

# NIHAA Update

## ***Encomiums, Advisories Offered***

### **Varmus Outlines Leadership Plans at Senate Hearing**

By Rich McManus

At his confirmation hearing last Nov. 3 before Sen. Edward Kennedy's (D-Mass.) Senate committee on labor and human resources, NIH director Dr. Harold Varmus outlined his most important priorities for NIH: filling top jobs at NINDS, NIDA, the Clinical Center and the Office of AIDS Research; conducting a major reevaluation of the \$1.2 billion intramural programs; establishing strong principles for equal employment; and addressing encumbrances in the peer-review process governing extramural awards.

Throughout the hour-long hearing, Varmus, who was joined by his wife Constance Casey and one of their two sons, Christopher, a high school student, repeatedly emphasized the importance of basic research to NIH's mission.

"Undirected NIH funding in support of brilliance" is NIH's prime value to the nation, said Varmus, who used the example of 1993 Nobel Laureate Phillip Sharp to illustrate the value of nurturing hidden talent—Sharp hailed from a small college in Kentucky before going on to a distinguished career in biology at MIT—to maturity. Twenty-five years of NIH grant support preceded Sharp's Nobel Prize in Physiology or Medicine, Varmus pointed out.

Kennedy began the hearing by calling Varmus "an outstanding choice to lead the NIH...He is widely recognized for his ability to manage and lead.

(See *Varmus p. 15*)

## ***Give 'Em Health, Hillary!***

### **First Lady Visits NIH, Gets Science Briefing**

By Rich McManus



**NIH director Dr. Harold Varmus (l) with HHS Secretary Donna Shalala watch as First Lady Hillary Rodham Clinton signs the NIH visitor's log at the entrance of Bldg.10.**

First Lady Hillary Rodham Clinton came to NIH Feb. 17 for a visit during which she was briefed by researchers and met patients before giving a 20-minute speech championing the president's health care reform initiative in Masur Auditorium. She capped her stay with a stop at the Children's Inn at NIH, chatting with parents, patients, and staff.

The first lady arrived shortly after 10 a.m. with HHS Secretary Donna Shalala and was greeted at the entrance of Bldg. 10 by NIH director Dr. Harold Varmus, NIH deputy director

Dr. Ruth Kirschstein, and by Dr. Philip

(See *Clinton p. 21*)

## **NIHAA Selects Vagelos As Its Second Public Service Awardee**

The NIH Alumni Association board of directors has selected Dr. P. Roy Vagelos to receive the group's second Public Service Award. Vagelos is the chairman and chief executive officer of Merck & Co., Inc., one of the world's leading health products companies.

The awardee was chosen for his impressive contributions to the public good as a former NIH intramural scientist, an academic and scientific leader and as a medical scientist who has risen to the top rank of the nation's business community.

Vagelos received his undergraduate degree from the University of Pennsylvania and his M.D. from Columbia. At NIH from 1956 to 1966,

(See *Vagelos p. 2*)

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he served in the Laboratory of Biochemistry in the then National Heart Institute. He was named chairman of the department of biological chemistry at Washington University School of Medicine in 1966, and from 1973 to 1975, he served as director of the university's division of biology and biomedical sciences.

In 1975, Vagelos became senior vice president for research of the Merck Sharp & Dohme Research Laboratories Division, becoming president of the division in 1976. Starting in 1982, he served additionally as senior vice president of the parent company with responsibility for strategic planning. In 1984, he was elected executive vice president of Merck & Co., and was named president in 1986.

During his tenure a new and highly effective anti-filarial agent, discovered in Merck's laboratories, has been made widely available, virtually free of charge, for the treatment of onchocerciasis (river blindness), estimated to affect 40 million people in Equatorial Africa and to blind 5 percent of them. In this same period, Merck provided the funds that enabled NIH to construct

the Children's Inn on campus.

His honors include election to Phi Beta Kappa, Alpha Omega Alpha, the American Academy of Arts and Sciences, the National Academy of Sciences and the Institute of Medicine. The recipient of eight honorary degrees, he is the author of more than 100 scientific papers



**Dr. P. Roy Vagelos**

and serves as a trustee or director of numerous and diverse companies and not-for-profit organizations. He is married to the former Diana Touliatos; they live in New Jersey and have four children.

The award will be presented to him at NIHAA's annual meeting on Saturday June 18, 1994. The award was presented to Rep. William Natcher (D-Ky.) last year.

## Thank you to our friends

The NIHAA warmly welcomes the following organizations that joined in the category of "Friends" and wishes to acknowledge its appreciation for their generous support:

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We also would like to thank Glaxo Inc., Sandoz Research Institute and the Upjohn Company for bearing the considerable expense of underwriting NIHAA Update.

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We would also like to express our deep appreciation to the following contributors to NIHAA-sponsored events in 1992:

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### Credit

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Members of the Laboratory of Biochemistry, NHI, in 1963 assemble in front of Bldg. 3. Dr. P. Roy Vagelos is in the upper right hand corner of the second row.

# 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 comments on and suggestions for the NIHAA Update, please drop a note to the editor. We reserve the right to edit materials.

Editor: **Harriet R. Greenwald**

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## NIHAA Essay

### A 40-Year Perspective

By Dr. Murray Goldstein,  
 former NINDS director

When I arrived at NIH in 1953, many operating principles and practices had been established: the research effort was biomedical—not medical. Thus basic and clinical science pertinent to health was our mission. Otherwise, the NIH mission was relatively unspecified.

The NIH director and the institute directors were career appointees and always members of the PHS Commissioned Corps. The NIH director did not submit his resignation with a change in the administration. There was stability in executive management.

The seven institutes were disease based (cancer, heart) or discipline based (microbiology, metabolism). Cross-cutting institutes (general medical sciences, aging, child health) had not been created. The Division of Research Grants had a small grants program that met unspecified needs.

The intramural research programs were institute-based—scientifically, administratively, politically and financially. There was no shortage of research space or equipment and supplies; there were few restrictions on the number of employees; laboratory and branch chiefs had been recruited internationally. The facilities were occupied by many young physicians serving their military obligations as PHS officers; they were later to become the NIH seed corn as clinician-scientists in universities nationally and internationally.

The scope of the intramural research program had just been broadened with the opening in 1953 of the NIH Clinical Center. The Clinical Center was a human research facility (not a hospital), which, like the Rockefeller Institute, would become a national model for



Dr. Murray Goldstein

integrating basic and clinical research in a facility dedicated to research.

Intramural research was investigator-initiated, directed by laboratory and branch chiefs; the institute scientific director (actually director of intramural research) was responsible for recruitment, maintenance of scientific quality and allocation of intramural resources. The NIH associate director for intramural research was responsible for broad aspects of administrative management and was the "guardian" of the independence of the intramural scientist.

Intramural morale was high; productivity was high; the scientist and his/her research endeavor was the compelling force. Research contracts were used primarily to support intramural research needs. The intramural program had a sizable "research training" endeavor; postdoctoral research and postdoctoral clinical fellows were active participants in every aspect of the program.

The extramural research program was comprised almost exclusively of investigator-initiated individual research projects. The average grant totalled \$35,000 a year for three years. It was

(See Goldstein p. 4)

*Goldstein (continued from p. 3)*

rare for a principal investigator to request salary support since he/she was generally a salaried member of a university faculty or hospital staff. Funding decisions were recommended by advisory councils for each institute. The council received scientific advice from panels of scientists—the study sections—advice that, on the whole, the council took, but on individual projects, sometimes didn't. The funding rate of approved applications was about 90 percent (To make certain it didn't go higher, NIH initiated a lower 10 percent non-funding rule). The effect was the establishment of a national peer review system for making decisions and a high probability of the funding of scientifically meritorious research.

The extramural program supported individual research fellows at the predoctoral and postdoctoral level and individual clinical trainees in specialty clinical areas. It also provided training grants to institutions for the education of medical students in cancer, heart disease, and mental health.

**Then Came the Fountain Committee**

In the mid 1960's, the NIH budget reached \$1 billion. The NIH was no longer a small agency housed in Bethesda outside the geographic center of authority. Its visibility was growing and its activities began to attract more attention from congressional committees.

First was the House subcommittee on intergovernmental relations chaired by Rep. L. H. Fountain (D-N.C.). Rep. Fountain asked: How did NIH audit the expenditures on individual grants? NIH replied that a grant was a conditional gift to a grantee organization—usually a university. The NIH audited science; the grantee institution audited expenditures. Fountain's staff, however,

had already found examples of questionable use of grant funds, exercising a time-honored committee rule—don't ask a question unless you already know the answer.

The diligence of NIH in protecting public funds was challenged. As a result, the pursuit of science important to the public health was no longer NIH's only responsibility. Fiscal reliability, good management and efficiency were added. Management regulations of the department, which NIH had felt did not pertain to it, were discovered and enforced. NIH developed a series of administrative regulations and hired additional administrative staff, including more budget officers and grant management personnel in each institute.

Over time, several expert committees of non-government experts were convened to review the intramural and extramural research activities of NIH. All in all, the reports were favorable, generally making constructive recommendations. However, NIH and its own advisory committee structure were no longer the sole scientific auditors of NIH's mission and accomplishments.

A new principle entered the NIH lexicon—accountability; accountability to the administration, the Congress, the scientific community and the public. Program planning and program reporting became important operational responsibilities; reports and more reports were required and the necessary staffs to generate them were recruited. The role, responsibilities and authorities of those staff increased. A leadership troika to govern NIH activities was put in place; scientists, science administrators, and administrators. They had always been there, but the relative power structure had shifted away from science leaders; authority was now shared equally among the members of the leadership troika.

The concept of an extramural grant being a "conditional gift" to a scientist and his/her institution was challenged and modified. The growth of indirect cost needs and of salary support for tenured university staff changed the concept to one of "government sponsored research" and demanded full cost reimbursement. The idea that the NIH was making a contribution to the scientist and institution to assist in the support of *their* research was modified. Whose research was it now—the scientist's or the government's?

While this change in grant philosophy was being put in place, another important mechanism was being explored—NIH collaborative research. Collaborative research between individual NIH scientists and non-government colleagues had always been operational. But now the concept of NIH collaborative research programs was being developed and expanded. The Cancer Drug Development Program was the model. NIH scientists and science administrators, often with the advice of extramural panels, decided on the program, its goals, objectives, targets and sometimes methods. NIH invited the scientific and industrial communities to join it for a targeted effort. The contract was the mechanism of choice, often complemented by intramural and extramural grant activities. Over time the collaborative research concept grew to include other drug development programs, epidemiological investigations, clinical trials, vaccine development, and the human genome.

NIH was charged with meeting societal responsibilities: protection of human subjects in research; protection of animals in research; funding of industrial growth and development; greater diversity of funding geographically; increased funding of small and minority institutions; targeted training

of women and minorities; and improved conditions in the work place and in promotion opportunities.

Finally, the NIH director had been a career appointment. He was a member of the PHS Commissioned Corps and because of the longevity of the appointment, firm and warm relationships were established with key members of Congress. His relationships to elected and appointed officials of the administration were relatively distant. However, these relationships changed radically when President Nixon asked for and accepted the resignation of the NIH director. Henceforth, the NIH director was a member of the administration, serving at the pleasure of the President and department secretary, and responsible for implementing their policies. The Congress remained the NIH patron, but had to impose fiscal constraints on NIH appropriation growth. NIH dependence on the OMB planning process and on the President's budget proposal increased.

### Issues for the 1990's

In the 1990's the issues for NIH's future direction are in place: limited resources; an aging infrastructure; sizeable staffs concerned with administrative, fiscal and scientific accountability; increasing emphasis on targeted endeavors—targets often identified outside NIH, but not always; an increase in the size of the organizational structure (and management costs) by the continuing growth of the number of institutes, centers and divisions; growing attention to societal issues; and increasing efforts to micromanage NIH by the administration, the Congress and national organizations—some scientific, others societal. On the other side of the ledger, NIH has spawned the largest and most successful biomedical research endeavor

in the history of science—and it has barely scratched the surface of opportunity and accomplishment. Cell biology, molecular medicine, immunology and neuroscience are just now providing the leads the new biology can offer the clinical scientist. Modern technology, molecular pharmacology and clinical trials now offer the gateways for disease prevention and restoration of function that in 1953 were but the aspirations of medical philosophers.

The NIH has matured. It is now an "established" agency in government; it is no longer a fledgling, growing rapidly and feeling its way in the arena of science and government.

The immediate future? Who knows? As Mao Tse-Tung is reported to have said when asked to comment on the impact of the French Revolution: "It is probably too early to know." However, certain issues about the future of NIH are evident:

The administration is thinking of replacing the "bottom-up" research planning and priority-setting approach with a "top-down" approach—The National Science and Technology Council will be at the top. What is the role of the NIH director? Coordinating the NIH research endeavor? Setting research priorities for individual institutes? Also, will the Office of the Director continue to have its own research program or will the conduct of all research at NIH be kept within institutes, divisions, and centers?

The NIH intramural program is an established player in the health sciences, both from the viewpoint of scientific accomplishment and research training. It has space, recruitment, staff retention, monetary and management problems. But with the phenomenal growth of the university research structure, what role should the NIH intramural program play in the future? One

of a number of centers of excellence? A unique national resource; unique in what way?

The extramural grant program has become the lifeblood of American biomedical science. The concept of the peer review system is the international model for research resource allocation. But its size and complexity is smothering its flexibility. It is no longer "user friendly." A scientific merit rating system designed to decide which grants should *not* be funded is being used to decide which grants should be funded. Should the grant review system be simplified and decision making accelerated?

The size and impact of NIH collaborative and targeted research endeavors continue to grow. Government direction of biomedical research nationally is increasing. With less growth for intramural and for extramural grant research, the non-government communities are responding favorably to NIH solicitations. Are we approaching the concept of a single national government laboratory without walls? Are the universities accepting their share of the research leadership burden? Can they?

The only system—social, biological or administrative—that doesn't respond to change is a dead system. The NIH is responding to change—it is very much alive. The future for NIH and for the scientific community will be different, but it needs to be different. The 1990's will be an exciting time.

### Acknowledgement

I want to acknowledge that the history of NIH that I have presented was shared with me by Dr. J. Franklin Yeager and Dr. Ralph Meader and my many colleagues at NIH over the years. To all I express my gratitude for their instructions and my apologies for being a poor pupil.

## Seventh Research Festival

### 1993 NIDDK Alumni Symposium—Site of Many Happy Returns

By Carla Garnett and Anne Barber

NIH's intramural community shared many happy—and scientifically fruitful—returns as it ushered in both the harvest season and NIH's seventh Research Festival with the annual Distinguished Alumni Symposium.

A capacity crowd assembled last Sept. 20 in Masur Auditorium for "Contributions of Basic Science to Biomedical Research," a symposium of six 30-minute lectures by former NIDDK intramuralists, including Dr. Elizabeth Neufeld, the 1993 recipient of the fourth NIH Distinguished Alumni Award.

