked back to the beach.

The general had a final conversation with Chase, and they agreed that the Japanese would make an assault across that airstrip as soon as their reinforcements arrived. They discussed the firmness of our soldiers' perimeter and then we returned to the *Phoenix* and a late lunch.

I asked the general why he continued to walk up the strip when he heard Japanese voices right on the other side of it. His answer was, "Doc, those men are waiting for reinforcements from the lower end of See-Adler Bay, a few miles away before they make an assault. Some time late this afternoon they will make that charge." And they did. We killed over 600.

The next landing was a great one, the first of three, with a convoy stretching out of sight both forward and aft, as we made a feint toward Palau and then, during the night, came south and aimed for Hollandia. There we made an easy landing early in the morning, having advanced our position by 500 miles.

Months later we invaded the Philippines. There, on Leyte, we landed four divisions abreast with many hundreds of ships, transport and fighting, stretched along 25 miles of Leyte's shore.

It was on Leyte during our landings that General MacArthur, with President Osmeña at his side, announced, "I have returned." MacArthur, familiar with the Orient, had known that his promise "I shall return" carried more weight with the Filipinos than if he had said, "The United States Army will return" or "The Americans will return."

It was an unpleasant 3 months. The general had established his own quarters in the Price House, which the Japanese knew, and two or three times a week as we were eating dinner we would hear the beginning of a power dive by a Japanese fighter plane. We knew what it was diving at, and when it passed the climax of its sound, we knew we had to wait several seconds to find out how close the small bombs were. MacArthur would talk about other things during these short fear-some episodes, but every one of the rest of us wished we could have been in a hole in the ground. The bombs usually landed within 200 yards of our dinner table.

Not long after we landed, at a large gathering of the military on the steps of the Leyte capitol, MacArthur ushered in civilian rule to the Philippines.

It was the rainy season, and for the next 3 months Leyte was mud. We were confined pretty much to Tacloban, the capital of Leyte.

Our next gigantic convoy landing was in Lingayen Gulf at the north end of the main valley of Luzon, about 300 miles north of Manila. This convoy passed within 80 miles of Clark Field, which was held by the Japanese and loaded with kamikaze pilots. These pilots were already committed to death. They were expendable, like shells, and

were being used in that same deadly way. The kamikazes hit many of our ships and sank a number, one a small carrier near us. In Lingayen Gulf, our naval bombardment had driven the Japanese and the civilian Filipinos about 10 miles inland, so our landing was really without opposition anywhere near the shore.

On Luzon, MacArthur could travel about in his jeep, and did, but he was hampered by crowds of Filipinos that would gather about him whenever he stopped. On walks taken from his headquarters he was very soon leading a parade. He had promised Admiral Nimitz that we would have established ourselves on Clark Field by a certain date so we could send bombers to help the Central Pacific Forces when they took Okinawa, the large island between the Philippines and Japan.

As that time approached and we had not taken Clark Field, where we met great Japanese resistance, MacArthur

became anxious about keeping his word. He wanted to know where our troops were each day, and felt that getting his information through Gen. Kreuger, in charge of all the operations, delayed knowledge of their positions by at least a day. So on several occasions he sent me up to see where the fighting was going on, which I found out by arriving at the point where there would be four or five visible land mines lying on the road, our land mines. At other times, I got my information from the sound of machine gun and mortar fire near at hand.

Anxious to report that our men were on Clark Field, even a corner of it, MacArthur went out in his jeep, taking me along, to see for himself just where our front was. The second day, his exploration showed him just where the fighting was.

The driver, the general, Larry, and I were in the jeep when the general saw

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At Clark Field on Jan. 27, 1945, Gen. Douglas MacArthur (r) surveys the scene with Col. Larry Lehrbas (l), his senior aide, and Dr. Roger Egeberg (c).

(continued from p. 19)

a broad path entering a sugar cane field. The sugar cane was taller by far than the jeep. He said, "Doc, this must lead to one of our observation posts. Keep an eye out for any wire that's running alongside." I could hear machine gun fire and cannon fire that sounded pretty close. A wire did appear on the left-hand side of our path, and the general and I saw it at the same time. He told the driver to follow it, and I said, "General, that doesn't look like one of our wires. It's too small. It could be leading us to a Japanese position." His look at me said, "Bosh."

The firing became louder and closer and suddenly we shot out of the sugar cane into an open area. We had hit the front. On a hill at our left, there were several Japanese machine guns shooting at three cannon immediately on our right. The cannon were obviously shooting pointblank at the machine guns, and we were almost under the trajectory of the firing. This was perhaps the only time I heard the general yell. The driver had not slowed down and MacArthur shouted, "Back up, back up," which we did almost without stopping. On our return trip to San Miguel, MacArthur said, "You know, I don't think Clark Field was very far away from that engagement." The following day, we had troops on a large part of the field.

The general's eyes always seemed a bit brighter when he started forward to a point of active fighting. He ignored sniper fire and never crouched. I could describe a number of incidents showing his fearlessness on such occasions but will just tell of our return to Bataan.

He told Larry and me of our goal the night before his return to the scene of the earlier "death march" following the surrender of our troops to the Japanese. MacArthur was up early and we were

off before daybreak. We had with us a jeepload of BAR men (Browning automatic riflemen) and were crossing the Papangas—a rich farm and fish pond area at the southern end of the Luzon valley.

As dawn came, the Zambali Mountains loomed ahead, and the general, looking toward their tops and then to the south, said something he was



**Gen. Douglas MacArthur (I) with Dr. Roger Egeberg when they returned to Bataan in 1945.**

impelled to say again that day. He pounded his chest and said, "You don't know what a leaden load this takes from my heart." He was becoming emotional, and I realized the many pictures and images that were shaping up in his mind. He pointed to the slopes of Santa Rosa Mountain: "Doc, if I were the Japanese, I would be collecting a force up there to harass and delay us—guerrillas, and I'll bet that's what they are doing right now."

We were passing peasants bringing

produce to the markets that lay behind us, the women with baskets of vegetables on their heads, and pairs of men carrying animals suspended from poles resting on their shoulders.

We came to the headquarters of the 38th Division, which had just fought its way up from Subic Bay in a long, tough engagement over the zigzag pass. They were getting ready to start down the east shore of Bataan. They told us that the Japanese were present in strength on the east side of the Bataan peninsula, and officers of our own headquarters and from the 6th Army Headquarters who had joined with correspondents and another load of BAR men to follow us did their best to dissuade the general from going further. The general was determined to continue and invited Gen. Hall to join Larry and me in the back seat of his jeep. Soon, we left farmland behind and entered a jungle that crowded in on us as we started down that fateful cobblestone road.

Several miles down the road with the jungle occasionally opening up a bit, we came to the division's forward position at the edge of a small field. They had within the past hour turned back a Japanese banzai attack, and in the field in front of us there lay 25 to 30 dead Japanese. Ponchos covered our 3 dead. The command car, two jeeps, and whatever else our small detachment had were still burning.

