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## Two-Way Street

Atoms and molecules are the same the world over, but organisms and their interactions differ from place to place. A physicist or a chemist can do his work wherever he can find suitable equipment and adequate intellectual and financial support. Not so for the student of disease. For certain diseases—some of those characteristic of the tropics, for example—may be effectively studied only in the regions where they occur. Other diseases have been abolished in some countries; cholera is no longer endemic in the United States. One can of course study the cholera organism here in the laboratory, but the disease itself with all of its epidemiological and immunological manifestations, can only be studied elsewhere.

Despite the brilliant work that many Americans have done abroad in the medical field under the auspices of the Rockefeller Foundation or the military services or the Pan American Sanitary Bureau or the World Health Organization, we still need more skilled investigators, and there are many diseases yet to be tackled through the powerful new techniques of immunology and virology. It is in this context that the International Health and Research Act of 1960 should be viewed. The act made it possible for the Public Health Service to make funds available for the establishment of an International Center for Medical Research and Training at each of several American universities. Each center makes arrangements for one or more institutions to become affiliated with it. The centers will be permanently staffed, and staff members who do field work abroad can thus have continuing and stable careers. Upon their return to the centers they will be better equipped to train others for similar activities. The primary objectives are to give investigators opportunities for research that cannot be done in the United States and to train U.S. graduate students and postdoctoral fellows both here and abroad.

The centers and the foreign collaborating institutions are as follows: University of California and the Institute of Medical Research, Kuala Lumpur, Malaya; Tulane University and Universidad del Valle, Cali, Colombia; Johns Hopkins University and the All-India Institute of Public Health, Calcutta, and the School of Tropical Medicine, Calcutta; University of Maryland and certain institutions in East and West Pakistan; and—as announced last week—Louisiana State University and the Universidad de Costa Rica, San José.

Although the program for research and training is conceived primarily in the self-interest of the United States—after all, disease now eliminated may return, and our nationals will inevitably go where the diseases are—benefits will unquestionably flow to the collaborating countries. The effects on health should become apparent within a few years, and the presence of American investigators should help the foreign institutions to develop their own research skills.

Other and more general benefits may be expected. The knowledge gained through this research program will undoubtedly be widely applied in countries other than those directly engaged. And—although this is more remote—the procedure may well be extended to the social and behavioral sciences, perhaps through the support of private foundations. A means of helping yourself while helping others is worthy of philanthropic interest.—G.DuS.