"This is a wonderful way to get the research festival started," said Dr. Phillip Gorden, director of NIDDK, which sponsored this year's alumni symposium. "We are proud to present this award to Dr. Neufeld. Her achievements symbolize the immense value of basic research to biomedical science."

"It is very moving to receive an award from one's own institution," Neufeld said. "It is much better than many other awards."

Born in Paris, France, and educated in New York and California, Neufeld said she had trained originally as a plant biochemist, but was recruited to NIH in 1963 by Dr. DeWitt Stetten, Jr. "with a lot of help and intermediation from [NIAMD Laboratory of Biochemistry and Metabolism colleague] Vic Ginsburg, who convinced Hans Stetten to take a chance on a plant



**NIDDK director Dr. Phillip Gorden presents the 1993 Distinguished Alumna Award to Dr. Elizabeth Neufeld, a 9-year grantee who also spent more than 20 years in intramural research.**

biochemist and convinced me to take a chance on the NIH."

Before leaving NIH in 1984, Neufeld held positions as chief of NIDDK's Genetics and Biochemistry Branch and deputy director of the institute's Division of Intramural Research. Her pioneering research on mucopolysaccharide metabolism has led to proper diagnosis of such rare but debilitating diseases as Hurler's syndrome and Hunter's syndrome.

"Hans told me my duties when he recruited me," she recalled, wryly. "He said I was to do the best possible science that I was capable of and that I would never, ever be asked to work in either arthritis or metabolic disease, even though that was then name of the institute. I mention this because I think it is an important lesson now on how we speak so much about targeted research."

Currently professor and chair of the department of biological chemistry at UCLA's School of Medicine, Neufeld spoke first about the politics of research

funding from the perspective of a scientist who has spent more than 9 years as part of extramural NIH as an NIDDK grantee following more than 20 years as a member of NIH's intramural community. She compared the extramural and intramural programs at NIH.

"I think they both work equally well when times are good," she noted, "but they both preach rather painfully when resources are scarce...I was privileged to be able to grow up professionally in this institute and to be sheltered, I would say, by my scientific director as well as by my lab chiefs, Leon Heppel and Gil Ashwell, and later on, John Decker. I think in the outside world it is far harder for a scientist to get started. This system is not very tolerant of mistakes that new scientists make."

When Neufeld came to NIH in 1963, the institution—headed then by Dr. James Shannon—was in the midst of what is now frequently referred to as the "golden age" of NIH. During that era, the biomedical research field in general—and NIH in particular—was

## Calendar of Exhibits and Upcoming Events

### MARCH—AUGUST

An exhibit of color etchings and drawings by New Orleans artist May H. Lesser on "The Art of Medicine at the 21st Century" is on display in the front lobby of the NLM (Bldg. 38, 8600 Rockville Pike) until mid-April.

Opening later in April will be another exhibit entitled "If you knew the conditions...": Health Care to Native Americans. Photographs, government documents, manuscripts, maps and other audio-visuals will be displayed until August. For further information call the History of Medicine Division, NLM, (301) 496-5405.

### APRIL

The DeWitt Stetten, Jr., Museum of Medical Research will sponsor an exhibit entitled "Synthetic Opiates and Opioids: Drugs as Medicines, Drugs as Research Tools," in the area near the Lipsett Amphitheater, Bldg. 10. The exhibit will feature the research of the Laboratory of Medicinal Chemistry, NIDDK, headed by Dr. Kenner Rice. For more information call Dr. Victoria Harden at (301) 496-6610.

**This is an opium poppy seed pod lanced to allow sap to emerge. When the sap is scraped and dried the result is raw opium. Opium contains the morphine molecule which was the starting point for chemical and pharmacological research to find a better analgesic, a theme of the exhibit.**



highly valued across the nation and, as a result, generously funded.

Times are tougher these days, Neufeld noted. Often, she said, talented young researchers are told that their good ideas cannot be funded. "It is one of my jobs today as a department chair to support my faculty both fiscally and morally until they are judged worthy [of grant privileges]."

Attending the many workshops—of which there were 45—were seasoned NIH researchers as well as newcomers seeking the latest information. It was in one particular workshop—"Antisense"—held in one of Bldg. 10's conference rooms, that the crowd was overflowing to the extent that when Beata Buzas left the room, she could not get back in. "I work in this area and was enjoying the session, but now I'm disappointed I can't get back in," said Buzas, a postdoc in USUHS's Laboratory of Pharmacology. "Antisense is a hot topic. I wish they had put it in a bigger room." She said her husband works at NIH and thinks the festival is a great idea. "He says it offers you the chance to get acquainted and discuss your project with other people in your research area."

Dr. Irwin J. Kopin of NINDS, who served as chairperson of the Research Festival organizing committee, visited the various workshops. "I think the attendance is larger than last year," he opined. "But then," he added, "we always have a great turnout. Lots of excitement." Kopin was quick to praise his fellow committee members, especially Devera Schoenberg, who served as coordinator for the organizing committee, and Tom Flavin, chairperson of the coordinating committee.

The 1994 Research Festival is scheduled for the week of Sept. 19-23. Details about the program will be in the next issue of NIHAA *Update*.

The NIH Lecture will be on Thursday, Apr. 21, 1994, at 3 p.m. in Masur Auditorium, Bldg. 10. The speaker will be Dr. Patricia K. Donahoe, Massachusetts General Hospital. She will speak on "Regulation and Downstream Pathways of Growth Inhibitors."

### JUNE

The NIH Lecture will be Wednesday, June 1, 1994, at 3 p.m. in Masur Auditorium, Bldg. 10. The speaker will be Dr. Mary-Claire King, a scientist at the University of California, Berkeley.

The NIH Cultural Lecture will be Wednesday, June 8, at 3 p.m. in Masur Auditorium, Bldg. 10. The speaker will be Jane Alexander, chairman of the National Endowment for the Arts.

The annual meeting of the NIH Alumni Association (NIHAA) will be held on Saturday, June 18, 1994. Invitations will be mailed to local chapter members in May.

### SEPTEMBER

#### Research Festival '94

Sept. 19—NIH/NICHD Alumni Symposium on Monday morning from 8:45 to 12 noon in Masur Auditorium, Bldg. 10.

Sept. 19 and 20—Additional symposia, workshops and coordinated poster sessions.

Sept. 22 and 23—Technical Sales Association Scientific Equipment Show.

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

## News From and About NIHAA Members, and Foreign Chapters

**Dr. W. French Anderson**, who was at NHLBI for 27 years, is now professor of biochemistry and pediatrics, and director of the Gene Therapy Laboratories at the University of Southern California. He was the subject of a feature essay in the Jan. 17 issue of *Time* magazine on "Genetics: The Future is Now."

**Dr. Artrice Badger**, a consultant in science management and review, was recently elected to the rank of AAAS Fellow (American Association for the Advancement of Science Fellows Forum). She was honored for "significant research contributions to electron microscopy of biological systems and for exemplary administration of biomedical research and training grants." She came to NIH in 1957 and retired in 1990.

**Dr. David W. Bilheimer**, formerly a staff associate in the Molecular Disease Branch, NHLBI, 1969-1973, was professor of medicine and associate dean for academic affairs at the University of Texas Southwestern Medical Center in Dallas. He has been named executive director for academic and professional affairs in the Human Health Division at Merck & Co., Inc. in West Point, Pa.

**Dr. Gail H. Cassell**, a member of study sections at NIH in bacteriology and mycology, is professor and chairman of the department of microbiology at the University of Alabama at Birmingham. She is cochairman with Dr. Paul Marks of the External Advisory Committee (EAC). This committee, established in response to a congressional mandate in the 1993 NIH Appropriations Bill to redefine the "role, size, and cost" of the Intramural Research Program, will make recom-

mendations to the NIH director in spring 1994. Other NIHAA members on the committee are Drs. Michael S. Brown, Gerald D. Fishbach, Elizabeth Neufeld, Maxine Singer, and P. Roy Vagelos.

**Dr. Thomas C. Chalmers**, director of the Clinical Center from 1970 to 1973, is a medical research consultant now living in West Lebanon, N.H. He recently wrote an editorial in the *Journal of the National Cancer Institute* on "Screening for Breast Cancer: What Should National Health Policy Be?"

**Dr. Stanley N. Cohen**, who was with the chemical/biological information handling review committee in the Division of Research Resources from 1970 to 1974, is professor of genetics at

Stanford University School of Medicine. He received, with Dr. Herbert W. Boyer, the 1993 Helmut Horten Research Award, a Swiss prize for "pioneering scientific performance in the use of gene technology in medicine." Their discoveries have provided the scientific underpinning of the biotechnology industry. The award, worth 1 million Swiss francs (\$700,000), is presented every 2 years by the Helmut Horten Foundation.

**Dr. Rita R. Colwell**, a member of a microbiology training committee at NIGMS from 1970 until 1973 as well as other advisory councils of NIH, is now president of the Maryland Biotechnology Institute at the University of Maryland. In December 1993, she was elected president of the



Two NIHAA members on hand for their installment last Oct. 14, as life members of the founders' board of the Children's Inn are (from l) former NIH director Dr. James Wyngaarden; former NIH associate director for administration, Calvin B. Baldwin, Jr.; and operations manager for the Inn, Margo Bradford. Other NIHAA'ers named to the board (the inn's highest honor) are George Russell, Jr., and Dr. P. Roy Vagelos. Members of the founder's board continue their involvement in the inn's activities by serving as a consultative, advising and counseling forum.



American Association for the Advancement of Science. She became president-elect of AAAS on Feb. 24, 1994, following the group's annual meeting, then president in 1995 and chair of the board of directors in 1996.

**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 at the Harvard Medical School and has recently been named to an 18-member panel of scientists, doctors and advocates for AIDS patients to help speed the search for new drugs to fight the AIDS virus.

**Dr. David A. DeBoer**, a medical staff fellow in the Surgery Branch at NHLBI, has finished his residency in general surgery at Vanderbilt University Medical Center, and begun a fellowship in cardiothoracic surgery at the University of Pennsylvania.

**Dr. R. Bruce Donoff**, Guralnick professor and chairman of the department of oral and maxillofacial surgery and dean of the Harvard School of Dental Medicine, has been awarded the 1993 William J. Gies Foundation Award in Oral and Maxillofacial Surgery. He was honored for his many contributions to education and research in his specialty.

**Dr. Roger O. Egeberg**, a senior scholar-in-residence at the National Library of Medicine, and a member of NIHAA's board of contributing editors, has a paperback edition now available of his book *The General: MacArthur and the Man He Called "Doc."* He was MacArthur's doctor throughout the Philippine campaigns and gives his per-

sonal recollections of the time and of MacArthur.

**William H. Goldwater**, who began working at NIH in 1959, writes that "I retired from NIH on July 23, 1993, after 41 1/2 years with the Federal government, the past 34 at NIH. In my more recent years I headed the office responsible for developing and implementing NIH extramural program and review management policies and procedures...protection of research subjects, freedom and confidentiality of information, and standards of conduct and conflicts of interest in program management. Now on a more self-inflicted schedule, I look forward to being able to supply some of those talents and expertise to consultation with agency and performer institutions."

**Dr. DeWitt S. Goodman**, who died in November 1991, was posthumously honored by the College of Physicians and Surgeons at Columbia University

with the establishment of the DeWitt S. Goodman Fellowship in Preventive Medicine. The fellowship will stand "as a perpetual testament to the values Dr. Goodman shared with others throughout his life and work." Goodman, who was at NIH from 1956-58 and 1960-62 in NHI's Laboratory of Metabolism Investigation, was Tilden-Weger-Bieler professor of preventive medicine at Columbia.

**Dr. Maxwell Gordon**, who held a NIH predoctoral fellowship from 1946 to 1948 and a postdoctoral fellowship in Zurich from 1948 to 1949, writes that he "has been named president and chief executive officer of Aji-Pharma USA, Inc. Previously he was the CEO of another Ajinomoto subsidiary, and prior to that was a senior vice president of the Bristol-Myers Co. in the science and technology group. Aji-Pharma USA, Inc., is the U.S. pharmaceutical R&D arm of the Ajinomoto Co., Inc. of Tokyo, Japan."

(See *Members* p. 10)



Standing in the courtyard of the Howard Hughes Medical Institute are Dr. Joseph Perpich, a former NIHer, now vice president for grants and special programs at Howard Hughes and Gertrude Kelly, another former NIHer, who is editor of grants publications. The Institute hosted more than 100 NIHAA members and guests at a enjoyable and informative tour of the facility last Oct. 9.

*Members (continued from p. 9)*

**Dr. Edgar Haber**, an NIH Fellow from 1958 to 1962, now Elkan R. Blout professor of biological sciences, director of the division of biological sciences, and director of the Center for the Prevention of Cardiovascular Disease at the Harvard School of Public Health, has been awarded the 1993 Gold Medal for Excellence in Clinical Medicine by the Alumni Association of the College of Physicians and Surgeons of Columbia University.

**Dr. Ronald Herberman**, who was at NCI from 1966-85, is now director of the Pittsburgh Cancer Institute and professor of medicine and pathology at the University of Pittsburgh School of Medicine. He has been named the first Hillman professor of oncology. The endowed professorship was created by a grant from the Pittsburgh-based Hillman Company.

**Edith Jones**, who died in June 1993, was honored with the establishment of the Edith Jones Scholarship for Clinical Center Dietetic Interns. The scholarship, established by the District of Columbia Dietetic Association, honors Jones, who was the Clinical Center's first Nutrition Department chief. She served in that position from 1953 until her retirement 30 years later.

**Dr. Allen P. Kaplan**, who was a clinical associate at NIAMD from 1967 to 1969, and then head of the allergic diseases section, Laboratory of Clinical Investigation, NIAID, is currently chairman, at SUNY-Stony Brook and past president, American Academy of Allergy and Immunology and the Clinical Immunology Society. His research "includes studies of endothelial cell receptors for proteins of the plasma bradykinin-forming cascade and assessment of the functions of

chemokines as mediators of the allergic late phase reaction and relationship to 'histamine releasing factors.' Have spent 26 years studying the molecular mechanisms of generation of permeability factors such as bradykinin and histamine."

**Thomas J. Kean**, deputy director of the AMC Cancer Center, Denver, was honored recently by the National

Cancer Institute when he was presented the 1993 Marion Morra Award, recognizing "exceptional and long-term dedication to the Cancer Information Service." Kean was honored for contributions that span 15 years, including the development in the mid-1970's of an evaluation scheme for the Cancer Information Service, later service at NCI as project manager of the program, and more recently leading a management study team whose recommendations led to the recent full regionalization of the CIS.



