

Alumnus Goldstein Calls for More Clinical Research in Shannon Lecture



Gathering before the first James A. Shannon Lecture, four NIHAA presidents give a certificate commemorating the event to speaker Dr. Joseph L. Goldstein (c). They are (from l) Dr. Thomas J. Kennedy, Jr. (1993-1995), Calvin B. Baldwin, Jr. (1995-1997), Dr. Gordon Wallace (1990-1991), and Dr. Joe R. Held (1991-1993).

By Rich McManus

There's not much difference between smart, sympatico collaboration among clinicians and bench scientists—who love nothing more than sharpening their wits on patient histories and data—and the clever concoctions of lyricists and musicians who craft a hit Broadway musical. Both thrive on the rebound and ricochet of sharp ideas and a hothouse atmosphere that both adds momentum to ideas that fly, and soundly trounces notions that are half-baked.

So stated Nobel laureate Dr. Joseph Goldstein, a former clinical associate at NHLBI who gave the first James A. Shannon Lecture on Jan. 13 before a

(See *Goldstein* p. 16)

Levity and Brevity

Leadership of Varmus Lauded During Tribute

By Carla Garnett

It lasted only about 55 minutes, but in that short period, many tales were told out of school—some of them made up. Laughter and applause punctuated most comments. An irreverent oath was uttered. Throughout the proceedings, one thought remained constant: Only the highest regard is held for NIH director Dr. Harold Varmus and the job he is doing at NIH by his colleagues, friends and associates.

According to a veteran NIH scientist and administrator, an NIH director traditionally receives a round of applause at an ICD directors' meeting only twice: upon arrival and upon departure. "We want to change that

(See *Varmus* p. 15)

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NIHAA Meeting on June 21

Koop Chosen as 1997 Public Service Awardee

The NIH Alumni Association is pleased to announce that its fifth Public Service Award will be presented to Dr. C. Everett Koop during the group's annual meeting scheduled for Saturday afternoon, June 21, 1997, at the Mary Woodard Lasker Center (the Cloister).

A native of Brooklyn, New York, Koop received his undergraduate education at Dartmouth College and his M.D. from Cornell. He later trained at the University of Pennsylvania School of Medicine, Boston Children's Hospital and the Graduate School of Medicine, from which he was awarded a Doctor of Science (Medicine) in 1947.

He served as surgeon-in-chief of Children's Hospital of Philadelphia from 1948 until 1981. Promoted

(See *Koop* p. 2)

Koop (continued from p. 1)

through academic ranks at Pennsylvania, he became professor of pediatric surgery in 1959 and professor of pediatrics in 1971. He presently holds the title of Elizabeth DeCamp McInerney professor of surgery at Dartmouth Medical School.

In March 1981, he was appointed deputy assistant secretary for health and later that year became surgeon general of the U.S. Public Health Service.

He gained wide acclaim and, not surprisingly, created controversy for his use of that position as a "bully pulpit," speaking out candidly and vigorously on public issues such as the dangers of tobacco use and the need for enlightened attitudes about how to control the AIDS problem. He left that office in 1989, continuing his campaign of public education through the media and as senior scholar of the C. Everett Koop Institute at Dartmouth. He is the author of more than 230 articles and books on the practice of medicine and surgery,



Dr. C. Everett Koop

use of animals in research, biomedical ethics and health policy.

His Public Health Service honors include the Distinguished Service Medal, the Surgeon General's Exemplary Service Medal and the S.G.'s Medallion. He was awarded the Presidential Medal of Freedom in 1995.

As part of the annual meeting program, NIHAA members will also meet and hear from Montgomery County Executive Douglas M. Duncan. He was elected Montgomery County's fifth county executive on Nov. 8, 1994. A life-long Rockville resident, he also served as mayor.

The meeting will include brief talks by both the incoming and outgoing presidents, and announcements of the newly elected members of the NIHAA board of directors. A reception with light refreshments will follow the program.

Invitations that contain details of the meeting will be mailed to all members in May.

SAVE THIS DATE!

The Annual Meeting of the NIH Alumni Association

Saturday, June 21, 1997

1:00 - 3:00 p.m

at the Mary Woodard Lasker Center (the Cloister)
Bldg. 60, NIH, Bethesda, Md.

Watch for invitations with details of the program.

Thank you and see you in June.

NIHAA Update

The NIHAA Update is the newsletter of the NIH Alumni Association. The NIHAA office is at 9101 Old Georgetown Rd., Bethesda, MD 20814-1616, (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.

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Thanks also to our members who have contributed donations beyond their dues payment.

Job Fair Adds Spice to 10th Research Festival

By Carla Garnett

A few new spices were thrown into the scientific potpourri that is NIH's 5-day annual Research Festival, which celebrated its 10th anniversary last year. Leading off was a Sept. 16 symposium featuring international experts on a current hot topic—prion diseases, a group of neurodegenerative disorders that includes "mad cow" disease, and its human counterpart Creutzfeldt-Jacob disease.

Packed into the festival were two other symposia—one on the genetics of complex disease and another, the NIDR Alumni Symposium, which honored Dr. Stephan Mergenhagen, the recently retired long-time chief of the institute's Laboratory of Immunology—four poster sessions, a picnic lunch, a scientific job fair, nearly 30 workshops and a scientific equipment show.

Organizers estimate that about 5,000 people attended festival events that were centralized for the second year in a row at the Natcher Conference Center. In addition, about \$320 was

raised for the Children's Inn via picnic lunch sales.

"Each event served an important purpose and, in my mind, each was successful," acknowledged Dr. Henning Birkedal-Hansen, NIDR scientific director and chair of the 1996 festival organizing committee. "Perhaps what impressed me most was the depth and breadth of science on campus. Needless to say the key to success is the quality of the science, and all of the symposia and workshop organizers did a marvelous job in putting together a string of excellent science presentations. The poster presenters also did a great job in sharing their ideas, approaches and findings with us. Personally, I learned a lot."

New for 1996 was the rebirth of an idea by original Research Festival planner Dr. Abner Notkins to invite participation in the poster sessions by ICD scientific directors and other VIPs

(See Festival p. 4)



VIP poster presenter Dr. Harold Slavkin (second from r), NIDR director and NIAMS scientist, drew a continuous crowd to discuss his work during NIH's 10th annual Research Festival.

Festival (continued from p. 3)

including NIDR director Dr. Harold Slavkin, whose poster drew a constant crowd at the opening poster session. "As a new intramural scientist in NIAMS," Slavkin said, "I was very impressed with the collegiality of the intramural community. It is a terrific intellectual environment. A number of IRP scientists stopped at the poster and were wonderful in offering suggestions and many opportunities for collaboration. There is a convergence between clinical craniofacial dysmorphology, developmental and molecular biology, and evolutionary biology—a new intellectual synthesis—and this convergence was evident at the poster session. And, it was great fun!"

Another highlight of the festival was the scientific job fair that was added this year to assist NIH fellows. Representatives from FDA and several pharmaceutical and biotechnology companies staffed tables, collecting resumes and applications and scheduling afternoon interviews with prospective employees from NIH laboratories. About 30 open positions had been logged into a special jobs database prior to the fair.

Dr. Kong Chen of NINDS said he was interested in the pharmacology positions offered by FDA. "I was also hoping there would be more employers here," he said. "I wasn't able to stay long because I am running an experiment, and it seemed everybody there was crowded around the FDA table."

Recruiting for jobs in NCI's Pediatric Oncology Branch, Dr. Carol Thiele was able to explain perhaps why FDA was drawing so much interest. "This was my first job fair," she said. "I was looking [to interview] a postdoc/staff fellow. I think that people were looking for a job and didn't really care what it was about. Most wanted a 'slot'

or FTE position. I spoke with about 20 people and I didn't think most were appropriate for the position, as they did not have the appropriate background. I did, however, get an application from a technician. I also have a technician slot open. I think [the job fair] would be a good format for NIH techs to see what is out there and would be a good opportunity to interview interested techs."

Another recruiter, Jeff Hallquist, director of marketing and sales for the pharmaceutical firm HRP, Inc., said his company was accepting resumes for a study director and would be ready to hire a qualified Ph.D. by December. 1. "I had a woman looking for a position come up to me and put this whole thing in perspective," he said. "She said that everybody here is looking for that one job in a thousand, for that perfect fit. She was right. We're all looking for that perfect one in a thousand applicant and they're all looking for that one in a thousand employer. This is certainly a great place to start looking."

At least one postdoc was having a successful day at the job market: Dr. Lakshmi Channavajjala, a 6-year employee of NCI's Laboratory of Tumor Cell Biology, landed an afternoon interview for a postdoctoral fellowship position in biotechnology at Frederick Cancer Research and Development Center. Her colleague in the lab, Dr. Kaur Harvinder, was attending the fair just for future reference. "I just started my job here," she said, smiling, "so I'm a new baby on the block."

Birkedal-Hansen said he sees the fair as a work in progress that will only grow more beneficial for NIH's postdocs. "I believe that the addition of the job fair will prove to be an important element of the festival," he commented. "This year 12 companies were represented. Obviously there is



NIDR scientific director Dr. Henning Birkedal-Hansen (l) chaired the 1996 NIH Research Festival organizing committee, which selected Dr. Stephan Mergenhagen (r), a longtime NIDR lab chief who recently retired, as honoree of the 1996 alumni symposium. Several of his former colleagues gathered to discuss current work and pay tribute to their mentor.

room to grow and expand this event, and I have no doubt that many more companies will sign up in future years. I am particularly pleased if we can assist our fellows in pursuing their career objectives in this manner."

Festival activities concluded Thursday and Friday under the big tents temporarily erected on parking lot 10D for 2 days of scientific equipment displays and demonstrations by the Technical Sales Association, which also underwrote some festival expenses.

The 1997 Research Festival is scheduled for the week of Oct. 6-10 and will be organized by the National Institute of Diabetes and Digestive and Kidney Diseases. The DeWitt Stetten, Jr., Museum of Medical Research will also sponsor a symposium on the history of the NIH intramural program to mark the museum's tenth anniversary.

Details about the program will be in the summer issue of the NIHAA Update.

NIH's 1997 Budget Gets A Boost; 1998 Budget Awaiting Approval

The 1997 NIH Budget

Keeping a commitment for federal funding of medical research, Congress passed and the President signed an omnibus appropriations bill that gave NIH \$12.747 billion for fiscal year 1997—a 6.9 percent increase over the 1996 budget. The spending bill was signed before a continuing resolution was required to keep the government running.

"The Congress and the administration have shown tremendous confidence in NIH with this large funding increase at a time of overall budget stringency," remarked Tony Itteilag, NIH deputy director for management. "We are especially grateful to congressmen [John] Porter [R-Ill.] and [David] Obey [D-Wisc.] and senators [Arlen] Specter [R-Pa.] and [Tom] Harkin [D-Iowa], as well as [HHS] Secretary Donna Shalala and Chief of Staff Leon Panetta, for their efforts on behalf of NIH."

The centerpiece of NIH's 1997 budget is the \$90 million down payment on the Clinical Research Center, which will bear the name "Mark O. Hatfield Clinical Research Center," in honor of the retiring Republican senator from Oregon, who has chaired the Senate appropriations committee and has been a medical research supporter in the Senate since 1967. CRC construction, slated to begin this fiscal year, carries a \$310 million price tag, with funding phases spread over several years. The current budget signed by President Clinton contains precise language allowing NIH to contract for the full scope of the new project even though future appropriations will be needed to complete funding.

Although specific AIDS funding was not earmarked in the law, NIH

indicated it would spend \$1.502 billion of its total 1997 budget on AIDS—a 6.8 percent increase over last year.

Special research priorities received \$240 million. These include the biology of brain disorders, new approaches to pathogenesis, new preventive strategies against disease, genetics of medicine, advanced instrumentation and computers in medicine, and research designated by NIH director Dr. Harold Varmus.

NIH's Office of Alternative Medicine received \$12 million, more than double last year's budget. The new funds will provide support to the ICDs through collaborative research projects.

Although NIH's total budget increased over last year, administrative costs will be held at the fiscal 1996 level. Overall, intramural research program spending will increase at a somewhat lesser rate than the overall budget, probably in the range of 3 to 4 percent.

As part of reaching final agreement on funding levels, Congress agreed to an additional \$5 million for a pediatric research initiative; an additional \$8 million for neurodegenerative disease research; and \$14.75 million for the National Action Plan on Breast Cancer.

The NIH director has continued authority to transfer 1 percent of the total budget among ICDs to meet unforeseen research opportunities.

The 1998 President's Budget

For fiscal year 1998, the President requested \$13.078 billion for NIH, which provides \$337 million—or 2.6 percent—over FY 1997. Released Feb. 6, the 1998 budget was defended in March as NIH authorities, starting with director Dr. Harold Varmus, testified on Capitol Hill in support of the request.

