

"outpatients" have been lost to treatment altogether. Besides, as Wisconsin psychiatrist Robert Miller of the Mendota Mental Health Institute points out, treatment "in the community" may be quite the opposite for individuals whose home circumstances triggered their illnesses.

There are other unsubstantiated or unsubstantiable claims: Rubenstein, for example, says "where decent treatment is available people come in droves." But even in Wisconsin, which probably devotes a higher share of its resources to community-based treatment than any other state, the problem is such that several bills are pending to broaden the state's involuntary commitment law. Then there is the matter of whether more commitments would swamp hospitals. Although most observers believe they will, Treffert claims that if people are committed in the early stages of their illness (before they become dangerous or "gravely disabled"), hospital stays will be shorter and the overall institutionalized population will not increase.

Whether or not psychiatrists alone should be called on to say who should be committed is, of course, another topic of debate. But even Rubenstein will admit that psychiatrists are probably more

competent than judges to predict the clinical course of a mental disorder. Ironically, dangerousness is a subject on which it is generally agreed that no one is very good at predicting. Miller, who favors broader commitment criteria, says dangerousness "is an absolutely irrelevant concept to the treatment of the mentally ill . . . an artificial standard, and a bizarre way to ensure treatment." Miller, who works with both criminal and civil mental illness cases, says the dangerousness criterion has skewed the civil population so that the institutionalized are more dangerous than the rest of the population but not necessarily mentally ill by legal definition (that is, psychotic). Moreover, he says the narrow standard has led many police to do criminal "mercy bookings" of sick people in order to get them institutionalized.

Much of the criticism of the APA model statute stems from frustration over the absence of a range of treatment options. But, as Stone points out, the intent of the law is not to force changes in the system but rather to rectify to a small degree policies on commitment which are widely perceived to be inadequate. Stone says no one can make the states put more resources into community facilities, and judicial orders to that

effect have made little difference. Miller agrees: "there are only two changes that have dramatic impact on commitment practices," he says. One is the formation of an active cadre of mental health law attorneys, which has been shown to be very effective in keeping commitments down in places such as Manhattan. The other is compelling counties to pay for hospitalization—as is the case in Wisconsin—which forces them to develop less costly community-based alternatives.

A trend toward increasing numbers of civil commitments seems likely for the foreseeable future. That trend is being reinforced by federal and Supreme Court cases of recent years that have reasserted the *parens patriae* role of the state in treating a patient for his own good. And it is inevitable so long as states fail to develop treatment networks to supplement hospital systems, and insurance carriers—particularly Medicare and Medicaid—provide only marginal subsidies for outpatient care. APA president Carol Nadelson believes the proposed statutory changes are needed, but acknowledges that they are powerless to affect the trends: "I hate to say this, but that's the way we're going."

—CONSTANCE HOLDEN

New University-Industry Pact Signed

A "joint collaboration" establishes an institute for basic neuroscience research at Georgetown, supported by an Italian drug company

Despite the enthusiasm of 3 to 4 years ago for joint research ventures between industry and academia, relatively few such arrangements materialized on a large-scale. Now, an Italian drug company, FIDIA S.p.A., has made a major financial commitment to support the FIDIA-Georgetown Institute for the Neurosciences. The institute is a joint collaboration between the FIDIA Research Foundation and Georgetown University, with Erminio Costa as its first director.

According to John Rose, vice chancellor of the Georgetown University Medical Center and a member of the board of directors of the institute, it was agreed that "this would be an institute devoted to basic research, to the discovery of fundamental mechanisms in the brain, without commercial objectives, and that the work would be published freely in the scientific literature, and that the ethical and scientific guidelines of the uni-

versity would be observed. . . ." Rose made his comments at a recent press conference held on the Georgetown Medical Center campus.

The FIDIA-Georgetown Institute will receive \$3 million a year (adjusted annually for inflation) for 20 years, putting it in the same financial league as the Hoechst AG agreement with the Massachusetts General Hospital and Harvard University. The money comes from FIDIA S.p.A., is channeled through the nonprofit FIDIA Research Foundation, given to the FIDIA-Georgetown Institute, which then dispenses it to Georgetown. Carl Pergler, who is president of the FIDIA Research Foundation and manages the transfer of funds from it, says that this arrangement provides for a "double shielding" of the money through two not-for-profit organizations.

The FIDIA Research Foundation was created in the spring of 1985, preceding

its agreement with Georgetown to establish the FIDIA-Georgetown Institute for the Neurosciences. It was essential to Georgetown that all of the arrangements involving the institute be conducted with a nonprofit entity disassociated from the parent pharmaceutical corporation. Another incentive for setting up the institute this way was to satisfy the District of Columbia's zoning authorities. According to Frank Standaert, chairman of the Department of Pharmacology at Georgetown and a member of the board of directors of the institute, the zoning council had to be convinced that research sponsored by the institute would be noncommercial and in keeping with the traditional academic roles of the university. Creating the nonprofit foundation as a collaborative partner for Georgetown helped satisfy these criteria.

