sentatives of different perspectives and expectations meet in an ongoing discussion, spinning off selected issues for study and advice, while maintaining a long-range overview of their changing fields." The result of these meetings might be that smaller, more manageable problems may be defined for further study and, just as important, the members of the group would come to understand each other's points of view.

Going along with the ability to set its own agenda, the IOM should make itself more visible so that government organizations will automatically turn to it for timely advice and so that its reports that are of interest to the public are also readily available. He would like to see increased rewriting of reports that are of interest to the public and increased use of television and, possibly, even regional public meetings at which IOM members discuss topics of great interest to the public.

Many observers view the Institute of Medicine today as an institution at a crossroads.

In addition to serving as department chairman at Yale medical school, Thier also has been chief of medical services at Yale–New Haven Hospital. At Yale, he worked to improve the training of clinical researchers and developed a statewide network of affiliated hospitals to provide continuing education for internists. He has been president of the American Federation for Clinical Research, a member of the NIH director's advisory committee, a member of the editorial board of the *New England Journal of Medicine*, a regent of the American College of Physicians, and chairman of the American Board of Internal Medicine. His research interest is inherited diseases of renal function. Thier succeeds Frederick C. Robbins, who will return to Case Western Reserve University School of Medicine.

Thier sees his role as IOM president as one of seeking long-term support, critically assessing proposed studies, and mobilizing the institute's members. "I am concerned that the IOM not do things that are so broad as to be meaningless nor that are well-focused but trivial. How to get between the two points is the problem," he says. "If the IOM fulfills its role," he concludes,"it could be a major resource."—**GINA KOLATA**

Congress Passes NIH Bill

After struggling for several years with legislation for the National Institutes of Health, Congress for a second time agreed to a reauthorization bill for the NIH that sets forth important policy. But whether President Reagan will sign the bill once it arrives on his desk is a matter of speculation, even though certain provisions were crafted with an eye toward getting the President's signature. For instance, the bill provides for the establishment of a new institute for arthritis research—the National Institute of Arthritis and Musculoskeletal and Skin Diseases, as did a similar bill last year that received a pocket veto from President Reagan (*Science,* 16 November 1984, p. 811).

Significantly, however, unlike last year's bill, the current legislation does not contain provisions for a new nursing institute. Reagan's veto rested in part on his position that a nursing institute was too costly and unnecessary an addition to the NIH. Although the institute was a feature of the House bill again this round, during House-Senate conference House backers compromised on a provision to establish a National Center for Nursing Research within the NIH. "The Center is intended to provide a focal point for promoting the growth and quality of research related to nursing and patient care," the conferees said. It will have its own director.

On another point that required House-Senate compromise, the House agreed to go along with the Senate's decision to reauthorize the cancer and heart institutes for another 3 years instead of just one. The opportunities for congressional micromanagement of the institutes that is implied in single-year reauthorization has been a bone of contention all along.

The new bill does speak to the management of NIH on a number of points, however. For instance, it requires the NIH director to establish procedures for the periodic review of the institute's intramural research programs, although it specifically states that the internal peer review need not follow the format for review of outside grant and contract applications. Intramural peer review might consider the work of an entire laboratory rather than that of the principal investigator. The bill also mandates the appointment of an associate director for disease prevention in the NIH director's office and the child health and cancer institutes.

Arguments about whether the special privileges of the National Cancer Institute should be continued came out in favor of the NCI as it stands. The congressional conferees note that "The special authorities that have enabled the NCI to become one of the most productive of the national research institutes have been retained in their entirety." These include the National Cancer Panel, which reports directly to the President, and a provision that allows NCI to submit its budget requests directly to Congress, rather than going through the Administration.

Responding to instances of scientific fraud that have occurred during the past few years, the House and Senate included requirements that NIH establish formal, prompt review procedures for handling allegations of misconduct, citing the fact that its ad hoc methods have resulted in reviews taking more than a year even when the fraud was admitted. Congress also added a requirement that NIH grantees have in place an administrative process to investigate reports of scientific fraud and to alert NIH to any allegations that appear to be substantial.

Another provision of interest is one creating a Congressional Biomedical Ethics Board, patterned after the bipartisan Office of Technology Assessment which conducts studies in response to congressional inquiry. The legislation mandates two special studies for the new board: an examination of the issues involved in permitting the Secretary of Health and Human Services to grant a waiver of current fetal research guidelines in selected cases and a study of the ethical issues in human genetic engineering—a subject the Office of Technology Assessment has reviewed in some detail.

In addition, the bill mandates the creation of boards or committees to look at a number of special medical problems, including spinal cord injury, learning disabilities, lupus erythematosus, Alzheimer's disease, and future personnel for the health needs of the elderly. —**BARBARA J. CULLITON**