**Dr. Hussein M. Khaled** is secretary general of the NIHAA chapter in Egypt. He writes that they have official approval;



Bolkainy as chairman; they are planning a fundraiser; and they have a logo.

they are named NIH-EA; they have elected a board of directors with Dr. Mohamed Nabil El

**Dr. Mark Levinthal**, a senior staff fellow in the Laboratory of Molecular Biology, NIAMD, from 1968-1972, is in the department of biological science at Purdue University. He spent the 1991-1992 academic year in the laboratory of Antoine Danchin at the Institut Pasteur. He also visited Prof. Danchin's laboratory in the summer of 1993.

**Dr. Gregory O'Connor**, who was at NCI from 1960 to 1973 as a research scientist; 1973-1978 as a senior investigator, Laboratory of Pathology; 1982-1983 as associate director, NCI (International Affairs); 1978-1981, as director, Division of Cancer Cause and Prevention; and from 1983-1985 on assignment from NCI as a special assistant to the Director at the International Agency for Cancer Research, writes, "In 1986, after serving as consultant to the International Agency, I joined the faculty at Loyola University Medical Center in Illinois as professor of pathology and was awarded the Galvin chair in pathology. In 1993, I retired as professor emeritus and returned to NCI as a special volunteer in the laboratory of Dr. Ian McGrath."

**Dr. John Parascandola**, Public Health Service historian and former chief of the National Library of Medicine's History of Medicine Division, is the author of *The Development of American Pharmacology: John J. Abel and the Shaping of a Discipline*. Published by the Johns Hopkins University Press late in 1992, the book examines the emergence of pharmacology as a discipline in the United States in the late nineteenth and early twentieth centuries. In a chapter on the development of pharmacology in government and industry, Parascandola discusses the early history of the science at NIH.

**Dr. Seymour Perry**, whose last three positions at NIH were deputy director, Division of Cancer Chemotherapy, NCI, 1973-74; special assistant to NIH director, 1974-78; and associate director, Medical Applications of Research, 1978-80, writes: "After ten years at the Georgetown University School of Medicine, I have recently taken a part-time position as senior scholar at the Medical Technology and Practice Patterns Institute (MTPPI) in Washington, a nonprofit health policy and health services research group. I have relinquished the chairmanship of the department of community and family medicine at Georgetown but remain part-time as professor and director of the program on technology and health care."

**Dr. John C. Petricciani**, who was in the Office for Protection from Research Risks, OD, from 1968-1985, joined the Genetics Institute, Cambridge, Mass., in 1992 as vice president for regulatory and government affairs. He continues to advise WHO on biological issues.

**Dr. Jack S. Remington**, a member of the first cadre of NIH research fellows in 1957, is now chairman of the department of immunology and infectious diseases, Stanford University. On Nov. 22, 1993, he delivered the Gorgas Memorial/Leon Jacobs Lecture entitled "Toxoplasmosis, AIDS, and What Leon Jacobs Taught Me."

**Dr. Jesse Roth** is professor of medicine at Johns Hopkins University School of Medicine where he holds the Raymond and Anna Lublin chair and is director of the school's Division of Geriatric Medicine and Gerontology. He has received from the American Diabetes Association the Albert Rentold Award, which recognizes outstanding achievement in the training of diabetes

research scientists or the facilitation of diabetes research by diabetes investigators. He retired from NIH in 1991, having spent the previous 27 years there including a stint as chief of the diabetes section, Clinical Endocrinology Branch, NIDDK; chief of the Diabetes Branch, NIDDK; and director, Division of Intramural Research. In the late 1960's, he and his colleagues at NIH showed that circulating insulin is not a uniform entity, but takes several forms. His later work on hormone receptors brought about a new way of comprehending the action of hormones on target cells. He also contributed significantly to the understanding of how the endocrine system regulates itself through feedback loops.

**Dr. John C. Ruckdeschel**, a staff

associate at NCI from 1972 to 1975, and a visiting scientist 1983-84, is the director and chief executive officer of the H. Lee Moffitt Cancer Center and Research Institute in Tampa. The

Moffitt Cancer Center is a free-standing teaching affiliate of the University of South Florida Health Sciences Center. Moffitt has a goal of becoming a National Cancer Institute comprehensive center.



*(Continued on p. 12)*



**The first Christian B. Anfinsen Lecture** took place last Nov. 14, in the Ebner Auditorium of the Weizmann Institute of Science in Rehovot, Israel. Shown are (from l) Dr. Christian B. Anfinsen; Dr. Sara Fuchs, founding member of the new Israeli chapter of NIHAA; Dr. Ira Pastan, lecturer; and Dr. Michael Sela, also a founding member of the new chapter which was inaugurated at the meeting. Pastan spoke on "Recombinant Immunotoxins: New Agents for Cancer Therapy." Fuchs reports that the lecture was very well received by the audience of 250, most of them NIH alumni. In the next issue of NIHAA *Update* there will be an article about the Israeli chapter by Drs. Sela and Fuchs.

(Continued from p. 11)

**Randy Schools**, the general manager of the R&W at NIH, recently received from the Children's Oncology Camps of America (COCA) its annual "Spirit of COCA Award." The honor is presented to a volunteer who has helped



advance camping programs for children with cancer. Schools was recognized for his work with Camp Fantastic, based in Winchester, Va. Shown above with camper Josh Soth, he was involved in the original planning of the summer camp program and recently served as president of Special Love, Inc., which sponsors Camp Fantastic.

**Dr. Michael A. Schwartz**, who was in the Laboratory of Clinical Psychopathology, NIMH, as a clinical associate in 1972-74, has recently moved to Ohio as professor and vice chairman, Office of Education, in the department of psychiatry at Case Western Reserve University. The chairman is Dr. Charles Schulz, an NIMH alumni.

**Dr. Alan Solomon**, director of the Human Immunology and Cancer Program at the University of Tennessee Medical Center has joined the board of

scientific counselors of the Division of Cancer Biology, Diagnosis and Centers at the National Cancer Institute. Solomon says he is pleased to accept the appointment and sees it as a benefit to his medical center. "We are notified of all legislative matters which pertain to cancer research. This will be a lot of work, but it is an exciting opportunity."

**Dr. Heinz Specht**, whose NIH career first began in September 1936 when he was hired to work at the Industrial Hygienic Laboratory at 25th and E and ended when he retired in 1971 as a special assistant to the director of the Fogarty International Center, now lives in Sykesville, Md.

**Dr. Gordon Wallace**, at NIAID from 1960-86, reports that the Light Visor™, the principal product developed and marketed by the company he founded in 1989, Bio-Brite Inc., was featured in an episode of the popular TV program "Northern Exposure" on Mar. 7. The Light Visor, a portable light dosage system developed to deliver bright light for the treatment of Seasonal Affective Disorder (winter depression), is the result of technology transfer from NIH and Jefferson Medical College. Other visor applications include sleep disorders, night-shift worker disorders, and jet lag.

**Dr. Herbert S. Waxman**, at NIH from 1964 to 1966 as a research associate in NCI's Laboratory of Physiology, is currently chairman, department of medicine, Albert Einstein Medical Center in Philadelphia and senior associate chair, department of medicine, Temple University School of Medicine. He is also president of the Association of Program Directors in Internal Medicine.

**Dr. Nancy Wexler**, a health scientist administrator with NINDS from 1976 to 1983, is professor of clinical neuropsychology in the departments of neurology and psychiatry of the

College of Physicians and Surgeons, Columbia University. She received the Albert Lasker Medical Research Award in



October 1993 for her global research effort that led to discovery last March of the gene that causes Huntington's disease.

**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, is



the director of FDA's Center for Biologics Evaluation and Research. She delivered the NIH Lecture on Mar. 24, 1994. Her topic was "Human Interferon Alphas: The Legend and the Legacy."

## President's Letter

Fiscal solvency, as ever, continues to threaten the survival of our association. Despite generous voluntary service on the part of about 40-50 local members, needs for cold cash are inescapable: salaries for our two devoted and overworked part-time staff, printing and mailing costs, telephone and fax service, etc.

Nothing's inexpensive these days. Romeo and Juliet at the National Shakespeare Theater went for \$72 a brace. Dinner, without wine in a modest little bistro added another \$48. A day on the lifts at Snowbird will put me out-of-pocket \$38 next week. For an aging alum, with better recall of his teens than of last year—8¢ a loaf bread, 13¢ a quart milk and 9¢ a gallon gasoline—the rise in prices is astonishing. (There's no longer even a symbol for cents on my keyboard!) Thus, with an average membership of circa 1000 @ \$25 per, the operating budget does limit opportunities. Moreover, the annual membership fee looks like a really big bargain.

There are several things each of you could do that would be helpful.

- Renew on first notice.
- Identify non-member fellow alumni.

Odd as it may seem, the NIH has very poor records of the people who have worked here, virtually no information on the current whereabouts of those on whom it does have a record, and is prohibited by the Privacy Act from making the information available to the NIHAA. If each member could recruit another, the operating budget would double!

- Consider sweetening your renewal with a modest "supplemental." This might be most appropriate for the life members, who were shrewd to recognize a truly good bargain.

I'm so sorry to have to raise the issue of money. But given the state of the NIHAA's exchequer, the alternatives to this pleading are few and none could be deemed pleasant to contemplate.

## Attention

NIHAA wants to hear from its members. Please type or print your note for a future issue and mail it to *Update* at 9101 Old Georgetown Rd., Bethesda, Md. 20814

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**Name**

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**Home Phone**

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**Home address**

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**News, include dates/position at NIH and photo if possible**

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**Suggestions for newsletter**

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**Suggestions for NIHAA**

## Notes from Two NIHAA Committee Chairs

### The Historical Committee

By Dr. Leon Jacobs

The historical committee of the NIHAA solicits the cooperation of the members of the association and invited additional members who are devoting a fair amount of time and effort to the recording of items of NIH history which may otherwise be lost.



Dr. Leon Jacobs

Current membership of the committee is as follows: Leon Jacobs, chair; B.H. Morrison, Paul Q. Peterson, Richard L. Seggel, Emma Shelton, Helen Schroeder, Marvin Schneiderman, and John P. Utz. Members of an earlier committee are Jack Davidson, Herman Kraybill and Lewis Sargent.

The historical committee has met several times and has had, as additional members, Victoria Harden, NIH historian, and Harriet Greenwald, NIHAA executive director and editor of *NIHAA Update*. The committee has discussed the number of projects that it can undertake and how it can interact with, and supplement, the efforts of the NIH Historical Office and the DeWitt Stetten, Jr. Museum.

One thing that members can do to help is to apprise the NIH Historical Office of old documents or papers that may be of significance. At the moment, we are interested in old NIH telephone books in use before 1954, and in Scientific Directories and Bibliographies for years prior to 1959. If any of you have the kind of "squirreling" instincts that

may have resulted in the saving of such memorabilia, we would love to have them for the NIH collection.

Another thing in which we are particularly interested is a photographic history of NIH. Biography is a principal part of history; so photographs of former scientific and administrative staff at the NIH would be very welcome. It is very important, if you have such items to contribute, to identify the individuals in the photos and to date and provide information about the place or the occasion when the photo was taken. We will be happy to credit the contributions to the donors who have sent them in. In the long run, we hope to have space to exhibit them on the walls of the various buildings in the huge complex of Federal style buildings and architectural monstrosities that now adorn the campus in Bethesda.

Please remember that we welcome your active participation as members of the NIHAA historical committee or as volunteers for particular projects.

### The Membership Committee

By Dr. Thomas Malone

The current membership of the NIH Alumni Association stands at about 1,750. A recent tabulation from Richard Drury in the Systems and Actions Branch, Division of Personnel Management, NIH, shows that during the last 10 years there have been more than 36,000 separations from the NIH, or a turnover of over 21 percent each year. The total number of living NIH alumni could easily exceed 50,000. The current NIHAA membership does not approach a desirable fraction of those who have retired from NIH. Building upon past efforts, the individual membership committee (IMC) has the sim-

ple but difficult mission of not only developing initiatives to increase membership but also suggesting ways those who join will want to continue their membership.

Members of the IMC presently include: Thomas Malone, chair; Belia L. Ceja, Philip Chen, Richard A. Drury,



Dr. Thomas Malone

Sol Eskanazi, Zora Griffio, Alan Moore, Randy Schools, Emma Shelton, and Harriet Greenwald, *ex officio*. During the several meetings held, the committee

has identified a number of initiatives that are being pursued by committee members in accord with their interest and expertise. High priority items include: producing a directory of NIHAA membership; working with NIH to develop a tracking system for retired employees and workforce statistics; exploring the possibility of including information about NIHAA in materials given to all NIH employees upon departure; presenting information about the NIHAA at various meetings; and developing articles and publicity for newspapers and journals.

While pursuing these and other initiatives, the IMC has asked each of its members and all members of the NIHAA board of directors to contact personally colleagues and friends who have retired from NIH and invite them to join. Early indications are that this will be a successful undertaking.

Readers of *NIHAA Update* are invited to contact members of the IMC or write to the NIHAA office to submit ideas and suggestions for increasing and retaining membership.

*Varmus (continued from p. 1)*

Throughout his brilliant career he has demonstrated his extraordinary commitment to scientific excellence. He has the vision and skill to lead this nation's biomedical research into the 21st century. We look forward to working closely with him."

Sen. Nancy Kassebaum (R-Kan.) called NIH "one of our most important institutions, one of the real guiding lights in this nation. I can't think of anyone more distinguished to lead it than Dr. Varmus.

"He is the first Nobel laureate to lead NIH, but more importantly he is a wonderful blend of scientific inquiry, a probing mind and also great compassion and enthusiasm for the job ahead. With a graduate degree in 17th century English poetry as well as his medical training, he has a nice blend of skills that will help him keep perspective."

Sen. Paul Simon (D-Ill.) advised Varmus that Congress, too, will be looking to him for direction: "You are going to have to say to Sen. Kennedy, and to Sen. Kassebaum, and to Sen. (Paul) Wellstone, 'This is important, this is where NIH funding should go.' Sometimes that's not easy."

Said Wellstone (D-Minn.), "Above and beyond his brilliant background and impressive resume, Dr. Varmus has a great sensitivity and openness to people. I'm just delighted with his nomination."

Sen. Barbara Mikulski (D-Md.) told Varmus, "I'm the senator of NIH and for NIH, and I will be particularly interested in working with you to reinvent the NIH for the 21st century. This is an era of new science, new attitudes and new resources...we are concerned sometimes that NIH might be adrift. I know you've won one Nobel Prize, but we're looking to give you a prize for

reinventing NIH."

Varmus was joined at the witness table by Sen. Barbara Boxer (D-Calif.) and by Rep. Nancy Pelosi (D-Calif.), who carried not only their own endorsements but also those of Sen. Diane Feinstein (D-Calif.), who could not attend.

"Dr. Varmus is truly a remarkable man," said Boxer. "He is a Renaissance man for our times."

Added Pelosi, "I can testify that (Varmus) is a very effective advocate for biomedical research and for his own point of view."

