statements on the need to come to grips with population problems, American pharmaceutical firms have encountered an incredible array of frustrations in their efforts to build contraceptive manufacturing plants. The government there, in an apparent blaze of ethnic resentment, has angrily refused permission for clinical testing of contraceptive materials intended for the difficult requirements of impoverished, rural populations. The proposals for plants have further become entangled in fights over government versus private enterprise, and, as an outcome, at least one major American firm has decided that there is no possibility of doing business in that country.

Again, in a nearby country where population pressures have reached the most grievous proportions, American aid officials have found that awareness of the problem and an eagerness to do something about it are apparent at the topmost levels of government but are yet to reach the levels where policy is supposed to be carried out. Seven months ago U.S. officials offered to provide trucks and other transportation to carry birth-control programs to rural areas; they are still waiting for a reply.

Finally, in India, the Indian Planning Commission allotted a total of $100 million for family planning in the 5-year period that began in 1961, but the pace of expenditure has, so far, been no more than $10 million a year. The money is available, according to persons familiar with the Indian program, but the government simply has not been able to develop the programs to spend it effectively. Meanwhile, health programs aimed at extending life are budgeted at nearly four times the full sum allotted for family planning. This is a decision which can readily be defended on humanitarian grounds, but, in the long run, the humanity of these priorities is seriously open to question.

To some extent the situations described arise from nothing more than the difficulties of running countries that are short of everything but people. Furthermore, those that could benefit from American assistance have not completely shaken off the impression that anything associated with birth control is anathema to the United States. This impression, amply nourished by well-publicized birth-control battles across this nation, was emphatically reinforced when President Eisenhower declared that population planning is none of the government's business. His statement left its mark on the underdeveloped countries, and it also left its mark on American foreign aid personnel, many of whom have witnessed enough twists, turns, and destroyed careers in foreign aid to be justifiably wary of cables from Washington announcing that birth control is suddenly respectable.

Within AID, efforts are now underway to impress foreign missions with the fact that, strange as it may seem, it is really true that the United States is eager to assist the underdeveloped nations with their population problems. Since the foreign aid act limits such assistance to "research," those nations seeking contraceptive materials are discreetly steered to private foundations and other nongovernmental sources. AID itself is ready, however, to offer advice and finance research on family planning techniques, educational programs, demographic studies, and related matters. In this connection, it has $80,000 for a newly authorized population branch; it is in the process of seeking a director for that office, and it is ready to spend more money out in the field once it has the assurance that the money will be well spent.

Meanwhile, the National Academy of Sciences has at last completed selection of the committee that it hopes will play a leading role in population planning matters. The committee, proposed last April in the Academy's study "The Growth of World Population," is headed by William D. McElroy, who is chairman of the Johns Hopkins biology department and a member of the President's Science Advisory Committee. Other members are: Bernard Berelson, of the Population Council; Ansley Coale, department of economics, Princeton; Ronald Freedman, of the University of Michigan population center; C. L. Markert, department of biology, Johns Hopkins; John Snyder, Harvard School of Public Health; and Howard Taylor, Columbia University College of Physicians and Surgeons.

If it is any consolation to the underdeveloped nations, the selection of the committee took considerably longer than was expected. Many of the persons approached for membership pleaded overfilled schedules, and it took a lot of looking and persuading to fill the roster.—D. S. GREENBERG

New MURA Problem: Holding Staff Together

Despite a political reprieve in Washington, it is possible that all the university presidents and congressmen may not be able to make MURA lively again.

Having been denied its long-planned nuclear accelerator (*Science*, 11 Nov. 1963), the MURA design group has been offered the consolation prize of eventually working in conjunction with Argonne National Laboratory, near Chicago. But the details of this arrangement are yet to be worked out, and, in the meantime, various high-energy accelerator centers are looking with interest at MURA's 60-man team of physicists, engineers, and technicians. At present, an informal moratorium prohibits piracy, but MURA officials are not optimistic about holding the group together. So far, no one has left or has indicated plans to leave, but it is now feared that the MURA story will end through slow erosion of its personnel. To counter this possibility, a seven-man committee, headed by John H. Williams of the University of Minnesota, is trying to work out MURA's future. "They're working to heal the wounds," Bernard Waldman, MURA director, said in referring to the old antagonisms between MURA and Argonne. "Right now, we're still in a state of shock over the decision against the accelerator, and I suppose we'll all feel better later on. But we have to face the possibility that the staff may dissolve."—D.S.G.

Foreign Research: NIH, Defense, Carrying Out Reductions of Aid for Work in Laboratories Abroad

A phased reduction is now under way in U.S. support of research in foreign laboratories. The cutbacks, which principally affect NIH and the Defense Department, were decreed last year to help reduce the gold drain, but they also coincide with a feeling that many of the countries receiving U.S.

research support are capable of providing greater support for their own scientific communities.

In any case, the guiding principle for these reductions is to honor existing commitments and to reduce the total by limiting new commitments. American administrators and foreign science attachés in Washington generally agree that the cutbacks, which actually have been quite small, have been achieved with little or no hard feeling, and that the dominant sentiment abroad is one of gratitude for past assistance and for whatever may come in the future.

