NEWS IN BRIEF

• **WHITE HOUSE SCIENCE POST:** At least half a dozen universities with existing or impending presidential vacancies have put out feelers for the services of Donald F. Hornig, the White House science adviser—which may account for rumors that Hornig is leaving Washington. But he appears to be quite happy where he is, and, in fact, in order to stay on for at least a third year he resigned from the Princeton faculty when his leave could no longer be extended. White House sources say that the President has an extraordinary degree of confidence in Hornig and that the job is Hornig's as long as he wants it.

• **POPULATION:** The Department of Health, Education, and Welfare has established a new position, Deputy Assistant Secretary for Science and Population, to coordinate the Department's programs in population planning. The position will be filled by Milo David Leavitt, Jr., formerly head of the special International Programs Section, Office of International Research, at the National Institutes of Health.

• **FDA:** Part-time science advisers drawn from university chemistry departments are being assigned to each of the Food and Drug Administration's 18 district laboratories as part of a program to raise the agency's level of scientific competence. The appointments to date are: Stanley Bruckenstein, University of Minnesota; Donald G. Davis, Jr., Louisiana State University; Robert Ginell, Brooklyn College; Frederick R. Jensen, University of California; Clifton E. Meloan, Kansas State University; Robert L. Pecsok, University of California at L.A.; H. A. Szymanski, Canisius College; and Paul Urone, University of Colorado.

• **DRUGS:** The medical effectiveness of 3000 to 4000 drugs introduced between 1938 and 1962 will be evaluated by the National Academy of Sciences–National Research Council under an $834,000 contract with Food and Drug Administration (FDA). The Kefauver-Harris Amendments of 1962, which now require manufacturers to submit substantial evidence supporting therapeutic claims before receiving FDA approval of new drugs, also call for an evaluation of the efficacy of drugs marketed between those dates, when only proof of safety was required. The study is being organized by the Council's Division of Medical Sciences under the direction of an advisory committee chaired by William S. Middleton, dean emeritus of the University of Wisconsin School of Medicine, and chairman of the NRC Drug Research Board.

• **STATE DEPARTMENT SCIENCE:** The State Department plans to add a science officer to its embassy staff in Yugoslavia, making that the 17th U.S. embassy to include a science officer or scientific attaché. (The duties are essentially the same—keeping abreast of scientific affairs and promoting good relations with local scientists—but the attaché title generally reflects a higher level of professional training.) It has not yet been announced who will fill the Yugoslav post. Meanwhile, a new science officer has been appointed to the Moscow embassy. He is Christopher A. Squire, a Russian-speaking foreign service officer who holds a bachelor's degree in engineering from Yale. His predecessor, Glen Schweitzer, will serve in Washington in the atomic energy section of the State Department's Office of International Scientific and Technological Affairs.

• **EYE RESEARCH INSTITUTE:** Representative John E. Fogarty (D–R.I.), the most influential figure in NIH affairs in the House (he is chairman of the Appropriations Committee subcommittee on Labor, HEW, and Related Agencies), has spoken out in favor of H.R. 12373 to create an Eye Institute at the National Institutes of Health. The bill, introduced by Representative Fred B. Rooney (D–Pa.), would create a separate Eye Institute for the conduct and support of research and training relating to blinding eye diseases and visual disorders. Although the reorganization at NIH has not been spelled out, according to a spokesman at National Institute of Neurological Diseases and Blindness, all vision work at NIH would be centered at the proposed Eye Institute, except in instances in which neurological diseases affect vision. The bill, introduced in January, is pending in the House Interstate and Foreign Commerce Committee.

ect, for example, which is run by Tufts University Medical School and gives Tufts appointments to its staff physicians, the Denver project has drawn only on the local medical community. Now, the fee-for-service mystique is very strong among doctors in this country, and most doctors—particularly those representing organized medicine—are prone to conclude that if the center's salaried doctors relinquish private practice it must be because the services they offer are so bad they are unable to collect the fees. (The center's part-time doctors are paid $7.50 an hour; the full-time physicians average $5.93.) Accordingly, the center has been the butt of numerous charges, mostly made off the record, that its physicians are either incompetents who could not stand the competition or are senile citizens taking it on as a pension while awaiting the pasture. In fact, the center's doctors seem to have rather different motivations. Some are frankly idealists, eager to participate in a novel social experiment. Others are physicians disenchanted with the extensive "management" activities that private practice requires. "There are two things I like about practicing medicine here," commented one center physician. "One is that I can order tests, medicines, referrals, and so forth without worrying about my patient's pocketbook. The other is that I don't have to do any bookkeeping any more. Here I can do what I really want to do. See patients and practice medicine."

The center's medical society critics often seem to be comparing it to some unreal conception of what the alternatives are for the patients involved. One prominent member of the Denver Medical Society interviewed by *Science* complained that the center was inadequate because a mother's prenatal care would not come from the same obstetrician who would deliver her baby in Denver General. In a sense he is right: the division in obstetrical (and other) services certainly reinforces the "depersonalization" in medical care that the center hopes to combat. But the past record suggests that, if it were not for the Neighborhood Health Center, the mother would probably not bother with prenatal care at all.

If all is cheery in the waiting rooms, it has been somewhat less cheery behind the scenes. The problems of the Neighborhood Health Center began early when the original proposal became bogged down in the offices of Sargent Shriver, director of the OEO.