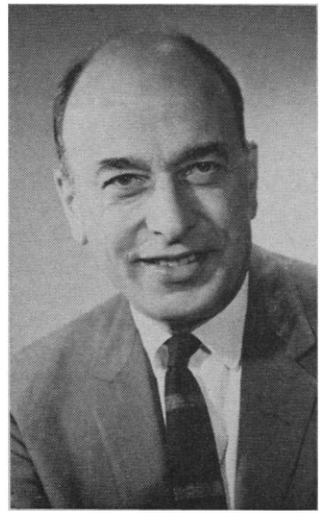
to the situation the government virtually stopped ordering new power plants.

The implications of this cutback were greater for nuclear industry than for the coal industry. From the middle 1950's onward British nuclear industry could rely on a steady if modest flow of domestic orders for nuclear power plants. Participation in the atom bomb project gave the British an early start in developing civil nuclear energy. At the beginning of the nuclear power era a half-dozen consortia were formed by private industry to construct nuclear plants. Research and design work was first handled by government scientists, but the design responsibility later shifted from the Atomic Energy Authority (AEA) to the private companies. In 1955, the government had announced a 10-year program aimed at producing 1500 megawatts of "nuclear" electricity by 1965. Partly as a result of coal shortages and of the Suez crisis, the target for the program was increased to 5000 megawatts. In 1964 approval was given to a second program designed to bring total nuclear power capacity to 13,000 megawatts by 1975. The reactors in the first program were the so-called Magnox type, cooled by carbon dioxide and fueled by natural uranium. The reactor of choice for the second program is the native British advanced gas-cooled reactor (AGR), which uses slightly enriched uranium.

Britain's nuclear enterprise has a star-crossed history. Critics say that the government settled prematurely on a single reactor type for development in the 1950's and that the result was the Magnox plant which was safe and re-

Berliner Resigns from NIH

In the months that followed Robert Marston's firing last December as director of the National Institutes of Health (NIH), one of the things that NIH scientists and their colleagues around the country wanted very much to know was what Robert Berliner would do. As deputy director for science at NIH, Berliner, because of his own reputation and his position, came to be regarded as the symbol of all that is excellent about NIH. And, in the atmosphere of uncertainty that existed as people waited for a new director, Berliner represented stability. Particularly among persons on the NIH campus, there was a feeling that, as long as Berliner was there, things would be all right, but if he were to leave —well, one could not be so sure.



Berliner has decided to leave.

The immediate reaction to his decision to become dean of the Yale Medical School is as expected. "Isn't the news about Berliner terribly sad," said one of his colleagues. "It is hard to believe," said another. "I guess right up to the last minute we were hoping he would not go." There is an element of grief in many of his associates' feelings.

Having been at NIH for 23 years—he came in the early days with James Shannon—Berliner did not find the decision to leave an easy one, as has been apparent to those who have seen him during the last few months and as he made clear in a farewell letter to friends. He did not really want to move, but circumstances kept pressing him in that direction.

Almost immediately after Marston's dismissal, Berliner began receiving job offers. At the same time, he received numerous letters and calls urging him to stay. The trouble was that the people urging him to stay at NIH had absolutely no authority to guarantee that he could keep his position after a new director was named. The people who offered him the Yale deanship and other posts were under no such constraints. As the months passed and Marston's office remained vacant, the pressure to accept one of those offers grew.

Finally, Robert Stone was appointed director of NIH, but word of his appointment was out well before Berliner or other NIH leaders were informed of it officially. And even then, days went by before Stone and the NIH brass ever met. The whole thing was disconcerting.

Stone arrived at NIH during the last week in May and, after getting to know Berliner, said he was thoroughly impressed. He asked him to stay. Apparently it was too late.

Berliner's reasons for going to Yale, from which he received his undergraduate degree in 1936, are professional and personal. "I would be less than candid if I were to claim that the Administration's attitude toward the conduct and support of biomedical research played no part in my decision," he said in his letter. "However, I want to express my wholehearted support for Bob Stone." But he emphasizes the personal side of his decision. "The major factors in my present decision are not the uncertainties of our time and place or the vagaries of politics and history, but rather personal ones. I have been made an offer by an institution that shares with NIH an important claim upon my loyalties and affections. The years are not likely to provide me another such opportunity to try my hand at the challenge of new professional activities, and I feel impelled to accept this offer."

Berliner, who is an M.D., is among the more widely respected research scientists in the United States. His work in renal physiology has earned him membership in the National Academy of Sciences and numerous other honors. His colleagues respect him not only for his contributions to science, but for his strict—some would say rigid—insistence on high quality. He is, therefore, exactly the kind of person that the biomedical community wants at the top. Needless to say, the hope is that his successor will be someone like him in these respects.—BARBARA J. CULLITON