The solemn, sad looks on the faces of the five or six remaining troops were certainly not affected by our arrival. After acknowledging what he saw, the general talked with the commanding officer, an infantry captain, and asked him about the situation and, specifically, if he had any men forward. Our officers, seeming to realize what was going through the general's mind, tried one last time to dissuade him from going any farther. It was to no avail, and the

general said, "I'll take my own patrol. Doc, Larry, ready your carbines." He invited Gen. Hall (commanding general of the 38th Division) to join us, and we started on. We soon came upon the two point men, one on either side of the road. They told us they thought there were many Japanese ahead, but they didn't know how close. We went on 2 or 3 miles, now down to three jeeps. We came upon a small open area with a machine gun pointing at us from the other side. There was a pot of rice cooking, but no Japanese. They had left in a hurry.

We continued on, then heard over a walkie-talkie that a hundred Japanese coming across the bay from Manila had landed between us and the headquarters. We were finally and fortunately stopped by a destroyed bridge at least 15 miles below the 38th Division Headquarters. Here we were almost strafed by two of our own P-38s, which after observing from high up came down to strafing level before recognizing us as friends.

Long before the war was over, the general started telling me what he expected to do when the Japanese surrendered. It was before the atomic bombs had been dropped on Hiroshima and Nagasaki. And while we were planning the final attack on Honshu Island, he was also making plans for democratizing Japan. One day he suddenly said, "Doc, the Emperor is going to be very important to us in Japan, and his word can make a tremendous difference to the future of Japan and to our troops there. I shall ask him to appoint a cabinet of a highly military nature—generals, admirals, and the civilians who were part of the ruling hierarchy. I can imagine the public criticism that I shall get, but Doc, how are we going to demobilize their entire army—5 or 6 million men—and abolish their staff corps? We need that cabinet to do

those two jobs, and that will end the militarism."

On a later occasion he reminded me of our previous conversation and said, "I have a couple more cabinets for the Emperor." I don't remember the sequence of the cabinets but one of the early ones was to be the rich landowners of Japan, through whom he intended that the Emperor embark on a great agrarian reform. The next cabinet may have been the great industrialists of Japan whom he wanted the Emperor to persuade to handle their labor relations in a democratic way in the future. And in another cabinet there would be the question of suffrage, universal suffrage. MacArthur was making these plans while we were still fighting on Luzon and on Okinawa. All of these plans he carried out when he got to Japan.

The atomic bombs were dropped. The Japanese surrendered and we landed peacefully in Japan. MacArthur waited 10 or 12 days for the Emperor to suggest that he call on the general. He knew in his own mind that he should give the Emperor the opportunity to open the talks. This was what he had been waiting for. He personally was seeing to the arranging of the furniture for this first visit in the Great Hall of the Embassy, with my help, when we heard the Emperor's car on the gravel of the driveway. "Oh, I forgot to have a guard stationed at the door. Doc, you go out and greet him." He started to tell me what to do, then said, "Oh, you know what to do." So I went to the door, walked out and met the Emperor, who looked exactly like all the pictures I had seen of him—impassive face and wearing a cutaway. I greeted him seriously, warmly, and knew enough not to offer a handshake. I opened the door to the Embassy and there was MacArthur coming toward him with his hand outstretched, much the same as it had been when I first entered his office.

### **Book Brief**

**Ruth Roy Harris.** Foreword by **Dr. Harald Løe**, *DENTAL SCIENCE IN A NEW AGE*, A History of the National Institute of Dental Research. Iowa State University Press, 1992. 496 pp.; 68 illus., hard-cover/jacket, ISBN 0-8138-1322-0, \$42.95 (Published by Montrose 1989; acquired by ISU Press, 1990).

The author, Ruth Roy Harris, senior historian of History Associates Inc., recounts events leading to and the actual creation of the NIDR; scientific, professional and political factors influencing its evolution to date; and the significant advances in dental science attained under its auspices.

The first chapter provides an overview of the history of dentistry—from Babylonian exorcism and Chinese recitations to remove the worms that caused tooth decay to Egyptian false teeth and Etruscan dental crowns and bridges. It covers the beginning of modern dentistry by the French in the 1600s to the rise of dental public health in the United States.

The remaining chapters describe the growing involvement of the federal government, the formation of the NIDR, and the emergence of dental research into the mainstream of biomedical research. The values and controversies of fluoridation are documented. So, too, are the contributions dental research is making to an understanding of the human genome, to the origin and metastasis of cancer, to genetic diseases, to infections like AIDS, and to basic studies of normal development, maturity, and aging of tissues.

*Women (continued from p. 1)*

Panelist Dr. M.A. Ruda, chief of the cellular and molecular mechanisms section in NIDR's Neurobiology and Anesthesiology Branch, verbalized the alien feeling.



"Standing here as part of this panel on gender barriers," she began, "I find myself in somewhat of an uncomfortable position because typically when I'm in a lecture hall addressing an audience, I have a carousel of slides, a darkened room and a lot of data to present. I'm somewhat ill at ease discussing gender barriers at NIH."

So instead of speaking before the usual darkened arena, which normally provides a kind of artificial shield from the audience, the panelists were met with a well-lighted forum overflowing with a variety of spectators—the curious, the skeptical, the enthusiastic and the candid.

The tone for discussion was set early on by the first panelist—a 36-year veteran of NIH and the first woman director of an NIH institute, Dr. Ruth Kirschstein.

She told of her early days as a Clinical Center pathology resident and how after several years at the laboratory bench, she became a lab chief in 1965, and assistant director in 1972 of what



was then NIH's Division of Biologics Standards. Her research career progressed further when the division was transferred from NIH to FDA, where Kirschstein assumed the position of deputy associate commissioner for science. After 2 years there, she missed NIH and decided to return. She contacted some of her former supervisors here, provided her CV and was told there were no open positions here at that time.

However, Kirschstein said, she knew of an opportunity and wasted no time suggesting it. A search committee had been formed to find a replacement for the newly vacated position of director of the National Institute of General Medical Sciences.

"So I asked about the position and was told, 'Oh, I hadn't thought of you for such a position,'" Kirschstein recalled. "So I looked at them and I said, 'Well, why don't you?'" She became the first woman director of NIGMS on Sept. 1, 1974.

"The importance of that story," she said, "is not that I got the position. It's that 20 years ago, by forcing the persons in charge to think about anyone who was qualified—woman, minority, man, whoever—they did so. We must make the system work properly."

That, said panel moderator Dr. Joan Schwartz, chief of the molecular genetics section of NINDS's Clinical Neuroscience Branch, is why the Office of the Director committee on the status of intramural women scientists was formed. Consisting of 12 members—4 men and 8 women—from NIH's intramural science community, the committee sponsored this panel discussion as one of its first orders of business.

