

Most biological tests are imprecise, and the DBS should not be faulted for having failed to solve problems that were beyond the prevailing state of the art. Yet some of the DBS's problems with vaccine potency tests seem to have arisen as much from lack of management as lack of science.

In overview, the various blemishes on the DBS escutcheon that have come to light in recent months are less significant than the 17-year safety record the DBS has behind it. The division was set up to prevent recurrence of the 1955 polio accident and, under Murray's stewardship none has occurred. Murray has outlasted and outperformed half a dozen commissioners of the Food and Drug Administration, and many would assent to the belief of the NIH front office that Murray has an excellent record as a government official responsible for a regulatory agency. The chief imperfections in the DBS arise from the nature of the office, not its holder. Despite the diffuseness of the federal system for controlling vaccines, the major responsibility devolves on the DBS, whose di-

rector has too much power, too much pressure, and too little protection. There is no limit to the director's term of office and yet no effective mechanism for subjecting his scientific decisions to peer review and peer support. There are conflicting pressures from manufacturers, the scientific community, and, more recently, from the consumer movement. Says one vaccine specialist, "The DBS is the most thankless job in the world—you have to be some kind of a Jesus Christ to do a perfect job. You have to give Murray points for staying power—he hasn't cut and run."

Where Murray has strayed from perfection is probably in taking the narrowmost conception of the division's responsibilities. Safety has been assured, but the improvement of vaccines has been pursued less aggressively. The characteristic posture of the DBS has been one of stand-pat conservatism rather than innovative leadership. A common theme underlying the complaints of critics inside and outside the DBS is Murray's unwillingness to make decisions and even—if the harsher critics are correct

—to pursue lines of enquiry that might render necessary a regulatory decision.

Such an attitude is probably inevitable, however, granted the DBS's stretched resources and the belief, presumably endorsed by Murray's superiors, that the DBS should be primarily a rule-making operation with a subordinate and undirected research program. Given these ground rules, it is hard to be sure that anyone else could have bettered Murray's long record in protecting the public from hazardous vaccines.

For the future (Murray is due to retire in 2 years' time), possible changes suggested to *Science* by Turner, Morris, and scientists inside and outside the DBS, include the following proposals. The whole mechanism of biologics control should be reviewed in the light of consumer protection—the DBS should probably assume from the manufacturers the prime responsibility for conducting the more crucial tests of vaccine safety. Preparation should also be made to cope with the surge of new biological products that may be devel-

Briefing

An Alliance for Hearts

It wasn't very long ago at all that Senator Edward M. Kennedy, of Massachusetts, and Representative Paul G. Rogers, of Florida, were carrying the banners for opposite sides in the long and sometimes bitter tussle over who was to manage the federal government's crusade against cancer. Apparently the fight left no permanent scars though, for now the two Democrats say they're joining forces to back another billion-dollar medical onslaught—this time against heart, lung, and circulatory diseases.

In a news conference held late last week in a chandeliered room of the Capitol building, precisely halfway between the House and Senate wings, Rogers and Kennedy sat shoulder-to-shoulder to announce their simultaneous introduction of the National Heart, Blood Vessel, Lung and Blood Act of 1972, a bill they both acclaimed as probably the most important piece of health legislation to come before Congress this session.

The bill proposes to spend \$1.29

billion over the next 3 years on cardiovascular and lung disease, in contrast to current annual funding of \$232 million. Under the heading of control programs, \$90 million of the new money would go to establish 15 community "screening and education" centers. (The bill doesn't say how these would relate to the Regional Medical Program for heart, cancer, and stroke services run by the Department of Health, Education, and Welfare.) The remaining \$1.2 billion would be funneled through the National Heart and Lung Institute to support 15 new clinical R & D centers for cardiovascular disease and 15 new centers for pulmonary disease.

Joint support of the bill by Rogers and Kennedy is especially significant since the two Democrats head the respective House and Senate subcommittees that will handle it. Staff aides for Kennedy and Rogers say the bill's chances of passage are further enhanced by the absence of administrative provisos of the kind that led to last year's contest over the cancer bill.

Approval by Congress, however, may be the least of the heart and lung bill's problems. Even if the appropriation committees grant all the money that the

bill authorizes, which is by no means assured, there is no guarantee that the White House will spend it. The Nixon Administration, like its Democratic predecessor, is not in the habit of spending all or even very much of the money Congress generously appropriates for crusades of its own, particularly when those crusades seem designed—if only in part—to overshadow the administration's.

In the present case, the White House seems to be under the impression that the \$22 million increase it proposed with some fanfare earlier this year for heart, lung, and blood diseases is generous enough. Congressional Democrats—or at least those on Kennedy's and Rogers' subcommittees—disagree. And while their motives may be pure, there is room for suspicion that, by upping the ante nearly an order of magnitude, the Democrats may hope to sink their claws into at least one substantial health issue in an election year when issues of any kind are notably scarce. After all, who's to say that the 790,000 Americans who die from cardiovascular and lung diseases each year are less deserving than the 340,000 who succumb to cancer?—R.G.