Varmus then gave his opening statement (see excerpt), first introducing his family to the panel.

The question period began with an inquiry by Kennedy on how best to speed the fruits of basic research to the bedside.

"In the last 5 years, this kind of transfer has occurred mainly in the area of human genome studies," answered Varmus. "This is a field known by the buzzword 'molecular medicine.' There is no doubt that we need to train more people who have the ability to take research from the bench to the bedside. As this field matures, NIH will play a major role in making benefits available to patients."

Kennedy then mentioned a list of Senate concerns that he hoped Varmus would address, including allegations of racial discrimination at NIH, a need for focus in the fields of substance abuse research and mental health, reorganization of NIH's Office of AIDS Research (OAR), attention to rehabilitation medicine and the needs of people with disabilities, and lastly the FIAU drug trial that went amiss last summer.

"This committee has been deeply saddened to learn of the deaths of 5 of the 15 patients in that trial," said

Kennedy.

The questions got tougher as Kassebaum took the floor. "The director of NIH has somewhat limited powers...how do you plan to strengthen that role?"

Varmus said that he has held discussions with HHS Secretary Shalala and PHS director Dr. Philip Lee, who agree that the NIH director must have more authority to make appointments at salaries commensurate with those offered at leading academic institutions. Varmus also said that, as director, he would coordinate trans-institute research activities on campus. "These initiatives can be guided by leadership from the director's office," he said.

Kassebaum then asked if controversial studies at George Washington University involving attempts to clone human embryos called for establishment of an ethics oversight board.

"Those studies represent a relatively small advance scientifically—it has been done in animals for years—but the research raises ethical issues that we need to confront," answered Varmus.

He said he has received permission from HHS to establish a subcommittee of the NIH advisory committee to the director to examine the ethics of research.

Simon then recounted details, none of which he expected Varmus to know, of a bureaucratic snafu holding up progress in a small drug trial for patients with a urea cycle disorder. Varmus astonished and impressed Simon with his knowledge of the case, and how to solve it.

Declaring that mental health research is underfunded, Simon then asked Varmus for a letter, due within 60 days, analyzing what areas are most worthy of research in this area.

*(Continued on p. 16)*

(Continued from p. 15)

Next up was Sen. Dan Coats (R-Ind.), who threw a fastball at Varmus's chin: Quoting a publication called *The Prune Book*, which details requirements for the top federal jobs in Washington, Coats emphasized the need for administrative experience in the NIH director's post. "How does an individual with a love for literature and the laboratory handle the daunting task of administering a major national institution, filled with political intrigue and daily inundated with requests from senators and congressmen? It seems comparable to taking a politician out of the lights of the TV cameras and putting him in the lab where he's expected to make discoveries. I can't imagine any politician surviving in that atmosphere."

Varmus explained that, as American Cancer Society research professor at UCSF, he was excluded from deanships and other administrative posts that would have taken him away from research and teaching. "But I am no stranger to the issues confronting NIH involving research integrity, indirect costs, appropriations and the like. I've been in the thick of many of the battles."

Through his participation in the National Research Council, Varmus said he has further been exposed to the issues. "Though I haven't had the (administrative) titles, I have had the experience. Also, I do have a big team of accomplished deputy and associate directors. My goal is to have excellent relations with them."

Varmus said he is well versed in NIH's pressing problems, among them the allegations of discrimination on campus, the need to organize OAR, and to address the deterioration of the Clinical Center and almost half of the

aging labs on campus. "These require my attention and I will give it to them," he declared.

"You are going to need a lot of steel to resist the enormous pressures," warned Coats.

Coats' last question involved the balance in NIH's portfolio of directed versus undirected research. Answered Varmus, "My concern is to protect the basic research enterprise, along with the areas that have been targeted by Congress."

When it came her time to query Varmus, Mikulski first acknowledged the accomplishments of NIH deputy director Dr. Ruth Kirschstein, who was in the hearing room. "The committee should know that she has done an extremely good job running NIH and helping Harold Varmus with the transition. We owe her an enormous debt of gratitude."

Said Varmus, "To my great pleasure, Dr. Kirschstein will remain as deputy director of NIH and will be working with me hand in hand."

"We want you on the scene, to make sure the President's budget is really robust for NIH," Mikulski told Varmus. "I want you to be sure to pull out your green eyeshades when it comes time to look at the budget."

Mikulski asked Varmus to peer 6 months, 1 year and 3 years into the future "so we get a sense of your navigational chart for NIH," at which point Varmus catalogued the priorities mentioned earlier. When Mikulski made passing reference to the strategic plan crafted by former director Dr. Bernadine Healy, Varmus endorsed the process of thinking about future planning in concert with authorities from extramural NIH, but distanced himself from publishing any bible: "The recommendations that you come up with

are often out of date by the time they're in print."

Wellstone, decrying stingy funding for biomedical science—which he said "pays for itself over and over and over again"—confided that both his parents suffered from Parkinson's disease, and asked Varmus why funding for research into this illness is comparatively low.

Varmus used the opportunity to explain that much basic research, while lacking a disease-specific title, nonetheless offers hope for treating diseases such as Parkinson's.

"There is an enormous amount of research being done on how cells talk to each other. It might not be labeled 'Parkinson's disease research,' but it has applications to that disease of the basal ganglia."

As Wellstone continued, Mikulski stepped down into the gallery to offer personal congratulations to Kirschstein.

Wellstone's last question involved environmental causes of disease.

Responded Varmus, "We have a whole institute dedicated specifically to such questions, the National Institute of Environmental Health Sciences. Other institutes as well are looking into environmental contaminant etiology in a variety of diseases."

Wrapping up the hearing, Kennedy counseled Varmus not to fret too much about his dearth of formal administrative titles:

"I sympathize with you. It's like when a governor runs for president. Everybody says he has no foreign policy experience. Or when someone runs for senator. People say you lack managerial experience. My experience is that these things shake out around the time of the first primary."

Kennedy asked Varmus to look into the tricky area of crafting pay scales



sufficient to attract the best people into government service, then ended by welcoming Varmus' wife, who, he pointed out with pride, was born in Boston.

"Her father, Joseph E. Casey, was a congressman who once ran against Henry Cabot Lodge. We remember well her father's service to the state and to Congress."

The Senate committee approved Varmus as next NIH director by voice vote early Saturday morning, Nov. 20. Varmus was sworn in by HHS Secretary Donna Shalala in a private ceremony on Nov. 23 in her office.

**Excerpt from Dr. Varmus' Statement to the Senate About NIH 1968-1970**

"...I began Columbia Medical

School fascinated with the brain, intending to practice neurology or psychiatry; a new interest in tropical health brought me to a mission hospital in India; by the time of my residency, I thought I had settled on the practice of internal medicine.

The NIH then pointed me in a new direction, when I served as a Public Health Service officer at the NIH campus in Bethesda. My mentor, Ira Pastan, showed me how to use a simple model organism—the bacterium, *E. coli*—to understand a complex phenomenon, hormone action. This experience converted me to an enthusiastic bench scientist, so I sought further research training and then work as a professor in a basic science department of the medical school at UCSF. In this new setting, I used another kind of sim-

ple microbe, a retrovirus, to study the genetic basis of cancer and the way genes behave in animal cells.

Although I left Bethesda in 1970, I did not leave the NIH. As a new faculty member, a large part of my salary was paid by an NIH Career Development Award, and for over 20 years most of my laboratory's work—like that of most university labs—has been financed by grants from the NIH. I have been fortunate. With NIH funding I have worked unimpeded by anything other than my own limitations.

I have known the joys of discovery, nurtured brilliant students, and received public accolades for work that was largely an act of love. The indebtedness I feel towards the NIH is one of the reasons I am sitting before you today..."



NIAMD - CLINICAL INVESTIGATIONS - DECEMBER, 1968

- ROW 1: PERRIER, LASTER, DECKER, ROBBINS, RALL, GORDON, WHEDON, di SANT'AGNESE, SHULMAN, AURBACH, ROSEN, THOMPSON, EDELHOCH.
- ROW 2: GOETZL, SCHULMAN, GORDEN, PASTAN, KALTREIDER, TALAL, METZGER, STEINBERG, WOLFE, BILSTAD, BROWN, PERLMAN, ASHMAN.
- ROW 3: ASKENASE, GREENE, WEISSMAN, PALLAVICINI, CAHNMANN, PAGES, ROBERTSON, CHASE, MELSON, DIBBINS, LEFKOWITZ, SHERMAN, GARDNER.
- ROW 4: FUJIMOTO, ITSCOITZ, MARCHESI, LAPEY, BOAT, LEVY, A. WEINTRAUB, HIRSCHMAN, MALAN, SCHNEIDER, WILLERSON, STAPLES, VARMUS, BOYLE, DESBUQUOIS.
- ABSENT: BERNSTEIN, KAPLAN, LEWALLEN, LOEB, MARCUS, ROTH, SEEGMILLER, VARRONE, B. WEINTRAUB, WOLFF.

## Science Research Updates in Prevention

### NIA Study Shows Exercise Keeps Arteries Younger Longer

Physicians recommend putting your best foot forward to save your heart by jogging, running, walking, swimming, dancing or performing some other aerobic exercise at least three times per week. According to scientists at NIA, regular exercise may greatly reduce stiffening of the arteries, a primary cause of high blood pressure that can lead to heart disease and strokes in older people.

Scientists believed that arterial stiffening was an inevitable burden of aging, but it is clear now that physical conditioning may slow this process considerably. In the October 1993 issue of *Circulation*, Dr. Edward Lakatta and his colleagues at NIA's Gerontology Research Center, in collaboration with the University of Maryland School of Medicine and the Johns Hopkins Medical Institutions, report that arterial stiffening occurs in varying degrees among older individuals, even healthy ones with no hypertension. However, among those who exercise regularly, the occurrence of arterial stiffening is consistently far less severe.

"In all our sedentary subjects, the more they are able to exercise, the less stiff their arteries," said Lakatta.

"If simple exercise can reduce arterial stiffening, then we can look to lifestyle changes to reduce illness and deaths, to better the quality of life and lower cardiovascular health care costs. The benefits would be tremendous," says Dr. Richard Hodes, NIA director.

The study consisted of two parts. In the first part, the scientists studied 146 healthy, nonsmoking, sedentary volunteers, ages 21 to 96, during a treadmill test. The treadmill increased in speed every 2 minutes until the volunteer was

exhausted. Those individuals who could exercise longer had less stiffening of their arteries. This effect was over and above age effects.

In the second part of the study, the scientists compared 14 endurance athletes, age 54 years and older, to the sedentary individuals of the same age, and to younger sedentary volunteers. The exercise capacity of the older athletes was similar to young people but greatly surpassed the older sedentary group. The major finding here was that, in older athletes, there was far less arterial stiffness than in sedentary older people.

According to Lakatta, "This demonstrates that endurance training may give us at least some control over the condition of our arteries, a variable we thought controlled us. The next step is to discover whether mild exercise could have a similar effect."

The study shows too that over time, changes in arterial stiffness are much more marked than changes in blood pressure. "Blood pressure measures alone may deceive us into thinking our arteries really aren't all that stiff," explains Lakatta, "when in fact, the situation can be quite serious."

Measuring arterial stiffness gives a more complete picture of arterial health than does measuring blood pressure alone. And, as heart disease and stroke are leading killers of both men and women, scientists hope that eventually arterial stiffness will become a reliable prognostic tool.

Ethnic and genetic differences, body weight, and dietary habits also influence how much arteries will stiffen. A study in China, for instance, showed a considerable difference in measures of arterial stiffness between people living in rural and urban areas. City-dwellers tend to be more sedentary and to salt their food generously and to have

alarmingly high incidence of hypertension when compared to country folk, most of whom remain physically active as farmers.

For now, it appears that exercise may help overcome the ravages of time as far as arterial circulation is concerned. Researchers say, however, that even one's capacity to exercise may have some genetic link. Perhaps some people have more flexible vessels to begin with, enabling them to run faster and jump higher. NIA scientists hope to explore this relationship in further studies using training interventions.

### NEI Researchers Report Treatment Lowers Risk of Developing Multiple Sclerosis

Over half of all people with first-time optic neuritis, a vision-impairing inflammation of the optic nerve, will eventually develop multiple sclerosis (MS).

But researchers report in the Dec. 8, 1993, issue of the *New England Journal of Medicine* that treating first-time optic neuritis patients with a combination of intravenous and oral corticosteroids lowers their risk of developing MS within the next two years.

MS is a debilitating disease of the central nervous system that affects as many as 500,000 Americans. This finding, based on a two-year patient followup from a large National Eye Institute-supported clinical trial, offers the first scientific evidence ever that intravenous corticosteroids help to delay the progression of MS. It also suggests that this treatment may provide similar benefits for people with not only optic neuritis, but other early symptoms of MS. "Based on this finding, doctors should strongly consider treating their optic neuritis patients with intravenous corticosteroids, even though this regimen has only a marginal impact on a patient's recovery of vision," said Dr. Roy Beck, chairman

of the Optic Neuritis Treatment Trial (ONTT) and a professor of ophthalmology and epidemiology at the University of South Florida.

"Optic neuritis is often an early sign of MS, and subsequent inflammations of the central nervous system may lead to increased disability," said Beck. "If future attacks of MS can be delayed or prevented with intravenous corticosteroids, patients may be able to maintain a higher quality of life."

In the ONTT, researchers evaluated 389 patients with optic neuritis who had no other clinical signs of MS when they entered the study.

Each patient was randomly assigned to one of three treatment groups: (1) high-dose intravenous methylprednisolone for three days followed by a lower dosage oral prednisone for 11 days, (2) oral prednisone for 14 days, and (3) oral placebo for 14 days.

The investigators found that within the first two years, MS developed in 7.5 percent of the intravenous group, 14.7 percent of the oral corticosteroid group, and 16.7 of the placebo group. The researchers also determined that the protective effect of intravenous therapy lessened after two years, suggesting the need for future studies on possible retreatment strategies. Beck stated that he and the other researchers were uncertain how the intravenous therapy slowed the onset of MS, in part because the exact cause of the disease is still unknown.

In addition, the ONTT confirmed previous reports from smaller studies that magnetic resonance imaging (MRI) brain scans can frequently help doctors detect asymptomatic brain lesions in optic neuritis patients that are related to early MS.

In the study, nearly 25 percent of patients with abnormal brain scans developed MS within two years compared to only 5 percent of those with

normal brain scans. The more abnormal the initial brain scan, the more likely a person was to develop MS.

Moreover, participants with abnormal brain scans benefitted most from the intravenous corticosteroids. Thirty-six percent of patients in the placebo group who had two or more brain lesions developed MS within two years compared to 16 percent of those in the intravenous group.

Because of this finding, the researchers stated that intravenous corticosteroid treatment may also benefit those with other early symptoms of MS.