Of note in the 1998 request is an increase of \$30 million for the National Institute on Drug Abuse, which reflects the administration's strengthened efforts to combat drug abuse. The increased funding is earmarked for treating cocaine addiction.

Of seven major mechanisms through which NIH disburses its funds—research project grants, research centers, other research, research training, R&D contracts, intramural program, and research management and support—only this last category fails to realize a modest gain in funding; the RM&S budget remains at the 1997 level to maximize funds for research.

Areas of major emphasis in the budget include:

- The new Clinical Research Center is set to receive another \$90 million in FY 1998 to keep the project rolling.

- Research project grants, which fund basic biomedical research, increase by 4 percent over the 1997 level. The FY 1998 request supports 7,112 competing RPGs.

- Training for 15,003 full-time pre- and postdoctoral trainees is included in the request.

- Several areas of scientific emphasis including the biology of brain disorders (+\$36.7 million), new approaches to pathogenesis (+\$34.6 million), new preventive strategies against disease (+\$51.1 million), new avenues for development of therapeutics (+\$39.8 million), genetic medicine (+\$40.9 million), and advanced instrumentation and computers in medicine and research (+\$20 million).

Detailed information on the President's budget request for NIH can be found on the Internet at <http://www.nih.gov/news/Budget98/BUDGET98.HTM>.

News From and About NIHAA Members and Foreign Chapters

Dr. Harold Amos, who has had a long and distinguished affiliation with NIH, especially with the NCI from 1965 to 1995, including membership on the President's Cancer Panel, is now professor emeritus of microbiology and molecular genetics at Harvard Medical School.

Dr. Lawrence D. Aronson, who was in NIAMD's Laboratory of Biochemical Pharmacy as a staff associate, 1967-69, is a medical consultant for the state of Michigan and a disability adjudicator for the Social Security Administration.

Dr. John P. Atkinson, a clinical associate, Laboratory of Clinical Investigation, NIAID, 1971-74, is chief of the Division of Rheumatology, professor of medicine and microbiology and immunology and a Howard Hughes Medical Institute Investigator at Washington University School of Medicine, St. Louis. He was recently elected to membership in the Institute of Medicine of the National Academy of Sciences.

Dr. Julius Axelrod, winner of the 1970 Nobel Prize for Physiology or Medicine while working at NIMH, has been named scientist emeritus at NIH. This honorary status is given by the scientific directors to distinguished investigators who wish to continue their research after formal retirement. Axelrod formally retired from NIMH in 1984, but has continued his research. He has been involved in studies on the natural ligand of the cannabinoid receptor, anandamide. Last year, he was honored with the Alpha Omega International Dental Fraternity's Achievement Award in recognition of "meritorious contributions to dentistry and its allied sciences."

Dr. J. Claude Bennett, a research associate in molecular biology at NIH from 1962-64, has resigned as president of the University of Alabama at Birmingham to become president and CEO of BioCryst Pharmaceuticals, Inc., Birmingham, Ala. He also joins the company's board. The company develops drug treatments for immunological and viral diseases. Bennett is currently president of the Association of American Physicians and a member of the board of governors of the Warren Grant Magnuson Clinical Center.

Dr. Merton Bernfield, a research associate at NHI and NICHD, 1963-66, is now the Clement A. Smith professor in the department of pediatrics, Harvard Medical School. Recently, Bernfield was elected to membership in the Institute of Medicine of the National Academy of Sciences.

Two former directors of the National Institute on Aging were recently honored by the Institute of Medicine of the National Academy of Sciences:

Dr. Robert N. Butler, director of the International Longevity Center at Mt. Sinai Medical Center in New York City, and **Dr. T. Franklin Williams**, professor of medicine emeritus at the University of Rochester School of Medicine and Dentistry and a Veterans Administration distinguished physician. Both received the IOM's Gustav O. Lienhard Award for outstanding achievement in health care and medicine. They were cited for raising public awareness of geriatrics and of gerontology. Their work, the IOM said, has enhanced the quality of personal health care services for older people.

Dr. Paul Calabresi, a field investigator at NCI from 1956 to 1960, is

professor and chairman emeritus, department of medicine at Brown University. He is also director, division of clinical pharmacology, Rhode Island Hospital and a member of the President's Cancer Panel. Recently, he became a board member of a nonprofit group called "Friends of Cancer Research." Its purpose is to educate the public about the importance of cancer research. The impetus for its formation came from a desire to recognize the 25th anniversary of the National Cancer Act.

Dr. Bruce Chabner, with NCI from 1967 to 1995, is now clinical director of the Massachusetts General Hospital Cancer Center. He received the Kantor Family Prize for Cancer Research Excellence from the Hipple Cancer Research Center of Dayton, Ohio, and the Dayton Oncology Society. The award cited his work during his 14-year tenure as director of the NCI Division of Cancer Treatment that included the development of antifolate cancer drugs and the drug Taxol.

Dr. Charles B. Cuono, a clinical associate in the Surgery Branch at NCI, 1973-75, is professor of surgery, Yale University School of Medicine. He is also director of the Yale Burn Center and founder and director of the Yale Skin Bank. Recently he was honored by his alma mater, West Virginia University School of Medicine, as its 1996 Distinguished Alumnus. The brochure cited his "bridge research" efforts to combine basic science with an immediate clinical focus, thus bridging the gap between lab bench and bedside. It was through this type of research that he developed in 1986 the composite auto-allo skin replacement technique.

This is the only known procedure to replace skin permanently on severely burned patients and is now used worldwide.

Dr. Timothy J. Eberlein, a clinical associate at NCI's Surgery Branch from 1979 to 1981, and also an investigator at the Surgery Branch from 1981-82, has recently been appointed Richard E. Wilson professor of surgery at Harvard Medical School. He is the first incumbent of this endowed chair. Eberlein is also chief of the division of surgical oncology in the department of surgery at Brigham and Women's Hospital in Boston, and vice chairman for research for the department.

Dr. Emil J. Freireich, who was at NCI from 1955 to 1965, is at the University of Texas M.D. Anderson Cancer Center. Last summer he was awarded the International "Medicus Hippocraticus" Prize. The presentations were made on the island of Kos (see photo this page).

Dr. Edgar Haber, an NIH fellow from 1958 to 1962, is 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. He was recently elected to the Institute of Medicine.

Dr. Suzanne T. Ildstad, who was at NCI from 1982 to 1985, has moved from the University of Pittsburgh to become director of the newly formed Institute for Cellular Therapeutics and professor of surgery at Allegheny University of the Health Sciences, Philadelphia.

Dr. Lois F. Lipsett retired from the NIDDK in 1992, where she was chief,

Special Programs Branch and founder of the National Diabetes Information Clearinghouse. Subsequently, she served for 3 years as vice president, scientific and medical affairs, of the American Diabetes Association. She then served as a consultant to the Robert Wood Johnson Foundation. In August 1996, she was elected to the board of directors of the Whitman Education Group, headquartered in Miami, Florida. She was also recently appointed to NIHAA's board of directors.

Dr. Harald Løe, director of the National Institute of Dental Research from 1983 to 1994, is now university professor in the department of periodontology at the University of Connecticut Health Center. After his NIH retirement, he was honored with the creation of the Harald Løe Scholars

Program. The program allows an individual to spend 2 months each with the American Association of Dental Schools, the American Association for Dental Research and the National Institute of Dental Research to gain a perspective on a wide range of policy issues facing dental education and industry.

Jim Neill, who was in the Division of Personnel Management, Office of the Director, from 1963-1983, now lives in Albuquerque, New Mexico. He writes to *Update* via a Christmas letter to Cal Baldwin that he is recovering from brain tumor surgery. He continues to be a volunteer teaching assistant in a 5th grade public school class where "I have the opportunity to carry the banner for the National Institutes of Health in the school community, parents (they always seem interested



The President of the Hellenic Republic, Constantine Stefanopoulos (c), honors Dr. Emil J. Freireich with the International "Medicus Hippocraticus" Prize awarded by the International Hippocratic Foundation of Kos during a ceremony on Aug. 31, 1996 on the island of Kos. The ceremony was concluded with the Hippocratic Oath recited by Koan youths.

once they learn I worked there) and especially the students. Each year I give them an orientation on NIH. When I invite questions they invariably have two: specifics on the kind of work I did at NIH and were there any famous scientists at NIH and did I know them. In any event, I carry the banner as I have said, but I also feel a touch of pride."

Dr. David Parkison, formerly acting director of the NCI Cancer Therapy Evaluation Program, has joined Novartis AG as vice president, oncology therapeutics. The company was formed through a merger of Ciba-Geigy Ltd. and Sandoz Inc.

Dr. Christian Peters, who was in the Metabolism Branch, Division of Cancer Biology, Diagnostics, and Centers, NCI, from 1992-1995, writes "I have moved to Germany to take a position at the Institute for Microbiology and Immunology, Division for Infectious Diseases, at the Free University of Berlin. My American wife (Christina, married May 27, 1995) joined me there. We are enjoying exploring Europe together."

Dr. Clinton C. Powell who was at NIH from 1946 to 1964, lastly as the first director of the National Institute of General Medical Sciences, retired from government service to become associate coordinator of medical and health sciences at the University of California. He writes, "I really retired in 1979, and for the next decade Frances and I traveled extensively and spent lots of time with our three daughters, their husbands and our grandkids, who total six now. A year and a half ago, we moved to Redding, Calif. to be near one of our daughters. We have a lovely house on the edge of a small lake in a senior community."

Dr. Ralph A. Reisenfeld, who was at NCI, Endocrinology Branch, 1957-59, and NIAID, Laboratory of Immunology, 1963-1970, has been, since 1974, a member and head of the division of tumor cell biology at Scripps Research Institute, LaJolla, Calif.

He recently received the first Immunomedics Science Prize for his numerous contributions "to the field of monoclonal antibodies and their use in developing targeted therapeutics for cancer." The \$5,000 prize and a plaque were presented at the recent Sixth Conference of Radioimmuno-detection and Radioimmunotherapy of Cancer.

Dr. Jack S. Remington, a member of the first cadre of NIH research fellows in 1957, is professor of medicine at Stanford University School of Medicine. In September 1996, he received the 1996 Bristol Award from the Infectious Disease Society of America. The Bristol Award is "granted in recognition of a career reflecting major accomplishments and contributions to the acquisition of knowledge and its dissemination through teaching in an area of infectious disease." Remington also chairs the department of immunology and infectious diseases at Palo Alto Medical Research Foundation. The award comes with a \$3,500 honorarium and an engraved medal.

Dr. Irwin Rosenberg, a clinical fellow at NIAMD, 1961-64, now holds the Jean Mayer chair in nutrition at Tufts University in Boston and is director of the Jean Mayer Human Nutrition Research Center on Aging and dean for nutrition sciences at Tufts. Last Oct. 10, Rosenberg received the 16th annual Bristol-Myers Squibb/Mead Johnson Award for Distinguished Achievement in Nutrition Research for his work linking vitamin metabolism

and disease. In particular, he has elaborated on mechanisms and consequences of folic acid deficiency in disease states including anemia, heart disease, cancer and neural tube defects. He is a past chairman of the Panel on Vitamins and Minerals of the U.S. Food and Drug Administration and the Food and Nutrition Board of the National Academy of Sciences, and past president of the American Society for Clinical Nutrition.

Dr. David H. Sachs, at NCI as chief of the Immunology Branch from 1970 to 1991, is at Harvard Medical School and Massachusetts General Hospital as director of the Transplant Biology Research Center. He was recently elected to membership in the Institute of Medicine of the National Academy of Sciences.

Dr. Stephen C. Schimpff, at NCI from 1969 to 1982 in the Division of Cancer Treatment, is now executive vice president of the University of Maryland Medical Center, Baltimore. He has been named to the Clinical Center board of governors and its executive committee. The board's charter, signed by HHS Secretary Shalala last April, authorizes an executive committee to help provide in-depth advice to the CC staff on a more frequent basis.

Dr. Lawrence E. Shulman, NIH emissary for clinical research and director emeritus of NIAMS, received the Award of Merit from NASA at a scientific workshop held in conjunction with the launching of the Columbia space shuttle from Kennedy Space Center in Florida. Seven of the 13 scientific experiments carried out on the mission were devoted to investigating the loss of muscle and bone in space. The award was given in recognition of his "dedication and

commitment to excellence in establishing the foundation for the successful NASA/NIH program.”

Dr. Novera Herbert Spector, a health scientist at NINDS in the Division of Fundamental Neurosciences from 1977 to 1995, is now vice president for scientific affairs at the American Institute for Neuroimmunodulation Research in Phoenix. Recently, Spector received a certificate of appreciation from the International Society of Neuroimmunodulation (ISN) in recognition of his significant contributions to neuroimmunodulation research, his efforts to promote the field, and his leadership in the founding of ISN and tenure as its first president. Spector coined the term immunodulation, which refers to interactions between the nervous and immune systems. Also in his honor, ISN established the Novera Herbert Spector Leadership Award, to be given at subsequent congresses to an investigator who has made significant contributions to the field.

