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The Procter & Gamble Company International Program for Animal Alternatives

A Call for Research Proposals

The Procter & Gamble Company is committed to the development and use of new methods for testing the efficacy and safety of drugs and consumer products that eliminate or reduce the use of animals or distress imposed on animals. The International Program for Animal Alternatives will provide funds for research to develop such methods.

Funding: Up to \$50,000 annually for up to 3 years. Three such grants will be awarded.

Deadline for Application: September 1.

Announcement of Recipients: January 1.

Proposals will be accepted from any academic or non-profit medical research institution. The Company is interested in proposals in the following areas:

Efficacy Testing

- Inflammation/Arthritis
- Diseases of the Oral Cavity
- Nutritional and Gastrointestinal Disorders
- Cardiovascular Disorders
- Bone Disorders
- Skin Disorders
- Respiratory Diseases
- Rational Drug Design
- Structure - Activity Relationships

Safety Testing

- Ocular Irritation
- Acute Oral Toxicity
- Skin Irritation
- Contact Sensitization
- Developmental Toxicity
- Respiratory Toxicity
- Neurotoxicity
- Computer Modeling of Toxicologic Processes
- Structure - Activity Relationships

Enquiries and requests for applications should be directed to:

Program Administrator
International Program for Animal Alternatives
The Procter & Gamble Company
Miami Valley Laboratories
P.O. Box 398707
Cincinnati, Ohio 45239-8707
Fax (513) 627-1153

dramatically altered immune responsiveness (1). It is possible that the immune complexes which are retained on the membrane of FDCs by Fc- and C3b-receptors during the physiological process of B memory cell formation serve as a target for CD8-positive cytotoxic T cells (4). The abundance of HIV-1 particles and of immune complexes containing HIV-1 antigens in the germinal center may promote access of CD8⁺ cells to this anatomical site, where these cells are not found in control lymph nodes. Some HIV-1 antigens mimic self-proteins and may provoke autoimmune-like reactions. In addition, the CD8⁺ cells in the lymphoid follicle may belong to the population of CD8⁺ cells (4) that secrete a soluble factor which inhibits HIV-1 replication (5).

Jon D. Laman

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Sorry, Doctor

I was appalled to learn of the new layers of bureaucracy established at the National Institutes of Health (NIH) for controversial proposals (News & Comment, 26 Mar., p. 1820). The establishment of the protocol implementation review committees (PIRCs) and a second-tier "panel to review the research further" has significant, adverse consequences for many clinical and basic researchers. Doesn't the premier research institution in the world know that research, by definition, is controversial?

Just think of the potential "good" such a bureaucracy could serve. Fetal tissue research? Nope, can't fund it. Too controversial. Research about children's knowledge about sex and birth control? Nope, can't fund it. Has offensive language in the questionnaire and it's too controversial. Racial violence research? Nope, can't fund it. Might upset certain minority groups. Animal research? Nope, can't fund it. The animal rights lobby is too strong. Besides, it's too controversial. Cochlear implants for deaf infants and children? Nope, can't fund it. A few deaf advocacy groups think that

it's OK to be deaf and it's too controversial. Well, what about research on digestion in the earthworm? Nope, can't fund it. Doesn't have immediate health relevance to humans, it's too theoretical, and besides, it's controversial.

Please tell me of just one research area that isn't controversial!

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Drug Development: Serious Questions

I would like to comment on the Science-Scope item "Scientist's salary remark raises hackles" (26 Mar., p. 1815), which discusses my *Wall Street Journal* editorial (1). I did not "criticize . . . [President] Clinton for attacking drug company profits." In fact, I stated that "[t]here are questions about the prices and availability of drugs and vaccines that are serious and must be discussed." I called for a "reasoned dialogue with the pharmaceutical industry about the public decision that will affect its future." My editorial was not primarily about government salaries for scientists. My brief mention of my own "salary" (less than one sentence) was not intended to imply that the claim of a salary gap between federal scientists, academia, and industry was "much ado about nothing."

