

stitutes, and it will take over responsibilities for the borrowed programs. About \$25 million of its funds are already attached to active grants; the rest is new money, free to be used for grants and fellowships in new directions. The institute will not, however, initiate an intramural research program for at least another year. The new institute will begin at a point a good deal below that of NIH's biggest spender, the National Cancer Institute, whose 1963 budget was \$155 million, but it is substantially larger than NIH's smallest component, the National Institute for Dental Research, whose 1963 budget was a mere \$21 million.

The Child Health and Human Development Institute, unlike the rest of NIH, will focus on normal patterns of growth, development, and behavior. Specifically, it will support basic research in all phases of human reproduction, from cell differentiation to problems of early infancy; in normal growth and development and special child health problems; in gerontology; and in mental retardation. NIH has supported such studies in the past, as the fact that the programs will be transferred rather than new indicates, but its administrative structure was limited by law to institutes addressed to "[a] disease or groups of diseases," and identification with familiar dread diseases is credited with helping NIH coax money out of Congress. As a result, however, basic research on normal human development has been farmed out to the various institutes to administer and has lacked the kind of overall direction that separate status and the national advisory councils provide NIH's full-fledged components.

According to Aldrich, who has himself been the recipient of NIH grants, the need to pin a disease label on NIH-sponsored research in human development began, in the middle 1950's, to produce a certain restiveness among grantees in such fields as obstetrics, pediatrics, and child psychiatry. In time, according to Aldrich, NIH administrators were persuaded that a separate institute devoted to the study of normal processes was a good idea, Congress passed a law enabling the Surgeon General to create such an institute, and the institute was begun, with the great good wishes of all concerned.

If Aldrich is as able an administrator as he is a diplomat, the National Institute of Child Health and Human Development will have a rosy future. The story of the new institute is not so

much the story of academic logic rewarded (though the research needs cited by Aldrich did play a significant role) as a story of medical research only narrowly evading the bear-hug embrace of politics. In this case, the leading bear was the President himself, representing the Kennedy family's long interest in mental retardation.

The Kennedy Hand

Among the task forces set up to advise Kennedy, when he was President-elect, was one on health and social security, headed by Wilbur J. Cohen, who later became the assistant secretary of Health, Education, and Welfare. Cohen's task force recommended the immediate establishment of a National Institute of Child Health, within NIH, by administrative action of the Surgeon General. There was some feeling that NIH was being told what to do, and Kennedy was quickly informed that such an institute would require congressional authorization. In his first health message to Congress, on 9 February 1961, Kennedy requested such enabling legislation, but in the meantime, and only 1 week later, the Surgeon General did exercise his authority to create a Center for Research in Child Health within one of NIH's established research divisions.

Within NIH the initial reaction was one of opposition. At about the same time there was considerable talk of establishing a special Institute on Aging. NIH officials, always under pressure from special interest groups to create institutes for their own favorite causes, began to envision themselves swamped by a scientifically nonsensical proliferation of specialized institutes devoted to whatever diseases, stages of life, or even petty irritations happened to engage the affection of the politically powerful. But as it became obvious that NIH was not going to be able to resist the attention of the Kennedys, and that something was going to happen, it also became obvious that NIH had to remain in control, to make sure that whatever happened, happened right. NIH began to use its own power—which, though it hardly measures up to the Kennedys, is by no means negligible—to influence the shape of its new addition. The end result, a single institute devoted to broad problems of human development, incorporating both child health and aging, and a good deal in between, appears to be completely satisfactory to NIH officials and presumably will

help reduce the discontent of the formerly homeless grant applicants in these fields as well.

Although division of responsibilities between the old institutes and the new will inevitably be somewhat vague, especially in the beginning, it is not too hard to see the Kennedy hand in the new institute's concern with mental retardation, a field which might with equal plausibility remain within the National Institute of Mental Health (NIMH). In fact, the largest transfer of funds from any categorical institute to the Institute of Child Health and Human Development is the \$6,464,000 that is coming from NIMH and which includes \$3,200,000 specifically earmarked for research in mental retardation. And if there are any doubts that the Kennedy presence will remain an important influence on the new institute, the bodily presence of the President's sister, Eunice Kennedy Shriver, on the 12-member National Advisory Child Health and Human Development Council should go a long way to dispel them.

—ELINOR LANGER

Federal Support: Academy Study To Cover Grants and Contracts

The National Academy of Sciences' study of federal policies concerning the support of research will cover basic research *contracts* as well as grants, the Academy has announced (*Science*, 5 July 1963). The study, headed by George B. Kistiakowsky, is seeking "constructive suggestions and criticisms" from scientists with experience in federally supported research. Communications should be sent to: the National Academy of Sciences, Committee on Science and Public Policy, Washington 25, D.C.

Announcements

An **industrial liaison** program has been established at Lehigh University's materials research center. Through the program, business and industrial firms may participate in materials research and development projects at the university; special seminars, conferences, and lecture series will also be scheduled. Further information on the program is available from J. F. Libsch, Materials Research Center, Lehigh University, Bethlehem, Pa.