Representing NIH director Dr. Bernadine Healy, who was testifying at a congressional hearing, Dr. Vida Beaven, NIH assistant director for program coordination, said Healy "is

supremely committed to the NIH intramural program and to the advancement of women in science, not only women here on NIH's campus but also women in the biomedical sciences nationwide."

Beaven, whose career also began in intramural NIH, cited the institution of "town meetings" to hear firsthand the concerns of the intramural community and the appointment of Office of Research on Women's Health director Dr. Vivian Pinn as evidence of Healy's commitment.

According to numbers presented by Schwartz,

NIH's women scientists with doctoral degrees are underrepresented in top research positions here. A graph showing the number of intramural



men and women in tenured scientific positions NIH-wide indicated that not many women researchers advance past a certain grade level. In fact, the numbers revealed that a declining percentage of women move from GS-13 to 14, even fewer to 15 and almost none to the Senior Executive Service level. GS-12 is the lowest grade level for a doctoral scientist.

In contrast, few men scientists below grade 13 were charted. Approximately 790 male researchers have positions at the GS-13 level or above, while about 175 female researchers occupy such positions.

Schwartz then presented data, obtained by the NIH Office of Education, showing that nearly 51 percent of high school seniors interested in pursuing academic science careers are female. These figures seem to indicate that young women are at least as interested

as men in research as a career. In addition, 35 to 40 percent of medical and graduate school students are women and 20 to 30 percent of medical school faculty or other biological science positions are held by women.

A comparison of the genders in NIH's intramural community showed women trailing significantly: NIH has no women scientific directors. Fewer than 5 percent of NIH lab chiefs and fewer than 20 percent of section chiefs at NIH are women. More than 80 percent of the tenured science positions—lab chief, section chief, tenured investigator, and collaborative investigator—at NIH are held by men.

Schwartz cautioned that the data represent information from only 17 of NIH's 21 institutes, centers and divisions; four remaining ICDs have not yet provided survey responses.

"But the real question is," she continued, "why are the numbers the way they are? The committee's charge is to determine whether there are biases underlying these numbers."

The committee will address several specific issues including the relative pool sizes of women and men for tenure actions, the length of time between promotions for each sex and the possible existence of gender barriers to lab chief or Senior Executive Service positions.

Kirschstein pointed out that the issue of parity for women scientists is far broader than intramural NIH and stretches across the nation. "It is an issue that will continue to be addressed in larger arenas," she said, adding that she has participated in several panel discussions outside NIH with similar topics.

Drawing a spate of applause, another panelist, Dr. Lynn Gerber, chief of CC's rehabilitation medicine department, explained the state of affairs in a nutshell.

"Our country has been extremely

fortunate in being able to tap an extremely rich human resource and mobilize a very well educated, highly motivated and very committed group of people into activities that this country desperately needs," she said. "That is, it's been able to mobilize women at, in my view, below-market value. I think it has done this with very little regard to the protection and preservation of this invaluable resource."

Panelist Dr. Mary Anne Robinson, a senior investigator in NIAID's Laboratory of Immunogenetics, said she would like to see more women scientists in leadership positions.

"As I look beyond where I am now," she said, "I feel less sure of what is to come. I see so few women role models."

Suggesting another area where gender-based research could be focused, Dr. Judith Rapaport, chief of NIMH's Child Psychiatry Branch, asserted that most of the women in top science positions may have a common link that has been overlooked before now: spouses who are also high-level researchers.

"Opting for a research career is opting for a much less flexible career," she said, citing the intensity and commitment of a science career. "I submit that, just on the nature of making every hour count, life is often more livable



when two spouses are in the same area" and have the same social circle.

Rapaport's husband is also a scientist.

The self-described most junior member of the panel, Dr. Susan Swedo,

a senior staff fellow in NIMH's Child Psychiatry Branch who has not yet attained tenure, characterized her experience



on campus. "At this point in my career I haven't felt hampered because of my femininity," she said. "As a system, NIH is not a discriminatory organization. But perhaps the hierarchical system, where your lab chief has complete control over your destiny, could contribute to sexual discrimination in some cases."

Because lab chiefs are judged by their productivity, she continued, it seems self-defeating for them to hinder their employees' productivity with sexually discriminatory behavior. "But the lack of a network and the fact that unilateral power occurs could present situations where [discrimination] happens."

Swedo said that while actual discrimination or harassment seem rare on campus, sexual improprieties are all too common and have happened to many women here, in her experience. "It doesn't seem to interfere with tenure and promotion," she explained, "but I think it may contribute to the desire to seek a more tolerable career position."

Equating the occurrence of improprieties to the annoying lack of parking, Swedo said, only half-jokingly, "None of us is going to give up a career at NIH because we can't find a stupid parking place if we arrive a couple

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minutes later than normal, but it certainly contributes to starting your day off wrong, a lack of productivity and really a general feeling of 'There's got to be a better way.'" As examples, she told of interviews in which women were asked if they were planning to get pregnant anytime soon or of male interviewers who told women outright that given the choice between two applicants, one a mother, they would "obviously" choose the one without a child.

Suggesting that NIH strive to be a gender-neutral workplace, Swedo said, "The goal should be that at NIH there are no women scientists or men scientists, but only NIH scientists."

One way to help achieve the goal, she said, is for women to learn to compartmentalize their lives. "When you're at home," she said, "you're at home. When you're at work, you're at work. You need to maintain the same professional barriers that men do."

Finally, Swedo advised women to become aware of not only what is said, but also the way it is said. "The other thing I've noticed is that men demand things and expect things, but women request things," she noted, adding that the nurturing instinct generally ascribed to women does not translate well in the work environment. "We really need to put ourselves first, to be our own best advocates. It's your responsibility to make yourself seen and heard."

Ruda agreed that the two genders often approach their work from different perspectives and there are several reasons for the differences. "Women tend to wait for recognition of their work instead of promoting their professional successes," she said. The female personality tends to be accepting rather than argumentative. Women who do speak out frequently are seen as aggres-

sive whereas men in the same situation are [seen as] strong and outspoken."

The solution, Ruda suggested, is in educating both genders on perceptions of their differences in professional atmospheres and encouraging acceptance of both sets of characteristics.

It is this type of flexibility that Gerber alluded to in her remarks.

"It isn't a question of wanting it all," she said, noting that she has often questioned the drive to be at the so-called "top" in the research community. Traditionally, Gerber continued, women have been penalized in their careers for taking maternity breaks or taking time to care for sick children or elder relatives. As long as the work gets done, she said, and as long as the goal is met, what is the problem?

"People must be permitted to pursue nontraditional career paths in traditional careers," she stressed. "The 8:30 to 5 view is not the only view. We need to focus on productivity. Time out must not remove women from the competition."

As the 75-minute meeting drew to a close, the floor was opened for questions and comments. Moderated by committee member Dr. Monique Dubois-Dalcq, chief of NINDS's Laboratory of Viral and Molecular Pathogenesis, the spirited session raised key questions about the way NIH handles sexual discrimination suits levied against the institution. Of particular concern is what some women in the audience called NIH's lethargy in investigating claims and sanctioning offenders.