"The ONTT is a good example of how the results from vision research can have an impact on a related medical discipline," said Dr. Carl Kupfer, director of NEI. "Since the eye provides nearly 40 percent of our sensory input to the brain, it provides an excellent opportunity to study many of the disorders that affect the brain."

Optic neuritis affects more than 25,000 Americans each year, primarily women between the ages of 18 and 45. Because studies show that at least half of the people who have an initial attack of optic neuritis will develop MS within 15 years, many physicians consider the disease to be a precursor of early manifestation of MS.

Optic neuritis causes pain and a rapid, often extreme, loss of vision. ONTT scientists reported previously that even without treatment, patients generally recover their vision after the first episode of the disease.

Patients treated with intravenous corticosteroids recovered their vision about two weeks sooner than those receiving a placebo, but this treatment provided them with no long-term visual benefit.

The researchers also found that oral corticosteroids alone are ineffective in treating optic neuritis, and that treatment with these drugs can actually

increase a person's risk for future attacks of optic neuritis.

## NIH, Indian Researchers Shed Light on Cause of Shrimp Allergy

NIH and Indian researchers have identified two regions of a muscle protein found in shrimp that may trigger the adverse reactions suffered by shrimp-allergic people. The researchers also found similar regions in muscle proteins of other shellfish, which may explain why shrimp-allergic people are often allergic to lobster, crabs and other crustaceans as well.

"As we work to understand why certain foods cause allergies, a crucial goal is describing the specific parts, or epitopes, of food proteins that bind to the antibodies responsible for allergic reactions," says study investigator Dr. Dean D. Metcalfe, head of the mast cell physiology section in NIAID's Laboratory of Clinical Investigation. "Very few of these epitopes are currently known. Our characterization of such epitopes in a protein that causes shrimp allergy could eventually lead to ways of treating seafood-allergic patients employing immunotherapy."

In the United States, about 3 percent of children and 1 percent of adults have clinically proven allergic reactions to foods.

Among U.S. adults, the most common foods causing allergic reactions include shellfish such as shrimp, lobster and crab; peanuts; tree nuts such as walnuts; fish; and eggs. In children, the pattern is somewhat different: common food allergens are egg, milk and peanuts.

"The foods to which people react are the ones they eat most often," Metcalfe explains. "In Japan, for example, rice allergy is more often observed, and in Scandinavia, codfish allergy is common."

*(Updates continue on p. 20)*

(Continued from p. 19)

### Chinese Cancer Prevention Studies Suggest Benefit From Vitamin/Mineral Supplements

One of two related randomized dietary intervention trials reported in the Sept. 15, 1993, issue of the *Journal of the National Cancer Institute* indicates that a specific vitamin/mineral supplement taken daily for 5 years reduced cancer incidence and mortality, as well as overall mortality, among residents of Linxian county in North-Central China.

This statistically significant finding comes from the larger of the two trials, reported by Dr. William Blot of NCI. The smaller study is reported by Dr. Jun-Yao Li, Cancer Institute, Chinese Academy of Medical Sciences, Beijing. Both trials tested for protective effects of vitamin/mineral combinations used to supplement a diet typically low in the intake of several vitamins and minerals.

The potential cancer-prevention benefits of vitamin/mineral supplementation may or may not be applicable in countries such as the United States, where there is much higher dietary consumption of these vitamins and minerals, say editorial writers Drs. Steven E. Benner and Waun K. Hong, both of the University of Texas M.D. Anderson Cancer Center.

The typical diet in Linxian County is low in fresh fruit, meat, and other animal products; diet staples include wheat, millet, sweet potatoes, and corn. Rates of esophageal and stomach cancer in this county are among the highest in the world, over 100 times U.S. rates and 10 times those of other areas of China.

In the study described by Blot et al., 29,584 Linxian residents aged 40 to 69, drawn from the general population, were randomly assigned to receive

daily, in the form of an individual oral tablet, one of seven vitamin/mineral supplement combinations (at one to two times the U.S. Recommended Daily Allowance—RDA) or a placebo for five and one-fourth years. Mortality and incidence were monitored for esophageal, gastric cardia (the upper stomach joining the esophagus), the remainder of the stomach, and other cancers. Among the group receiving a combination of beta carotene, vitamin E, and selenium, mortality from all causes was reduced by 9 percent, cancer deaths dropped by 13 percent, and stomach cancer deaths dropped by 21 percent (all reductions statistically significant). No statistically significant effect was found for any of the other supplements.

The second article by Li, et al., describes a smaller study of 3,318 Linxian residents aged 40-69 with esophageal dysplasia, a known precursor of esophageal cancer. Participants were randomly assigned to receive a daily supplement of 14 vitamins and 12 minerals (at two to three times the U.S. RDA) or a placebo for six years. Using the same methods as in the larger study, cancer incidence and deaths were monitored. A statistically nonsignificant decrease (8 percent) in esophageal/gastric cardia cancer deaths was observed; however, a more substantial decrease (38 percent) of borderline statistical significance in stroke and other cerebrovascular disease was found. The



**A village square in Linxian, the rural county in north central China where these studies were conducted.**

researchers speculate that the intervention may have come too late if individuals with dysplasia are less amenable to the potential benefit of nutrient supplementation. Further investigation of the cerebrovascular findings is warranted, they add.

In their JNCI editorial on the two studies, Benner and Hong point out that in the multistep process of epithelia cell cancer development (including esophageal and gastric tumors), it is believed genetic abnormalities accumulate over time; response to chemopreventive agents may decrease as genetic damage increases. This phenomenon may explain why cancer reduction was observed in the larger study of the general Linxian population, but not in those with esophageal dysplasia. Benner and Hong note that more chemoprevention studies are needed to establish dosages, define intermediate markers of efficacy that could shorten the length and cost of trials, and explore the implications for public health recommendations.

*This material was compiled from various institute press releases.*

*Clinton (continued from p. 1)*

Lee, assistant secretary for health; Lee and Varmus sported bright green lapel buttons reading, "Give 'Em Hell, Hillary!" On seeing the buttons, she remarked, "I like the buttons that say, 'Give 'Em Health, Hillary!'"

Clinton was met by a warm round of applause from an impromptu crowd that had gathered in the lobby. After signing her name in NIH's visitor's log, she asked, "How are you all?" and plunged into the crowd to shake hands with well-wishers. She then went upstairs in the hospital to receive briefings from what Varmus called "some of our most energized scientists." These included: Varmus himself, who gave an overview of what is expected to be the theme of 21st century health care—genetics and molecular biology; NCHGR director Dr. Francis Collins, who spoke on the Human Genome Program; Dr. Bert Vogelstein, a prominent cancer researcher from Johns Hopkins who talked about the recent discovery of the gene causing colon cancer; Drs. Cynthia Dunbar and Melissa Rosenfeld of NHLBI and NCI's Dr. Michael Blaese, who discussed gene therapy for cystic fibrosis, inherited severe combined immune deficiency, and other diseases; Dr. Anthony Fauci, NIAID director, who talked about the AIDS epidemic and NIH efforts combatting it; Dr. John Erickson of NCI, who discussed methods of drug design through structural biology; and Dr. George Uhl of NIDA, who described cell receptors for drugs of abuse.

Said Clinton of the science session, "I was only sorry that my daughter Chelsea couldn't be with me—she knows more about genetics than I do."

The first lady then embarked on a tour of Clinical Center patient care units where she met youngsters and adults with AIDS. She also met Ashanti

DeSilva, a 7-year-old from Ohio who has an immune deficiency disorder; in 1991, she was one of the first patients treated with gene therapy. The next stop was the NIH Library in Bldg. 10, where top staff in the Office of the Director and each ICD gathered to meet the first lady.

The speech that followed in Masur emphasized the link between basic biomedical research and the quality of life Americans enjoy today, including threats to that quality induced by a health care system that Clinton says thwarts the close connection that could potentially exist between bench research and the bedside.

Ironically, at the same time the United States enjoys "the finest doctors and researchers and scientists and hospitals and nurses in the world," she said, "we also have the stupidest financing system for health care in the world, and the stupidity of that system threatens the quality of all that you do and are engaged in doing to try to improve the health of both individuals and a nation."

Insurers currently have more incentive to screen people out of care than to include them, she maintained. The president's health initiative would not only extend insurance coverage to all Americans, even those enrolled in clinical trials, but also lead to greater investments in basic research.

"The president believes strongly in continued support for basic biomedical research," said Clinton. "He is committed to preserving the mission of academic health centers which, in years past, have been neglected, underfunded, and even unappreciated. The president intends to fix that."

One could almost sense NIH'ers' suppressing, in the name of the decorum due a first lady, the urge to give that line a standing ovation; the event, open to ticket-bearers only, included

representatives of each ICD.

Clinton concluded by urging scientists to support her husband's health care reform package: "What we hope you will do is take a stand on behalf of improving the health care system in this country. Your voices will be heard loudly...because you have more credibility than the voices arrayed against us."

Varmus called Clinton a "powerful teacher" of health care reform, adding, "Your presence reaffirms the traditional alliance between basic research and advances in clinical treatment. I hope this is the first of many visits...We hope you will see us again—next time, bring your spouse."

The first lady then took a short ride down West Dr. to the Children's Inn at NIH, where she was greeted by Executive Director Bob Gray and his staff and given an update on the facility's mission by NCI Pediatric Branch chief Dr. Philip Pizzo. Clinton and Shalala sat on couches in the inn's main living room and heard the stories of parents and youngsters who have benefited from the inn. During these exchanges, 3-year-old Tyler Griffin of Portville, N.Y., an NICHD patient for the past 2 years, capered merrily in their midst, riding a rocking horse and thoroughly enjoying the media circus.



**Tyler Griffin, 3, an NICHD patient from Portville, N. Y., who is staying at the Children's Inn, converses with the first lady.**

## DRG to Celebrate 50th Anniversary in 1996

In October 1993, the Division of Research Grants began preparations to commemorate its 50th anniversary in 1996. As part of its golden anniversary celebration, the division has commissioned the writing of a scholarly monograph on the history of peer review within DRG since 1946. The volume will be written by Dr. Richard Mandel (l), public historian, who is shown in the photograph below with Dr. Jerome Green (r), the division director.



Mandel is assisted by two former chiefs of the Referral and Review Branch, Drs. Misha Friedman and Samuel Schwartz, and by research assistant Mark H. Aiken.

The research will focus on peer review as an evolving mechanism of quality assurance in the grant selection process, highlighting such DRG leaders as Drs. Cassius J. Van Slyke and Ernest M. Allen. It will show how the Division's network of study sections has both reflected and stimulated the development of scientific advances, and how the Information System Branch has

managed the burgeoning information needs of NIH extramural programs. The book will include some of the scientific accomplishments of study section chairpersons and scientific review administrators, as well as a detailed chronology of initial review groups. In addition, the researchers will conduct an extensive series of oral history interviews with former DRG staff, some of which will be videotaped as a permanent record.

In-house archives have proved to be a rich source of new information on the history of DRG and NIH, as well as on the development of biomedical research fields. One recent find was an April 1955 letter from Sen. John F. Kennedy to NIH Director W. Henry Sebrell suggesting new appropriations to fund a backlog of approved but unpaid grant applications. Alumni who have artifacts or information to contribute to this undertaking should contact Mandel at Rm. 348B in the Westwood Bldg., 5333 Westbard Ave., Bethesda MD 20892, or at (301) 594-7072.

The NIH Office of Communications has recently set up an electronic Bulletin Board System, or BBS, called the NIH Information Center. Designed to provide students, medical professionals, reporters, science writers and members of the public with information about the NIH and its research, it currently holds more than 200 files. Most of the files are public information documents; however, image files are included. For example, one image file shows the construction of Bldgs. 1, 2, and 3 in 1938.

If you have a computer, a modem, and communications software you can dial into this BBS. The data-line number is (301) 480-5144. Set your communications software to 8 databits, 1 stop bit, and set parity to N (none). Modem speed can be as high as 9600 baud.

Dennis Rodrigues, who works in the DeWitt Stetten, Jr., Museum of Medical Research, developed this board.

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## NIH Notes — August 1993 to February 1994

### AWARDS AND HONORS

**Drs. Adriaan Bax and G. Marius Clore**, chiefs of the biophysical NMR spectroscopy section and the protein NMR section, respectively, in NIDDK's Laboratory of Chemical Physics, have been named joint recipients of the 1993 Young Investigator's Award by the Protein Society for their groundbreaking work in the area of protein nuclear magnetic resonance ... **Dr. Gabriel Bialy**, special assistant, Center for Population Research, NICHD, was recently presented with the Endocrine Society's Sidney H. Ingbar Distinguished Service Award in recognition of his effort, during his nearly 20 years as chief of the Contraceptive Development Branch, NICHD, to provide standardized reagents to the endocrine community for research in reproductive biology ... **Michael Blayney**, coordinator of training and education programs for Occupational Safety and Health Branch, Division of Safety, was honored by the American Biological Safety Association with its Robert I. Gross Memorial Award ... **Leo F. Buscher, Jr.**, NCI grants management officer, was presented with the National Grants Management Association's Robert Newton Lifetime Achievement Award for his "strong record of achievements in grants management" ... **Dr. R. Daniel Camerini-Otero**, chief of NIDDK's Genetics and Biochemistry Branch, has been awarded the 1993 Gerald D. Aurbach Lectureship by the Endocrine Society in recognition of his outstanding contributions to basic research. He delivered the honorary lecture on "Homologous Recombination, Recombination Proteins, and DNA Triplexes" ... **Dr. Bruce A. Chabner**, director of NCI's Division of Cancer Treatment, received the 1993 Steven C. Beering Award for Advancement of Biomedical Science which was presented by Indiana University. The prize recognizes an individual for "internationally recognized contributions to the advancement of biomedical or clinical science" ... **Dr. Robert M. Chanock**, chief of the Laboratory of Infectious Diseases, NIAID, recently received the third annual Bristol-Myers Squibb Award for Distinguished Achievement in Infectious Disease Research, which consists of a medal and \$50,000. The

award recognizes his outstanding contributions to fundamental research on human viral infections and his work on vaccine development. In 1956, Chanock was the first to isolate respiratory syncytial virus (RSV) from infants with severe lower respiratory tract disease. This virus was later shown to be the most common cause of serious viral lung disease in infants and young children worldwide. He has devoted 40 years to developing means for control and treatment of RSV ... **Dr. Paul T. Costa**, chief of NIA's Laboratory of Personality and Cognition, received from the American Psychological Association's Division 20 its Distinguished Contribution Award for "his role in shaping psychology's view of personality and aging and for his sustained and exceptional contributions to the psychology of aging" ... **Dr. Louis A. Cohen**, chief of the biochemical mechanisms section in NIDDK's Laboratory of Bioorganic Chemistry, was awarded a visiting lectureship by the Nobel Institute of Chemistry. An expert on fluorine-based medicinal compounds, he is currently studying ways to combat malaria, multidrug resistance, and cataracts using novel approaches to drug design. In April 1994, he will commemorate his 40th year at NIH and his 28th year

as director of the FAES Graduate School ... **Dr. Marinos Dalakas**, chief of the neuromuscular diseases section, NINDS, recently received the 1993 Duchenne Erb Prize, given jointly by the German Society of Neurology and the Muscular Dystrophy Association of Germany. The biennial prize was given to Dalakas in honor and support of his research on immune and viral-mediated neuromuscular diseases and therapeutic studies in patients with inflammatory myopathies ... **Dr. Felix de la Cruz**, chief of NICHD's Mental Retardation and Developmental Disabilities Branch, was recently awarded the American Association on Mental Retardation Research Award. He has a long and distinguished career as a researcher and research administrator in the field of mental retardation. For more than 30 years his work has been crucial to developing comprehensive models of diagnosis, treatment and prevention ... **Dr. John C. Donovan**, director of the Office of Laboratory Animal Science, NCI, has been elected president-elect of the American College of Laboratory Animal Medicine ... **Dr. Anthony S. Fauci**, NIAID director, recently received the Cartwright Medal in recognition of his research contributions in

(Continued on p. 24)



For the third straight year, the American Federation for Clinical Research (AFCR) has presented the Henry Christian Award for Excellence in Research to a member of the Laboratory of Developmental Biology (LDB) at the National Institute of Dental Research. This year's winner, **Dr. Leslie Bruggeman (r)**, was honored for an abstract on the mechanism of gene expression in tissues of HIV-transgenic animals. Bruggeman joined LDB in 1988 as a post-doctoral fellow after receiving her Ph.D. in biochemistry from West Virginia University. Established to honor AFCR's founder, the award is given for the best abstract in each sub-specialty represented in the organization. It was presented to Bruggeman at the federation's annual meeting held earlier in 1993 in Washington, D.C. The previous 2 years, **Dr. Jeffrey Kopp (l)** of LDB received the award. Joining Kopp and Bruggeman is **Dr. Paul Klotman**, their section chief at the time they won the awards.

