ence," and as having indicated that an important reason for founding the institute, although not the only one, was to redress the balance.

Self-criticism of another sort was reflected in action on recommendations of an ad hoc committee set up to study the AMA's scientific sections and scientific program and relations with outside specialty organizations.

A board of trustees report published in the AMA *Journal* on 18 May noted that the "AMA's scientific program has suffered from the splintering effects of specialization and the competition from numerous other scientific meetings" and recommended a number of changes in rules and organization in the sections.

The scientific sections, taken together, comprise the AMA's Scientific Assembly, which was established in 1859. In earlier days, the papers and essays presented at the section meetings "provided the exclusive or principal forum for specialty postgraduate medical education," said the committee. But the report went on to note that attendance at section meetings has been dwindling markedly and suggested four causes: (i) "intensified competition from an increasing number of specialty societies; (ii) presentation of section programs of limited interest and debatable quality; (iii) inadequate administrative machinery to handle section activities; (iv) insufficient authority in the Council on Scientific Assembly to direct and control the planning, publicizing and staging of section programs."

What seems to have precipitated the reappraisal in the past year was the tendency of some sections to operate independently of the parent organization and to issue policy statements without consulting the House of Delegates or obtaining its approval. Membership in the sections has not been limited to those qualified on rigorous terms, and business sessions of some sections had been so poorly attended that control of the sections in a few instances had been taken over by "outsiders."

The ad hoc committee recommended that the control issue be solved by empowering the AMA board of trustees to appoint section officers. The House of Delegates turned down this recommendation but acted favorably on other changes, such as one that would restrict membership in sections to those clearly qualified in the specialties, and others that would strengthen the ties with the parent organization and improve liaison with specialty organizations.

The effect of this action has been to leave the basic organization of the scientific sections much as it was, but to serve notice on section officers that unless they rejuvenate their scientific programs and tighten the reins on procedures, more changes will be made.

—JOHN WALSH

American Council on Education: Conference Designed to Illuminate The Ins and Outs of Grantsmanship

Last week in Washington the American Council on Education sponsored a Conference on Federal Programs for Colleges and Universities which, in essence, provided a basic training course for institutions not currently involved extensively in these programs but interested in learning how to do it themselves.

Upward of 450 college and university administrators, business officers, and faculty members attended the 2 days of meetings at the Mayflower Hotel, and council officials estimate that half of these represented institutions with decidedly limited experience in the art of federal grantsmanship.

A fair estimate seems to be that 90 percent of federal funds for research and fellowships go to 100 institutions among the 2000-odd universities and colleges (including junior colleges) in the United States. Federal money for fellowships, research, and faculty development is concentrated in those institutions which offer graduate programs. But many colleges which provide only undergraduate training have participated in the program of federal loans for college dormitories and the National Defense Education Act's undergraduate loan program and would like to explore further opportunities.

Lack of helpful information on opportunities to participate in federal programs has been one problem facing the novices, and the ACE conference, organized by the council's commission on federal relations, was designed to mitigate that problem.

The stress was on practice rather than theory in such panel discussions as the one forthrightly titled "developing effective proposals for submission by institutions and individual faculty members." In ten subdivided information groups the conferees were able to confront representatives from the agencies that finance the government's major programs affecting higher education. The main speeches were given by Commissioner of Education Francis Keppel and, fittingly, by Representative John E. Fogarty (D.–R.I.), who presides over the House Appropriations Subcommittee, the fount from which have flowed the funds to make the National Institutes of Health a billion-dollar-a-year research and education operation.

No definite plans have been made, but council officials say it is likely that the proceedings of the conference will be published this fall.—J.W.

Krebiozen: Nearly a Decade of Controversy Spent in Pursuit of "Fair", Government-Sponsored Test

This is the second of three articles on the Krebiozen controversy.

From 1951 to 1954, Krebiozen, as an experimental drug, had been distributed free to physicians requesting it for use on patients with advanced cancer. In April 1954, the drug's producers—at that time the Duga Biological Institute, later Promak Laboratories, both principally owned by Steven Durovic—moved to get commercial status by filing a New Drug Application with the Food and Drug Administration. Krebiozen's first run-in with the government not only reflected the ambiguities of its past but presaged the complexities of its future.

The application was denied, partly on the grounds that it was incomplete, but mainly on the argument that Krebiozen was a biological rather than a hormone, and thus subject to the licensing provisions of the Division of Biologic Standards of the Public Health Service rather than to FDA. The importance of the difference is that FDA at the time required only proof of safety, not of efficacy, while the PHS (which has jurisdiction over viruses, serums, toxins, and analogous products) requires both, and that unlike FDA's rulings, PHS rulings cannot be appealed. Krebiozen's sponsors disagreed on scientific grounds with this classification of the drug and have never applied to Biologic Standards. The jurisdictional uncertainties, never resolved, were mainly responsible for the blank check that FDA has given Krebiozen during the intervening years and which its sponsors now claim amounts, in effect, to a sanction.