make the point that involuntary methods of population control, which are now considered unacceptable, may become acceptable when society realizes that the alternative is mass starvation. If we wait until massive starvation is upon us to begin to develop such methods, millions of people will suffer and die unnecessarily while the effective methods are being developed. As scientists, we should provide society as soon as possible with adequate means to cope with the problem, even though such methods would not be used at this time. As informed citizens, we should try to make society aware of the consequences of inaction in reducing the birth rate. Ultimately, whether or not involuntary methods are used is a decision which should be made by society, not by scientists; but if scientists wait to develop effective involuntary methods until they are acceptable to society, the time lost may result in an enormous amount of avoidable death and suffering.

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Pharmacology Institute Proposed

Rockliff's comments (Letters, 20 Dec.) on the Food and Drug Administration requirements for filing toxicity reports by pharmaceutical companies and his reply to my letter (16 Aug.) call for some explanation. . . . The Kefauver-Harris amendments requiring that drugs be both safe and *efficacious* became effective 1 June 1963. Since that time, we have made four studies, two of which were not submitted to the FDA. The legal status of toxicity data of a specific drug at a certain time and place is for government and industry attorneys to determine in court. This is a legal ambiguity that needs clarification. In the meantime, who protects the drug consumer? The seriousness of the problem to the patient and doctor is illustrated in a drug surveillance study by Borda (*1*) which showed that 35 percent of hospital patients on a medical service have adverse drug reactions. Prevention of drug reactions begins with the original evaluation of a new drug.

It appears to me that the coordina-

tion of clinical drug evaluation is beyond the capacity of the investigator, the university, the government, and the pharmaceutical industry. A National Institute of Pharmacology with legal and scientific responsibility is essential. This would be a federally sponsored institute which would stimulate and supervise basic and clinical drug research with an emphasis on new drug investigation. The primary involvement of the FDA with food, cosmetics, manufacturing, and advertising indicates that new drug investigation should be in a separate program patterned on the National Institutes of Health. The work of such an Institute of Pharmacology should be conducted by universities and research facilities which conform to the highest standards of personnel, equipment, and research design. The pharmaceutical industry would not be relieved of its obligation to demonstrate the effectiveness and safety of its products and to underwrite the cost of this work but there would be a federal capability which would set standards and enforce them. Such a program would insure the badly needed financial support of new drug research. It would also require complete and prompt reports of new drugs which would be available to the investigators as well as to the government.

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Overhead Costs during Austerity

The austerity program for scientific research is requiring some adaptations. For example, in our department the cost of publication page charges for a 12-man faculty was $15,000 last year. This means that page charges cost as much as an additional faculty member. We have been wondering whether the actual scientific communication achieved by the present method is worth the cost. Because we are skeptical, we are trying the following method. Work which is supplementary to an existing key publication will not be published per se but will be written up with no regard to saving space, then will be multilithed, and made available as a numbered "Supplemental Publication"