Dr. William Tester, a clinical associate at NCI, 1980-82, has been named director of the Albert Einstein Cancer Center, Philadelphia. Tester, a member of the National Cancer Institute's PDQ editorial board and active in several NCI-sponsored groups that conduct clinical trials, will also direct Einstein's Cancer Awareness and Prevention Program to bring cancer education and screening to underserved communities in North Philadelphia.

Dr. Gordon Wallace, who was associate director for intramural research, NIAID, 1960-86, and the first president of NIHAA, is marketing a new product through his Bethesda-based company, Bio-Brite, Inc. The product, Window-Lite, invented by the

company's vice president Irv Heckler, is a "window" for people who work in cubicles or offices without windows. But within this "window" is a window-size transparency of a color photo and bright fluorescent lights, giving the illusion of a real view. The windows are available in four views: Tropical Beach, Golf Course, English Garden, and Hawaii.

Dr. I. Bernard Weinstein, a clinical associate in the metabolism service at NCI, 1957-59, has retired as director of the Columbia-Presbyterian Comprehensive Cancer Center. He will remain as Frode Jensen professor of medicine, professor of genetics, development and public health at Columbia. He will continue his own research in molecular carcinogenesis and will serve as a senior advisor to the cancer center.

Dr. Myrna Weissman, who worked at the Clinical Center, is now professor of epidemiology at Columbia University. She was recently elected to membership in the Institute of Medicine of the National Academy of Sciences.

Dr. Samuel A. Wells, Jr., at NCI from 1964-66, was recently named president of the General Motors Cancer Research Foundation. He has chaired the foundation's selection committee for its Charles F. Kettering Prize, and subsequently was a member of the foundation's awards assembly. He will be involved in the foundation's scientific conference at NIH in June and oversee the selection of candidates for the GMCRF awards.

Dr. Robert Whitney, who was at the National Center for Research Resources from 1971 to 1992, lastly as director, and then in 1992 deputy surgeon general until his retirement in 1994, now lives in Steilacoom, Wash. He is

the president of a not-for-profit corporation, **Earthspan**, dedicated to natural resources conservation, biodiversity, and ecosystem preservation.

Dr. Robert Young, at NCI from 1967-1988, is president, Fox Chase Cancer Center, Philadelphia. Young was recently appointed to the newly established National Cancer Policy Board that was established by the National Research Council's Commission on Life Sciences and the Institute of Medicine. The board was formed at the request of NCI to serve as an independent forum to address obstacles in furthering cancer research, treatment and control.

Dr. Marvin Zelen, who was with the Biometry Branch at NCI from 1963 to 1967, and is now at Harvard School of Public Health, has been honored with the establishment of the Marvin Zelen Leadership Award in Statistical Science. This annual award, which will be given first in May 1997, was supported by colleagues, friends and family to honor Zelen. It will recognize an individual in government, industry, or academia who has contributed to the creation of an environment in which statistical science and its applications have flourished.

What's Your News?

We want to hear from you. Please send your news with photo if possible to Harriet Greenwald, NIHAA *Update*, 9101 Old Georgetown Rd., Bethesda, MD 20814-1616.

Two Messages from the Outgoing and Incoming Presidents

Calvin B. Baldwin, Jr.

This will be my final message as NIHAA president, because my 2-year term of office will end this spring. It pleases me to be able to bring you much good news about the association.

First, the NIHAA board has selected a splendid group of new officers:

Bill Jordan as president Bill Gay and Jerry Green as vice presidents, and Storm Whaley as secretary/ treasurer. I will continue on the board and executive committee as past president. Second, the first NIHAA-sponsored Shannon Lecture was a notable success. Masur Auditorium was completely filled for the presentation by NIH alumnus and Nobelist Joseph Goldstein. The lecture will be published in *Nature Medicine*, and editor Barbara Culliton wishes to publish future Shannon Lectures. Third, NIH alumnus Dr. Robert Levy, president of Wyeth-Ayerst Research, announced that his company will give NIHAA a \$30,000 gift (\$10,000 for 3 years) for publication of *Update* and other association activities. NIHAA will also benefit financially as the host of a Continuing Medical Education Cruise to Alaska, Aug. 17-25, 1997 (see flyer on p. 11 for details). You have been notified of the cruise by mail, and we hope many of you will come.

Taken together, these activities will leave us in a much stronger financial position and enable us to publish the *Update* 3 times a year. Fourth, the board has accepted the recommenda-



Calvin B. Baldwin, Jr.

tion of John Sherman and the executive committee that the 1997 NIHAA Public Service Award be presented to Dr. C. Everett Koop in recognition of his past and current achievements in the public service. Fifth, we have published a directory of NIHAA members.

Finally, may I remind you once more, the association is very dependent upon the dues/contributions of its members. When you receive your renewal notice this spring, please pay promptly. We have found the most effective way of recruiting new members is for current members to tell their friends and former NIH colleagues of the existence of the association and to encourage them to become members.

Dr. William S. Jordan, Jr.

I have been a member of NIHAA since its birth, or rebirth, in 1988, having just retired the previous year as the director of one of NIAID's two extramural programs. Housed in office space kindly provided to me as an emeritus volunteer, I was invited by Abner Notkins, Lois Salzman and others of the organizing committee to join the 21-member board of directors for the alumni association. Next followed the painful process of drafting a new set of bylaws (approved June 18, 1991; revised Mar. 16, 1993) that limited voting membership to retired employees, while retaining those still employed as "associates." During and since the transition period, my predecessors as president: Gordon Wallace, Joe R. Held, John Sherman (acting), Tom Kennedy and Cal Baldwin, the board of directors and committee chairpersons have assured the viability and effectiveness of the organization.

These are exciting times in biomedical research, and the NIHAA can play a major role in educating the public and its representatives about NIH's key role as a unique research institution. I first met Jim Shannon in 1944 while a medical officer assigned to the tropical medicine service at Bethesda Naval Hospital. We were testing Shannon's candidate antimalarials in Marines back from the South Pacific with relapsing *P. vivax* malaria. At a meeting with Shannon, chloroquine was reported more effective and safer than atabrine. After World War II, I learned what Shannon had done to stimulate and support both intramural and extramural biomedical research at NIH.

The NIHAA will work to maintain the productive climate that assures the progress exemplified by the recent Clinical Research Day on Feb. 10.

It must also assess the broader environment that has generated the NIH director's Panel on Clinical Research, the National

Bioethics Advisory Commission, the standing committee on intramural research, the new CC Board of Governors, and the White House Committee on Fundamental Science.

What will be next? How can NIHAA best protect and defend the NIH? As former employees, from mail clerks to Nobel laureates, you are encouraged to give us your advice, and, most of all, your participation.



Dr. William S. Jordan, Jr.



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PETER GREENWALD, M.D., Dr. P.H., is the Director of the Division of Cancer Prevention and Control at the National Cancer Institute. He is certified in both Internal Medicine and Preventive Medicine and earned his Dr. P.H. at the Harvard School of Public Health where he focused on cancer epidemiology. Among his responsibilities are the development and conduct of cancer prevention clinical trials. These focus on the areas of diet and cancer, and chemoprevention. His research work relates primarily to human cancer prevention trials, cancer epidemiology and cancer control.



PAUL DUKE is the former moderator of "Washington Week in Review." He brings us his special "home-grown" wisdom in his familiar deep voice, adding to the program the expertise gained from his many years as the ultimate "Washington Insider."



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Chairman & Professor, Department of Family Medicine, University of South Florida College of Medicine, Tampa, Florida

ALFRED E. FIREMAN, M. D.
Private practice of forensic psychiatry, Largo FL and psychiatric consultant to the Circuit Courts of Hillsborough and Pinellas Counties.

DANIEL J. VAN DURME, M. D.
Associate Professor, Department of Family Medicine, University of South Florida College of Medicine and Associate Team Physician, Tampa Bay Lightning, National Hockey League

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4	Sitka	Noon	6:00pm
5	Cruise Hubbard Glacier in Wrangell, St. Elias Park		
6	Valdez	7:00am	Noon
	Cruise College and Harriman Fjords		
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FF	Large Outside/with shr/tub	2,799.00	2,099.25
G	Large Outside/with shr/tub	2,665.00	1,998.75
H	Large Outside/with shr/tub	2,532.00	1,899.00
I	Large Inside/with shower	2,532.00	1,899.00
J	Large Inside/with shower	2,479.00	1,859.25
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Biomedical Research Foundation Broadens NIH Reach

A new mechanism is now available to help the National Institutes of Health accomplish its mission of improving the nation's health. As early as 1988, the National Academy of Sciences' Institute of Medicine recommended establishment of an organization that would be independent of NIH, but would directly support the NIH mission financially by seeking private donations. With this recommendation and recognizing that not all of the NIH's needs were being met through the appropriation, Congress authorized the establishment of an independent National Foundation for Biomedical Research (NFBR) to raise private funds to support activities within the mission of the NIH that could not otherwise be done.

Although the foundation was authorized in 1990 and reauthorized in 1993, the transfer of \$200,000 to cover administrative costs was not mentioned in the appropriation, and therefore nothing was done. Upon his retirement in January 1996 from NIH, where he served as the associate director for extramural affairs in the Office of the Director, Dr. George J. Galasso agreed to help the NFBR become a reality.

The NFBR was incorporated in Maryland as an independent 501 (c)(3) organization in the summer of 1996, and the board of directors held its first meeting in September.

In essence, the foundation enables private-sector funding of public health research. Among things the foundation will be able to do that NIH legally cannot is to solicit donations from philanthropic organizations, insurance companies, healthcare providers and other research foundations and private sources. The funds received could then be used to provide additional training grants and fellowships to junior and



The NFBR board of directors stand on the front steps of the Cloister where the NFBR offices are located: Back row (from l) Drs. Solomon Snyder and Patrick Walsh of John Hopkins School of Medicine, Dr. Paul Montrone of Fisher Scientific International, Inc. Middle row (from l) Dr. Mary Ellen Avery of Harvard Medical School, Mrs. William McCormick Blair, Jr. of the Lasker Foundation and Charles A. Saunders, former CEO of Glaxo Wellcome. Front row (from l) Dr. George Galasso, executive director of NFBR and Dr. Paul Berg of Stanford School of Medicine. Not pictured: Dr. Franklyn Jenifer of the University of Texas at Dallas.

senior scientists, support recruitment and education conferences, offer sabbaticals and other independent research endowments to federal and nonfederal scientists, and augment research dollars for both the intramural and extramural science programs of NIH. The foundation's independently collected funds would also permit NIH to explore research, training and education that may be scientifically promising, but insufficiently funded.

"It could also support infra-structure needs," said Galasso. "Each project will be reviewed for merit by the board in consultation with NIH. As long as the project falls within NIH's mission it will be considered for funding."

Although the NFBR and the Foundation for Advanced Education in the Sciences (FAES) will be involved in similar activities—providing training opportunities, for example—the two organizations will not duplicate their efforts. Under law, Congress permits NIH to associate itself with only one foundation. FAES will continue its current activities under an agreement with the NFBR.

Current NFBR staff consists of Galasso part-time and Cynthia Parker, who is on detail from NIH. Largely through their efforts, NFBR has begun its fundraising activities.

The first donation, from the Penates Foundation, sufficient to fund a three-year fellowship, has already been received. It is expected that next year the NFBR will be listed as a recipient of Combined Federal Campaign (CFC) contributions. Contributors to the CFC interested in supporting the NIH mission can specify the NFBR for their donation and thereby help the effort.

"We are hoping to attract the interest of individuals, philanthropic groups, industry, insurance companies and healthcare providers who would be willing to offer both seed money and money for projects," Galasso said. "Like any new operation that depends on donations, we are going to have to learn how to ask for support. We welcome any and all ideas from those with experience in raising funds."

To contribute ideas or funds call Galasso at (301) 402-5311 or use e-mail: galassog@nih.gov.

Calendar of Exhibits and Upcoming Events

Spring

At the National Library of Medicine "Emotions and Disease," a mixed media show, has been extended through **May 1, 1997**. The next exhibit, which explores the history and meaning of the medical history field, is titled "So What's New in the Past? The Multiple Meanings of Medical History." It will open on **July 3** and run through **Sept. 30**. Both exhibits are displayed in the National Library of Medicine's main lobby (Bldg. 38, 8600 Rockville Pike). For more information call Patricia Tuohy at (301) 496-5405.

