sell, however, was divided about the wisdom of correcting the census. "Some members thought it was unwise to correct the figures while others favored it if the methodology was executed well," Trussell says.

Ortner says that the Commerce Department has decided not to proceed with either the survey or the adjustment calculations. A small survey will likely be conducted after the census to evaluate the number of people omitted. But Fienberg and King say that a sample of 300,000 housing units must be collected to ensure a statistically valid study.

An adjustment would have the biggest effect on the distribution of government funds, says Terri Ann Lowenthal, staff director of the House census subcommittee. In fiscal year 1984, the federal government alone allocated $31 billion on the basis of the census figures. "If we don't have the right numbers, we don't know whether the money is getting to the people who need it," she says. Adjustment would likely shift some district boundaries affecting local and state governments.

Representative Mervyn M. Dymally (D–CA), chairman of the census subcommittee, has introduced legislation requiring the Census Bureau to correct census figures using "the best available methodology." But Bailar notes that time is running out for the survey's dress rehearsal this spring.

Fienberg told the subcommittee, "This is not the time to be winding down research on adjustment, nor is it wise to reduce the scale of the . . . survey. We must take full advantage of the momentum of this remarkable research. . . . Otherwise I fear we shall be going through much of this same exercise in 1993 and beyond." ■ **MARJORIE SUN**

AIDS Vaccine Trial Expanded

The first approved clinical trial for a candidate AIDS vaccine in the United States will be broadened with six medical centers joining a testing program already under way at the National Institutes of Health. The original trial, an intramural effort headed by Clifford Lane of the National Institute of Allergy and Infectious Diseases (NIAID), will remain as initially planned last summer.

The entire trial, including the new portion, is designed to measure the safety of the potential vaccine, which is based on a modified protein from the AIDS virus—the gp160 protein that makes up the viral coat and a membrane-spanning part of the molecule. Malcolm Martin of NIAID and Mark Cochran and Gale Smith of MicroGeneSys, in West Haven, Connecticut, collaborated to construct the vaccine.

Lane and Anthony Fauci, director of NIAID, have not been able to recruit volunteers into the intramural trial as quickly as they predicted last summer. This is due to a complex set of factors, says Fauci, which include medical reasons for eliminating someone as a candidate, and the possible stigma perceived by volunteers of developing antibodies to the AIDS virus.

The six centers to be added to the trial are so-called vaccine evaluation units, established 5 to 10 years ago for testing other vaccines. They have now geared up to test potential AIDS vaccines. "About a month ago, we decided to expand the group," says Fauci. "We went to the Food and Drug Administration (FDA) and asked them to review the proposal," because the new portion of the trial differs in two major ways from the intramural NIAID trial.

First, the design of the original intramural trial called for 81 men, most of whom are homosexual, to participate. Now, an additional 72 people, women as well as men, will be recruited by researchers in the six centers. "We thought it was appropriate to test the safety of the vaccine in women as well as men," says Fauci. To qualify, the volunteers must be "as low-risk as possible" for aquiring AIDS, according to Wayne Koff of NIAID, who will coordinate the multicenter portion of the trial.

The second change is in one of the two control groups. In the NIAID intramural trial, one control group will receive a natural blood protein obtained from sea mollusks instead of the AIDS vaccine. But in the multicenter study, the comparable control group will receive hepatitis B vaccine. According to Fauci, this will allow researchers to compare directly the immunological responses of volunteers to two different products—the AIDS and hepatitis vaccines—that are similarly prepared by genetic engineering techniques.

The six centers now included in the trial are: the Johns Hopkins University in Baltimore, Maryland; Baylor College of Medicine in Houston, Texas; Marshall University School of Medicine in Huntington, Vermont; the University of Rochester School of Medicine in Rochester, New York; the University of Maryland School of Medicine in Baltimore; and Vanderbilt University in Nashville, Tennessee.

Fauci and Koff predict that the initial phase, including the multicenter study, will be completed within a year. ■

DEBORAH M. BARNES

J&J Finds a Place in the Sun

Johnson & Johnson stock jumped over $8 in 2 days last week, to $79.78, following publication of a single study, involving 30 subjects, that suggests that a common and relatively inexpensive acne medication can smooth wrinkles and otherwise reverse the signs of aging caused by excess sun. In a 4-month clinical trial, reported in the 22 January issue of the *Journal of the American Medical Association*, daily applications of tretinoin cream, marketed under the name Retin-A, reduced wrinkles, improved skin texture, and imparted a "rosy glow" to the skins of almost all of the experimental subjects.

The subjects, aged 35 to 70, applied Retin-A to one forearm and a control cream to the other once nightly. Half the group applied Retin-A to their faces as well. The most pronounced benefits were a reduction in fine wrinkles and improved skin color, though coarse wrinkles and roughness were also reduced and, in some cases, sun spots faded. Biopsies taken from the forearm revealed histological improvements as well. The trial, conducted by John J. Voorhees and his colleagues at the University of Michigan Medical School, was funded in part by Ortho Pharmaceutical Corp., a Johnson & Johnson subsidiary that manufactures the acne medicine.

The catch, however, is that the drug can also cause dermatitis. Almost all the subjects suffered from redness, swelling, and mild scaling in the treated areas that lasted from 2 weeks to 3 months. Eleven required steroid treatment to reduce inflammation. In addition, the improvement was much more striking on the forearm than on the face.

Questions also remain about how well the treatment will work on severely damaged skin—the subjects had only mild to moderate sun damage—and whether improvement will be sustained after therapy, or even during continued therapy, as Barbara Gilchrest of Boston University points out in an accompanying editorial. In addition, the study did not assess the effects of tretinoin on "intrinsic" skin damage, caused by normal aging processes.

Such questions, however, are unlikely to dampen the expected clamor for the drug; indeed, some dermatologists are already prescribing the acne medicine for treating sun-damaged skin. Several other clinical trials are now under way, according to Johnson & Johnson, which plans to seek FDA approval to market the drug for this new use. ■

LESLIE ROBERTS