(Continued from p. 24)

combating the AIDS epidemic. He joined the ranks of a distinguished list of scientists, researchers, and academicians when he gave the 39th Cartwright Lecture on "Immunopathogenesis of Human Immunodeficiency Virus Infection" at Columbia's College of Physicians and Surgeons ... **Dr. Marcus Fuhrer**, recently selected as the first director of the National Center for Medical Rehabilitation, NICHD, was presented with the Roger Barker Distinguished Career Research Award at the American Psychological Association convention in Toronto. His outstanding research career spans more than three decades and encompasses a broad range of topics including evaluation of electrodermal activity, psychosocial consequences of spinal cord injury, functional assessment, and independent living ... **Dr. Ralph M. Garruto**, a supervisory research biologist in NINDS's Laboratory of Central Nervous System Studies, was recently elected president of the Human Biology Council, which represents scientists internationally who are committed to a basic understanding and multidisciplinary approach to the study of biological variations in populations worldwide ... **Dr. Enoch Gordis**, NIAAA director, received the 1993 Gold Key Award from the National Council on Alcoholism and Drug Dependence, the country's oldest non-profit organization combating alcoholism, other drug addictions, and related problems ... **Dr. Mitchell H. Gail**, chief of the epidemiologic methods section of NCI's Biostatistics Branch and internationally recognized as a leader in the development and adaptation of statistical methods for health research, was elected president-elect of the American Statistical Association. The ASA is the nation's largest professional statistical organization with more than 18,000 members ... **Dr. David Gray**, deputy director of the National Center for Medical Rehabilitation Research, a component of NICHD, has received a Career Achievement Award from the Paralyzed Veterans of America for numerous contributions in the area of disability and rehabilitation research ... **Gail Grosman**, NIGMS administrative officer, recently received the NIH Award of Merit in recognition of her "steadfast commitment, superb leadership skill, and organizational proficiency displayed in the efficient management of administrative services for NIGMS. The award reflects the work she had done to pre-

pare the institute for the move to the Natcher Bldg. ... **Dr. Curtis Harris**, chief of the Laboratory of Human Carcinogenesis and head of the molecular genetics and carcinogenesis section, Division of Cancer Etiology, is the recipient of the 1993 Alton Ochsner Award for his important contributions to molecular genetic studies relating smoking and lung cancer ... **Dr. Jack A. Heinemann**, a staff fellow in NIAID's Laboratory of Microbial Structure and Function in Hamilton, Mont., has been granted one of four ICAAC Young Investigator Awards from the American Society for Microbiology ... **Dr. Jay Hoofnagle**, director of the Division of Digestive Diseases and Nutrition and senior investigator in the liver disease section of NIDDK, recently received the Miles Fiterman/Hugh R. Butt Award for Clinical Research in Hepatology/Nutrition from American Gastroenterological Association Awards Foundation ... **Frances Humphrey Howard**, special assistant to the associate director of the National Library of Medicine's Extramural Programs, has been awarded two honorary degrees of doctor of humane letters. The first was presented by Seton Hill College in Greensburg, Pa. The second was awarded by the University of Maryland at Baltimore. In awarding the degrees, both institutions recognized Howard's extraordinary career of five decades of public service ... **Dr. David G. Jones**, who recently became an NIH scientist emeritus after a long and illustrious career as chief of NCI's Laboratory of Biochemical Pharmacology, was honored with a research symposium on Dec. 6, 1993. The program consisted of seven scientific presentations dealing with the clinical and preclinical aspects of HIV reverse transcriptase inhibition ... **Dr. Albert Z. Kapikian**, head of the epidemiology section in the Laboratory of Infectious Diseases in NIAID's Division of Intramural Research, recently received the Diagnostic Virology Award (Murex Award) from the Pan American Group for Rapid Viral Diagnosis. The award recognizes Kapikian's pioneering studies using electron microscopy that led to the discovery, detection and characterization of important viruses of human disease such as the Norwalk virus, which causes epidemic gastroenteritis, and the hepatitis A virus ... **Dr. Isabella Karle**, an NIGMS grantee, recently was honored with the Franklin Institute's \$250,000 Bower Award. The award recognizes Karle's work in crystallography, the

study of the atomic structure of molecules by using x-rays. The award states that "this inventive work has profoundly facilitated studies in chemistry, biology, and medicine." A senior scientist at the Naval Research Laboratory in Washington, she is the first woman to receive the award ... **Dr. Zaven Khachaturian**, NIA associate director for neuroscience and neuropsychology of aging, recently was awarded the Alzheimer's Association's Presidential Citation for his contributions in building NIA's scientific program on Alzheimer's disease and his responsibility for its expansion and success ... **Dr. Joseph A. Kovacs**, senior investigator, Critical Care Medicine, has been named Young Investigator of the Year for the eastern section of the American Federation for Clinical Research ... **Dr. Michael J. Kuhar**, chief of the Neuroscience Branch at NIDA's Addiction Research Center in Baltimore, has received the 1992 Otto Kraymer Award in Pharmacology for his pioneering research on drug and neurotransmitter receptors in the brain ... **Dr. Edward Lakatta**, chief of the NIA Gerontology Research Center's Cardiovascular Laboratory, is the 1993 recipient of the \$30,000 AlliedSignal Achievement Award in Aging for his significant contribution to this field in biomedical research. In large measure, the foundation of current understanding of how the heart ages is based on Lakatta's discoveries. His detailed, diverse and innovative studies conducted over many years have dispelled the long-held concept that major declines in cardiac function are normal and inevitable parts of aging ... **Dr. Paul Levine**, senior clinical investigator in the NCI Viral Epidemiology Branch, Epidemiology and Biostatistics Program, has been elected president of the American Association for Chronic Fatigue Syndrome and its national advisory council ... **Dr. David J. Lim**, director of NIDCD's Division of Intramural Research, was recently awarded the 1993 Award of Merit from the Association for Research in Otolaryngology for his outstanding research contributions in the fields of auditory neurobiology and otology ... **Dr. David Godwin Longfellow**, chief of the Chemical and Physical Carcinogenesis Branch, NCI, received from Lynchburg College its Distinguished Alumni Award ... **Dr. Harald Loe**, NIDR director, has been honored with an Exemplary Service Award from Oral Health 2000, a research and service initiative convened by the American Fund for Dental Health in 1991. Loe was



cited for providing the vision for Oral Health 2000, which unites private industry, government agencies, health advocacy and volunteer groups, and other organizations with the common goal of improving the oral health of all Americans ... **Dr. Bernard Moss**, chief of the Laboratory of Viral Diseases, NIAID, has been elected president of the American Society of Virologists ... **Levon O. Parker**, NINDS EEO officer, was recently the keynote speaker at the 11th annual Hinton-Wright Lecture. The lecture titled, "Diversity in Clinical and Basic Research," was sponsored by the Hinton-Wright Society of Harvard Medical School in Boston. Parker was chosen as this year's lecturer in recognition of his extraordinary efforts to increase the number of African Americans, Latinos, and Native Americans in basic and clinical neurological science research ... **Dr. William Paul**, chief of the Laboratory of Immunology, NIAID, was selected as the speaker for the first Baruj Benacerraf Lectureship in Immunology. Each year, the lectureship will feature "an important presentation in the field of immunology by a preeminent and internationally respected scientist." Paul was also nominated in February to head the Office of AIDS Research at NIH ... **Dr. Vivian W. Pinn**, director of NIH's Office of Research on Women's Health, recently received several honors. The National Medical Association honored her twice, first as Outstanding Woman in Medicine 1993 "in appreciation of your dedication to improving the health of women." NMA's House of Delegates also honored Pinn for her "inspiring dedication to the health concerns of women and the general populous." Pinn previously served as the 88th president of NMA (and the second woman president) during the year 1989-90. She also received two honorary doctor of science degrees—the first from the College of Holy Cross and the other from Tufts University ... **Mary Kay Richter**, a former member of the National Advisory Dental Research Council, is the winner of a Public Health Award for exceptional achievement in orphan products development. She is founder and executive director of the National Foundation for Ectodermal Dysplasias, an advocacy group for people with ED (a rare, hereditary disorders that results in a variety of medical and dental conditions, including missing or misshapen teeth) ... **Dr. Pamela Gehron Robey**, chief of the skeletal biology section in NIDR's

Bone Research Branch, was named the recipient of the 1993 Fuller Albright Award from the American Society for Bone and Mineral Research for her "meritorious scientific accomplishments in the bone and mineral field" ... **Dr. John Ruffin**, NIH associate director for minority programs and head of the Office of Research on Minority Health, recently received one of the National Coalition of Hispanic Health and Human Services Organizations' 1993 National Hispanic Health Leadership Awards. He was honored "for his effort to secure permanent federal support for health programs to meet the needs of Hispanic, Black and Native American communities" ... **Dr. James B. Snow**, NIDCD director, received the 1993 Distinguished Achievement Award from the Deafness Research Foundation during the foundation's annual benefit. He was honored for his numerous contributions to otolaryngologic medicine. Snow was recognized by the DRF for his prestigious career in the communication sciences, which has thus far spanned more than 30 years ... **Dr. Earl Stadtman**, chief of NHLBI's Laboratory of Biochemistry, has been named winner of the \$20,000 Glenn Award by the Gerontological Society of America. He was cited for adding a significant body of knowledge in the biology of aging. Specifically, he was honored for his highly original studies that have provided the framework for identification and quantification of cellular damage that can lead to premature aging. Stadtman has worked at NIH since 1950 and has been in the lab he now heads since 1962 ... **Dr. Thomas A. Waldmann**, chief of the Metabolism Branch, NCI, delivered the first Joseph Goldberger Clinical Investigator Lecture Sept. 1 at the Clinical Center. These lectures, planned as an annual event, were created to highlight intramural clinical research at NIH. Waldmann's talk on "Adult T-cell Leukemia" reflected his research on regulation of the human immune response. His landmark discovery of active suppression of immune responses by human suppressor T-cells and macrophages revolutionized thinking about the pathogenesis of immunodeficiency and autoimmunity.

#### APPOINTMENTS AND PERSONNEL CHANGES

**Dr. Caroline J. Acker** has been named the first recipient of the DeWitt Stetten, Jr.

Memorial Fellowship in the History of Twentieth-Century Biomedical Sciences and Technology. She is working on a topic related to her dissertation, which focused on the influence of laboratory research before 1940 on public policy and addiction treatment. During her year at NIH, she is examining the research of the Laboratory of Medicinal Chemistry, NIDDK, also in this larger context. Upon completing the Stetten Fellowship, Acker will be an assistant professor in the department of history at Carnegie Mellon University ... **Dr. Nancy J. Alexander** was recently appointed chief, Contraceptive Development Branch, Center for Population Research, NICHD. She joined the branch in 1990 as a special assistant. She is also adjunct professor, department of obstetrics and gynecology, Georgetown University Medical Center. As chief of the branch, Alexander will oversee the development of a wide variety of contraceptive approaches for both the female and male ... **Dr. Henning Birkedal-Hansen**, chairman of the department of oral biology and professor of dentistry at the University of Alabama School of Dentistry at Birmingham, has been appointed director of the Intramural Research Program at the National Institute of Dental Research. As director of IRP, he will oversee NIDR research conducted in the institute's own laboratories and clinics on the NIH campus. An expert in the field of periodontology, he has focused his research on the molecular mechanisms of periodontal tissue destruction ... **Dr. Susan J. Blumenthal**, chief of behavioral medicine and basic prevention research, NIMH, has been named to a new post on women's health issues at the Department of Health and Human Services ... **Dr. Marvin Cassman**, who has served as deputy director of NIGMS for the last 4 years, has been named acting director of NIGMS, replacing Dr. Ruth Kirschstein, when she was named acting NIH director. Cassman has also held other positions within the institute, including director, Biophysics and Physiological Sciences Program Branch and chief, molecular basis of disease section of the Cellular and Molecular Basis of Disease Program Branch. He has also worked in the Office of Science and Technology Policy, Executive Office of the President, as a senior policy analyst ... **Dr. Jack C. Chow**, former deputy assistant secretary for public health policy in the Office of the Assistant Secre-

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tary for Health, PHS, has been appointed to the dual position of assistant director for international relations and chief of the International Coordination and Liaison Branch of the Fogarty International Center ...

**Karen J. Faunce** has been appointed chief of the Administrative Management Branch and principal administrative officer of the Division of Intramural Research, NIAID ...

**Dr. Carl C. Floyd**, a 1993 graduate of the NIH Grants Associates Program, recently joined the Office of Technology Transfer staff as a licensing specialist. He manages the molecular and cellular biology technology portfolio on the cellular and growth regulation (A) team ... **Dr. Frederick**

**Goodwin**, NIMH director, is leaving his position in April 1994 after a 29-year federal scientific career. He was the first scientist to demonstrate the antidepressant effects of lithium in a controlled study. He will join a local university to establish a center on science, medicine and human values, with an emphasis on the neurosciences ...