"Revolution in Progress: Human Genetics and Medical Research," an exhibit prepared by the DeWitt Stetten, Jr., Museum of Medical Research in collaboration with NHGRI, NIAID, NCI, NHLBI, and NIGMS, will be displayed in the Clinical Center on the first floor near the Dental Clinic.

April

The NIH Director's R.E. Dyer Lecture will be on Thursday, **Apr. 10** at 3 p.m. in Masur Auditorium, Bldg. 10. The speaker is Dr. Harald von Boehmer, professor of immunology at Faculte de Medecine Necker and director of Unite INSERM 373, Paris, France, whose topic is "Lymphocyte Survival."

May

On Thursday, **May 8**, the 34th annual reception/luncheon for the U.S. Public Health Service retirees will be held at the Commissioned Officers Mess,

National Naval Medical Center, Bethesda. The reception will be at 11 a.m. followed by a luncheon starting at 12:30 p.m. Cost of the luncheon is \$18. Reservations (with check) should be sent to Peter J. Bersano, 6043 N. 5th Rd., Arlington, VA 22203. Deadline is **Apr. 23**. Dr. John Parascandola, PHS historian, will talk about plans for the 200th anniversary celebration of the PHS in 1998.

On Wednesday, **May 28**, at 3 p.m. in Masur Auditorium, Bldg. 10, the Fogarty International Lecture will feature Dr. Fotis C. Kafatos, director-general, European Molecular Biology Laboratory, Germany, and adjunct professor of biology, University of Crete, speaking on "The New Genetics in the Study of Organisms Important to Humans: A Case Study of Mosquito-Malaria-Human Interactions."

June

On Wednesday, **June 4**, the NIH Director's Third Margaret Pittman Lecture, will be delivered at 3 p.m. in Masur Auditorium, Bldg. 10, by Dr. Marilyn G. Farquhar, professor of pathology and coordinator, Division of Cellular and Molecular Medicine, University of California, San Diego, on "Control of Intracellular Membrane Traffic: Involvement of G Proteins and GAIP, and RGS Protein."

On Wednesday, **June 11**, the General Motors Cancer Foundation Laureate Lectures will be held in Masur Auditorium, Bldg. 10, from 2 to 4 p.m. The lectures are by winners of GM's Sloan, Kettering and Mott Prizes for Cancer Research.

The annual meeting of the NIH Alumni Association will be held on Saturday, **June 21** from 1:00 to 3:00 p.m. at the Mary Woodard Lasker Center (the Cloister), Bldg. 60, on the grounds of the NIH campus. Invitations with details will be mailed to NIHAA members in May.

There is a series at NIH called the Wednesday Afternoon Lectures, held at 3:00 p.m. in Masur Auditorium, Bldg. 10. For more information call Hilda Madine at (301) 594-5595.

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

Late Summer/Fall

August

Continuing Education Cruise to Alaska, **Aug. 17-25**, hosted by the NIH Alumni Association. See flyer on p. 11 for details.

October

Research Festival '97
Oct. 6, 7, 8 - Symposia, Poster Sessions, Workshops in William H. Natcher Conference Center.
Oct. 9, 10 - Technical Sales Association Scientific Equipment Show.

For more information call Greg Roa at (301) 496-1776 or e-mail: r25v@nih.gov.

Varmus (continued from p. 1)

tradition now, because Harold is a very special person and an extraordinary director of NIH," said the veteran—NIAID director Dr. Anthony Fauci—who emceed "A Celebration of Leadership: A Tribute to Harold Varmus and Science at the NIH."

The event was held in Masur Auditorium Dec. 18 by the ICD directors. Speakers included HHS Secretary Donna Shalala, assistant secretary for health Dr. Philip Lee, NIH deputy director Dr. Ruth Kirschstein, National Academy of Sciences president Dr. Bruce Alberts and NCI director Dr. Richard Klausner. Congresswoman Connie Morella (R-Md.) and FDA commissioner Dr. David Kessler were among more than 500 attendees. Constance Casey, Varmus's wife, joined him and the speakers on stage.

"This is sort of a midterm tribute—and we hope not even yet midterm—an expression of our admiration and affection for the scientist, the leader, the man," explained Fauci, who said the program would proceed in a manner much-favored by Varmus, "brief and to the point."

The program began with glowing compliments from Lee and Kirschstein to Varmus's "visionary leadership" and "tremendous energy and creativity in the adventure called NIH." Rather quickly, though—by the third speaker, Varmus's close friend Alberts—the event developed into more of a celebrity roast that included a humorously doctored slide and sound presentation by Klausner of Varmus's supposed earliest experiences at NIH.

"Where there is no vision, the people will perish," commented Lee, quoting Proverbs. Eminently qualified to judge NIH leadership, having



NIH director Dr. Harold Varmus is administered a humorous oath of office by HHS Secretary Donna Shalala during a recent tribute to his leadership. His wife, Constance Casey, holds the copy of Dickens' *Great Expectations* upon which Varmus makes his pledge.

served first as ASH in 1965 when Dr. James Shannon directed NIH through what is called the agency's "golden era," Lee said Varmus's tenure here has returned NIH to that former luster. Behind every effective institution, he continued, is a leader who is able to tell a story. "NIH is one of the most effective public institutions in the world" because "no one has told NIH's story as effectively as Harold Varmus."

After lauding Varmus for his unparalleled scientific judgment, his patience, self-confidence and values, Alberts described him as "a man totally without pretense, who refuses to wear a tie." A beat later he drew chuckles when he jokingly addressed the honoree, "Who tied that one you've got on today?"

Shalala rounded out the 7-minute salutes by reading greetings to Varmus from President Clinton and administering a newly revised oath of office to the NIH director, who—with right hand placed on a copy of Dickens' *Great Expectations*—dutifully vowed "to support and defend the Constitution against anyone who says I can't bring my bicycle into the building" and "to continue wearing clothes that can be found only in one place and time (San Francisco in the 1960's)" and other

such inglorious, but funny promises.

"In less than 4 years," said Shalala, sobering, "Harold has already built a great legacy at NIH for which science, his colleagues and, indeed, the American people are deeply indebted to him."

Celebrating his 57th birthday on the same day, Varmus accepted both accolades and good-natured jibes with grace and his customary brevity. He recalled that a year or so ago, in a critique of his directorship at the 2-year mark, a writer quoted an "anonymous immunologist," who called Varmus "the invisible administrator."

Varmus said the characterization has stayed on his mind. His hope, however, is that discoveries made now at NIH are seen 50 years from now as having led to controlling or curing cancer or understanding HIV and many other diseases and that the science accomplished during his tenure here is judged by history as constantly vibrant and groundbreaking. Then, he said, "It will not matter who sat in which chair, who gave which speech or who signed which document, and this administrator will be very pleased to be invisible. Many thanks again for this wonderful morning at this wonderful place."

Goldstein, (continued from p. 1)

packed house at Masur Auditorium. Goldstein—now a professor and department chair at the medical school (University of Texas Southwestern Medical Center) from which he earned his M.D.—erected his argument that “there has never been a better time for M.D.s to do clinical research” upon the formidable foundation of Shannon’s career. The former NIH director (1955-1968) is credited with shaping much of the modern NIH and was himself an ardent clinician as well as bench scientist.

In a genial Southern twang, Goldstein said most of the useful insights of medicine’s past half century have been the result of collaborations between creative, alert physicians (“Those folks who actually see the patient, say hello and shake their hand,” he quipped) and their allies at the bench who were able to sort through evidence to test daring hypotheses. His exemplars of “clinical investigation at its very best” were fellow Nobel laureates (1950) Philip Hench and Edward Kendall, a physician and Ph.D., respectively, who waded through a variety of clues to discover the steroid cortisone as a therapy for arthritis.

“The collaboration between a chemist, a clinician and a pharmaceutical company (in this instance Merck, which slogged through a 30-step chemical synthesis—the most laborious of its kind up to then—to make small quantities of cortisone) is like a good collaboration between partners writing a hit Broadway musical,” he said. “Together, they produce a successful performance.”

Indeed, Goldstein borrowed the title of his talk—“The Clinical Investigator: Bewitched, Bothered and Bedeviled”—from a similar line



NIH alumnus and Nobel laureate Dr. Joseph Goldstein (l) meets with former NIH director Dr. Donald Fredrickson prior to giving the first annual James A. Shannon Lecture on Jan. 13. Looking on is Shannon’s son Anthony.

in Rodgers and Hart’s show *Pal Joey*.

Surveying the current state of medicine, with its emphasis on managed care and cost-cutting (which has led to “PAIDS”—paralyzing academic investigator disease syndrome), Goldstein observes three categories of pursuit: pure basic research, disease-oriented research, and patient-oriented research.

Although he gave historical examples of titans from each of these groups, his heart clearly is with the latter. His own career as an NHLBI clinical associate in Dr. Marshall Nirenberg’s lab took off when the case of a youngster with hypercholesterolemia, to whom he was introduced by former NIH director Dr. Donald Fredrickson, began to consume him. Together with Dr. Michael S. Brown, then a young clinician in the arthritis institute, Goldstein began studies of cholesterol metabolism that won him and Brown a Nobel Prize in 1985.

“NIH played a major role in our careers,” said Goldstein, whose

collaboration with Brown is now in its 25th year. Allowing that their work “has gotten more and more basic over the years,” Goldstein nonetheless credits his clinical experience with engendering much of the pleasure he has obviously taken in his career.

Patient-oriented research, or POR, may get short shrift these days as scientists in general “are more interested in presenting their results at Cold Spring Harbor than at the Washington Sheraton,” he jibed, but it tends to attract “fiercely independent people who avoid ‘bandwagon’ research at all costs.” He described “the four P’s of POR”—passion, patients, patience and poverty.” He suggested that NIH may have a remedy for the last characteristic. “NIH could help by supporting more clinical research, work that is nonbandwagon and creative. Career development awards are needed.”

Goldstein referred to bandwagon science as pernicious and “hard to stop once it gets started.” Work in his own



Goldstein meets with fellow Nobel and mentor Dr. Marshall Nirenberg, in whose lab Goldstein worked as an NHLBI clinical associate.

field involving genetic susceptibility to heart attacks has burgeoned with tiny advances, he said. Almost 900 papers describing variations in genes influencing plasma lipoproteins and their correlation with heart attacks appeared in the last decade. "But very little of it was useful, and it resulted in no new therapies or insights."

Fields that might attract bold mavericks today include gene therapy, epidemiology and chemo/cytokines, he said, adding optimistically that two papers published within a day of each other last August on bone morphogenetic proteins may result in some good to people some day.

Medicine's goal ought to be therapies, a drug, say, that can help a patient, but that is the hardest commodity to come by. This is an age, he showed, when one new gene is characterized, on average, each day, and one new biotech company opens each week, but only one new drug comes to market each year.

"What is needed is more patient-oriented research, and more patients,"

he stated. His prescription for the problem was Shannonesque: a creative environment such as Shannon created in Bldg. 3 when his hawk-eyed recruitment garnered two eventual Nobelists, and 20 future members of the National Academy of Sciences; more NIH support for clinical research; and research partnerships, which he termed "absolutely crucial. These need to be collaborations among equals," not serfs doing the bidding of some research wizard, he emphasized.

Returning to the virtues of his career-long work with Brown, he said such partnerships "don't work without constant dialogue. You get into the habit of thinking out loud." He said the "embarrassment of sharing one another's lunacy" is far preferable to harboring crazy notions in the prison of one's skull. Another advantage to group work is that "you get rid of false ideas rapidly. Good collaboration stops nonsense."

Patient-oriented research "can be a great story with all the drama and excitement of a Broadway musical," he

concluded. "The greatest commandments are to be original, avoid the bandwagon, and march to the beat of a different drummer."

NIH got in tune with the beat by hosting Clinical Research Day at the Clinical Center on February 10.

The Shannon Lecture, one of a half dozen or so named lectures at NIH, was established by the NIH Alumni Association to emphasize discussion of science and public policy. At the conclusion of his talk, Goldstein accepted a plaque from NIHAA marking the occasion.

Information about the second James A. Shannon lecture will be in the next issue of *NIHAA Update*.

Are you a life member? If not, you will receive a dues notice from NIHAA this spring. Dues are an important source of our income and we need your continued support. Please renew promptly.

Science Research Updates

Cancer Death Rate Declines

The National Cancer Institute announced Nov. 14 that the cancer death rate in the United States fell by nearly 3 percent between 1991 and 1995, the first sustained decline since national recordkeeping was instituted in the 1930's.

The rates reported by NCI are based on mortality data collected by the National Center for Health Statistics of the Centers for Disease Control and Prevention. For 1995, preliminary data were used, so the precise numbers could change slightly once final data are available. But officials said they are confident that the trend is real.