"This institution protects people who discriminate against women," stated Dr. Maureen Polsby, a former NINDS medical staff fellow who said she has a pending discrimination suit against NIH. She said "dishonestly

investigated" charges and ignored appeals to the "chain of command" make discrimination NIH's biggest problem.

Another audience participant said the problem affects not only men researchers versus women researchers, but also women pitted against women.

Dr. Diana Blithe of NICHD recently had a baby and is currently undergoing the tenure process, which she described as "traumatic" for her. She said two female colleagues told her they would not consider hiring female postdocs because women scientists are generally not as productive as men.

The colleagues, Blithe said, expressed fears that women scientists "would go off and get pregnant or if they actually had children, they would be the ones to stay home when the child gets sick. So [the female colleagues] have decided that male postdocs would be more productive for their careers. I find this appalling."

The comments from Polsby and Blithe drew supportive responses from the assembly, which seemed at once eager to extend what was to have been an hour-long meeting and eager to have it end. Perhaps the best advice from the panel came from one of the most senior and most seasoned women researchers who earlier set the tone of the session.

"We all work together," Kirschstein said. "We women can make it and we are making it. We must be steadfast and persistent. We must arm ourselves with the facts... but most importantly, we must support each other."

Before the meeting began, attendees received a survey requesting suggestions for subsequent forum topics. The committee's next move is to sift through responses from that survey and select a specific subject for an upcoming open seminar.

**Good Taste Lasts****Advanced Age, Healthy Mouth Can Coexist***By Carla Garnett*

If thoughts of your favorite meal can make your mouth water wistfully now, chances are good that the same thoughts will produce the same result when you get older—if you remain in reasonably good health, according to Dr. Bruce Baum, clinical director of the National Institute of Dental Research, who reported this and other good news during "No Teeth, No Taste and No Spittle: Is This What Old Age Means for the Mouth?," at a Clinical Center grand rounds presentation.

Contrary to common generalizations about aging, he said, there is no evidence that advanced age decreases salivary gland function, or that lessening of gustation (sense of taste) or toothlessness must automatically accompany aging.

"As they age, healthy individuals maintain most functions of the oral cavity," Baum said, noting that researchers and physicians may see more oral disorders in older populations largely because of the groups' overall poorer health. He defined healthy individuals for his studies as basically those not being treated for a systemic disease and not taking prescription medications. "Aging and disease are different," he reminded the audience, "but they are intimately related."

Baum said disease and some treatments for disease can initiate the onset of a dry mouth, with subsequent tooth loss and swallowing problems, and can lead to changes in the way individuals of any age taste and enjoy foods.

Normal function of human salivary glands is important for a number of reasons, Baum said, including reminer-

alization and repair of the oral tissues, proper swallowing, and prevention of tooth decay and infections. NIDR scientists have found no difference in amount or stimulation of saliva production between different age populations, he said.

**Dr. Bruce Baum**

In taste studies conducted by NIDR to measure a group's gustatory responses to four qualities of taste—sweetness, saltiness, sourness and bitterness—few differences between older and younger individuals were found and even then changes were very modest. As with other age-related observations in the oral cavity, Baum said, "statistically, significant changes may be seen, but biologically, changes [with age] are rare."

Baum emphasized that food enjoyment is dependent not only on adequate gustatory function, but also on such factors as the ability to recognize food temperature and texture, as well as olfactory (sense of smell) function.

In University of Pennsylvania "scratch and sniff" tests conducted in

1984, and repeated in NIDR studies with healthy subjects, on cross-section populations of all ages, olfactory function waned dramatically beginning in individuals at about ages 60 to 70.

"We conclude that while there is no generalized decrease in gustatory function," Baum said, "there is considerable decrease in olfactory function with age."

The widely held belief that the teeth are the first to go does not have to be true, he said. Baum showed a compilation of evidence gathered from four national studies of toothlessness. In a 1957 study population of people ages 65 to 74, about 60 percent were found to be toothless, Baum noted. In a similar study done from 1985 to 1986, a dramatic drop in the prevalence of toothlessness—from 60 percent to 38 percent—was documented.

He cited three reasons for the decline in toothlessness: advances in preventive dental practices since the 1950's, society's improvement in and attention to modern oral hygiene practices, and water fluoridation, which he called "close to the most effective public health practice instituted in the United States."

Baum said the 1986 study result was encouraging and confirms his conclusion: "You don't lose teeth as a normal correlate of growing old. Most of us can look forward to keeping our teeth and oral function for a lifespan."

According to epidemiologic information Baum presented, 16.7 million Americans, or 9 percent of the United States population, was over age 60 in 1960. He said statistics suggest that by 2040, however, nearly a quarter of the U.S.—22.6 percent, or 68.1 million people—will be senior citizens. Adopting a healthy oral hygiene program early in life, Baum reiterated, can prevent most mouth-related diseases and complaints commonly, but erroneously, associated with aging:

## NIH Notes for February —April 1992

### HONORS AND AWARDS

**Dr. W. French Anderson**, chief of NHLBI's Laboratory of Molecular Hematology, received the Meritorious Presidential Rank Award "for his recognized leadership both in terms of the science and the ethics of the rapidly evolving field of human genetic engineering." Anderson was also honored when he and **Drs. R. Michael Blaese and Steven Rosenberg**, both at NCI, delivered the G. Burroughs Mider Lecture Mar. 25 on "Human Gene Therapy" ... **Dr. Vida H. Beaven**, assistant director for program coordination, OD, received the Meritorious Presidential Rank Award "for her personal commitment to administrative innovation, unprecedented vision and leadership of committee management and proven ability to team manage under pressure and difficult circumstances in areas of intense scrutiny" ... **Dr. Doris Bloch** recently received the Chairperson's Award for Meritorious Service to the Nursing Research Community given by the American Nurses Association's Council of Nurse Researchers at its biennial meeting in Los Angeles. Honored for contributions spanning more than 20 years, she is currently special assistant to the director at the National Center for Nursing Research ... **Dr. Samuel Broder**, NCI director, was presented by the National Coalition for Cancer Research a Recognition Award in appreciation of NCI's contributions to the achievements that have flowed from the resources and authorities provided by the National Cancer Act of 1971 ... **Dr. Marvin Cassman**, deputy director at NIGMS, received the Meritorious Presidential Rank Award "for his role in directing the NIGMS \$15 million per year Acquired Immune Deficiency Syndrome (AIDS) research and research training program" ... **Dr. Joseph F. Gallelli**, chief of the Clinical Center pharmacy department, was invited to present a special lecture on "Pharmaceutical Manufacturing and Development in the Pharmacy Department at the NIH," at the 112th annual meeting of the Pharmaceutical Society of Japan in Fukuoka, Japan. He also lectured to the Fukuoka Society of Hospital Pharmacists on the subject of "Hospital Pharmacy in the United States and at NIH" ... **Dr. John I. Gallin**, director