**Dr. M. Michele Hogan** has been named chief of the Basic Immunology Branch within the Division of Allergy, Immunology and Transplantation, NIAID ... **Dr. Daniel**

**C. Ihde**, deputy director of NCI since 1991, editor-in-chief of the *Journal of the National Cancer Institute* since 1989, has been appointed chief of the division of medical oncology at Washington University medical school in St. Louis. **Dr. Edward J. Sondik**, deputy director, Division of Cancer Control and Prevention, has been named acting deputy director of NCI. **Dr. Barnett S.**

**Kramer**, associate director for early detection and community oncology in the Division of Cancer Control and Prevention, has been chosen as editor of the *Journal of the National Cancer Institute* ... **Dr. Alan I.**

**Leshner**, deputy director of NIMH for the past 15 months, has been appointed director of the National Institute on Drug Abuse effective Feb. 20 ... **Dr. Lance Liotta**,

deputy director for intramural research, has returned to NCI as chief of the tumor invasion and metastases section in the Laboratory of Pathology, chief of the Laboratory of Pathology, and codirector of the Anatomic Pathology Residency Program in the Laboratory of Pathology. **Dr. Michael Gottesman**, chief of the Laboratory of Cell Biology, NCI, has been named acting deputy director for intramural research ... **Dr. Jay Moskowitz**, NIH

deputy director for science policy and technology transfer, has been reassigned to the post of deputy director of the National Institute on Deafness and Other Communication Disorders ... **Dr. Ronald McKay**, an

associate professor of human biology and experimental medicine at Massachusetts Institute of Technology, recently joined NINDS as chief of its Laboratory of Molecular Biology ... **Dr. Lillian Pubols**

has joined the Referral and Review Branch, DRG, as scientific review administrator of the neurology B1 study section. Before coming to NIH, she was a senior scientist at the Robert S. Dow Neurological Sciences

Institute and adjunct professor of physiology at the Oregon Health Sciences University in Portland ... **Johanna Schneider**, senior advisor for media relations to the NIH director on communications and policy issues for the past 2 years, has left NIH. She will join the Business Roundtable as

director of communications at its Washington, D.C., headquarters ... **Elizabeth Thomson**, formerly the coordinator of

statewide genetic counseling services at the University of Iowa, has joined the Ethical, Legal, and Social Implications Branch, NCHGR. She will serve as coordinator of

the branch's research portfolio on issues related to genetic testing, education and counseling ... **Dr. Harold E. Varmus**, NIH director, has been appointed to the new 20-member National Science and Technology Council. The council was created by Executive Order in November 1993 to oversee the \$73 billion federal R&D budget ...

**Dorrette Worrell** was recently named chief, research documentation section, Information Systems Branch, DRG. Previously, she served as head of the statistical analysis unit in the same branch

#### RETIREMENTS

**Dr. Stuart Aaronson**, chief of the Laboratory of Cellular and Molecular Biology, retired from the USPHS Commissioned Corps in August 1993 to become director of the Rutenberg Cancer Center at the Mount Sinai School of Medicine in New York ...

**Catherine (Cathy) Baker**, NCI contract specialist, retired on Dec. 31, 1992, after over 30 years of government service. She began her federal career with the Department of the Navy in 1954, and transferred to NIH in 1959, working in what was then called the Financial Management Branch (now

Division of Financial Management). In 1965, she moved to NCI and remained there until her retirement in 1992. She is the wife of Dr. Carl G. Baker, former NCI director ...

**Barbara Bynum**, director of NCI's Division of Extramural Activities since 1981, retired on Jan. 13. She came to NCI in 1958 to work as a chemist in the Laboratory of Physiology. After graduating from the management intern program in 1972, she

moved over to the Division of Research Grants where she was a study section executive secretary and then chief of the special review section. Her retirement plans

include traveling, golf and gardening. Earlier last year her husband, **Edward Bynum**, head of the NIH Minority Access to Research Careers program, retired ...

**Howard Davis** has retired after more than 31 years in the Division of Engineering Services. As a project officer in the Design and Construction Branch, his most recent

project involved adding to the present facilities at Poolesville plus renovating the laboratories in Bldg. 30. Although Davis has

enjoyed his years at NIH, he is looking forward to retirement when he can spend more time on woodworking and fishing ... **Lydia**

**Elliot**, who worked for 26 years at NIH, has retired. Most recently secretary to Dr. Henry Fales, chief of NHLBI's Laboratory of Biophysical Chemistry, and Warren

Leonard, chief of the pulmonary and molecular immunology section, she had a diverse career at NIH. Once retired, she hopes to

do a little traveling and a lot of relaxing ... **Dr. Phyllis Eveleth** has retired as deputy associate director and training officer,

Office of Extramural Affairs, NIA. She spent 6 years with NIA, and a total of 15 years with NIH, beginning as a grants associate and continuing in positions at NHLBI,

FIC, and DRG, respectively, and, finally, NIA. Nationally and internationally recognized for her work in the area of child

growth, Eveleth will continue her career as a consultant in child growth and nutrition, specializing in third-world countries. She

will also head a special project assessing physical status in aging. Amid all of this she will continue to enjoy her horse farm in

southern Maryland, horseback riding, sailing, downhill skiing, swimming, and painting ... **Dr. Murray Goldstein** retired in

October 1993 from his position as NINDS director, ending a career of service in the NIH community and the PHS Commissioned Corps that spanned four decades (see p. 3

for an essay by him). Upon leaving his NIH post, he became medical director of the United Cerebral Palsy Research and Education Foundation. Dr. Patricia A. Grady has been named acting NINDS director ... **Bob Schreiber**, a longtime NIH public information officer, retired recently after more than 30 years of federal service, the last decade of which was spent chiefly following the broadening impact of the laboratory animal issue on NIH intramural and extramural research. In retirement, he and his wife plan to remain in the Washington area but travel more frequently ... **Dr. Philip A. Swango** retired from the Public Health Service on Sept. 30 after more than 20 years of federal service, 18 of them with NIDR. His research focused on the epidemiology and prevention of oral diseases and disorders, including dental caries, oral cancer, and the oral manifestations of HIV infection. In 1991, he was named chief of the field studies section of the Health Assessment Branch, the position he held upon his retirement. Swango and his family have moved to Albuquerque, N.M., where he plans to open an oral epidemiology consulting practice. An avid amateur naturalist, photographer and ethnomusicologist, he selected New Mexico for its cultural variety and spectacular natural environment ... **Dr. Nathan Watzman**, chief of the clinical sciences review section, Referral and Review Branch, DRG, recently retired from the federal government with a distinguished career spanning 25 years, the last 12 at NIH. He plans to do some part-time consulting in retirement, and to travel and do volunteer charity work ... **Dr. Bernhard Witkop**, longtime chief of NIDDK's Laboratory of Chemistry, has retired from NIH after a notable tenure of 42 years. In recognition of his many scientific accomplishments such as his development of the cyanogen bromide reaction and his promotion of international scientific exchange, Witkop was recently given the honorary title of NIDDK institute scholar emeritus.

**DEATHS**

**Dr. William Staton Anderson**, 87, a retired Washington, D.C. pediatrician, hospital official and teacher who was a consultant to NIH, died of pulmonary complications after hip surgery on Jan. 15 at a hospital in West Chester, Pa. He had practiced pediatrics in Washington from 1935 until

retiring and moving to West Chester in 1981 ... **Dr. Mitchell B. Balter**, 68, a research psychologist who worked for NIMH for 25 years, died Feb. 5 at Georgetown University Hospital after a heart attack. His research was in psychopharmacology. He retired from NIMH in 1985 and became head of the Public Health Research Center, a private nonprofit, research organization ... **Dr. Elmer G. Berry**, 86, an expert on parasitic disease who was at NIH from 1945 to 1965, died Nov. 28 at Centre Community Hospital in State College, Pa. While at NIH he directed programs for the study and control of schistosomiasis in Liberia, West Africa and Egypt. After leaving NIH he returned to the University of Michigan and taught parasitology and was awarded professor emeritus status upon his retirement in 1975 ... **Dr. Halla Brown**, 81, a former physician and medical professor who was chief of the allergy clinic at George Washington University Medical Center, died Dec. 2 at her home in Washington of multiple system organ failure. She had been paralyzed since 1974, when she was injured in an auto accident in the District involving a diplomat who claimed immunity from prosecution. The ensuing publicity and debate resulted in Congressional legislation to change the diplomatic immunity laws. She was a consultant to NIH ... **Dr. James Carlos**, 62, who was chief of the NIDR Epidemiology and Oral Disease Prevention Program before his retirement in 1991, died on July 18 at his home in Naples, Fla., after a long battle with cancer. Carlos joined NIDR in 1967 as chief of the biometry section. He served as associate director of the institute's National Caries Program from 1972 to 1984, and as associate director and branch chief of the Epidemiology and Oral Disease Prevention Program from 1984 to 1991 ... **Donna Hurst Carter**, 35, a budget analyst in the NINDS budget office, died on Dec. 24, 1993, in a car accident that also killed her brother-in-law and grandmother and seriously injured her sister. In 1992, she was selected to participate in the NIH Management Intern Program. After graduating in 1993, she joined the NINDS budget office where she was well-liked and respected ... **Dr. David G. Cogan**, 85, who was chief of neuro-ophthalmology at the National Eye Institute from 1974 to 1985, died Sept. 9 at a hospital in Wayne, Mich., after a heart attack. A resident of Chevy Chase, he was on vacation at his summer

home when he became ill. He had been a senior medical officer at NEI since 1985. Before he joined NIH in 1974, he had been director of Harvard University medical school's Howe Laboratory of Ophthalmology from 1940 to 1973 and chairman of the school's ophthalmology department from 1962 to 1968. An international leader in ophthalmology, he was the author of "Neurology of the Visual System," a reference text used by ophthalmologists and neurologists, and the recently completed "History of the Howe Laboratory" ... **Dr. Sidney J. Cutler**, 76, a biostatistician and epidemiologist at NCI from 1948 to 1975, died of cancer Oct. 21 at his home in Silver Spring. In 1954 and 1955, he was one of the first scientists to publish data showing a link between smoking and the possibility of later developing lung cancer. After he retired he spent a year in Detroit, where he was a professor in the department of community medicine at Wayne State University and chairman of the department of epidemiology at the Michigan Cancer Foundation. He returned to the Washington area in 1976 and was named professor in the division of biostatistics and epidemiology at Georgetown University of Medicine until retiring in 1983. He did consulting in biostatistics and epidemiology from 1983 to 1987 ... **Dr. Bernard D. Davis**, 78, the Adele Lehman professor of bacterial physiology at Harvard Medical School, died Jan. 14 at his home in Belmont, Mass., of prostate cancer. He was member of the NIHAA board of contributing editors. In the mid 1980's, he was a Fogarty scholar-in-residence. He was also a leader in bacterial genetics research and the senior author of a standard textbook on microbiology ... **Emma "Mickey" Davis**, 77, a retired administrative aide at NIH, died Jan. 14 at a hospital in Ridgewood, N.J., where she was being treated for cancer. She worked for the federal government for 30 years before retiring in the mid-1970's ... **Paul V. De Porte**, 74, who retired in 1983 after 37 years as a medical translator at the Clinical Center library, died of sepsis Dec. 31 at Mercy Hospital in Baltimore ... **Dr. Lucia Jordan Dunham**, 87, a retired researcher in the pathology laboratory at NCI, died Feb. 21 at Suburban Hospital after a stroke. She retired in 1974 after 23 years at NCI, where she worked on studies of transplantable and transmissible tumors, carcinogenic materials in drinking

*(Continued on p. 28)*

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water and environmental causes of oral cancer. While retired she wrote poetry and was also director of the Mineralogical Society of Washington ... **Frank Ehrlich**, a retired budget analyst in the office of the NIH director for over 20 years, died on Jan. 25. He retired from NIH in 1984 ... **Dr. George Fite**, 89, an authority on leprosy, died of pneumonia Sept. 29 at Oak Manor nursing home in McKenzie, Tenn. He also had Alzheimer's disease. In 1937, he joined the Public Health Service and his first job was in Kalaupapa, Hawaii, where the health service had a leper colony. He worked there until 1941, when he transferred to NIH. In 1948, he joined the staff at the leprosy hospital in Carville, La. From 1952 to 1956, he worked at NIH until he returned to the hospital in Carville. He returned to the Bethesda area in 1975 and moved to Tennessee two years ago ... **Dr. David H. Gillespie**, 53, a genetic researcher who studied the relationship of genes and illness, especially cancers, AIDS and other diseases, died Dec. 19, after an auto accident near his home in Glenmore, Pa. He was the Barry Ashbee professor of basic research at Hahnemann University in Philadelphia. He was also an adjunct professor of virology at the University of Pennsylvania and its veterinary school. Gillespie had worked at NCI from 1975 to 1980 ... **Gay N. Grover**, 54, a retired psychiatric nurse at St. Elizabeths Hospital and the National Institute of Mental Health, where she did research on obsessive-compulsive disorder and premenstrual syndrome, died of cancer Oct. 20 at the Hospice of Northern Virginia. In 1973, she joined the U.S. Public Health Service. She worked at NIMH until transferring to St. Elizabeths Hospital in 1990. She was a nurse consultant in forensic psychiatry until retiring in August ... **Gloria R. Grover**, 71, a retired editor and publications manager with the National Institute on Drug Abuse, died of pneumonia and a blood disorder Oct. 4 at Sibley Memorial Hospital. She retired in 1984 after 17 years at NIH ... **Edith Fenn Hanly**, 70, a former biochemical researcher at NIH in the late 1940's, died of a heart attack Jan. 21 at her home in Kensington ... **Jane Sudduth Hibbert**, 80, who retired in 1978 as a liaison officer to NIH from Vitro Laboratories Co., died of cardiorespiratory arrest Jan. 26 at the Georgetown Retirement Home in Washington ... **Helen R. Hoener**, 72, died of pneumonia Jan. 21 at Sibley Memorial Hospital. From 1962 to 1967, she worked at NIH as a

research assistant ... **Rosena V. "Jessie" James**, a Nursing Department employee at the Clinical Center since 1970, died of cancer Jan. 4 at George Washington University Hospital. She joined the CC staff as a clerk/typist in the cancer nursing service. She was promoted and transferred to the then office of the Nursing Department chief in 1971. She was secretary to Kathryn McKeon, CC associate director for nursing, at the time of her death ... **Dr. Nasser Javapour**, 56, who was chief of urology at Maryland General Hospital in Baltimore, died of cancer Oct. 26 at Johns Hopkins Hospital. He had come to the Washington area from Iran in 1972 and worked at the NCI urologic clinic from 1972 to 1984. Then he was appointed professor and director, section of urologic oncology, University of Maryland School of Medicine. He also had served as a visiting professor at medical schools in this country and abroad and had been a visiting scientist at the Armed Forces Institute of Pathology ... **James F. Kieley**, 86, died Oct. 21 at Vassar Brothers Hospital in Poughkeepsie, N.Y., where he had been a resident for the last 25 years. From 1953 to 1972, he was chief of the Research Information Branch at NCI. After he left NCI, Kieley became a reporter for the *Eagle News* in Poughkeepsie and wrote numerous books, magazine articles, manuals and papers concerning politics, health and military history ... **Dr. Ira Kline**, 69, a microbiologist who retired in 1986 as a grants associates director at NIH, died of complications of heart surgery Oct. 6 at Washington Hospital Center. He was a cancer researcher for much of his career starting at Microbiological Associates in Bethesda and later at NCI, where he worked from 1949 to 1958 and then again from 1975 to 1984 ... **Henry Knight**, 60, who worked at NIH in property management for 21 years before retiring in 1984, died Jan. 8 at Walter Reed Medical Center after a heart attack. He had undergone a kidney transplant in 1973 ... **Elaine J. Kraus**, 64, died on May 9 at Georgetown University Hospital after a long illness. She joined NIAID in 1974 as a clerk typist in the Laboratory of Clinical Investigation and had served as a purchasing agent in NIAID's Division of Intramural Research since 1977 ... **Dr. Ralph Eddy Knutti**, 92, a pathologist who was the third director of the National Heart Institute from 1961 to 1965, died Jan. 19 of complications of pneumonia at a hospital in Upland, Pa. He lived in Kennett Square, Pa. Joining the