"The 1990's will be remembered as the decade when we measurably turned the tide against cancer," said NCI director Dr. Richard Klausner. "This is the news we've been waiting for. We are on the eve of the 25th anniversary of the National Cancer Act, the legislation that made cancer research a high national priority. Now our nation's investment is paying off by saving lives. We are immensely gratified."

Most of the overall drop in the death rate is due to declines in lung, colorectal, and prostate cancer deaths in men and declines in breast, colorectal, and gynecologic cancer deaths in women. Some of these trends have been noted previously. For example, the breast cancer death rate has been falling since 1989, and the colorectal cancer rates have been falling for about 10 years in men and several decades in women. Other trends, such as the decline in prostate cancer mortality, have only now become apparent.

The decline in mortality has been greater among men than women, although the absolute rate remains substantially higher in men.

Depression Linked to Bone Loss

Depression may increase a woman's risk for broken bones, suggests a study by scientists at the National Institute of Mental Health. The hip bone mineral density of women with a history of major depression was found to be 10 to 15 percent lower than normal for their age—so low that their risk of hip fracture increased by 40 percent over 10 years.

"Although further research is required to determine the underlying mechanisms, our findings underscore the fact that depression is not only a psychological problem, but also a biological syndrome," said NIMH's Dr. David Michelson, first author of the study, published in the Oct. 17 issue of the *New England Journal of Medicine*. "Bone mineral density, once lost, is not easily regained. Thus, losses that may occur during recurrent episodes of depression could be additive."

"Since depression affects 5 to 9 percent of women, providing early treatment could have significant public health implications by reducing the risk of fracture," added Dr. Philip Gold, chief of NIMH's Clinical Neuroendocrinology Branch, where the research was conducted.

"The affected women in this study, average age 41, had bone loss equivalent to that of 70-year-old women. More than a third faced a markedly increased risk of fracture."

Scientists Locate Parkinson's Gene on Chromosome 4

For the first time, scientists have pinpointed the location of a gene they believe responsible for some cases of Parkinson's disease. Their discovery provides strong evidence that a genetic alteration is capable of causing the disease.

The study, published in the Nov. 15 issue of *Science*, sheds light on the mysterious origins of this devastating neurological disease that affects at least 500,000 Americans.

The findings are reported by scientists from NHGRI and NINDS, in collaboration with researchers from UMDNJ-Robert Wood Johnson Medical School in New Brunswick, N.J., and the Istituto de Scienze Neurologiche in Naples, Italy.

"This exciting result gives us a powerful new tool to understand why nerve cells die in Parkinson's disease and how to stop them from dying. It will usher in a new era of Parkinson's disease research," said NINDS director Dr. Zach Hall.

The current finding shows that a single gene alteration can cause the disease. The next step will be to find and identify the specific gene involved, which is located somewhere within a region of DNA on the long arm of chromosome 4. Learning the gene's exact location and isolating it may eventually lead to genetic testing that will help early diagnosis and treatment. Learning what the gene is and how it works may help researchers design treatments for all forms of Parkinson's disease—not only inherited cases, but also those with no familial link.

The long list of people with Parkinson's disease includes evangelist Billy Graham, science journalist Earl Ubell, and Attorney General Janet Reno. Many other people, including

former boxer Muhammed Ali, have Parkinson-like symptoms due to head injury, toxic chemicals, or other problems.

Diabetes Care is Cost Effective

Intensive diabetes treatment is cost-effective and improves length and quality of life for people with insulin-dependent diabetes mellitus (IDDM), according to a study published in the Nov. 6 *Journal of the American Medical Association*.

Patients on intensive therapy who maintain near normal blood sugar for life are predicted to gain on average an extra 5 years of life, 8 years of sight, 6 years free from kidney disease, and 6 years free from amputations and nerve damage, compared with patients on standard therapy, according to Dr. Richard Eastman of the National Institute of Diabetes and Digestive and Kidney Diseases.

Intensive treatment costs about \$4,500 per patient each year and requires three or four insulin injections to keep blood sugar as close to normal as possible and for multiple tests to monitor daily blood sugar. Standard treatment, which costs \$1,700 per patient annually, involves one or two insulin injections daily and fewer daily tests of blood sugar levels.

"The challenge now is to convince health care providers and payers to look past the immediate cost of intensive therapy and consider the potential gains in quantity and quality of life for persons with IDDM," Eastman said. However, he cautions that intensive therapy must be carefully monitored by a knowledgeable physician since the treatment can double or triple the risk of severe low blood sugar, which can cause seizure and coma.

New Technology Helps Study Early Cancer

For years, doctors have looked at tissue biopsies and spotted unusual cells that seem to have early signs of cancer. The problem is doctors have never had the right tools to extract the cells from the tissue, leaving them with no good way to confirm their observation while the tumor is in its early and most treatable stages. That is until now.

A team of researchers at NIH reports, in the Nov. 8 issue of *Science*, on a powerful new technique called laser capture microdissection that can pull out a small cluster of cells from a tissue sample in as little as 8 seconds. By taking these cells directly from the tissue, the scientists say they can immediately analyze the cells' gene and enzyme activity with other research tools.

Currently, scientists must attempt to extract, or microdissect, cells either by trying to yank them free with a manual tool or through a convoluted process of isolating and culturing the cells. Most scientists say they consider either approach tedious, time-consuming, and inefficient.

According to NCI's Dr. Lance Liotta, senior author of the paper, direct access to cells should lead to a revolution in the understanding of the molecular basis of cancer and other diseases, helping to lay the groundwork for earlier and more precise disease detection.

"Having this technique is the difference between being able to investigate a crime in progress and going back 2 weeks later to the scene of the crime when much of the evidence has vanished, as we typically do now," Liotta explained.

This material was compiled from various institute information articles.

NIH'ers Named to the Institute of Medicine

Among the 55 new members elected to the National Academy of Sciences' Institute of Medicine are four NIH scientists. New members are elected by current active members for their major contributions to health, medicine, and related fields such as social and behavioral sciences, law, administration and economics.

The new NIH inductees are:

Dr. Mitchell Gail, head, epidemiologic methods section and chief, Biostatistics Branch, Division of Cancer Epidemiology and Genetics, NCI; **Dr. John Gallin**, Clinical Center director and chief of NIAID's Laboratory of Host Defenses; **Dr. Richard Klausner**, NCI director; and **Dr. Judith Vaitukaitis**, NCRR director.

IOM members are expected to devote a significant amount of volunteer time on committees studying a range of health policy issues. Current IOM projects include studies on care at the end of life; genetics, health and behavior; and new vaccine development.

The Scientist as Social Crusader

Historian Kraut Offers Lessons from a Plague

By Judy Folkenberg

Working in the isolation of their laboratories, scientists often forget that their discoveries can have far-reaching consequences in the larger society.

Dr. Alan Kraut, professor of history at American University, hopes that his forthcoming biography of former NIH scientist Dr. Joseph Goldberger will help show scientists the importance of



Dr. Alan Kraut

history. Kraut recently spent 4 months at NIH's history office researching his book. He also delivered a Wednesday Afternoon Lecture entitled "The Unwelcome Messenger: Dr. Joseph Goldberger—An NIH Scientist as a Social Reformer."

Goldberger (1874-1929) started his

medical practice in the small city of Wilkes-Barre, PA. He soon became bored and restless, so he joined the United States Marine Hospital Service, the forerunner of the U.S. Public Health Service, of which the National Institutes of Health later became a part.

Goldberger fought epidemics of yellow fever, typhus, dengue fever and diphtheria before turning his attention to pellagra. A loathsome skin disease often mistaken for leprosy, it was first identified among Spanish peasants in the early 1700's. Although reports of the illness went as far back as the 1820's in the United States, it was not conclusively identified in this country until 1907. Because of its symptoms it was called the disease of the 4 D's—dermatitis, diarrhea, dementia, and death.

Goldberger theorized that diet caused pellagra, not germs—a hypothesis that contradicted current medical thought. The tip-off: In institutions such as orphanages, prisons, and insane asylums, the employees remained disease-free while the inmates contracted pellagra. Germs did not distinguish between staff and inmates, noted Goldberger wryly.

To bolster his claims, Goldberger experimented on eleven healthy volunteer prisoners at the Rankin State Prison in 1915. Offered pardons in return for their participation, the volunteers ate a heavily corn-based diet-deficient in many vitamins including the B vitamin, niacin. Six of the eleven showed pellagra rashes after five months. This strongly supported the idea that diet caused pellagra, yet many scientists remained skeptical.

Goldberger was frustrated by his colleagues' resistance to the notion that pellagra is a nutritional deficiency rather than a germ disease. In a valiant—and dramatic—scientific effort, Goldberger injected five cubic



Dr. Joseph Goldberger

centimeters of a pellagriner's blood into his assistant, Dr. George Wheeler. Wheeler then shot six cubic centimeters of such blood into Goldberger. Later they swallowed capsules containing scabs of a pellagriner's rash. They had their nose and throats swabbed with secretions from a pellagriner's nose and throat. Even Goldberger's wife, Mary, joined in the experiments, which her husband dubbed "filth parties." Goldberger proved his point. Neither he nor any of his volunteers got pellagra from the injected "germs."

These final experiments convinced Goldberger that he had to step out of the laboratory and into society. Donning his mantle as social critic, Goldberger pointed out that the tenant farmer/sharecropping system which had replaced slavery forced tenant farmers and sharecroppers to grow only the crops demanded by owners. Cotton, the biggest money maker, was king. Small vegetable gardens or other crops took land out of cotton production, so poor southerners ate a diet heavy on corn, salt-pork, and molasses, a diet seriously deficient in vitamins, especially niacin. The real cure for pellagra was social reform, especially changes in the land tenure system and more diversified crops, noted Goldberger.

But Goldberger had stepped on some important toes, not to mention southern pride. In 1920 there was a dramatic drop in cotton prices and thus the income of poor southerners. Goldberger predicted an increase in pellagra and newspaper headlines warned of famine and plague. President Harding asked the PHS to increase the budget for hospitalization and supplies. Southerners were enraged. Led by South Carolina Congressman Jimmy Byrnes, they denounced Goldberger's negative characterization of their region and feared that it would discourage economic investment and tourism. But Goldberger's prediction was correct. There was a dramatic increase of pellagra victims and deaths. Ironically, the boll weevil accomplished what Goldberger failed to do. Infestation of the cotton crop forced farmers to plant varied kinds of crops, including a greater variety of vegetables.

Goldberger showed that brewer's yeast (rich in B vitamins) prevented the disease, as did a diet that included fresh lean meat, milk, and vegetables. His contribution to human health thus went beyond identifying the cause of disease to finding an inexpensive cure for it. Tragically he died at age 55 from cancer, before the pellagra preventive factor was identified in the laboratory as niacin. Many people think Goldberger would have been awarded the Nobel prize had he lived long enough to complete his research.

"Goldberger was the rarest of a rare species; a hero," says Kraut. "He pursued truth, no matter what the outcome, made discoveries that benefitted mankind, and was remarkably free of self-promotion," he added. "That's not to say Goldberger did not have an ego—every scientist does—but he had enormous humility."

Kraut's interest in the social milieu of medical research goes back to the

early 1980's. An expert on immigration history (with two books to his credit: *The Huddled Masses, The Immigrant in American Society 1880-1921*, and *American Refugee Policy and European Jewry—1933-1945*) he then turned his attention to the history of medicine. This resulted in the book, *Silent Travelers, Germs, Genes, and the Immigrant Menace*, a book on the stigmatization of immigrants as disease carriers.

"Medical researchers have a great deal to learn from history," said Kraut. For example, there are similarities between today's AIDS epidemic and the prevalence of venereal disease epidemics in the 1920's. All sexually transmitted diseases have a heavy moral context. "It's important to see how earlier generations handled diseases with social and moral implications. Once you have made a medical discovery," said Kraut, "you have to convince the public of its merits—a task that is not always easy because of social or moral beliefs."

Kraut draws an important similarity between former Surgeon General C. Everett Koop and Goldberger. As Koop had been critical of personal behavior and social policies that put individuals at risk for the AIDS virus, so Goldberger warned Americans about the crucial link between poor nutrition brought about by poor farming practices resulting in an oppressive system of land distribution and pellagra.

"Great medical scientists do not isolate themselves from the social dimension of the human conditions," says Kraut.

Western Maryland College Wants You

Western Maryland College received its second grant through the Howard Hughes Medical Institutes Undergraduate Biological Sciences Education Program. One aspect of the grant establishes a Howard Hughes Emeriti Scientist Institute at Western Maryland.

For this project, the college is interested in engaging up to four retired scientists for 2-year terms to serve as mentors for undergraduate research associates. Mentoring activities will include research with three undergraduate students for approximately 10 weeks during the summer months, plus weekly contact with students and faculty at the college during the academic year. Ideally, the research will be carried out at Western Maryland. However, the program allows considerable flexibility, if the nature of the research or personal circumstances of the scientist dictate that another location is preferable. The research may include anything within the field of biological sciences. WMC would like to bring two emeriti scientist on campus beginning with the summer of 1998.

