

Wanted: Normal Brains

Brain-watchers in Massachusetts and California want you—eventually, that is. They desperately want your brain—if it is normal—for research on diseases including Alzheimer's, Huntington's, and schizophrenia.

According to a plea from the National Institute of Neurological and Communicative Disorders and Stroke, there is an "alarming drop in the donation of healthy brains" nationwide. The institute supports brain banks at Harvard's McLean Hospital in Belmont and at the VA Wadsworth Hospital Center in Los Angeles.

Getting brain tissue from patients who have died of a neurological disease is not an overwhelming problem because these patients and their families are "highly motivated" to donate tissues after death. It is the rest of us the researchers want. But for starters, they're asking doctors to donate their own brains. Writing in the 5 January issue of *The New England Journal of Medicine*, Edward Stopa and Edward Bird of McLean ask their "fellow physicians" to lead the way in the hope that others will follow.

■ BARBARA J. CULLITON

Frazier Reinstated at McLean

In December, psychiatrist Shervert Frazier was forced to resign from Harvard Medical School and from his position as chief of the Harvard-affiliated McLean Hospital following revelations that four review articles published between 1966 and 1975 contained plagiarized material (*Science*, 2 December, p. 1239).

Last week, the trustees of McLean said they are taking Frazier back. The board has reinstated Frazier as staff psychiatrist, with full admitting privileges, and has named him psychiatrist-in-chief emeritus. However, he will not resume his administrative post as head of the staff.

Frazier's reinstatement applies only to McLean, not to Harvard, which has been roundly criticized in the psychiatric community for demanding a penalty that was far in excess of the crime when it forced him out of the medical school. Literally hundreds of psychiatrists have come to Frazier's defense, saying that excommunication is too harsh in light of the fact that Frazier never claimed credit in print for others' ideas, nor did he fabricate original research data. "When he comes back it will be all to McLean's advantage," one hospital official says.

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Cancer Board Attacks Tobacco

Samuel Broder, the new director of the National Cancer Institute (NCI) says that this is a true story.

One day in 1919 an entire class of medical students at Barnes Hospital in St. Louis was summoned to the pathology lab to witness an extraordinary autopsy. The deceased had succumbed to lung cancer, a disease so rare that the faculty thought the students might never again have a chance to see such an autopsy.

"Today, we take lung cancer as an inevitable fact of life," Broder says. "It need not be."

The presidentially appointed members of the National Cancer Advisory Board—the NCI's board of trustees—have taken it upon themselves to pursue the idea that lung cancer could, once again, become a thing of the past. At a press conference in Washington last week, the board launched an unusually direct attack against the tobacco industry when it stated that Congress should classify tobacco as a drug under the Food and Drug Administration. Were that to happen, said Helene Brown, a lay member of the board from Los Angeles, tobacco—like alcohol—could legally be used in only two places: one's own home and a licensed establishment like a bar.

Such a radical attack on cigarettes would also have a direct effect on U.S. trade policy. Only drugs with medicinal value can be exported. The cancer board does not expect tobacco farmers to greet its recommendations with glee. But its conviction that tobacco is no good is so strong that, for what its worth, the board decided to say again what everybody already knows. Says Broder, "On some issues there are not two sides and tobacco is one of them. The world is not flat."

Recognizing the political strength of the tobacco lobby, the board acknowledged that giving cigarettes the status of drugs would not be easy. Meanwhile, other steps could be taken. For instance, smoking could be banned on all flights—not just those that take less than 2 hours—and banned from all other public places, the board said. And, said Brown who is head of community work at the Jonsson Comprehensive Cancer Center, people should be encouraged to think dimly of civic projects sponsored by tobacco interests—local clubs or groups of various types and even the Metropolitan Museum of Art in New York.

Tobacco was not the only target of the cancer board's ire. Insurance companies and other forces that combine to discourage people from getting cancer screening came under attack. Cancer board chairman David Korn, dean of medicine at Stanford, urged insurance policies that cover the costs of screening. Brown went after doctors who fail to recommend Pap smears, mammography, or colon-rectal screening for patients in appropriate categories. "Fewer than 20% of eligible women in America have had a mammogram," Brown declared. "And as far as the board could tell from public hearings in five major cities, in too many cases it is because physicians don't bother to recommend them."

Irene Pollin, head of the Outpatient Crisis Counselling Center at the Washington Hospital Center and, like Brown, a lay member of the board, raised another troubling issue. "Most people who do get cancer are pretty naïve about what is available in state-of-the-art therapy," she said. "And very few general physicians treating cancer are up to date. Very few even tap into the NCI's computer center—Physician Data Query or PDQ—because they think even that takes too much time." In an interview with *Science* Pollin said that people have to learn to be tougher and more persistent about asking questions of their doctors.

All of this conventional wisdom, about which cancer board members can speak with great feeling, is contained in a rather dry report called "Fighting Cancer in America" that is the outgrowth of hearings that the board held during the past 18 months in Atlanta, Dallas, Los Angeles, Miami, and Philadelphia. The goal is to cut the cancer death rate in half by the year 2000—from an expected 576,000 cancer deaths that year to 288,000 through prevention and early detection. By traveling around the country to "show the flag," NCAB hoped it would be able to foster community action.

It is, no doubt, a laudable goal. To reach it, Korn says, "We need to mobilize the nation. We can talk about smoking and alcohol and staying out of the sun, we can talk about early detection, but if people don't take advantage of what we know it's of no use."

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