

overcharging, waste, and inefficiency have moved Senator Philip A. Hart (D-Mich.) to schedule Senate hearings, and the horror stories of maladministration are likely to stand out in hearings precipitated mainly by the rise in hospital costs.

In the academic medical center the problem of cost reimbursement for patient care is compounded because faculty and postgraduate medical students—particularly residents—are involved in teaching, research, and patient care in proportions that are very difficult to disentangle. Faculty members often provide care for public patients which they never bother to record so that charges can be made.

More sensitive is the question of charges for faculty services to private patients. Increasingly, medical schools are applying a formula which captures, for the medical school, faculty members' private fees beyond a specific total amount in any year. The system is a great source of friction in many medical schools.

It is against this general background that the effects of NIH research cutbacks should be viewed. The cuts have direct impact because careers in academic medicine are largely made on the basis of accomplishments in basic and clinical research. Medical schools also depend heavily on NIH to support the education of biomedical research manpower through training grants and the grant money which flows into the payment of research assistants. The downtrend in NIH research and training grants will inevitably mean a slackening in the supply of high-quality faculty for new or expanding medical schools.

In the medical schools the damage being done is not limited to the blocking of individual careers. NIH is dedicated to the increase of biomedical knowledge, and its chosen instrument is the project grant awarded an individual on the basis of open competition against his peers. The trouble is that, in a time of scarcity, an individual's loss of a research grant often means that a medical school may lose a man on whom it depends, in a particular area of knowledge, not only for research but for teaching and patient care as well. The impact is potentially severe because a very significant percentage of medical school faculty receive at least part of their regular salary through research grants. The figure last year was authoritatively put at nearly 50 percent. This is why,

when a faculty member loses his grant, the medical school may lose the faculty member.

The relationship between NIH and the medical schools is now akin to the situation in some societies where a person who saves another's life contracts a permanent responsibility for the one saved. Nothing in the law says that NIH is responsible for preserving the medical schools as a national resource, but NIH has been instrumental in creating the system, which has great promise and great problems, and NIH is being looked to for help.

At this moment there appears to be neither legal sanction nor available funds to do much. Senator Jacob Javits (R-N.Y.) has called for what in effect is a \$100 million federal emergency purse for the medical schools, but he has not gotten much response. The Health Professions Assistance Act is up for renewal by next 30 June. The act provides for loans for medical students and other health professionals and "improvement" grants for the medical schools. Congressional debate on the bill should provide an opportunity for discussion of the state of the medical schools.

First aid—for example, the passage of a law creating scholarship aid for medical students, to increase their number—might only make things worse. The problems of the medical school can be successfully dealt with only in the context of the problems of the medical center of which the medical school is an indivisible part. Efforts to respond are being made at NIH and elsewhere, but there are as yet no real signs of a grand strategy to meet the health crisis. The medical schools can perhaps take some consolation in the thought that at least someone in a key spot understands their problem. Health, Education, and Welfare Department assistant secretary Roger O. Egeberg was dean of the University of Southern California Medical School for 5 years before he came to Washington.—JOHN WALSH

RECENT DEATHS

Claude H. Barlow, 93; researcher on intestinal parasites; 9 October.

John H. Bailey, 91; ophthalmologist and past president, Brooklyn Ophthalmological Society; 19 October.

John A. Bianchi, 67; psychiatrist and

diplomat of the American Board of Psychiatry and Neurology; 17 October.

William Dameshek, 69; emeritus professor of medicine, Mount Sinai School of Medicine, City University of New York; 6 October.

Jules Henry, 64; professor of anthropology, Washington University; 23 September.

Nicholas A. Michels, 78; professor emeritus of anatomy of Jefferson Medical College; 27 October.

Oswald E. Morton, 72; former dean, College of Arts and Sciences, St. John's University, New York City; 12 October.

Theophilus S. Painter, 80; former president, University of Texas; 5 October.

Orlando Park, 67; former professor of biology, Northwestern University; 23 September.

Irving M. Rollins, 51; medical director of the Tobacco Institute of Washington; 26 October.

Ashley L. Schiff, 37; associate professor of political science, State University of New York, Stony Brook; 2 October.

Milton Schneider, 58; past director of the Waldemar Medical Research Foundation; 27 October.

Gordon H. Seger, 62; former associate chief, general medical sciences division, National Institutes of Health; 12 October.

Henry S. Sharp, 67; professor emeritus of geology and geography, Barnard College; 20 October.

Waclaw Sierpinski, 87; professor of mathematics, University of Warsaw; 19 October.

J. Murray Steele, 69; professor of medicine, New York University School of Medicine; 13 October.

Edward A. Suchman, 54; former professor of sociology and public health, University of Pittsburgh; 10 October.

Robert F. Titchen, 44; physical chemist and founder of the Operations Research Council of Washington; 9 October.

Frank E. Todd, 74; former chief, agriculture research branch, U.S. Department of Agriculture; 23 September.

Thomas J. Webb, 69; former director of physical and inorganic chemistry research, Merck & Co. Inc.; 26 September.

Harold D. Wright, 47; professor of mineralogy, Pennsylvania State University; 7 July.

Carl C. Yount, 86; orthopedic surgeon and professor emeritus, University of Pittsburgh; 11 October.