

NEWS & NOTES

● TEAMS GET MAJOR SCIENCE

AWARD: Three research teams, two from the United States and one from Canada, have been awarded the Rumford Premium of the American Academy of Arts and Sciences for their work in long-baseline interferometry, a new technique used by astronomers to determine the structure of quasars and other radio sources in outer space.

The academy announced that this presentation of the Rumford prize, which was established in 1796, marks the first time that a major scientific award has gone to teams rather than to individual researchers. According to the Academy, the prize committee sought to acknowledge the fact that major scientific advancements can no longer, as a rule, be ascribed to single individuals, and that among researchers engaged in essentially simultaneous work chronological priority is not as important as it was once thought to be. Those honored are a team from the Massachusetts Institute of Technology, a combined group from Cornell University and the National Radio Astronomy Observatory, and a group dominated by the Canadian National Research Council.

● FDA PLANS DRUG STUDY:

The Food and Drug Administration (FDA) has announced it will soon award a contract for the development of a pilot system for the collection and analysis of information on adverse drug reactions. The initial plan calls for the detailed monitoring of two medical environments: the inpatient hospital ward and a "controlled outpatient-inpatient total medical care system." The latter would involve a stable population, such as that enrolled in the Kaiser-Permanente plan, in which individual medical histories could be closely followed over extended periods of time. The object of the program is to develop a national drug-experience reporting system in which perhaps 50 hospitals and an undetermined number of total-care networks would be under contract to report all suspected adverse reactions in such a way that complete and comparable data can be produced.

The FDA has long been collecting this type of information from doctors, patients, and drug firms (required by law to report adverse reactions), but the data from these sources tend to be spotty, sporadic, and unverifiable.

istration has allocated to the program he sponsored. "The failure of the Administration to adequately fund this program," he told *Science*, "reflects a complete disregard for the lives of thousands of children in this country."

Another bill that was passed by Congress, signed by the President without comment, and then left unfunded for 1971 was the Emergency Health Personnel Act, sponsored by Magnuson. The law expands the Public Health Service to allow young doctors and other health professionals to practice medicine in rural, inner-city, and other areas short of medical services, as an alternative to military service.

The Health Employees for Change called the Act "flexible enough to be implemented in an exciting way that can deal not only with the maldistribution problem, but also problems like the dearth of health systems, irrelevant health education, definition of roles and responsibilities of personnel, better ways of financing health care, and so on."

Congress authorized \$10 million for the Act in 1971 and \$20 million in 1972. The Administration has recently requested \$10 million for 1972. Howard Hilton, director of the Field Service Office for HEW's Community Health Services, told *Science* that \$10 million should put about 660 physicians, dentists, and other health personnel in the field. The physicians and other health personnel will all be salaried and work in some sort of group structure. "The potential number of physicians that could be placed by this program would be limited only by the available manpower," said Hilton. He added that over 100 communities have already put in requests for physicians, while many medical students have written to express interest in the program. The Emergency Health Personnel Act, like the bill on lead poisoning, might be embellished with additional funds from Congress, particularly since its sponsor chairs the Senate Health Appropriations Subcommittee.

In 1962 Congress passed the Vaccination Assistance Act. And using funds provided by that Act, local authorities have immunized millions of children against a variety of diseases, including measles, diphtheria, and polio. But that Act expired 30 June 1969, and funds for immunizations have been scarce ever since. As a result, levels of immunized children have steadily fallen. The 1970 Immunization Survey, conducted by the Bureau of the Census

and the Center for Disease Control (CDC), showed that the levels of children vaccinated against measles had fallen to 57.2 percent nationally and 41.1 percent in central-city poverty areas. The figures for polio were 65.9 percent nationally and 50.9 percent in the ghettos. One result of this drop in the number of immunized children has been a measles epidemic (see chart). Several outbreaks of diphtheria have also occurred this year. "The reason for these epidemics," Phil Landrigan of CDC's Immunization Branch told *Science*, "is money. Almost all of these cases have been in children who did not receive the proper immunizations."

As for polio, Landrigan said, "The number of cases has not yet started to rise, but polio is a summer disease. We're worried that the immunization levels have fallen so low that we could have some outbreaks of polio, particularly in the central cities."

A possible relief for the financial difficulties of the immunization programs came when Congress passed the Communicable Disease Amendments in October 1970. Intended as an extension of the Vaccination Assistance Act, the amendments authorized \$75 million in fiscal 1971 for vaccinations and \$90 million in fiscal 1972. Except for \$2 million for tuberculosis in the 1971 budget, the Administration ignored these programs in its budget requests. Part of the Administration's refusal to fund these programs stems from a policy of channeling assistance into comprehensive programs that allow the cities and states more latitude in spending the money. But little money has been available in the comprehensive programs for vaccinations. And the money that has been available was restricted by a decision of HEW to pay for vaccinations for German measles (rubella).

This policy has, however, recently been reversed. According to HEW officials, the fiscal 1972 budget includes \$13 million for immunizations with \$3 million specifically earmarked for measles. "On the promise of these funds, we've already gone to the manufacturers for vaccine production contracts," said Harold Muldin, Deputy Chief for Immunization at CDC. "Our chances of reversing the current trends in immunization levels are quite good." Muldin emphasized, however, that there was still danger ahead in future years if more money was not appropriated for vaccines.

The three health programs men-