covered" the Academy. Mainly on the initiative of former Connecticut congressman Emilio Q. Daddario, the Academy through COSPUP began to serve an advisory role to Congress. A collection of essays titled "Basic Research and National Goals" was the first significant product, and then COSPUP developed a Daddario idea into a report on technology assessment (*Science*, 14 November 1969), which Brooks says in retrospect is the piece of work done by COSPUP during his chairmanship of which he is proudest. [NAE established a COSPUP parallel in its Committee on Public Engineering Policy (COPEP), now headed by former executive secretary of the federal marine resources council Edward Wenk. COPEP produced its own technology assessment report.]

By reviewing reports COSPUP did exercise quality control over NRC work to some extent, but a minority of reports were affected. Again Kistiakowsky, who is the Academy's elected vice-president and a sort of inspector general in spirit, collaborated with Handler in designing a new Report Review Committee (RRC), which for a year has exercised a mandate to review all NRC reports. The RRC does not play the role of censor—committees are made up of volunteers whose sensitivities are acute—but the review group does seek to assure that reports are complete, fair, clearly and concisely written, and free of conflicts of interest. RRC members are all members of the Academy, and, in view of the noninvolvement of many academicians in NRC affairs, it is revealing that fewer than five of the 80 members originally approached turned down the job. Purely technical reports are still assigned to divisions for review, but NRC committees are aware that RRC cares. Reports directed to the White House or Congress are still reviewed by COSPUP.

In addition to COSPUP and the RRC, other new mechanisms through which the NAS council exercises influence over NRC are boards and committees established outside the NRC framework. Among these are joint NAS-NAE entities, perhaps most notably the Environmental Studies Board (ESB). Created in 1967 during the presidency of Frederick Seitz who headed the Academy from 1962 to 1969, the ESB was established to oversee NRC attempts to come to grips with environmental problems which were surfacing then.

In its early period ESB activity was confined mainly to commenting on committee reports with environmental aspects, and the committee drew some unfavorable comment from critics who alleged that the group's views too strongly reflected the industry background of some of its members. Under a new chairman, Gordon J. F. MacDonald, who was last year appointed to the three-member Environmental Quality Council which advises the President, ESB adopted a more activist role. A report of the Florida jetport proposal contributed to a decision to limit the size of the airport to protect the fragile ecology of the Everglades and other neighboring areas (*Science*, 10 October 1969). Later an ESB summer study of the potential ecological effects of the extension of Kennedy International Airport runways into Jamaica Bay undergirded a decision to halt plans for extension.

The Jamaica Bay study marked a milestone, since the committee was accused by some of exceeding its charge by advising against the building of the runways. There was friction within the steering committee and among members of the ESB about the frame of reference for the study. In addition

Hogness to Head NAS Medical Unit

John R. Hogness, director of the University of Washington Health Sciences Center in Seattle, has been appointed the first chairman of the Institute of Medicine, which was formally created last December within the National Academy of Sciences (NAS). He will begin his 5-year term in Washington next August.

The Institute, which supplants the NAS Board on Medicine, represents a compromise for some members who had been pushing for a separate National Academy of Medicine. Unlike the Board, which has limited its studies primarily to substantive, scientific aspects of health care, the Institute will survey the nation's health system from top to bottom. It is expected to be particularly interested in problems of medical education and the delivery of medical care.

Hogness is the "ideal man" for the job of building the Institute, according to its interim chairman, Robert S. Glaser. He was "the top guy on our list from the beginning," says Glaser, because of his prestige in the medical community and his broad background, which includes teaching, research, the practice of medicine, and various administrative positions. Hogness was graduated from the University of Chicago School of Medicine in 1946 and served his internship and residency in internal medicine at Columbia Presbyterian Medical Center in New York. He has been associated since 1950 with the University of Washington, where he has served as medical director of the University Hospital, dean of the Medical School, and chairman of the Board of Health Sciences. He became chairman of the Health Sciences Center last November.

Although Hogness has spent most of his career in academia, Glaser emphasizes that several years of private practice, as well as past membership in the American Medical Association's House of Delegates, has equipped him with an unusually comprehensive understanding of the nation's health problems.

According to Hogness, the Institute answers the need for a single institution that "speaks with a background of distinction" for the entire field of medicine. Studies and research, mostly sponsored by the federal government and private foundations, will be conducted in three categories: medical education, health care delivery, and biomedical research. There are some studies under way which relate to health care, and the Institute has already published a report on physicians' assistants.

The charter membership of the Institute is made up of the 28 members of the Board on Medicine, and membership is soon to be expanded to 100. Ultimately, the Institute will have 400 members, one-fourth of whom will be recruited outside the Academy from fields such as law, political science, and medical economics.—C.H.