NIH: The Good Old Days

Ernest Allen and Cassius J. Van Slyke were looking for ways to spend unprecedented sums of government money on biomedical research. It was 1946, and the two were officials at the then fledgling National Institutes of Health.

The war was over and about $870,000 worth of federal grants tied to the medical needs of the military were about to expire. NIH officials hoped they could be diverted to new projects. In addition, penicillin had passed the research stage and was in mass production, so funds for existing penicillin studies were cut back, leaving thousands of leftover dollars to support other research. And the idea of funding more research—of turning NIH into a grants-giving operation—was also taking hold. Indeed, by 1947, NIH had an $8-million budget—$4 million of it for extramural grants. The "study section" for peer review that now dominates the NIH grant-giving system, was just being put in place.

Allen and Van Slyke, not entirely certain about how to get a grants program established, wrote to the deans of all the medical schools in the United States: "We have limited funds available for research purposes. If you have investigators who need these funds, let us know by return mail."

It was, Allen said later, "the most naïve letter ever to emanate from the national government in Washington."

More than a thousand proposals poured in, and right off the bat, NIH was faced with more good ideas than it could fund. The rest, as they say, is history.

This is but one of many fascinating historical anecdotes recorded in *The Story of the NIH Grants Program**, a slim volume by political scientist Stephen P. Strickland who, ironically enough, has chronicled the program's evolution with a grant from NIH.

It was in those post-war years that the notion of research for research's sake prospered as NIH's founders looked at the urgent, focused work that was part of the war effort and realized that promising leads often had to be by-passed in the interest of reaching a military goal. The new NIH would create "a medical research program of scientists and by scientists," Van Slyke said.

But it was not easy going. Even then, Strickland reports, NIH faced problems that may never go away: One was peer-review manpower. Serving on a study section takes large chunks of time out of a working scientist's life and NIH worried about getting enough volunteers.

Politics, too, reared its cantankerous head as well-placed individuals urged NIH to focus on diseases of special public interest and called on friends in Congress to support their cause.

Strickland also recounts the skepticism that surrounded the establishment of NIH's intramural program on the Bethesda campus. In the early 1950s, Donald S. Fredrickson (destined to become one of NIH's most prominent directors) was completing medical training at Harvard's Massachusetts General and Peter Bent Brigham hospitals. At the time, the infant NIH "provided more opportunities for serious, long-term research than anywhere else," Strickland recounts. Fredrickson went to Bethesda for an interview with NIH director James A. Shannon, the man whose political skills would see the transformation of NIH from a million-dollar operation into the billion-dollar centerpiece of American biomedical research. Fredrickson's chiefs back at Harvard said he would make a great mistake in leaving Boston for "a gigantic federal backwater." Fredrickson signed up anyway for a research post.

NIH flourished, both in its intramural life and as a giver of grants. Congress fell all over itself making sure there was enough money to go around—and for more than a decade there was. So much, in fact, that Shannon began to worry about quality control even though the study sections and institute oversight councils were, by now, in place. Murray Goldstein, now director of the National Institute of Neurological Diseases and Communicative Disorders, recalls how Shannon handled it. "It was not an absolute rule, but Jim made it clear that the councils would have to take very special action, on an individual basis, in order to get funding for a grant in the lower 10 percent," Goldstein told Strickland. Oh, for the good old days. ■ **BARBARA J. CULLITON**

**The Story of the NIH Grants Program* by Stephen P. Strickland is available through the Friends of the National Library of Medicine, 1529 Wisconsin Avenue, NW, Washington, D.C. 20007.

Monkey Euthanasia Stalled by Activists

Three monkeys—all former laboratory animals—are enduring prolonged suffering because of the actions of a group of animal rights activists.

The three were among the fabled 15 seized by police in 1982 from the Silver Spring, Maryland, research lab of psychologist Edward Taub in response to activists' allegations of animal cruelty. They had been used in research on deafferentation—the effects of having nerves in the arms removed. After they were taken from Taub's lab, the monkeys were put in the custody of the National Institutes of Health (NIH).

People for the Ethical Treatment of Animals (PETA) has made the fate of the animals a cause célèbre ever since the highly publicized trial in which Taub was found guilty of cruelty. (The ruling was subsequently reversed.) In 1987, NIH sent five normal animals to live at the San Diego Zoo. The others, disabled by the surgery, were sent—over protests from animal activists—to spend their retirement at Delta Regional Primate Center in Covington, Louisiana. A PETA spokeswoman says the monkeys are "leading very boring, very bleak, and very desperate lives," cooped up in small cages at Delta. PETA wants custody so the animals can be put in private sanctuaries and be "rehabilitated." Louis Sibal of the NIH extramural division says the monkeys are getting excellent care and that they are too damaged for rehabilitation.

Not to be denied, PETA has been engaged in various legal maneuvers to get custody of the Delta animals. Meanwhile, according to NIH officials, veterinarians have recommended euthanasia for three of the monkeys. Sibal explains that they have been mutilating their deafferented arms, which means they are probably suffering phantom limb pain. One monkey developed gangrene and had to have an arm amputated. The animals ordinarily would have been sacrificed by researchers years ago, says Sibal.

But PETA last December persuaded the state of Louisiana to stop the planned euthanasia. Citing the opinion of veterinarians from Moorpark College of California who made an examination last September, PETA says the monkeys are not in pain.

NIH, in response, managed to get the matter removed from state jurisdiction and put before a federal district court in New Orleans, where the judge is now reviewing the evidence. To play it safe, NIH is currently trying to get the case moved up to an appellate court, where it believes it has a better chance of getting the case dismissed. NIH plans to argue that the issue has already been decided by a prior court suit in which PETA was denied legal standing. Meanwhile, the animals are experiencing one more human experiment—this one judicial rather than scientific.

■ **CONSTANCE HOLDEN**