If you are interested, write to Dr. Carol A. Rouzer, associate professor, department of chemistry, Western Maryland College, 2 College Hill, Westminster, MD 21157-4390, or telephone (410) 857-2492, fax (410) 857-2729, or e-mail: crouzer@nsl.wmc.car.md.us.

First Clinical Research Day Builds Past Into Future

By Carla Garnett

Nearly 50 years ago, NIH was poised to transform itself and the way medical research was conducted. In July 1947, Congress authorized more than \$30 million in construction funds for the agency to build a 600-bed clinical research hospital. Since then, the Clinical Center has been the site of dozens of breakthrough cures or treatments for everything from acne to vasculitis.

Now, history seems about ready to repeat itself, as NIH is once again on the threshold of building a grand new Clinical Research Center. The first Clinical Research Day held Feb. 10 put the two similar eras in perspective, featuring a glance at the past by NCI deputy director Dr. Alan Rabson, a view of the present by CC director Dr. John Gallin and a look into the future by NIH director Dr. Harold Varmus. The day also included scientific presentations and workshops, poster sessions and a sneak peek at the new facility's latest architectural plans.

Moments of Discovery

Rabson, who came to the CC in 1955 and spent 20 years there as a pathologist, reminisced, at times humorously, about some of the early days of clinical research in the hospital. He recalled the dedication to patient care and the vision of the first CC director, Dr. Henry Masur. He also remembered a research climate dominated solely by unlimited scien-



Poster sessions during the Feb. 10 Clinical Research Day offered the NIH community a chance to look over and talk about science. Dr. Harold Varmus, NIH director, kicked off the event by reading a letter to attendees from Maryland Sen. Barbara Mikulski: "As you fight the battle to prevent illness and cure diseases, know that I will fight just as hard for your long-term funding."

tific needs and largely unfettered by administrative and regulatory red tape.

"There was a minimum of administrative overlay," he said. "Research was the only goal."

Mentioning a few of the great medical advances realized at the CC, he called to mind treatments for Niemann-Pick disease, acne, vasculitis and chronic granulomatous disease, as well as the development of such medical devices as the high-speed dental drill.

He also made a prediction: "The new Clinical Research Center will be a place where major advances in clinical research will be made, and major advances will be made by people in this room, at this time."

Goal Tending

Evoking words from the first medical board meeting held in the CC on June 9, 1953, Gallin said despite strained fiscal circumstances, increasing distractions of regulatory oversight and the changing health care delivery system, "patients must be part of the research team."

He outlined key elements of his vision for a reinvigorated clinical research setting. Some elements are already in progress, such as establishment of a CC board of governors, creation of the NIH Guest House for patients and their families, and reinvention of CC administrative processes including new initiatives in procurement and personnel and a new cost

accounting system. Longer term proposals include establishing clinical training programs for researchers, "harnessing the power of the information age by increasing the CC budget from 1 to 5 percent for informatics," forming a new Clinical Bioethics Program to explore such issues as privacy and genetic testing, and forging new alliances with NIH's grantees.

"We'd like to open the doors of the Clinical Center to extramural investigators to allow more collaboration with

intramural scientists and to give extramural scientists access to some of the special resources," Gallin continued, citing the CC's investment in telemedicine technology and the upcoming opening of the hospital's new stem cell facility.

"My goal is for every clinical investigator in the world to spend time at the Clinical Center—whether for training, long-term career, collaboration or utilization of special resources," he concluded, "and that every patient with a medical problem will know about the Clinical Center and turn to the NIH for advice and, when appropriate, participate in an NIH protocol somewhere in the United States."

On Goldilocks' Quest

Architects have a lot in common with scientists, intimated Robert Frasca, whose firm, Zimmer Gunsul Frasca Partnership, won the reportedly tooth-and-nail competition to design the \$310 million Mark O. Hatfield Clinical Research Center. "You go through a lot of trial and error, it's very labor intensive, and there are no short cuts. The difference is that, where you all deal mostly with the laws of nature, we deal much more with human perception."

On hand to give a preview slide presentation on where design plans are headed, Frasca said the new center "will be the focus of the entire campus," featuring bookstores and other retail enterprises as well as sky bridges that will connect building wings and plenty of open atria that will encourage informal confabs.

"Interaction is fundamental to the whole design," Frasca explained, pointing out several gathering areas inside and outside the proposed structure on which construction is scheduled to begin soon. Other

designer touches mentioned include bay windows for the lab areas, a waterfall outside the patient lounge, and a lobby hearth. The dimensions of the labs and the patient care areas will be standardized so that they are interchangeable and can be easily rearranged as research priorities change over the years. Also, the scale of the building will be much lower than the existing CC, "putting the building on a more human level," Frasca said. In addition, the infrastructure components, heating/cooling system, and plumbing of the new facility will be located above each floor, so that repair and renovations to them will not interrupt the clinical work going on below.

Frasca said the slides and design elements are the result of a number of interviews with NIH researchers, hospital administrators and other future inhabitants of the CRC, and that he hopes feedback and ideas will continue to flow between the designers and the folks who will call the Hatfield Center their new home.

"We compare this process to the one that Goldilocks went through—we don't want it too hot or too cold or too tall or too short. We want to get everything just right, and you all are the only ones who know what just right is."

Once and Future Excellence

In his look toward the future, Varmus said that NIH's traditional strengths, which are outstanding science and personnel, will need to be relied upon to address the serious hurdles current researchers are facing in pursuing patient protocols. He added that an overall shortage of funds for science, the burgeoning trend toward managed care and the long-term debts associated with conducting clinical investigation are just three of many challenges.

"We must consider the value of the research we do with every dollar we spend," he said, listing three categories into which current concerns can be placed—administrative, recruitment, and interest and excitement.

Varmus said in the next few months he will establish a working group of NIH's best investigators to brainstorm about ways to maintain the standard of excellence of clinical research at NIH. In addition, he said, greater emphasis must be placed on training because energy generated by students brings in new ideas and keeps the scientific atmosphere fresh.

A new training initiative based on the success of the Howard Hughes Medical Institute model will begin this fall at NIH, Varmus continued. Already, about 75 applications have been received by NIH deputy director for intramural research Dr. Michael Gottesman, who advertised the program at medical schools nationwide. Also under consideration is an on-campus NIH Ph.D. program that would require candidates to spend time conducting clinical research.

"As we undertake this critical thinking about clinical research," Varmus concluded, "we must remember that like anything else there is good clinical research and some that is not so good. Today, we are focusing on this building and its 44 years of success, and yet we must remember we are working in the context of a much larger scientific enterprise."

After the new NIHAA membership directory was recently mailed, we learned that a few had pages missing. If you received one of those, let us know and we will send you another.

NIH Notes—September 1996 to March 1997

APPOINTMENTS AND PERSONNEL CHANGES

Dr. Andrea Barnes has been named chief of NIAID's Animal Care Branch, where she has served as deputy branch chief since 1989. She administers the NIAID Animal Care and Use Program, and oversees the management of all animals used in the Division of Intramural Research ... **Dr. Marvin Cassman** has been named director of the National Institute of General Medical Sciences. He has been the institute's deputy director since 1989. Cassman, who has been at NIH since 1975, oversees a budget of \$947 million and a portfolio of more than 3,300 grants, about 13 percent of the grants funded by NIH. The NIGMS budget supports basic research in the areas of cell biology, biophysics, genetics, developmental biology, pharmacology, physiology, and chemistry ... **Dr. Geoffrey P. Cheung** has been named senior program officer for extramural and administrative affairs in the Office of Alternative Medicine ... **William Dommel** has been named director of education in the Office for Protection from Research Risks. He rejoins the staff of OPRR following a 4-month assignment as acting executive director of the National Bioethics Advisory Commission ... **Dr. Ellie Ehrenfeld**, professor of molecular biology and biochemistry and dean of the school of biological sciences at the University of California, Irvine, has been named director of the Division of Research Grants. She has had a long association with NIH beginning in 1972, and has been a grantee, study section chair, scientific counselor, and advisory board member ... **Dr. Ezekiel J. Emanuel**, an oncologist at the Dana-Farber Cancer Institute at Harvard, and assistant professor of medicine and associate professor of social medicine and of clinical epidemiology, has been named director of the Clinical Center's department of clinical bioethics. He also serves on the President's National Bioethics Advisory Commission ... **Dr. Michael Fordis**, head of the Office of Education, OD, has left to become director of the Office of Telemedicine at Baylor College of Medicine, Houston ... **Dr. Robert**

Hammond, formerly chief of the Review Branch, NIDDK, has joined NCI to lead the new Office of Advisory Activities, located within the Division of Extramural Activities. OAA coordinates review of intramural programs with external advisory functions across NCI and ensures that appropriate policies and procedures are in place to accomplish the purposes of each advisory body. Also on the OAA staff are **Dr. Florence Farber** of NCI Grants Review Branch and **Dr. Judy Mietz**, formerly with the NHLBI Laboratory of Molecular Immunology, who will serve as executive secretaries for review of the intramural research programs. **Susan Feldman** will be senior program analyst; she had been the NIH committee management officer ... **Dr. A. Julianna Gulya**, professor of otolaryngology-head and neck surgery at Georgetown University, has become the first chief of NIDCD's new Clinical Trials Branch ... **Dr. Deborah B. Henken** has joined NICHD's Developmental Biology, Genetics and Teratology Branch as a health scientist administrator. She comes to NICHD after completing the Grants Associate Program and is the last individual to participate in the 1-year program of training for research scientists in the development of careers as health scientist administrators ... **Dr. Charles Hollingsworth** has been named deputy director of NCRR's Office of Review ... **Dr. Dov Jaron**, professor and director of Drexel University's Biomedical Engineering and Science Institute in Philadelphia, has been named NCRR associate director for the biomedical technology area ... **Dr. Gabrielle Leblanc**, a developmental neurobiologist at Oregon Health Sciences University School of Dentistry, was recently named a health scientist administrator in the Division of Fundamental Neuroscience and Developmental Disorders, NINDS ... **Dr. Douglas R. Lowy** has been named deputy director for the NCI Division of Basic Sciences ... **Dr. Donald H. Luecke**, former acting director and deputy director of DRG, has been appointed NIDCD deputy director ... **Dr. Christine Melchior** recently joined the DRG as scientific review administrator of the alcohol and toxicology 1 and 3 study sections, Referral and Review Branch. She was a research pharmacologist at West Los Angeles Veterans Administration Medical Center, with an appointment as a research associate professor in the department of

psychology and biobehavioral sciences at UCLA ... **Dr. Pamela McInnes** has been named chief of the Respiratory Diseases Branch, Division of Microbiology and Infectious Disease, NIAID ... **Dr. Lillian M. Pubols** has been appointed chief of the NINDS Scientific Review Branch ... **Dr. Tom Puglisi** has been named director of the Division of Human Subject Protection in the Office of Human Subject Protections in the Office for Protection from Research Risks. He joined OPRR in 1989, serving first as an assurance coordinator, and most recently as chief of DHSP's Compliance Oversight Branch ... **Dr. Norka Ruiz-Bravo**, who had been a program director in the Genetics Mechanisms Branch, NIGMS, has been named deputy director of the Division of Cancer Biology, NCI ... **Dr. John Ryan** recently joined NCRR as a scientific review administrator in the Office of Review where he will review General Clinical Research Center and Clinical Associate Physician grant applications. Before joining NCRR, he worked as a microbiologist from 1971-1974 at NCI and as an immunologist and scientific administrator at the Naval Medical Research Institute from 1974-1996 ... **Dr. John Schwab**, an organic chemist whose area of expertise is mechanistic enzymology, has joined NIGMS as a program director in the Division of Pharmacology, Physiology, and Biological Chemistry, where he will manage a portfolio of synthetic organic chemistry grants ... **Dr. Neal West** has recently joined NCRR as program director for laboratory animal sciences in the comparative medicine area. He came to NIH in 1990 from Oregon Regional Primate Research Center to be grants associate and completed several assignments in NCRR before serving as a scientific review administrator at NCI for almost 5 years ... **Dr. Bradley C. Wise** recently joined the National Institute on Aging as program director for fundamental neuroscience in the Neuroscience and Neuropsychology of Aging Program. He comes to NIA from Georgetown University where he was an associate professor and former laboratory chief in the Fidia-Georgetown Institute for Neurosciences.

