

Letters

NIH Grants and Contracts

Over the years *Science* has published many articles and letters on substantive issues related to the programs sponsored by the National Institutes of Health (NIH). The magazine has thus been a respected forum for the communication of a wide variety of views, suggestions, and criticisms related to NIH programs. As deficiencies have been pointed out we have attempted to provide appropriate responses, usually in the form of improved communication or the implementation of more effective administrative procedures. One such action was our expansion in 1971 of the then *NIH Grants Policy Guide* to the *NIH Guide for Grants and Contracts*. At that time we began publishing in the *Guide* current information on policies and procedures related to the contract mechanism as well as descriptions of the collaborative (contract) programs of each institute. We also began publication of supplemental issues of the *Guide*. The supplements contain requests for "Sources sought synopses," and announcements of the availability of "Requests for proposals." The purpose of this additional information is to supplement but not supplant the services provided by *Commerce Business Daily*, published by the Department of Commerce.

Our examination of the present mailing lists for the *Guide* has convinced us that they are inadequate. The lists lack specificity. All supplemental issues go to all addressees—for example, a viral oncologist receives announcements related to the need for improved materials for extraoral maxillofacial prostheses.

In an effort to provide current information on the broadest possible basis and to improve the targeting of our future mailings, we are publishing shortly a special issue of the *Guide*. The special issue will contain an updated description of the programs of each NIH institute and research division that has collaborative or contract components. We are sending this issue

to all current principal investigators of NIH grants and contracts and to all institutional officials whose names appear on approved grant applications or contract proposals. In addition, we are utilizing a number of special mailing keys in order to reach other individuals who may be interested. Finally, we are attaching to the special issue of the *Guide* a request form that will give each recipient an opportunity to indicate specific mailings he wishes to receive.

We expect the special issue of the *Guide* to reach most of the addressees by the middle of October. Any scientist or administrator who has an interest in the collaborative programs of NIH, but does not receive this special issue may obtain a copy by writing to the Grants and Contracts Guide Distribution Center, Division of Research Grants, Westwood Building, Room 206, National Institutes of Health, Bethesda, Maryland 20014.

LEON JACOBS

*National Institutes of Health,
Bethesda, Maryland 20014*

Long-Distance Runners

Research on the controversial role of coffee drinking as a cause of coronary heart disease (T. Maugh II, *Research News*, 10 Aug., p. 534) will probably contribute little to prevention programs. Exercise is the key. When the level of vigorous exercise is raised high enough, the protection appears to be absolute. The American Medical Joggers Association has been unable to document a single death resulting from coronary heart disease among marathon finishers of any age (1).

In several rehabilitation centers, patients who have recovered from one or more myocardial infarctions are being trained to run marathon distances. Seven such patients finished the Boston Marathon this year. They ran with their cardiologist, Terrence Kavanagh, from the Toronto Rehabilitation Center (2).

If vigorous exercise continues to protect cardiac patients from myocardial infarction, there is no excuse for the rest of us to debate the hazards of the other more controversial risk factors. We should join the long-distance runners.

THOMAS J. BASSLER

*Centinela Valley Community Hospital,
555 East Hardy Street,
Inglewood, California 90307*

References

1. T. J. Bassler, *Lancet* **1972-II**, 711 (1972).
2. T. Kavanagh and R. J. Shephard, *J. Amer. Med. Assoc.* **224**, 1580 (1973).

Quality of Statistics

While I wholeheartedly support Kruskal's call (22 June, p. 1256) for a "room of one's own" for statistics in the house of public policy, I must disagree with him on one point. He says that in government activity "Much of . . . statistical thought and action . . . is not carried out by people called statisticians, or trained as statisticians. Much of it is not regarded as having important statistical components. Consequently, much of it is of poor quality" (*italics added*).

This kind of causal inference on the basis of only empirical information is the sort of "trap" that Kruskal himself condemns. Has he in fact examined the two-row by two-column table of analyst (statistician or non-statistician) by quality of work (good or poor)? One of the appealing aspects of his proposed ecumenism is that the open doors will allow statisticians to peer into other rooms wherein non-anointed scientists are developing and using "good quality" statistics.

STEPHEN M. POLLOCK

*Program in Engineering for Public
Systems, University of Michigan,
Ann Arbor 48104*

Pollock's thoughtful letter provides a welcome opportunity to discuss further some points from my article. First, the empirical information about who does federal statistics and the quality of that work came to me primarily during my membership on the President's Commission on Federal Statistics; more careful studies of such matters could and should be made—quality judgments are never easy—but I am satisfied that my statement is qualitatively correct; the facts about Pollock's two by two classification are roughly known.