The idea for the institute began with Costa and Francesco della Valle, direc-



Erminio Costa (lower right), head of the new neuroscience center, talks with colleagues.

Bill Denison

tor general of FIDIA S.p.A. After being approached by della Valle to help with the company's research in Italy, Costa persuaded him to invest instead in basic research in the United States, because the "intellectual fallout" would ultimately benefit anyone (including FIDIA S.p.A.) interested in producing neuropharmaceuticals. They discussed the formation of an institute for neuroscience research with several U.S. universities, including Harvard, Duke, Columbia, and the University of Maryland. Georgetown was chosen in part because of potential research collaborations with laboratories at the National Institutes of Health.

Founded in 1946 as a privately owned company, FIDIA S.p.A. has a history of supporting basic research. In 1985, its total research investment will be about 22 percent of a \$100-million income. FIDIA S.p.A. has collaborations of various kinds with academic institutions in many European countries, and in more than a dozen universities in the United States, including The Johns Hopkins University, the Hershey Medical Center of the Pennsylvania State University, Baylor College, and the University of California, San Diego.

FIDIA S.p.A. will derive no direct financial benefit from the FIDIA-Georgetown Institute, although indirect benefits to the company could be considerable. By establishing a basic research center in the United States, FIDIA S.p.A. hopes to increase its visibility, improve its scientific credibility, and encourage future communication and collaborations with U.S. scientists. Additionally, scientists from FIDIA's Research Laboratories in Italy, under the direction of Gino Toffano (another member of the institute's board of directors), can come to the FIDIA-Georgetown Institute to learn new techniques.

FIDIA S.p.A.'s commitment to the institute is shared with FIDIA Pharmaceutical Corporation, a U.S.-based subsidiary. In addition to a \$3-million annual operating budget, funds for the first year are supplemented with \$2 million for equipment and working capital. The institute's tenured faculty are guaranteed salary for 20 years, regardless of any financial difficulties FIDIA S.p.A. may experience. The initial 20-year term will be extended for 5-year terms automatically, unless either Georgetown or the FIDIA Research Foundation elects not to renew it.

Georgetown is providing temporary space for the institute's research activities, and land for the construction of a new research building (projected for completion within 2 to 3 years on the medical center campus). Georgetown will own and operate the new research building, although construction costs and mortgage will be paid through the institute.

All of the institute staff are employees of the university. Four of them, including Costa and his deputy director, Alessandro Guidotti, occupy tenure-track positions, and will undergo the same tenure-related screening procedures as other Georgetown faculty.

The July 1985 agreement between the FIDIA Research Foundation and Georgetown to establish the institute, states that "... it is not [their] objective ... to focus research activities specifically toward pursuit of patentable subjects. ... " But, in the event of a patentable development, the FIDIA-Georgetown Institute has "the right of first refusal." After that, Georgetown has the right to seek the patent. If FIDIA S.p.A. wants to acquire rights to the patent, it must pay a fair price, to be determined on the basis of either bids from other

organizations or by an arbitrator. Sixty percent of the patent royalties would go to the institute and 40 percent to Georgetown.

In a weekend of opening celebration events, held at Georgetown on 2 and 3 November, the FIDIA-Georgetown Institute for the Neurosciences introduced itself to the public and scientific communities. Several hundred scientists, representing many countries and research and academic affiliations, were hosted, courtesy of FIDIA S.p.A. The scientific highlight of the weekend was a symposium featuring Floyd Bloom of the Research Institute of Scripps Clinic (and newly elected president of the institute's board of directors), Paul Greengard of Rockefeller University, Eric Kandel of Columbia University, Michael Raftery of the California Institute of Technology, and Solomon Snyder of The Johns Hopkins University as speakers.

An interesting issue concerns the business activities that support so much basic research and an investment such as the FIDIA-Georgetown Institute. FIDIA S.p.A. in Italy sells a limited number of drugs for human use. The most important are a phospholipid (phosphatidyl-serine), a single ganglioside GM₁, and a ganglioside mixture (Cronassial). The latter two are used clinically to promote recovery of nerve function after a stroke or in certain peripheral neuropathies. As yet, these gangliosides have not been sanctioned in the United States, but the FIDIA Pharmaceutical Corporation is evaluating data from clinical trials in order to get FDA approval.

The productivity and success of the FIDIA-Georgetown Institute for the Neurosciences, at least in the short-term, appear to rest with Costa, who headed the Laboratory of Preclinical Pharmacology at St. Elizabeths Hospital of the National Institute of Mental Health from 1968 until this year. He is a member of the National Academy of Sciences and has coauthored several hundred papers in neuropharmacology and neurochemistry.

Under his directorship, the institute's general research focus will be on substances and mechanisms that modulate the actions of certain neurotransmitters and growth factors. Costa says it is impossible to provide details of his research program because it depends upon the merger of individuals doing the research. Costa now has the advantage of managing an organized and trained team, many of whom staffed his laboratory at St. Elizabeths. As a result, research at the institute has gotten off to an unusually fast start.—**DEBORAH M. BARNES**