AWARDS AND HONORS

Dr. Edwin D. Becker, chief of the NMR section in NIDDK's Laboratory of

Chemical Physics, was honored with a symposium celebrating 40 years of nuclear magnetic resonance studies at NIH. In January 1996, Becker converted to a part-time position at NIH to facilitate his work as secretary general of the International Union of Pure and Applied Chemistry and to prepare a third edition of *High Resolution NMR* ... **Dr. Gary Bennett**, until last July chief of NIDR's neuropathic pain and pain measurement section in the Pain and Neurosensory Mechanisms Branch, received the Frederick W.L. Kerr Basic Science Research Award for his development of an animal model of chronic neuropathic pain that has been adopted by scientists at universities and pharmaceutical companies around the world. Bennett is now professor of neurology at Allegheny University of the Health Sciences in Philadelphia ... **Dr. Francis S. Collins**, director of the National Human Genome Research Institute (recently elevated from center status), received two awards: The Arizona Cancer Center, Tucson, presented him with the 1997 Donald Ware Waddell Award, and the Fox Chase Cancer Center, Philadelphia, presented him with the 8th annual Wick William Award ... **Dr. George Counts**, director of the Office of Research on Minority and Women's Health within the Office of the Director, NIAID, has been elected a fellow of the American Academy of Microbiology, which recognizes excellence, originality and creativity in the microbiology sciences ... **Dr. Anthony S. Fauci**, NIAID director, received the 1996 Ellen Browning Scripps Medal for his significant contributions to medicine ... **NCI's Drs. Joseph Fraumeni, Jr.** and **Alfred G. Knudson, Jr.**, received the 1996 Irving J. Selikoff Award for Cancer Research. The award cited the two scientists as leaders in research designed to detect and redirect the chain of events leading to cancer. Fraumeni is director of the Division of Cancer Epidemiology and Genetics and Knudson is acting director of DCEG's Human Genetics Program ... **Dr. Patricia A. Grady**, director of the National Institute of Nursing Research, has recently been inducted as a fellow of the American Academy of Nursing. She was selected for her outstanding contributions to nursing through research, publications, professional activities and community service ... **Dr. Robert N. Hoover**, director of Epidemiology and Biostatistics Program, Division of Cancer Epidemiology and Genetics, NCI,

received the 1996 Gorgas Medal for his outstanding research accomplishments in developing and directing a widely acclaimed program of epidemiologic investigation ... **Dr. Arthur S. Levine**, NICHD scientific director, was honored with a symposium on Scientific Excellence at NICHD. NICHD and other NIH scientists as well as researchers from outside the campus gathered to pay tribute to their mentor, colleague and friend ... **Dr. Lance Liotta**, chief of the Laboratory of Pathology, NCI, received from Memorial Sloan-Kettering Cancer Center, New York, the Fred W. Stewart Award. The award is presented annually to a pathologist who made outstanding contributions in advancing our knowledge of human cancer, particularly in diagnosis and patient care ... **Dr. Edison T. Liu**, director of the Division of Clinical Sciences, NCI, recently received from the Susan G. Komen Breast Cancer Foundation the 1996 Brinker International Award, for his work in breast cancer research ... **Dr. Mitchell Max**, chief of NIDR's clinical trial unit, Pain and Neurosensory Mechanisms Branch, received the Wilbert E. Fordyce Clinical Investigator Award for developing innovative clinical trial methods and treatments for pain caused by nerve damage ... **Dr. William L. Paul**, director of the NIH Office of AIDS Research, was honored with a seminar in honor of his 25 years as chief of NIAID's Laboratory of Immunology ... **Drs. John Robbins and Rachel Schneerson**, two NICHD scientists, recently received the World Health Organization Children's Vaccine Initiative Pasteur Award for Recent Contributions in Vaccine Development for the landmark development of a polysaccharide-protein conjugate vaccine for Hemophilus influenzae type b (Hib). Last fall, they received the 1996 Albert Lasker Clinical Medical Research Award for their work on the Hib vaccine ... **Dr. Susana Serrate-Sztejn**, chief, Rheumatic Diseases Branch, NIAMS, is the recipient of an Outstanding Public Service Award from the Lupus Foundation of America "in recognition of outstanding public service in promoting and enhancing lupus research." ... **Dr. William G. Stetler-Stevenson**, chief of the extracellular matrix pathology section of NCI's Laboratory of Pathology, was the co-recipient of the 1996 Warner-Lambert/Parke Davis Award for meritorious research in experimental pathology ... **Dr. Eugene**

Streicher, codirector of NINDS's Division of Fundamental Neuroscience and Developmental Disorders, recently received the Association of Neuroscience Departments and Programs Annual Education award for outstanding contributions as a mentor, advising and developing the careers of neuroscientists, and as a representative of institutions that help advance neuroscience research ... **Dr. E. Lea Watson**, a National Research Service Award Fellow in NIDR's Disease Prevention and Health Promotion Branch, is the first recipient of the Annie Elizabeth "Bessie" Delaney Scholarship Award given by the National Dental Association. She was honored for her pioneering efforts in postgraduate dental education in research ... **Dr. Terrie Wetle**, deputy director of the National Institute on Aging, received the American Public Health Association's 13th annual Key Award during its annual meeting. She will give the Key Award address titled, "The Scarce Resources Vise: Allocation and Older People" ... **Dr. Allen J. Wilcox**, chief of the Epidemiology Branch, NIEHS, has been elected president of the 3,000-member Society for Epidemiologic Research. He will become president in June 1997 ... **Dr. Graeme Wistow**, chief of NEI's molecular structure and function section in the Laboratory of Molecular and Developmental Biology, has won the Association for Research in Vision and Ophthalmology's Cogan Award for outstanding contributions to visual science. He was chosen for his important advances in the understanding of the structure, function and gene recruitment of crystallins in the eye lens.

RETIREMENTS

Patricia Bailey, chief of the Office of Administrative Management, Division of Research Grants, retired recently after 21 years of federal service at NIH. She spent the last decade at DRG as an administrative officer. She plans to be active in retirement: doing home projects, gardening, volunteering plus traveling here and abroad ... **Richard Feldmann**, head of the protein modeling and computation section in DCRT's Laboratory of Structural Biology, has retired after nearly 3 decades of federal service to form Integrated Genomics, Inc., a biotechnology company in Manassas, Va.

... **Roger Gilkeson**, assistant chief of NLM's public information office, has retired after 30 years in government at NLM. He plans to pursue his love of the arts (piano playing, painting and writing) ...

Robert Mamayek, chief of the systems operations management section, Computing Facilities Branch, DCRT, has retired after 30 years of government service. With his wife, he plans to spend his retirement years in Montana ... **George G. Martin**, senior building engineer of Bldgs. 1, 2 and 4, retired from NIH after more than 31 years of service. In retirement, he plans to move south ... **Thomas W. Miller**, deputy director, Office of Logistics Management, retired after 34 years of federal service.

Prior to joining NIH in 1990, he served as director, Perry Point Supply Service, PHS, Perry Point, Md. He plans to enjoy his retirement with his family in Front Royal, Va. and pursue his interest in real estate ...

Dr. Barbara Packard recently retired as associate director for scientific programs operation and director of the Office of Science and Technology at NHLBI. Packard will continue her support of her alma mater Waynesburg College. She and her husband plan to pursue their interests in travel and gourmet cooking ... **Ann Padgett** recently retired after a 30-year NIH career lastly in the office of the NIH deputy director for extramural research.

Her career took her through a variety of buildings including 31 (twice), Landow and Federal. But Bldg. 1 has impressed her as NIH's most exciting worksite. In 1986, she came to work for Dr. William Raub, who was NIH deputy director for extramural research, and when he left has worked for his successors. She doesn't have any big plans for retirement, but intends to stay in Kensington and resume interests in piano and painting watercolors, plus volunteer work, and a little traveling ... **Dr. Katherine K. Sanford** has retired after 49 years of service and a year past her official retirement. She officially retired in December 1995, but volunteered to stay on an extra year to complete her research. Sanford was chief of the in vitro carcinogenesis section at NCI's Laboratory of Cellular and Molecular Biology. She has been a world leader in studies of tissue culture and in vitro carcinogenesis. She has moved to Dover, Del. ... **Dr. Joe Hin Tjio**, an NIDDK scientist, has retired after almost 4 decades at NIH. He first came here in 1959 as a visiting scientist to work in

NIAMD's Laboratory of Experimental Pathology. At NIH, Tjio built on the ramifications of his chromosome work (his discovery in 1955 that there are 46 human chromosomes) and also studied leukemia and mental retardation. In February 1992, he retired with the status of scientist emeritus, retaining his space and resources in Bldg. 8. On Jan. 31, just before his 78th birthday, he ended his long association with NIH. He and his wife have lived in Apartment Bldg. 20 on campus since 1959. The building is scheduled for demolition in the fall, and the couple have moved out of apartment 411 to Asbury Methodist Village in Gaithersburg ... **Dr. John Townsley**, associate director for policy and coordination in NIDR's Division of Extramural Research, recently retired after more than 25 years at NIH. He has kept busy since retiring by traveling, tutoring and spending time with his family.

DEATHS

Dr. Ben Alexander, 73, an educator and civil rights activist who also worked at NIH as a grants manager from 1968 to 1974, was found dead Feb. 10 at his home in Silver Spring. Last year, he suffered serious head injuries in an accidental fall and had not fully recovered. He left his job at NIH to pursue teaching, consulting and business. He was president of University of the District of Columbia for 1 year in 1983. He also started Drew Dawn Enterprises, Inc. ... **Dr. Paul D. Altland**, 83, an NIH research physiologist who studied the effects of physiological stress on biomedical changes, died of congestive heart failure Sept. 21 at National Lutheran Home in Rockville. In 1944 he joined NIH and retired in 1981 after a 37-year career, including 19 years as chief of the physiology section in the National Institute of Arthritis, Metabolism and Digestive Disease. He was author or coauthor of 148 research papers, textbook chapters and zoological handbooks ... **Lillian K. Arneson**, 88, died of pneumonia Nov. 27 at Mariner Health Care Center of Greater Laurel. In the late 1960's, she became a grants assistant at NIH and retired in 1975 ... **Dr. George T. Baker III**, 55, a gerontologist who taught at the University of Maryland Center on Aging, died of cancer Aug. 28 at his home in Silver Spring. He was also a researcher at Baker and

Associates gerontological consulting firm in Silver Spring, president of Nathan W. & Margaret T. Shock Aging Resource Foundation Inc. in Alexandria and a part-time researcher at the NIA ... **Dr. Karl Beyer, Jr.**, 82, a researcher in pharmacology who developed drugs for treatment of gout and hypertension, died of cardiac arrest Dec. 2 at Suburban General Hospital in Norristown, Pa. In the mid-1960's, Beyer was a scholar in residence at the Fogarty International Center ... **James V. Carter**, 77, died Feb. 11 at Prince Georges



Hospital. He first came to NIH in 1960 and worked for 5 years in pediatrics at the Clinical Center. Then, for the next 20 years, Carter was a driver for the various NIH directors (Shannon, Marston, Stone, Fredrickson, and Wyngaarden) for thousands of miles without a single accident or a dented fender. At his retirement party in 1985, he was the recipient of an outpouring of warmth and affection. An award that was given to him in 1980 summed it up by describing him as "The Director's 'Ambassador of Good Will' in the service of all NIH" ... **Dr. Louis A. Cohen**, 70, chief of the biochemical mechanisms section in NIDDK's Laboratory of Bioorganic Chemistry and dean of the FAES Graduate School, died of a heart attack on Sept. 11. He joined NIH in 1954 as a research chemist in the National Institute of Arthritis, Metabolism and Digestive Diseases, now NIDDK. He became an international authority on amino acid and peptide chemistry and enzyme mechanisms, and he specialized in the creation of new drugs using synthetic organic chemistry techniques. Cohen became dean of the graduate school in 1968 and under his leadership the number of course offerings more than doubled.