of NIAID's Division of Intramural Research, recently received the Public Health Service Award for Exceptional Achievement in Orphan Products Development. The award recognizes his leadership role in conducting studies that led to a genetically engineered form of a drug that can extend the lives of patients with chronic granulomatous disease (CGD), a rare inherited disease. His work spans more than 15 years and pioneered the way for Food and Drug Administration approval of a bioengineered version of interferon gamma ... **Dr. Eli J. Glatstein** (he resigned from NIH in February 1992—see note under news about NIHAA members), who was chief of the Radiation Oncology Branch, NCI, received a Distinguished Presidential Rank Award "for his leadership in the formation of the nationally recognized Joint Radiation Center Residency Training Program between the National Institutes of Health, the National Naval Medical Center, the Walter Reed Army Medical Center and the Uniformed Services University of the Health Sciences" ... **Dr. Bernadine Healy**, NIH director, was honored at the American College of Cardiology's 41st Annual Scientific Session with a Distinguished Service Award, "because of her outstanding accomplishments which include her dedication to top biomedical research in general, and cardiology in particular" ... **Dr. Suzanne S. Hurd**, director of the Division of Lung Diseases, NHLBI, was given the Meritorious Presidential Rank Award "for her outstanding leadership in building a national pulmonary research program that has contributed significantly to the improvement of the health of the nation" ... **Dr. Anton M. Jetten**, an NIEHS biologist, has been awarded a 3-year \$195,000 grant by Johnson and Johnson to continue his research on the regulation of differentiation in lung and skin in relation to various disease processes including cancer. The award, along with a plaque, was presented during the company's Annual Focused Giving Scientific Symposium in New Brunswick, N.J. ... **Dr. Brian W. Kimes**, the associate director for Centers, Training and Resources, NCI, received the Meritorious Presidential Rank Award "for his sustained leadership and success in developing several critical programs of national significance and high political visibility at NCI" ... **Dr. Ruth L. Kirschstein**, NIGMS director, was recently elected a fellow of the American Academy of Arts and Sciences. She was honored for her contri-

butions in the areas of educational and scientific administration ... **Dr. Claude B. Klee**, chief of the Laboratory of Biochemistry, NCI, received a Meritorious Presidential Rank Award "for her important discoveries regarding mechanisms involved in calcium regulation of cell growth that have contributed to our understanding of abnormal growth in cancer" ... **Dr. Hynda Kleinman**, chief of the cell biology section in NIDR's Laboratory of Developmental Biology, has received the Senior Award from Women in Cell Biology for "her scientific achievement and her strong commitment to the fostering of women in science" ... **Dr. Claude J. Lenfant**, NHLBI director, received a Distinguished Presidential Rank Award "for his outstanding leadership in initiating, strengthening and broadening the clinical impact of NHLBI programs through his dynamic, imaginative and innovative stimulation of fundamental research within the purview of the Institute, and for his role in fostering effective national and international cooperation to these ends" ... **Dr. Harald Løe**, NIDR director, received a Meritorious Presidential Executive Rank Award "for his emphasis on health promotion, science and information transfer, that has given high priority to conveying the excitement and importance of dental research to the profession and the public." He also received both an Award of Recognition from the National Foundation for Ectodermal Dysplasia and the 1991 Carl A. Schlack Award from the Association of Military Surgeons of the United States ... **Norman D. Mansfield** (see obituaries), associate director for research services, Office of Research Services, received a Meritorious Presidential Rank Award "for his imaginative efforts in solving problems, saving millions of dollars, and in providing the Institutes a safe, effective environment to pursue their research missions" ... **Dr. Clarice D. Reid**, chief of the Sickle Cell Disease Branch, NHLBI, received a Meritorious Presidential Rank Award "for her sustained outstanding leadership in establishing programs throughout the country in sickle cell disease. Also, under her direction, research initiatives have served to mobilize the entire field of molecular genetics" ... **Dr. William H. Theodore**, chief of the NINDS Clinical Epilepsy Branch, received the American Epilepsy Society's \$50,000 Research Recognition Award for developing "one of the pioneering laboratories for the study of cerebral blood flow and

metabolism using positron emission tomography in patients with epilepsy" ... **Dr. Thomas A. Waldmann**, chief of the Metabolism Branch, an intramural component of NCI, was presented Apr. 9 the 15th annual Bristol-Myers Squibb Award for Distinguished Achievement in Cancer Research. He received a silver medallion and \$50,000 as an unrestricted scientific prize for his landmark contributions to understanding of the immune system. His studies have led to promising new ways to use monoclonal antibodies to treat leukemia, lymphomas, and autoimmune diseases, and have contributed to the prevention of organ and bone marrow transplant rejection ... **Dr. Michael D. Walker**, director of the Stroke and Trauma Program, NINDS, received a Meritorious Presidential Executive Rank Award "for his significant career achievements including the development of a 10-year plan for the implementation of the 1990's 'Decade of the Brain' proclamation by the Congress and the President."

## APPOINTMENTS AND PERSONNEL CHANGES

**Dr. Rita Anand**, formerly with NIAID and a widely regarded expert in AIDS research, has moved to the Division of Research Grants as scientific review administrator of the virology study section. The section is one of DRG's 83 chartered study sections that are responsible for initial peer review of most of the approximately 31,000 grant applications seeking funding from NIH each year ... **Dr. Lewellys F. Barker**, former senior vice president and chief medical officer of Blood Services and Health Services at the American Red Cross from 1978 to 1990, has been selected associate director of the Clinical Research Program in NIAID's Division of AIDS ... **Thomas M. Bedick** has been named chief of the NIEHS Facilities Engineering Branch. He is responsible for maintenance, operation, and renovation of NIEHS' more than 25 buildings, including the 334,000-square-foot laboratory and office complex, Bldg. 101, and the NIEHS South Campus support center. He will also be involved in coordinating the consolidation of modules so that the NIEHS staff will be on one campus ... **Dr. Norika Ruiz Bravo**, a scientific review administrator in NIGMS' Office of Review Activities, was appointed a program administrator in the Genetics Program Branch, NIGMS. She

