

in the department was of no value," says another critic.

Aggravating this rift were the legal problems. Adolescent psychiatrist Lynn Ponton sued the department after Barondes terminated her year-to-year position in 1990, following closure of the in-patient unit she had directed and selection of a male psychiatrist to head the child psychiatry in-patient service. Ponton won her case—on which the EEOC finding was partly based—in superior court and received a financial settlement. Two other women, clinical psychologists Christine McGill and Burnet Sumner, have lawsuits pending against the department over alleged sexual harassment by a co-worker. And more female faculty are said to be joining a class-action lawsuit against the department.

In his defense on the sex bias charges, Barondes points out that 45% of the positions he has filled, including three of 12 tenure-track slots, have gone to women. Ponton's case, he adds, "had nothing to do with sex." She was let go because her unit was closed, he says, and she was passed over for directorship of the child psychiatry service because the man who was hired, Graeme Hanson, had superior administrative skills. As for the harassment cases, he says he followed standard procedure, turning them over to the chancellor's office as soon as he found out about them.

Barondes' supporters in the department say the sex bias charges are being used by his opponents to get him out. "He is as close to gender-blind as any male I have seen," says Glen Elliott, who was appointed by Barondes as head of child psychiatry in 1989. Even some of Barondes' detractors agree that bias against women wasn't the problem here; the real bias, they say, was Barondes' opinion about research, which colored his handling of these situations. "With each of the women involved [all of whom were clinicians] he had so much contempt for their science that he couldn't get beyond that and recognize that there is still a need to support individuals," says one critic.

It isn't clear how much weight the legal troubles carried in Barondes' review, but the result was unambiguous: On 4 November Barondes received the request for his resignation, and he chose not to fight the decision. On 15 November it was announced at an emergency faculty meeting that Barondes would step down in January, and that the new chairman would be Craig Van Dyke, a biological psychiatrist who was previously director of UCSF's clinical programs at San Francisco's

Reshaping UCSF Psychiatry Sam Barondes' Psychiatrist/Neuroscientist Hires

Rob Malenka, MD Ph.D.	Research: synaptic changes associated with learning Clinical: pathophysiology of schizophrenia
John Rubenstein MD Ph.D.	Research: genes that control forebrain development Clinical: autism
Allison Doupe MD Ph.D.	Research: the neural basis of vocal learning Clinical: general adult psychiatry
Nelson Freimer, MD	Research: genetics of manic depression Clinical: mood disorders
Paul Berger, MD	Research: pharmacology of cocaine addiction Clinical: drug abuse
Mark von Zastrow, MD Ph.D.	Research: G-protein coupled receptors Clinical: drug addiction and mood disorders
Larry Tecott, MD Ph.D.	Research: molecular biology of serotonin receptors Clinical: anxiety disorders and depression

Veteran's Administration hospital.

One reason Barondes decided not to fight the ouster was that he already had hatched other plans that will keep him in a prominent role at the medical school. With the administration's support, he and dean Debas created the Center for Biology and Psychiatry, which Barondes will head. The center will be part of the psychiatry department, and its mission, Barondes says, will be to bring modern biology to bear on the clinical problems of psychiatry by providing an intellectual focus for residents interested in biological psychiatry. He adds that the center will

include not only psychiatrists oriented toward neuroscience, but also other more clinically oriented biological psychiatrists.

If Barondes sees the center as a chance for a fresh start, so do some of his detractors. "At this point I'm willing to start over again with Sam," says one of his most vocal opponents. "I do think he missed the boat as chairman, but looking toward the future, I think he could do an excellent job as head of the center. It's being conceived as an inclusionary, not an exclusionary, thing."

The extent of reconciliation remains to be seen, however. The center has apparently only stoked the ire of some other Barondes opponents, who worry that it will pull resources from other ventures that might be undertaken by Van Dyke, the new chairman. At least one faculty member claims the dean violated appropriate procedure by not putting the formation of the center to a faculty vote. It appears that the gulf of technique and vocabulary that now keeps psychiatrists apart will test the new chairman's abilities not just as an administrator, but as a healer as well.

—Marcia Barinaga

AIDS IN EUROPE

German Blood Contamination Found Low

Germany may have dodged a viral bullet. Two German blood-collecting companies were recently charged with conducting inadequate HIV tests on donated plasma that was later sold to hospitals (*Science*, 19 November, p. 1205). The companies were closed down, but last month the public prosecutor's office in Koblenz revealed that only two out of some 5000 donors used by one of the companies, UB-Plasma of Koblenz, were HIV positive.

The finding is based on new HIV tests on samples from 25,018 donations collected by UB-Plasma over the past 2 years. It supports the view of leading German AIDS experts that the scandal—despite its disturbing implications and the panic that followed initial reports of the problem—has not led to many cases of HIV infection. The second company, Haemoplas of Osterode, near Göttingen, apparently did not keep a complete set of samples of the plasma it collected. But German experts see no reason why the company should have a markedly higher rate of HIV-positive donors.

At UB-Plasma, only one HIV-positive donor was identified in addition to the one whose blood—which led to three known

cases of infection—triggered the original investigation. The second donor was a Romanian who gave plasma that was imported by the company. But that plasma is not thought to have been used in transfusions or to make blood products, says Walter Hitzler of the University of Mainz, where the UB-Plasma samples were screened.

In addition to the two HIV-positive donors, there were nine whose samples gave "doubtful" test results: Antibody tests were mildly positive, but HIV infection could not be confirmed by a Western blot test to detect viral proteins. Some of these donors may have been in the early stages of seroconversion, and German health officials are currently trying to track them down. But Hitzler expects most, if not all, will turn out to be uninfected false positives. So does virologist Reinhard Kurth, president of the Paul Ehrlich Institute in Langen, near Frankfurt, who notes that the samples were not frozen, which means that bacteria could have proliferated in them, causing the formation of molecules that cross-react with the HIV test.

—Peter Aldhous