Currently, 2,000 students enroll each year ... **Debbie D'Angelo**, 43, a program analyst in the Epidemiology Statistics and Data System Branch, NIDCD, died recently at her home in Rockville. Prior to coming to NIH in 1995, D'Angelo worked in the federal government in several HHS and PHS agencies. She was recognized with many superior performance and special achievement awards for her accomplishments ... **Robert B. Dew**, a computer engineer with DCRT since 1983, died of cancer on Sept. 8 at his home in Kensington. During his first years at NIH, Dew pioneered the application of PCs to clinical and laboratory automation. He designed an award-winning anesthesiology monitoring and reporting system and an automated system to measure coronary venous blood flow during cardiac catheterization. He also designed the Ethernet local area network for Bldg. 30 in 1989. Since 1990, he worked on DCRT's Advanced Laboratory Workstation system, integrating and developing software for electronic news, multimedia electronic mail, security, video conferencing, license management, and problem report tracking ... **Kathryn Tott Doane**, 82, who worked as an administrative assistant at the Fogarty International Center from 1962 until the 1970's, died Oct. 6 at Sibley Memorial Hospital after a stroke ... **Dr. Roberta Shahin Dougherty**, 44, an immunologist who worked for NIH, died of septic shock Feb. 26 at Shady Grove Medical Center. She joined NIH in 1986 and was engaged in child immunology research until her death ... **Mary Watson Federline**, 87, a secretary at the National Cancer Institute for 37 years, died of heart failure on Sept. 11 at the Rockville Nursing Home ... **Elizabeth "Betty" McDonald Finn**, 70, who was an X-ray technician for NIH for nearly 20 years before retiring in 1987, died of cancer Dec. 28 at Suburban Hospital ... **Dr. Harold J. Fournelle**, 87, a former Public Health Service officer who retired from NINDS in 1973, died Jan. 3 at the Naval Hospital in Bethesda following complications of a stroke. In 1961 he came to the Clinical Center, where he worked in the old Environmental Services Branch's bacteriology lab. He then moved to the Division of Research Grants' microbiology fellowship review committee, where he was executive secretary for 8 years. He spent the last 3 years of his NIH career at NINDS as executive secretary of the research

training committee ... **Dr. James F. Haggerty**, 79, who had been an administrator for the American Red Cross and NIH, died Oct. 17 at Suburban Hospital. He had myelodysplastic syndrome, a blood disorder. He joined NIH in 1961. He became chief of the research grants branch for NCI and then chief of research grants review branch for NIH. He also began the scholars-in-residence program at FIC and served as chief. He retired from NIH in 1975. In 1976, Haggerty became deputy director of the blood research laboratory of the American Red Cross, until he retired in 1985 ... **Mary Anne Hannaman**, a Clinical Center nurse on 3B North, an alcoholism research unit, was killed in a traffic accident on July 21. She had worked on the unit for more than eight years ... **Elwood "Woody" Harris**, 50, died of a heart attack on June 22. He worked for the federal government for some 30 years, concluding with the Food and Drug Administration as a criminal investigator, for which he received numerous awards. His last assignment was a detail with the NIH Office of Management Assessment ... **Irma K. Goodger**, 81, a former secretary at NIH, died of cancer of the sinuses Oct. 1 at Fernwood Nursing Home in Bethesda. During the 1950's, she worked at the National Institute of Dental Research until her retirement in 1975 ... **Roskey Jennings**, 87, who held the length of service records for NIH, HHS and quite possibly the entire federal workforce, died of pneumonia on Oct. 27. In March 1995, he marked his 66th year of working at NIH. He first reported for work at what would become the National Institutes of Health—Hygienic Laboratory on 25th and E Sts., in Northwest Washington D.C.—on Mar. 25, 1930. He worked in a variety of jobs: animal caretaker, library clerk, and finally in Bldg. 4 where he was a mainstay in NIAID's Laboratory of Viral Diseases ... **Dr. David L. Joffes**, 72, who served as chief of the NCI's Contracts Review Branch until his retirement in 1989, died Nov. 11 at his home in Delray Beach, Fla., of pancreatic cancer. He came to NIH in 1967, through the Grants Associates Program. He then joined the Mental Retardation Program, NICHD, in 1968 until he came to NCI in 1974 ... **Elmer Luther Leininger**, 74 a circulation manager for several area publications, and who worked as a clerk at NIH for the last eight years, died of cancer June 27 at Suburban Hospital ... **Nathaniel**

Lindsey, who had worked at NIH for 34 years until his retirement in 1994, died suddenly on Sept. 18. For the last 14 years of his career, he served as the NIH small and disadvantaged business utilization specialist for research and development in the Division of Contracts and Grants ... **Philishia Diane McKinney**, 47, a former accounting technician for NIH, died Dec. 3 of breast cancer at her home in Oxon Hill. She joined NIH in the mid 1980's and retired in 1995 because of her illness ... **Dr. Kenneth B. Olson**, 88, a medical oncologist, died Apr. 20. He served on many NCI committees and was elected president of ASCO in 1970 ... **Rose Arlene Plotkin Peck**, 89, who was a technical secretary at NIH in the 1950's, died Sept. 28 at the Hebrew Home of Greater Washington. She had Alzheimer's disease ... **Verda E. Rexroth**, 83, who retired in 1983 as special assistant to the director of NIH, died of congestive heart failure Oct. 18 at a nursing home in Martinsburg, W. Va. She worked at NIH for 17 years and in 1995 moved to Martinsburg ... **Dr. Margaret Jeffrey Rioch**, 89, a clinical psychologist, died on Nov. 25 at her home in Chevy Chase, Md. In the 1960's, while working at NIMH, she developed a training program for older women pursuing careers in psychotherapy. It began a model for programs around the country ... **Dr. Jay P. Sanford**, 68, a former president of the Uniformed Services University of the Health Sciences in Bethesda and the founding dean of the medical school, died of cancer Oct. 23 at a hospital in Dallas. He served on several advisory councils and committees at NIH. In November 1989, Sanford was a guest speaker at an NIHAA meeting ... **Maxine Goldstein Schaefer**, 71, a secretary at NIH for the last 23 years, died of cardiopulmonary arrest Oct. 17 at Georgetown University Hospital after undergoing cancer surgery ... **Iris Schneider**, 57, who retired as NCI's assistant director for program operations and planning in June, died Aug. 24 of ovarian cancer. During her 18 years of federal government service, she was a champion of women's health issues at NIH. She represented NCI on the NIH advisory committee on women's health issues from its formation in 1985 and served as the committee's cochair in 1989. She subsequently helped establish the NIH Office of Research on Women's Health and served as executive secretary for the President's Cancer Panel special commission on breast

cancer ... **Dr. Kenneth W. Sell**, 66, director of NIAID's intramural program from 1977 to 1985, died of complications from diabetes on Oct. 17. Until his illness prevented him from carrying out his duties in April 1996, he was professor and chair of the department of pathology and laboratory medicine at Emory University School of Medicine in Atlanta ... **Dr. Frederick Sperling**, 83, a professor emeritus of pharmacy and toxicology at Howard University's medical school, where the toxicology lab is named in his honor, died of kidney and heart problems Dec. 7 at Fairfax Hospital. He came to the Washington area in the 1940's and was a pharmacologist with NIH from 1948 to 1955 ... **Richard W. "Dick" Turlington**, a former information officer for the Division of Research Grants, died of emphysema on Jan. 11 in Hendersonville, N.C. He joined NIH in 1961 and edited *DRG Digest*, *DRG Newsletter* and other publications that served as significant sources of information on the early history of the division. He retired in 1979 ... **Dale Warren**, 56, who spent 34 years at NIH, died June 9. He had retired in 1995 from NICHD, where he was a laboratory technician ... **Dr. Kenneth S. Warren** died Sept. 18 in Dobbs Ferry, N.Y. He was the former director of health sciences and former associate vice president for molecular biology and information sciences at the Rockefeller Foundation. An expert on parasitic tropical disease, particularly schistosomiasis, he worked in the Laboratory of the Tropical Diseases, NIAID, in the 1950's ... **Richard Thurston West**, 55, an extramural programs officer and information scientist at NLM, died of a heart attack at his home in Columbia, MD. He was officer for an information system that links a consortium of universities and institutes and had worked at NIH for 26 years ... **Dr. Charles David Windle**, 70, a research psychologist who retired in 1994 from NIMH as director of the Office of Rural Mental Health Research, died Sept. 12 at Holy Cross Hospital. He had rheumatoid arthritis. His 26-year career at NIMH involved research on community mental health centers that he wrote about for scholarly journals ... **Cynthia E. Wolfrey**, 48, a former NIH personnel specialist who worked for NIH for 20 years until she retired in 1991, died of cancer Nov. 13 at a hospital in Orlando.

Is it Rural America or Bethesda?



Hard to believe, but these bucolic rural scenes are actually a stone's throw from the Clinical Center, opposite the hospital on Center Dr. They are part of the old Wilson Estate known as Treetops, which was owned by Helen and Luke Wilson and donated to NIH in 1942. The buildings were erected in the 1920's, before NIH came to Bethesda. They include (clockwise, from below r:) garages, a residence known as The Flat, guest cottage, and The Lodge (above), where Helen Wilson lived until her death in 1960. Then it was the residence of Mr. and Mrs. Luke Wilson, Jr. He died in 1985 and Ruth Wilson, his widow, lived there until her death in 1989. The current Bldg. 15K was the family's original home, built in 1926. See the peaceful grounds while you can before campus growth removes this slice of the past altogether.



BALLOT

NATIONAL INSTITUTES OF HEALTH ALUMNI ASSOCIATION

PLEASE TEAR OUT AND RETURN WITH YOUR VOTE

In accordance with the bylaws of the NIHAA, alumni members of the association are to elect one-third of the board of the association. The nominating committee, appointed by President Calvin B. Baldwin, has nominated the alumni members listed below, each of whom has agreed to serve on the board of directors if elected, to occupy positions on the board left open by expiring terms of office of present members. Each alumnus(a) member may vote for three (3) of these nominees. Please note that associate members (current NIH employees) are not eligible to vote in this election.

NOMINEES FOR BOARD OF DIRECTORS

Please vote for up to three (3) and return your ballot to the NIHAA office by June 1.

<u>Nominees</u>	<u>Former NIH Affiliation</u>
<input type="checkbox"/> Dr. Emmett Barkley	Director, Division of Safety, OD
<input type="checkbox"/> Dr. Robert Berger	Laboratory of Chemistry, NHLBI
<input type="checkbox"/> Dr. Harry Canter	Grants Administration, NCI
<input type="checkbox"/> Ms. Catherine Dougherty	Division of Personnel Management, OD
<input type="checkbox"/> Dr. Murray Eden	Chief, Biomedical Engineering, NCRR
<input type="checkbox"/> Ms. Vernice Ferguson	Chief of Nursing, CC *
<input type="checkbox"/> Dr. Samuel Greenhouse	Epidemiologist, NIMH
<input type="checkbox"/> Dr. Marjorie Melton	Parasitologist, NIAID *
<input type="checkbox"/> Dr. William Sanslone	Director, Program Planning, NIAMS
<input type="checkbox"/> Dr. Saul Schepartz	Chemical Carcinogenesis, NCI

* THESE CURRENT BOARD MEMBERS ARE ELIGIBLE FOR A SECOND TERM.

NIH Retrospectives



Spring 1957

Dr. Herbert Tabor, assistant chief of the Laboratory of Pharmacology and Toxicology and chief of the section on Biochemical Pharmacology, NIAMD, received the 1956 Flemming Award for outstanding scientific achievement in recognition of his collaborative work with Dr. S.M. Rosenthal, NIAMD, on the fundamental disturbances of fluids and electrolytes in treating burn shock ... Groundbreaking ceremonies were held for the new firehouse to be built on land donated by NIH at the corner of Old Georgetown Road and West Cedar Lane ... The Seventh Annual Research Equipments Exhibit and Symposium

will be held at NIH May 13-16. One hundred leading manufacturers will display and demonstrate newly developed medical research equipment during the 4-day program.



Spring 1967

An anaerobic (oxygen-free) chamber—first of its kind ever built for biomedical research—has been completed by the NIH Division of Research Services for the National Heart Institute. The chamber, located in the NHI's Bldg. 3, may well have an important impact on many fields of science. It will not only be valuable to the NHI and NIH, but hopefully to the total scientific community.



Spring 1977

On Friday, Mar. 11, 1977, first lady Mrs. Jimmy Carter and Mrs. James Callaghan, wife of the British Prime Minister, visited the NIH campus and met with NIH officials (see photo below) ... The Federal Interagency Committee on Recombinant DNA Research issued a report recommending new legislation to regulate the use and production of recombinant DNA molecules.



Spring 1987

A group of 56 "NIH Centennial Scholars" will come to NIH for a 3-day visit beginning Feb. 28. These scholars are high school students representing each state, U.S. territory and the District of Columbia. They were chosen by the respective governors as outstanding science students. The scholars will be accompanied by 56 "Centennial Teachers" selected by each student as his or her most influential science teacher. Their visit will include a tour of NIH, a luncheon with Nobelists, a sightseeing visit to Washington, D.C., and a breakfast on Capitol Hill ... Vice President George Bush paid a surprise call on the Clinical Center Apr. 8, spending an hour and a half learning about AIDS from physicians and patients and fielding questions from a large media turnout.



On Friday, Mar. 11, 1977, first lady Mrs. Jimmy Carter (second from r) and Mrs. James Callaghan (l) visited the Clinical Center. Mrs. Mary Calley (r), chief of special events, is handing Mrs. Carter refreshments. Dr. Vincent DeVita is at the far left. Other first ladies besides Rosalynn Carter who visited NIH are: Eleanor Roosevelt, Lady Bird Johnson, Barbara Bush and Hillary Rodham Clinton. (Photo, courtesy Mary Calley Hartman)