will now administer grants relating to the molecular mechanism of gene control ... **Dr. L. Jackson Brown** has been appointed director of the Epidemiology and Oral Disease Prevention Program at NIDR. He first came to NIDR in 1984, serving first as the evaluation officer, and most recently, as chief of the Analytical Studies Branch. The epidemiology program is expanding to study not only the prevalence of dental and oral diseases, but also to conduct research on the social and economic factors as well as the basic biological processes that contribute to orofacial diseases and conditions ... **Dr. Bill Bunnag**, health scientist administrator at NCRR, has moved to DRG's Referral and Review Branch, where he will serve as administrator of initial peer review for special study sections ... **Dr. Alison Cole** has joined the NIGMS staff as a program administrator in the Pharmacological Sciences Program. She will handle research and training grants in anesthesiology. She comes to NIGMS from Johns Hopkins University, where she served as a research associate in the department of neurology ... **Dr. George W. Counts**, chief of the Clinical Research Management Branch in the Treatment Research Operations Program of the Division of AIDS, has also been named NIAID assistant director for minority affairs ... **Dr. James F. Deatherage**, formerly an assistant professor in the department of biochemistry at the University of Arizona in Tucson, has recently joined the staff of NIGMS as a health scientist administrator in the Cellular and Molecular Basis of Disease Program Branch. He will administer grants relating to cell organization, motility, and division ... **Dr. William R. Duncan** has been named associate director of the Treatment Operations Program in NIAID's Division of AIDS. He returns to NIAID after holding the position of director of research at the National Cancer Institute of Canada from 1990 to 1991 ... **Stephen A. Ficca** has been named acting NIH associate director for research services. He replaces Norman Mansfield (see obituaries). Ficca has spent 21 years in administrative management at NIH, most recently as executive officer of NHLBI ... **Anne Marie Gillen**, chief, Assistance and Review Branch, Office of Small Purchase Policy, Acquisitions Management, is now the deputy executive officer, Office of Research Services. For 7 years she was an administrative officer at NCI ... **Dr. Michael M. Gottesman**, chief of NCI's Laboratory of

Cell Biology in the Division of Cancer Biology, Diagnosis, and Centers, has been named acting director of the National Center for Human Genome Research. He replaced Dr. James Watson who resigned Apr. 10 ... **Marilyn Harrison** has been named chief administrative officer at the Division of Computer Research and Technology. She comes to DCRT from the Office of the Associate Administrator of Communications, Health Care Financing Administration, where she was executive officer. The NIH campus is not new to her, since she spent a number of years as administrative officer for the Division of Lung Diseases, NHLBI ... **Dr. Margaret I. Johnston** has been named associate director for the Basic Research and Development Program in NIAID's Division of AIDS. She joined NIH in 1987 and since then has served as chief of the Developmental Therapeutics Branch, chief of the targeted drug discovery section and program officer within the division ... **Dr. Nancy S. Lamontagne**, program director for NIDDK's Metabolism and Cystic Fibrosis research programs, has moved to DRG's Referral and Review Branch as a scientific review administrator of the molecular and cellular biophysics study section. The section consists of 18 leaders from the scientific community, and is responsible for the initial scientific merit review of grant applications submitted to NIH for research support in physical chemistry and other broad areas of molecular and cellular biophysics ... **Dr. Louis H. Miller** has been appointed to head the new Laboratory of Malaria Research, NIAID. The laboratory will conduct basic research, particularly on the disease-causing organism and the mosquitoes that carry them, as well as drugs to treat and vaccines to prevent the disease. Together, the new malaria laboratory and the Laboratory of Parasitic Diseases (the malaria research section which Miller headed used to be part of it) comprise the recently formed Intramural Center for Tropical Disease Research, directed by Dr. Franklin Neva, who also heads the Laboratory of Parasitic Diseases ... **Dr. Marshall Plaut** has been named chief of the Asthma and Allergy Branch within NIAID's Division of Allergy, Immunology, and Transplantation. The branch supports studies on the causes, development, prevention, and treatment of asthma and allergic diseases, including hay fever, hives, and reactions to food, insect stings and drugs. He was an associate pro-

fessor of medicine at Johns Hopkins School of Medicine, where he started as an instructor in 1974. In addition to his NIAID appointment, he will continue to teach at Hopkins as an adjunct associate professor in the division of clinical immunology ...

**Johanna Schneider** has been selected by Dr. Bernadine Healy to be senior advisor for media relations and press secretary. She will advise the NIH director on media activities and communications strategies. She is an 11-year veteran of Capitol Hill and a former news reporter, and most recently was deputy assistant secretary for public affairs in the Department of Labor. She also served as press secretary to House Republican Leader Robert H. Michel from 1985 to 1989 ... **Jorge R. Urrutia** has been appointed director of the Division of Engineering Services. He is the first Hispanic at the SES level at NIH. He has worked for several agencies during his 15 years of government service. Before coming to NIH, he headed a program that was organizationally equivalent to DES for the National Institute of Standards and Technology. He lists the Natcher Bldg. and the infrastructure modernization program as two of the most important projects ahead ...

**Dr. Nadarajan A. Vydellingum**, from the Memorial Sloan-Kettering Cancer Center and Memorial Hospital for Cancer and Allied Diseases in New York City, is the new scientific review administrator of special study section 8 in DRG's Referral and Review Branch. Before coming to NIH, he was since 1986 director of research and administrator in the laboratory for surgical and metabolic research, department of surgery, Sloan-Kettering Cancer Center.

## RETIREMENTS

**Vivyan "Kim" Barrett** retired recently after three decades as a supervisor and biologist for the Research Analysis and Evaluation Branch (RAEB) of NCI. This branch serves as a centralized source of official information on NCI-supported research. In 1950, she went to work at NCI in Dr. Howard Andervont's laboratory in Bldg. 6, where she studied breast cancer tumors in mice. She developed an allergy to the mice she was testing, and was forced to give up her experiments. She took time out for her family and in 1963 began to work in RAEB in the Westwood Bldg., where she has worked ever since. She plans to spend her retirement enjoying her grand-

children and taking long walks on the C&O canal near her home ... **Jane Kestner**

retired on Jan. 31 after 35 years of service in the Clinical Center's clinical pathology department. She joined the clinical laboratories in 1955, 2 years after the CC began admitting patients, and with just two brief interruptions, continued there as a research technologist ... **Dr. Harold Roth**, a veteran of 49 years of government service and former director of NIDDK's Division of Digestive Diseases and Nutrition, retired recently. He came to NIH in 1974 as NIDDK's associate director for digestive diseases. In 1983, he was named director of the Division of Digestive Diseases and Nutrition, and later became Epidemiology and Data System Program director. As a researcher, he studied the relation of diet and bile composition to gallstones, and treatment of peptic ulcer. Now as senior gastroenterologist emeritus at NIDDK, he plans to collaborate with the Patient Record Institute, an organization devoted to putting the medical record of every American on a small disc or card ... **Leonard Stuart** has retired from NIH after 27 years of caring for horses, burros, cows, sheep, goats, and miniature pigs at the NIH Animal Center, NCRR, near Poolesville, Md. He has headed the "ungulate" (hoofed animal) unit at the center, performing and overseeing procedures in biomedical research and animal care. He is planning to specialize in fishing and whitewater canoeing in his retirement, but he will continue to work with farm animals ... **Charles Turner** retired from the Cell Biology and Metabolism Branch, NICHD, after serving the NIH community for nearly 38 years. In 1954, he came to work as an animal caretaker in Dr. Roy Hertz's laboratory. He credits Hertz with getting his career off to a good start—when he was only 23, one of the first tumor cell lines to be established, the Erwin-Turner choriocarcinoma cell line, was named after him and his colleague Howard L. Erwin. He spent 14 years in Hertz's laboratory, becoming a much sought-after expert in tumor transplantation. For several years he managed the large primate colony of the former Pregnancy Research Branch, NICHD, where he developed managerial skills that allowed him, in 1984, to accept the unusual position of "laboratory manager" in the newly founded Cell Biology and Metabolism Branch. During his NIH career he has witnessed the great transition in emphasis from animal work to molecular

biology that has taken place. He commented that the only "thing that hasn't changed is the parking at NIH". He won't have to deal with it any more since he is retiring to the wilds of the Virginia mountains ...