PHS Commissioned Corps in 1951, he was assigned to the National Institute of Arthritis and Metabolic Diseases as chief of extramural programs. In 1960 he was appointed associate director for that institute before being named head of NHI. As director, Knutti sought to develop and support far-reaching intramural and grants research programs in the diseases of the heart and blood vessels. He retired in 1965 and became the executive officer of Universities Associated for Research and Pathology Inc. in Bethesda. He retired in 1972 and moved from Bethesda to Kennett Square in 1990. He is survived by his wife, Dr. Sarah H. Knutti, who was also at NIH ... **Barbara L. Lasky**, 62, a specialist who worked as a contract negotiator and budget assistant with NIH, died of respiratory arrest Jan. 16 at George Washington Hospital ... **Mary Woodard Lasker**, 93, a philanthropist who sparked and lobbied for medical research in cancer, heart and eye diseases, died Feb. 21 of heart failure at her home in Greenwich, Conn. ... **Dr. Henry D. Lederer**, 79, died of cancer Jan. 6 at his home in West Chester, Pa. He was a psychiatrist who was a dean of students at the Georgetown University medical school and also was an associate director of the National Institute of Mental Health from 1969 to 1971 ... **Dr. Brigid G. Leventhal**, 59, a professor of oncology and pediatrics at the Johns Hopkins School of Medicine and the first director of the Pediatric Oncology Center, died Feb. 6, of cancer at her home in Columbia, Md. She had come to work at NCI in 1964 where she was a member of the recombinant DNA advisory committee and headed the chemotherapeutic section until she went to Hopkins in 1976 ... **Allison Lum**, who had worked for NCI since 1969 as a data entry clerk and then in the NCI mail room, died Jan. 1 of cancer ... **Sara Jane McGovern**, 72, a former registered nurse at NIH, died of cancer Aug. 11 at Shady Grove Adventist Hospital. After serving as a nurse with the Army Air Forces in World War II, she moved to the Washington area in the 1950's and worked at NIH for about 15 years during the 1970's and 1980's ... **Dr. Michael S. Madeloff**, 63, a retired physician, died of cancer Dec. 31 at Suburban Hospital. He retired last May and was a former senior attending nephrologist at Suburban, where he established the kidney dialysis unit. He also was a clinical associate professor at Georgetown University medical school. In 1960 he was a fellow in renal diseases at NIH before going

into private practice in 1961 ... **Dr. William R. Martin**, who was director of the National Institute of Mental Health and National Institute on Drug Abuse's Addiction Research Center from 1957 to 1977, died May 27, 1993, in Kentucky. He was a professor at the University of Kentucky College of Medicine in the department of pharmacology ... **Dr. Severo Ochoa**, 88, a biochemist who was a co-winner of the 1959 Nobel Prize for Medicine or Physiology for his pioneering work on DNA, died Nov. 1 at a hospital in Madrid after a stroke. He and a former student, Stanford University biochemist Arthur Kornberg, were awarded the Nobel for the laboratory synthesis of DNA, the genetic building blocks of life. His work had been supported by grants from NIH ... **Eleanore M. "Gay" Olson**, 79, died of cancer Dec. 26 at Shady Grove Adventist Hospital. She had worked at NIH as a secretary in the National Cancer Institute in the late 1950's and early 1960's ... **Dr. Lawrence Michael Petrucelli**, 61, former NIAMS Arthritis Program director, died on Sept. 27. He joined NIH in 1970 as a scientist administrator, and later became executive secretary of the pharmacology study section in the Division of Research Grants. In 1974, he joined what was then NIAMD, as Arthritis Program director. He remained in that position until his retirement in 1992 ... **Dr. Richard V. Phillipson**, 80, a psychiatrist and retired British army brigadier who was a senior medical adviser with NIH from 1968 to 1984, died Oct. 30 at a hospital in Berryville, Va., after a heart attack. After having served in the British army from 1935 to 1961 and then working for the British Ministry of Health, he came to the United States in 1968 as a visiting scientist with the National Institute of Mental Health. He was an authority on alcoholism and drug addiction treatment ... **Hallett H. "Hal" Potter, Jr.**, a computer assistant at the Division of Computer Research and Technology with 27 years of federal service, died of complications arising from multiple sclerosis on Nov. 23 at his home in Takoma Park, Md. He began his NIH career in 1970 and progressed from clerk to supervisor. He was also a member of the Wheaton Volunteer Rescue Squad ... **Dr. James Quest**, 49, a pharmacologist and toxicologist who had worked for the FDA, NIH and EPA, died of liver cancer Sept. 17 at Montgomery General Hospital. He worked at NIH from 1981 to 1984 in the national toxicology program at NIH's National Institute of Environmental Health

Sciences. Quest had done research dealing with cardiovascular drugs, including digitalis, and worked on the safety of various chemical agents in the environment and regulatory toxicology. Since 1981, he had been an adjunct professor of pharmacology at Georgetown University medical school ... **Holly A. Smith**, 67, a research technician in the field of virology at NIAID, died of a heart attack Nov. 19 at Washington Hospital Center. He began working at NIH in 1953 after he moved to Washington ... **Patricia Anne Southcomb**, 49, a personnel officer with the National Library of Medicine who had worked since 1975 for the government, died of cancer Aug. 4 at her home in Brookeville, Md. After working with the Food and Drug Administration, she transferred to NIH in 1981, working in the Office of the Director before becoming a personnel officer with NLM in 1989 ... **Dr. Nathaniel R. Spencer**, 76, a general surgeon in Monroe, La. died June 28. He was the son of the late Dr. Roscoe Roy Spencer, the discoverer of a preventive vaccine for Rocky Mountain spotted fever who was also director of NCI from 1943 to 1947 ... **Dr. Anita Suran**, scientific review administrator of the visual sciences A study section, Division of Research Grants, died Sept. 6 after a brief illness. She came to NIH in 1978, serving as program director of NEI's glaucoma program prior to coming to DRG ... **Dr. Howard M. Temin**, 59, a professor at the University of Wisconsin and winner of the Nobel Prize for Medicine in 1975, died of lung cancer Feb. 9 in Madison. He was a member of the National Cancer Advisory Board for the past 6 years and a recipient of NCI support. His research led to discoveries in genetics that helped identify the AIDS virus, provided the basis for the growth of the biotechnology industry and allowed the development of drugs such as human insulin and tpa, through genetic engineering ... **Dr. Lewis Thomas**, 80, a noted scientist, teacher, medical administrator and author, died Nov. 3 of Waldenstrom's disease, a rare form of cancer, at a hospital in New York. In 1989, he won the prestigious Albert Lasker Public Service Award "for being a scientist, administrator, catalyst, teacher and poet laureate of 20th century medical science." The Lasker jury also said that his writings "have converted countless non-scientists into appreciation spectators and supporters of biomedical research." He was a consultant to NIH serving on the NIH pathology study section and several advisory councils ... **Betty Lucille Wells**, 66, a

retired grants assistant at the National Institute of Mental Health, who was also an executive secretary at Tracor Applied Sciences in Rockville, died of cancer Nov. 26 at her home in Kensington. In the early 1950's, she went to work at NIH where she was an assistant in the process of dispensing research grants at NIMH until retiring in 1981 ... **Elisabeth Barton White**, 85, a social worker who was at the National Institute of Child Health and Human Development, died of a heart attack Feb. 1 at the Broadmeade retirement community in Cockeysville, Md. In 1969, after working in the federal government, she joined NIH and organized conferences at NICHD until her retirement in 1972 ... **Dr. Bill Henry Williams**, 85, retired director of pediatric neurology at NIH, died of cancer Jan. 3 at Sibley Memorial Hospital. In 1962 he moved to Washington to become head of pediatric neurology at the National Institute of Neurologic Diseases and Stroke. He retired in 1979 ... **Dr. Milton Wittman**, 78, a retired chief of the Social Work Training Branch in the National Institute of Mental Health, died Feb. 22 at Suburban Hospital after a stroke. He came to NIH in 1947 as a member of the U.S. Public Health Service and retired in 1979. He was an expert on training social workers in the field of mental health and for work in community mental health programs ... **Dr. Sheldon M. Wolff**, 63, physician-in-chief at the New England Medical Center and chairman of the department of medicine at Tufts University School of Medicine, died Feb. 9 in Boston of complications from a renal malignancy. He was an authority on infectious diseases, especially the treatment of fevers from infectious diseases like Wegener's granulomatosis and familial Mediterranean fever. In 1992, Wolff was selected the NIH/NIAID Most Distinguished Alumnus. From 1960 to 1977, he was clinical director at NIAID and chief of its laboratory of clinical investigations.

The NIH Alumni Association recently received a contribution in memory of Dr. Robert J. Schnitzer from a NIHAA member who wishes to remain anonymous. Contributions in memory of Rosena "Jessie" James, Dr. Brigid G. Leventhal and Dr. Sheldon M. Wolff were donated by Mrs. Mary Calley Hartman.

## NIH Retrospectives



### Spring 1954

On Jan. 5, 1954, the first NIH employees moved into the new apartment building on 20 Center Drive. The seven-story building was built primarily for employees whose presence on the campus is essential to prompt and proper performance of Clinical Center or other NIH functions ... Twenty-eight of the forty finalists of the thirteenth annual science talent search, sponsored by the Westinghouse Educational Foundation, visited NIH ... The National Cancer Institute, the NIH Office of Biometry, and the Veterans Administration are sponsoring a cooperative study to determine whether persons who use tobacco have higher mortality rates from various diseases than those who do not use tobacco. One of the prime objectives of the study is to determine whether smokers and nonsmokers differ in their mortality from lung cancer, and if so, by how much. Another objective is to determine if a relation exists between mortality and the use of tobacco in any form—cigarettes, pipes, cigars, or snuff.



### Spring 1964

The Fiscal Year 1965 Federal budget submitted to Congress Jan. 21 by President Johnson included a \$1.03 billion request for the NIH ... On Jan 11, the Public Health Service made public the long-awaited 387-page report of the Surgeon General's Advisory Commit-

tee on Smoking and Health that established the causal association between smoking and lung cancer ... Clarence W. May, whose 37-year career with the Public Health Service spanned the emergence of NIH as one of the world's foremost research centers, died Jan. 11 in the Clinical Center where he had been a patient since early fall. Affectionately known as "Mr. NIH," May, 65, retired in 1957 as special assistant to the Chief of the Division of Research Services. He was one of the 158 original employees who came to Bethesda in 1938 when the then NIH transferred from its downtown location at 25th and E Streets, N. W. Although untrained as an architect or construction engineer, he became expert in the planning, construction and maintenance of research facilities and laboratories, and played a leading role in the physical development of NIH.



### Spring 1974

In January 1974 the final location of the Medical Center Station serving NIH, the National Naval Medical Center, and surrounding area was approved by the Metro Board. Operation is planned for 1978. (In reality the Metro at the Medical Station opened on Aug. 25, 1984) ... Dr. Robert S. Gordon, Jr., was named NIH associate for clinical care and director of the Clinical Center Jan. 7. He has been with NIH since 1951 serving first with the National Heart and Lung Institute, and since 1964 as clinical director of the National Institute of Arthritis, Metabolism, and Digestive Diseases. He will advise the NIH director on policies pertaining to clinical research conducted or supported by NIH as well as direct the Clinical

Center. Gordon succeeds Dr. Thomas Chalmers who left NIH October 1973.

## The NIH Record

U.S. Department of Health, Education, and Welfare  
September 18, 1978  
Vol. 22, No. 12  
National Institutes of Health

### Spring 1984

Remnants of a prehistoric campsite at least 3,000 years old have been discovered by archaeologists on the NIH campus. The discovery, made during an inspection of a planned roadway route (Woodmont Ave. extension) last summer, includes several arrowhead-like "points," portions of stone tools and numerous pottery fragments ... On May 24, 1984, the convent and surrounding land was designated the Mary Woodard Lasker Center for Health Research and Education in honor of her efforts for and commitment to NIH.

## What is NIH?

Dr. Lewis Thomas, who recently died, wrote the following in 1984 as a foreword to *NIH: An Account of Research in its Laboratories and Clinics*.

"... it lifts the heart to look closely at one institution created by the United States Government which has been achieving, since its outset, one spectacular, stunning success after another. The National Institutes of Health is not only the largest institution for biomedical science on earth, it is one of this nation's great treasures. As social inventions for human betterment go, this one is a standing proof that, at least once in a while, government possesses the capacity to do something unique, imaginative, useful, and altogether right...."

## German Embassy Hosts NIHAA Reception and Concert

On Thursday evening, Oct. 21, 1993, members of the NIH Alumni Association and visiting scientists at NIH from Germany, enjoyed a cocktail reception and concert by the Encore String Quartet at the German Embassy. The delightful evening of good food and music was hosted by Klaus Werndl, the economic minister of the German Embassy.



Klaus Werndl, the economic minister of the German Embassy (r), with Dr. James T. Duff, Washington chapter chairman, greeting NIHAA members.



Dr. Norman Salzman of Georgetown University School of Medicine, and formerly with NIAID, arriving with Mrs. Salzman.



The Encore String Quartet, who performed for the audience of over 150.



Among the guests enjoying the Embassy's hospitality were over 50 scientists at NIH from Germany.



Klaus Werndl talking with some of the visiting German scientists at NIH.