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## National Institutes of Health: Change of Leadership

During the coming weekend, James Shannon retires as director of the National Institutes of Health and is succeeded by Robert Q. Marston. The occasion represents more than a change in leadership. It signifies the end of a great era and the beginning of another of unknown dimensions. Dr. Shannon was by far the foremost architect of expansion of federal support of scientific research. He was fortunate in beginning his term of office in 1955 when the public and the Congress were eager to increase support for research. He was in part lucky and in part astute in his choice of powerful allies. The chairmen of the relevant subcommittees on appropriations, Representative John Fogarty and Senator Lister Hill, were extremely effective. Mrs. Mary Lasker, with her intense interest in medical matters and her easy access to Presidents, was often helpful.

Despite his political successes, Dr. Shannon never lost touch with the scientific enterprise. He was alert to new developments and quick to increase support for promising areas. Although highly sensitive to political needs and pressures, he was not subservient to them.

Toward the end of his term, Dr. Shannon encountered a series of adverse developments. The favorable attitude of the public toward research cooled. Representative Fogarty died, and the composition of the House subcommittee changed. Another ally, Senator Hill, prepared to retire, and Mary Lasker was no longer so helpful. One of the most unhappy developments was the emergence of destructive congressional pressures which forced NIH to institute bureaucratic controls on expenditures of grantees.

In assuming leadership at NIH, Dr. Marston faces a complex set of problems. He must mold the mission of NIH to fit the spirit of the times. He must establish a new base of political support in Congress. He must solidify his backing in scientific and medical circles. He must assemble a new group of senior administrators. The most urgent task is to adjust to the changed public attitudes. The public's major concern today in the health field is with the delivery of reasonably priced, high-quality medical care. The demand for medical services has been increasing rapidly. It has been spurred by enhanced confidence in the effectiveness of medical practice, by increases in population and disposable income, by an expansion of private health insurance, and by Medicare and Medicaid. Current expenditures for medical services are around \$50 billion annually. The NIH has two important roles in this scene. It has primary responsibility for federal support of health research and of education of medical personnel. At the moment, the greatest congressional concern and interest is in the area of training. There are severe shortages of medical personnel at every professional level—shortages of physicians, nurses, and technologists.

In the early days of the Shannon regime, federal support of research was in part a mechanism for supporting medical education. Under Dr. Marston, medical education may become a means of fostering research. In view of his experience as director of the Regional Medical Program, Dr. Marston may align NIH activities closely with the improved delivery of medical services. However, in trimming to the political winds of the moment, Dr. Marston can be expected to remember that the basic means of improving medical practice is through research.—PHILIP H. ABELSON