**Sarah "Sally" Young** retired from the Clinical Center nursing department recently. Her professional nursing career spanned 37 years with more than 30 years at the CC. She came to NIH in 1961 and joined the cancer nursing service as a clinical nurse. Her last position, since 1982, was a clinical nurse on the aging research nursing service on floor 6D. She was sought out by coworkers and others within the department as a role model and lecturer in gerontological nursing. She is looking forward to enjoying her retirement at her house on the Chesapeake Bay.

## DEATHS

**Dr. Arley T. Bever, Jr.**, 69, a biochemist and retired official of the National Science Foundation, died Mar. 22 at the Woodbine nursing center in Alexandria after a heart attack. He came to the Washington area in 1963 and worked at NIH as a research grants director for 4 years. He left NIH to join NSF, where he became deputy director of the foundation's experimental research and development incentives office. He retired for reasons of health in 1975 ...

**Arthur J. Broering**, 59, an architect who was an official of NLM, died of cancer Mar. 15 at Georgetown University Hospital. He had worked at NIH for 30 years. He had retired in January as deputy director of NLM's extramural programs, which provide grants to outside activities related to the library. He had been named to that position in 1974. Previously he was an architect in the NIH Health Research Facilities Branch and a construction officer at the library and chief of its resource division ... **Dr. Robert Cooper**, 59, director of the University of Rochester Cancer Center, died Mar. 19 at Strong Memorial Hospital of a heart attack. In 1974, he was involved in establishing the Rochester cancer center, which was one of the first regional cancer centers created as a result of the National Cancer Act of 1971. The center, which provides cancer care through community hospitals, became the model for other cancer centers. At NIH he served on many advisory panels including NCI's Division of Cancer Prevention and Control Board of Scientific Counselors and the cancer center

support grant review committee ... **Dr. Albert Joseph Dalton**, 86, a retired researcher and administrator at NCI and an authority on the structure, life cycles and pathology of cells, died of heart and lung ailments Mar. 2 at Randolph Hills Nursing Home in Silver Spring. In 1941, he moved to the Washington area and went to work at NCI. A cytologist, he studied the structures of cells, and for a period he administered grants in the field of molecular biology. He was coordinator for ultrastructural studies in viral oncology when he retired in 1975 ...

**Dr. Herbert Dickerman**, 63, director of the Wadsworth Center for Laboratories and Research of the New York State Department of Health, died Dec. 23, 1991. He was at NIH from 1963 to 1966 as a clinical investigator in biochemistry at the National Heart Institute ... **Dr. Graceann Ehlike**, 49, an oncology nurse specialist who had been an assistant professor of nursing at George Mason University from 1983 to 1990, died of cancer Mar. 1 at her home in Burke. In 1981, she joined the staff at NCI, but she left to join the faculty at Charles County Community College before working at George Mason. In 1990 and 1991, she was a program analyst at R.O.W. Sciences Inc., in Rockville. She joined the credentialing center of the American Nurses Association in 1991, but retired because of illness ...

**Hazel Peterson Gump**, 79, a retired research biologist with NCI, died of cancer Apr. 14 at a hospital in her native Clinton, N.C. She moved to Clinton from Bethesda when she retired in 1972 ... **Edythe Garber Hayes**, 79, a retired statistician with NIH, died Mar. 12, at her home in Falls Church. She had Parkinson's disease. She was a statistician starting in the 1940's until she retired from NIH in 1974 ... **Robert Hudson**, 44, died on Feb. 11 of non-Hodgkin's lymphoma. He was diagnosed with cancer in September 1991 and had retired in January of this year due to his illness. He was a grants management specialist in NEI's Extramural and Collaborative Program for more than 13 years ...

**Dr. Gerald L. Klerman**, 63, a psychiatrist and expert on depression who was a former chief of the Alcohol, Drug Abuse and Mental Health Administration from 1977 through 1980, died on Apr. 3 of kidney disease at New York Hospital-Cornell Medical Center in Manhattan. He also worked for 2 years as a researcher at NIMH in the early 1960's. After 1980, when he left his government position, he was a professor of psychiatry and vice chairman of

research at Cornell Medical College and New York Hospital and a psychiatrist at the affiliated Payne Whitney Psychiatric Clinic ... **Dr. Corine Layet**, 31, visiting associate in NIAID's Laboratory of Immunology, died Jan. 30 after being struck by a car on Old Georgetown Rd. The accident occurred while she was walking home from work at about 6:20 p.m. Her sudden and tragic death shocked and saddened the NIH community where in the short time she had worked at NIAID she had an impact scientifically as well as personally. She was a visiting fellow in the lymphocyte biology section in the Laboratory of Immunology ... **Grace Libby**, 90, a stenographer at NIH from 1950 to 1962, died of congestive heart failure Apr. 14 at a hospital in Lewiston, Me. ... **Norman Mansfield**, 57, who retired as NIH associate director for research services on Feb. 1 after more than 33 years in government service, died of cancer May 13 at his home in Potomac. As associate director, he was responsible for providing support services such as engineering, safety, security, space and facility management and printing and mail for NIH's 320-acre Bethesda campus and nearby leased facilities. He came to NIH in 1975 as director of the Division of Financial Management, a position he held until he was promoted to NIH associate director in 1988. A colleague who worked with him said that he often looked to Mansfield as "a model of professionalism and dignity and a source of sound analysis and good advice" ... **Barbara Ryder Marple**, 64, a registered nurse who worked for home health-care organizations in Annapolis, died of cancer Feb. 12 at Anne Arundel Medical Center. From 1957 to 1961, she worked as a nurse at NIH ... **Dr. William McGuire**, 54, died Mar. 25 of an apparent heart attack in Cozumel, Mexico. From 1966 to 1969 he was a clinical associate at NCI in the Laboratory of Endocrinology. He then went to San Antonio and in 1975 became chief of the oncology division at the University of Texas Health Science Center at San Antonio, where he specialized in breast cancer research. His work focused on prognostic factors in recurrent breast cancer ... **Dr. Samuel Moss**, 77, a retired grants administrator at NIH, died of a heart attack Feb. 20 at Montgomery General Hospital. He retired in 1978 after working 22 years as a grants administrator and chairman of the human embryology studies section in the Division of Research Grants. He was a bovine fertility researcher at the