NIH, which has the largest overseas research program involving hard currency, spent $15 million abroad in fiscal 1963 and has cut this back to $14.1 million in the current fiscal year. It plans to reduce the amount next year to $12.7 million. Plans have not yet been worked out beyond that.

The Defense Department spent $5.4 million for basic research abroad in fiscal 1963. It has undertaken a 3-year program aimed at cutting this sum by 20 percent this year, 35 percent in fiscal 1965, and 50 percent the following year. In many cases, it is reported, granting agencies in the affected countries have agreed to make up the sums for both NIH and the Defense Department. This poses something of an administrative problem in Britain, where a good portion of the support for medical research is financed on a 5-year basis, but since the so-called brain-drain is now generating irresistible political pressure for greater support of science, it seems likely that the problem will be worked out one way or another.

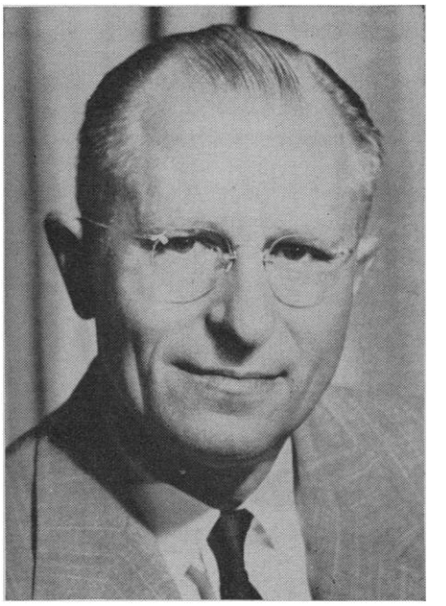
The reductions, which were ordered by the Bureau of the Budget as part of a government-wide effort to cut spending abroad, were originally strongly opposed by the federal research agencies, but at the conference table these agencies found it difficult to defend the existing programs. Since Western Europe, which receives the bulk of the research funds, is now economically booming, it could not be argued that it needs the money. And, since the programs were originally justified on their scientific merit—and not as good-will adjuncts of foreign policy—it could not be argued that the programs are needed for their nonscientific dividends. As a result, the agencies involved accepted the cutback decision and then took steps to make the reductions as painless as possible.—D.S.G.

FDA: Trouble-Ridden Medical Unit Gets New Director After 2-Year Search To Fill Difficult Position

The nearly 2-years' search for a director of the Food and Drug Administration's Bureau of Medicine ended last week with the appointment of Joseph F. Sadusk, Jr., M.D., to the post. Sadusk is currently chairman of the department of preventive medicine and community health at George Washington University (Washington, D.C.) and is also director of the university's hospital clinics.

The reasons for the long vacancy at the FDA post are not hard to discover. The Bureau of Medicine is responsible for enforcing standards of efficacy and safety for most drugs on the market, an activity which has always left it with more enemies than friends. Sadusk, however, is taking over after an extended period of more than usual tumult and criticism. The drug industry and some researchers are especially restive about certain provisions of the new drug laws, passed in the fall of 1962, that strengthen the government's regulation of the industry. The Bureau of Medicine is the subject of a long-continuing investigation by a subcommittee of the Senate Government Operations Committee headed by Hubert Humphrey (D-Minn.), and an additional inquiry is now planned by the corresponding House subcommittee, headed by Rep. L. H. Fountain (D-N.C.).

The pace of unfavorable publicity has been on the rise since thalidomide. A federal grand jury recently indicted a drug company, Richardson-Merrell, on a charge of making false statements to the FDA about certain experiments conducted on its anticholesterol drug Mer/29; for unearthing the information that led to the indictment, FDA, as well as the Justice Department, deserves some credit. But the fact that the allegedly fraudulent material slipped through FDA, that the drug was cleared, and that it was on the market for 2 years does tend to make the agency look less than vigilant. Another example: twice in the past 3 weeks alone, the FDA has intervened to encourage the withdrawal from the market of drugs whose safety had come into question. On one of them, Parnate, an antidepressant, the FDA apparently took action on its own initiative. However, in the case of Orabilex, a contrast medium for x-ray analysis of gall-bladder disturbances, the intervention of the White House (responding to the urgent queries of Senator Humphrey) was required to get the FDA to take action. In both cases, both the original decisions of the medical officers and the ability of the agency as a whole to act quickly and decisively are called into question.



Joseph F. Sadusk, Jr.

Underlying the specific drug crises which Sadusk will have to help resolve, however, is a general malaise that has long afflicted the Medical Bureau (*Science*, 6 Dec. 1963, p. 1280). Doctors responsible for drug decisions have frequently been the objects of perplexing carrot-and-stick pressures from industry (the delay in selecting a bureau chief itself was partly the result of industry politicking). Salaries have been low, compared with the potentials either of work for the pharmaceutical companies (which have done a lot of recruiting from the Medical Bureau) or of private medical practice. Facilities have been crowded, the opportunities for professional advancement limited. Work at the Bureau of Medicine, in short, has offered few satisfactions, either material or intellectual, and the bureau has habitually failed to attract and hold the first-rate people needed to perform its difficult job.

Sadusk cannot fairly be expected to revolutionize this situation at once. But at the end of a long dark road, he has already lit a small flare that should offer some encouragement to those who feel the drug situation at FDA is increasingly desperate. Although he can-