Concerning the relative contributions of the pharmaceutical industry and government in the drug discovery and devel-

opment process, in my editorial, I emphasized the importance of the government's contributions to biomedical research, especially in supporting "basic . . . nontargeted" research. I am still of the opinion that the National Institutes of Health's (NIH's) precious funds should be directed, for the most part, to such research activity and not to "high-risk" drug discovery efforts (a job better suited to the pharmaceutical industry). I did not state that the pharmaceutical industry provides a "better atmosphere for drug discovery." However, if "atmosphere" refers to the considerable resources "needed to develop specific drugs and take the high risks of bringing them to market," then, in general, I believe this to be the case. This is not to say that the government's contributions to the development of useful drugs have not been significant. In my opinion, some of the best examples have resulted from a close working relationship between industry and government. The issue of "what can and cannot be done in the public sector" is a timely one and, in the spirit of fostering a more productive relationship between government and industry, should be explored further by the NIH community and representatives of the pharmaceutical industry.

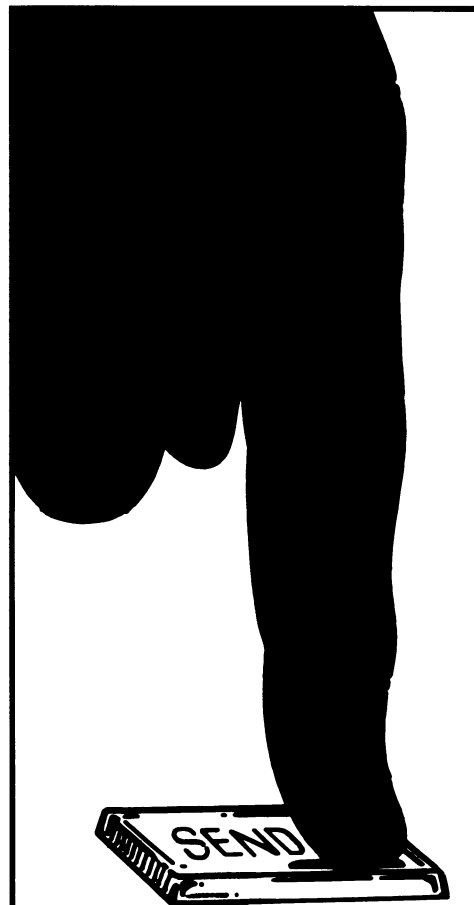
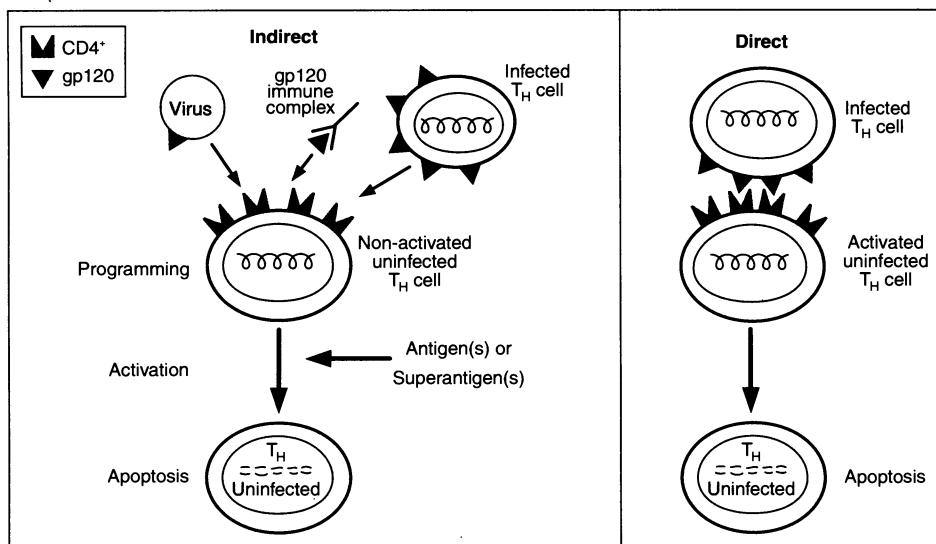
S. M. Paul
Lilly Research Laboratories,
Eli Lilly and Company,
Indianapolis, IN 46285

References

1. S. M. Paul, *Wall Street Journal*, 9 March 1993, p. A14.

Corrections and Clarifications

The figure accompanying the 28 May Perspective "Apoptosis in AIDS" by M.-L. Gougeon and L. Montagnier (p. 1269) contained some errors. A corrected figure appears below.



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