Beltsville Agricultural Research Center before joining NIH in 1955 ... **Dr. Morris Rosenberg**, 69, a professor of sociology at the University of Maryland and a former section chief at NIMH, died of lymphoma Feb. 14 at Sibley Memorial Hospital. In 1956, he moved to the Washington area and went to work at NIMH, where he was chief of its section on social studies in therapeutic settings until 1975 when he joined the faculty of the University of Maryland. He taught there until his death. His research examined how social factors affect the way people see themselves ... **Dr. Arnold E. Schaefer**, 74, former chief of the interdepartment committee on nutrition for national defense, which was part of NIAMD, died Feb. 17 in Omaha, Neb., of pneumonia. When he was at NIH from 1955 to 1970, he conducted nutrition surveys and research in more than 30 developing countries, including Latin America, as well as the first large-scale nutritional survey of the United States ... **Rudolph Valentino Shaw**, 34, a purchasing agent in NHLBI's Administrative Services Branch, died Mar. 7 of cancer. He began working at NLM as a clerk when he was a teenager. Three years later, he transferred to the FDA, returning to NLM not long after and entering the NIH Upward Mobility Program. He left the government in 1986, but returned to NIH in June 1989 to take a job with NHLBI handling all procurement for several institute offices including the director's ... **Dr. Kenneth A. Simon**, 61, a Bethesda ophthalmologist, died of a brain tumor Feb. 13 at the Potomac Valley Nursing Home in Rockville. He served on the medical staff of NIH for 2 years before opening a private practice in ophthalmology in Bethesda in 1963 ... **Dorothy Laughlin Werner**, 74, a retired grants assistant at NIH, died of cancer Mar. 18 at her home in Washington. She joined NIH in 1959 and was assigned to the Division of Research Grants. She retired in 1979 ... **Edwin C. Whitehead**, founder of the Whitehead Institute of Biomedical Research, died on Jan. 26 of an apparent heart attack. He was an entrepreneur who made a fortune developing scientific and clinical equipment, and who became a major supporter of biomedical research. He was involved in establishing Research!America, an alliance of organizations dedicated to increasing government and private funding for biomedical research. He gave to NIH in June 1988, "Sky Horizon," a sculpture created by Louise Nevelson.

**NIH Retrospectives**



**Spring 1952**

NIH held a practice run on Thursday, May 22, with a series of civil defense drills in the event of an atomic attack, demonstrating how the facilities could be used as an emergency hospital ... More than 2,200 persons visited Bldg. 13 for NIH's Research Equipment Exhibit on May 20-22 where a broad array of equipment was displayed by approximately 75 manufacturers ... NIH's own softball team has been active for a month as a member of the District Athletic League. According to its manager, Clarence Israel, the team shows real promise and poses a threat to other teams in the league.

of the American Cancer Society, was formally dedicated at Seattle's World's Fair, May 28 ... A new group of 123 physicians will report to NIH on July 1 to begin training in research as clinical fellows, clinical associates, and research associates. Over 1,200 inquiries were received, 250 applications were processed and 123 accepted.



**Spring 1972**

For outstanding contributions to the progress of medicine and health, NIH received the Edward R. Loveland Award from the American College of Physicians ... On May 19, the National Institute of Arthritis and Metabolic Diseases was renamed the National Institute of Arthritis, Metabolism, and Digestive Diseases.

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**Spring 1982**

A process for the total synthesis of medically important opium derivatives has been developed by Dr. Kenner C. Rice, research chemist in the section of medicinal chemistry, Laboratory of Chemistry, NIDDK. Drs. Ira H. Pastan, chief, Laboratory of Molecular Biology, NCI, and William E. Paul, chief, Laboratory of Immunology, NIAID, and Erminio Costa, chief, Laboratory of Preclinical Pharmacology, NIMH, were elected to the National Academy of Sciences ... Dr. James B. Wyngaarden, NIH director, announced the appointment of Dr. Lester B. Salans as director of the National Institute of Arthritis, Diabetes, and Digestive and Kidney Diseases and Dr. Mortimer B. Lipsett as director of the National Institute of Child Health and Human Development.



**Spring 1962**

An Oriental plane tree "descended" from a famous tree on the Greek Island of Cos in the eastern Mediterranean Sea was planted on the grounds of the National Library of Medicine on Friday, May 11, 1962, at 11 a.m. ... The R & W Hamsters production of "Li'l Abner," will be presented in the Clinical Center Auditorium ... Dr. H. Trendley Dean, 68, former NIDR director, died in Chicago on May 13 ... "Man Against Cancer," an exhibit commemorating the 25th anniversary of the National Cancer Act of 1937 and the first nationwide educational and fund-raising drive

Drs. Carl Baker and Walter Heston identified two of the four people in the last mystery photograph as Dr. W. Ray Bryan and Vernon Riley. They were working on lymphomatosis in chickens. It was taken in 1944 by Roy Perry. Here is another photo about which National Library of Medicine prints and photograph curator Lucinda Keister needs information. Does anyone remember the details in the photo? Please send information to *Update*.



**Attention**

NIHAA wants to hear from its members. Please type or print your note for a future issue and mail it to *Update*.

Name \_\_\_\_\_

Home Address \_\_\_\_\_ Home phone \_\_\_\_\_

News. Include dates/position at NIH and photo if possible.

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Suggestions for newsletter or NIHAA.

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**Update on NIHAA Committees**

**Nominating Committee Reports Board of Directors Results**

The nominating committee headed by Calvin Baldwin, Jr. announced at the May 19 board of directors meeting of the NIH Alumni Association the following results: Elected to the board for a 3 year term are: Dr. Peter Condliffe, Dr. Marguerite Coomes, Dr. Gio B. Gori, Joseph Keyes, Jr., Dr. Paul Parkman, Dr. Joseph Perpich, Dr. Marvin Schneiderman, Susanne A. Stoiber, Dr. John P. Utz, and Storm Whaley.

**NIHAA History Committee Wants You**

The NIHAA has established a new committee to work with the NIH historian, Dr. Victoria Harden, to develop some histories of the people and programs that were in existence in the early years of NIH, continuing into the period after the move of the laboratories to Bethesda, the activities during World War II, and the decade immediately following.

Dr. Leon Jacobs has been appointed chairman. Other members of the committee are Drs. Herman Kraybill and Jack Davidson. The committee would be most appreciative of suggestions regarding individuals who could contribute information about these early years, either in writing or in the form of oral interviews.

Jacobs said, "We want to encourage everybody who was around in the 'good old days' to help us record the developments and accomplishments of all the parts of NIH and the memorable characters who pursued the goals of protecting the public health."

All alumni are encouraged to send in suggestions for historical projects and to identify colleagues who could contribute information or leads concerning the scenarios and the players on the various early stages of NIH and its antecedent laboratories in Washington and elsewhere.

The committee would also like to facilitate the donation of NIH memorabilia to the Stetten Museum and photographs to NLM's prints and photographs collection.