are also going around the Hill, spreading the word that there must be more money for heart disease or dental research or studies on aging, or whatever. Lobbying, pressure, politics.

Under the present structure, each institute's budget is what is known as a "line item," which means that it must receive specific Congressional approval. So, each institute chief goes once a year to Congress to defend his budget-the one the Administration approved-at appropriations hearings. It gives each institute and the research areas it represents a measure of independence and a visibility before Congress that would inevitably be lost if the NIH budget were to be consolidated to a single line item. That, almost certainly, is one of the things that the Administration wants.

The Administration would like to do business with as little interference from lobbyists and Congress as possible. Ironically, until now most scientists felt the same way, although probably for different reasons. During the terrible fights over the fight against cancer, members of the biomedical community-and the leadership of NIH -rose up to declare that decisions about the funding of research should not be made in a political arena. Today, theoretically, most of them still believe that. But whether they are actually prepared to go along with that in practice under changed circumstances is something else.

The simple truth is that the scientific community does not trust this Administration. It is fearful, even intimidated, by the OMB. It is leary of Edwards, who has said quite plainly that he thinks there should be some centralization or coordination of health and research budgets (Science, 31 August). It does not yet know NIH director Robert S. Stone very well and does not know whether to trust him or not. There is a feeling that his "heart is in the right place"-meaning he is sympathetic to fundamental research-but no feeling that he wields much authority with HEW. Robert W. Berliner, former scientific director of NIH, who resigned to become dean of the Yale University School of Medicine and who was seen as a champion of fundamental research (Science, 29 June), has yet to be replaced. In this environment, the scientific community will not like being excluded from decision-making even more than it is now.

Administration officials and persons close to their way of thinking have

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cover both alcohol and drug abuse programs. This alternative was rejected amid frantic lobbying by mental health interests who were appalled at the prospect of NIMH losing its identity, and who believe that alcohol and drug problems properly belong within the scope of mental health. Neither the mental health people, the alcohol people, nor the drug

people are wild about the new organizational structure. All fear their missions will be choked if a heavy and domineering ADAMHA super-structure is set up.

The mental health people fear that in its new position the NIMH will still be emasculated. They also believe that the federal structure sets a bad precedent for the states. Some states have separate alcohol and drug agencies, but the most common arrangement is to integrate these services within their mental health agencies.

The alcohol people fear domination by the mental health people in the new administration. What they would really like is their own independent agency, with a prominence similar to that which the Nixon Administration has accorded drugs.

The drug people, similarly, would have preferred an autonomous agency.

The big questions now are who will head the new combine and what the structure will be around the administrator. Edwards has asked the Institute of Medicine to come up with a list of names. Among those under consideration will be the present heads of three institutes: Bertram Brown, head of NIMH; Morris Chafetz of the National Institute on Alcohol Abuse and Alcoholism; and Robert DuPont who heads the new National Institute for Drug Abuse as well as the President's Special Action Office for Drug Abuse Prevention, which is slated for dissolution, mission presumably accomplished, in mid-1975. Of these three, Brown is the obvious choice; but an HEW official says he may be passed over because mental health has a reputation as a "budget breaker" and Brown, while widely respected on Capitol Hill, is not a "White House favorite."

Brown, not unexpectedly, is unhappy with his new subordinate position in ADAMHA, and can probably be expected to leave unless he is assured of a prominent role. He has said publicly that he will stay as long as he can "make a major contribution to the national mental health program." If federal support for community mental health centers, NIMH's major service program, is not revived, and if Brown finds himself buried in an expanded bureaucracy, he will undoubtedly seek employment elsewhere.—C.H.

## NIMH Put in New Agency

The National Institute of Mental Health (NIMH) has been wracked by budget cuts, stunned by the loss of major training and service programs, and consigned to what some consider temporary oblivion within the National Institutes of Health (NIH). Now, the NIMH has resurfaced, this time as part of a tripartite organization outside NIH.

In accordance with a 25 September executive order, it will be one of three coequal institutes in a new body called the Alcohol, Drug Abuse and Mental Health Administration, or ADAMHA (its detractors place the emphasis on the second syllable).

Assistant Secretary for Health Charles Edwards has appointed Roger O. Egeberg as temporary director until a permanent one is appointed, perhaps within the next few weeks. Egeberg, a former Assistant Secretary for Health, has been roving around Washington since he resigned that post acting as an elder statesman of health and as a special assistant to the Secretary of Health, Education, and Welfare on health policy.

The reorganization was recommended by Edwards after a study by

a special task force, which couldn't decide between two alternatives. One

was the ADAMHA idea; the other was to keep NIMH within NIH

where it would have been divested of substantially all but its research

functions, and to set up an autonomous "substance abuse" agency to