in detail. Decisions on which group should handle a particular question will be made by a "joint board" made up of equal numbers of members from the two academies.

It is evident that the work of a group like the highway research board, in the NRC, is in the engineering domain, and that recommendations from this board should be approved by competent authorities in the Academy of Engineering. Other matters will not be so clear-cut. Some will require opinions from both academies or, perhaps, joint efforts. It is certainly conceivable that scientists and engineers may differ, and that separate reports may be submitted.

Hope of insuring close cooperation seems to have been the major factor leading to the present tandem arrangement for the two academies rather than independent status for each. Speaking of the decision against setting up a separately chartered engineering academy, Kinzel said, "The main reason, and I might say the sole reason, was that we wanted to do everything possible to avoid creating a barrier between science and engineering, and to do everything possible to eliminate such barriers."

Basic criteria for election of members to NAE, according to the articles, are, (i) "important contributions to engineering theory and practice, including significant contributions to the literature of engineering," and (ii) "demonstration of unusual accomplishments in the pioneering of new and developing fields of technology."

In one way, selection of members for the engineering academy may prove to be inherently more difficult than selection of members for NAS. In the sciences a prime criterion of distinction is publications. In some fields of engineering—electrical engineering, for example—publications provide a reasonably good guide, but in other fields, an engineer must be judged by his visible achievements, such as a bridge.

The committee obviously hopes to insure that members will be highly qualified, distinguished individuals, and to insulate the academy against the corporation logrolling which is apparently influential in some professional engineering societies. Also, managerial talent alone, it seems, will not qualify an engineer for membership in the NAE.

The 25 men on the organizing committee have been made charter members of the new academy, and plans are afoot to expand membership in the academy to about 100, through careful selection over the next several months. Membership then will be increased at a slower rate, to about 300. The National Academy of Sciences now has about 675 members.

Until NAE finds its feet, NAS will continue to pay for studies on engineering now in progress and to house NAE without charge in the Academy building on Constitution Avenue. A new $1-million wing, which has been built with the aid of a National Science Foundation grant and contributions from industry, will provide the space. This togetherness, financial and physical, will, it is hoped, promote a cooperative spirit between the two academies.—JOHN WALSH

Career Awards: No More New Ones Will Be Made under NIH Program

No more new awards will be made under a Public Health Service Program which provides up to $25,000 a year in salary for more than 230 senior investigators in health-related research.

The decision to stop making new awards came at the end of a 6-month moratorium during which PHS–National Institutes of Health officials carefully reviewed the 3-year-old research career program (*Science*, 18 Sept., p. 1283).

Those who now hold career awards will continue to receive support. The most recent count showed 234 investigators at 98 institutions included in the program. Holders of career awards who move to new institutions will lose their grants.

Not affected by the cutoff on career awards are the so-called development awards in the same research career program. These development awards are designed to support younger researchers in the earlier stages of their careers. Development awards have a 10-year maximum, but the career awards are renewable indefinitely so long as the recipient fulfills the terms of the award, which emphasize full-time research.

The cutoff on career awards is attributable partly to a squeeze in fellowship funds caused by a decline in the rate of increase of the federal budget for health research. NIH policy makers have also been seeking ways to strengthen research institutions and have apparently decided that continuously increasing the number of career grants to individuals was not the best way to do it.—J.W.

U.S. Medicine: LBJ Commission on Heart Disease, Cancer and Stroke Offers Sweeping Recommendations

The President's Commission on Heart Disease, Cancer and Stroke, a 28-member panel charged last March with orders to "do something" about the heavy burden of these diseases, issued a report early this month which may dwarf the row over Medicare and be the starting point for this country's most serious debate on the direction of U.S. medicine since Harry Truman proposed a national health plan.

Given the doggedness of organized medicine in opposing so relatively peripheral a federal activity as medical insurance, a group that urges the government to throw itself wholeheartedly into developing centers for the actual care of patients with stroke, cancer, and heart disease will surely be accused of suffering from a fourth disorder, dementia in high places. But the commission, headed by the noted Texas surgeon Michael DeBakey, was established on the radical premise (to quote from Johnson's 1964 Health Message to Congress) that although "the flow of new discoveries, new drugs, and new techniques is impressive and hopeful . . . the American people are not receiving the full benefits of what medical research has already accomplished." (*Science*, 20 Mar.) The commission accepted and amplified this premise. "Every day," its report* states, "men and women are dying who need not die . . . not for lack of scientific knowledge, but for lack of the right care at the right time. Every available fact," the report emphasizes, "points to the same conclusion—that the toll of heart disease, cancer and stroke can be sharply reduced now, in this nation, in this time . . . without further scientific advance."

These statements are more than an implicit rebuke of contemporary medicine for neglecting patients. They are, first, a warning to the profession that the long-lamented schism between academic and clinical medicine has ceased to be a matter of exclusively professional concern and has become a national problem. And they are the starting point for a series of original and comprehensive (and costly) recommendations which, if enacted, would almost certainly produce far-reaching alterations in the character of American medicine.

The core of the commission's report is its proposal for an extensive, national