terested parties—research councils, universities, departments, industry, and the Royal Society—will be represented. An independent chairman, yet to be appointed, will preside.

The organization that comes off worst because of the changes is the Nature Conservancy, which has combined the funding of research and the running of national nature reserves. It started life as an independent organization, then fell into the care of the Natural Environment Research Council, and is now to be transferred to the Department of the Environment—but leaving its research funds and laboratories with the council. It will need to be vigorous to survive such a ruthless amputation.

Compared with the totals spent on defense research and prestige projects such as Concorde, the trimming of the scientific budget is, of course, almost an irrelevance. A single week's expenditure on Concorde would make up for the cuts that Jellicoe announced. But observers of the science policy scene, in Britain as elsewhere, have long since despaired of that kind of argument's finding its way into science policy-making. Despite the fanfares, the most recent changes will probably make less difference than the politicians hope—and less, too, than the scientists fear.

—NIGEL HAWKES

Nigel Hawkes works for the Daily Telegraph *magazine section in London, England.*

Nader on Mental Health Centers: A Movement That Got Bogged Down

The conflicts and disarray that have dragged down community mental health centers since their inception in 1963 have been brought together for public inspection in a study just completed by a Ralph Nader task force.

The 152-page mimeographed work is the first half of a book on the National Institute of Mental Health (NIMH)—*The Mental Health Complex*—to be published this fall. The study was directed by Franklin Chu, a 1971 Harvard graduate. Part two will examine NIMH research and training programs.

Chu's group, which spent 2 years looking into the centers program, concluded, to the surprise of few, that the "movement" (as it is frequently called) was hastily conceived and will need substantial adjustments if it is to fulfill its original goals.

The centers, which are funded partly by NIMH and partly by other public and private agencies, were set up as an alternative to state hospitals, the idea being that hospital population can be drastically reduced if community-based care is made available. They are seen as the proving ground for "community psychiatry," an approach whereby people are treated if possible on an outpatient basis, in their own neighborhoods, and in the context of all their problems whether or not psychological in origin.

The centers also represent an effort to eliminate the age-old division between care for the rich and care for the poor, by making help available to all members of the communities they serve.

The report finds that the motives are commendable, but that they have fallen sadly awry in the practice. "The community mental health center model as it was conceived at the federal level is seriously at odds with reality at the community level. And unless this model is drastically changed, the 'third psychiatric revolution' is likely to go the same route as the first—that 'revolution' being the development of the state hospital system."

In brief, the report alleges that the centers have failed to fulfill any of their major stated goals. They have not been responsible for decreasing state hospital populations (rather the decrease has been due to a combination of new drugs and the fact that many people are dumped into nursing or foster care homes); they are not usually accessible, geographically, financially, and psychologically; they have continued the two-class (rich and poor) system of care by frequent exclusion of indigent patients as well as those with the most severe problems; citizen involvement in administration and decision-making is more a goal than a reality in most cases; and centers are not made accountable because they continue to receive NIMH money even if they're not fulfilling NIMH goals.

Of the approximately 325 centers now in operation, says the report, almost all "offer mostly a collection of traditional clinical services" which remain "inaccessible or irrelevant to large segments of the community."

NIMH officials are still assessing the report. Saul Feldman of NIMH says, though, he finds "some major problems in methodology," and points out that the Chu team did not visit all the centers analyzed in the study. Fuller Torrey, a psychiatrist with NIMH, says that nonetheless he found the report "accurate, temperate, and well-documented," and that his colleagues were pleasantly surprised that it was not more bombastic.

The task force includes in its study descriptions of five different centers, and these hint at the infinite number of political, financial, social, and administrative problems such a venture entails.

Programs and problems outlined by the report were as follows:

► Washington, D.C.: Conceived as a national model. Washington has more psychiatrists per capita than any other place in the country and an abundance of prestigious mental health resources. Yet the mental health center, which is divided into four areas, constitutes an island of squalor, so to speak, in a sea of plenty. One basic problem is that Washington's priorities are set by Congress rather than by the population, which is 85 percent black, and private institutions have involved themselves minimally with the problems of the poor.

► The center at Kern View Hospital, in Bakersfield, California: This center's "catchment area" holds many Spanish-speaking and black farm workers in the San Joaquin Valley. Yet it was first used by the local psychiatric community as a private inpatient

facility and was ruled by a board of Mennonites. The area has little taste for federal programs, and the center has not tried hard to make itself known, with the result that, in 1970, only 14 of 284 new patients were nonwhite. NIMH has exerted pressure for change, but there still is little citizen participation, there are no paraprofessionals on the staff, and there is great resistance from the politically conservative local power structure to changing the present middle-class orientation.

► Atlanta, Georgia: One of the few centers that has made genuine efforts to become a part of the poor, black community it serves, the South Central Community Mental Health Center has a welter of relationships with the local public hospital, Emory University medical school, the Office of Economic Opportunity health center with which it is connected, the Department of Housing and Urban Development's Model Cities program, and the county health department. The center, the first of its

Briefing

Relaxation of Delaney Clause Considered

High Administration officials are thinking about ways to modify the somewhat controversial Delaney amendment, which bans from foods any chemical that induces cancer when fed to animals. Merlin K. DuVal, assistant secretary for health and scientific affairs in the Department of Health, Education, and Welfare (HEW), would like to see the Food and Drug Administration (FDA) lawyers review the language of the clause with a view to making it more "flexible" while "maintaining its strength."

Asked if he favored modification of the Delaney amendment, DuVal said last week, "I hate to answer 'yes' with a capital 'Y'. However, we do have elements of its language under study. As it stands now, the law does not allow us to invest our judgment in our decisions." DuVal's objection to the law is that it is too black and white. Advances in methodology, which enable scientists to detect agents in food with previously impossible precision, make a reevaluation of the law and its implementation a necessity, he believes.

The idea of modifying the amendment has come up before. According to a spokesman for Representative James Delaney (D–N.Y.), the Congressman has no more reason now to believe that the legislation should be altered than he did a couple of years ago, when the issue was raised under Robert Finch's tenure as HEW secretary. "We have no scientific evidence that a little cancer is good for you," Delaney's spokesman said in response to the contention that cancer-causing agents may be present in safe (nontoxicological) amounts. Nevertheless, he said, "The Congressman would certainly be willing to look at any proposed changes that can be shown to have merit."

The FDA's chief counsel, Peter Barton Hutt, has said that asking Congress to modify the law would be like asking it to vote for cancer, something the FDA could hardly ask it to do unless it acquires scientific data to justify such a move—B.J.C. In any case, according to members of DuVal's staff, there is little chance of a modified bill coming to light this year.

Gell-Mann Protested in Paris

Politicians who go gadding about the globe often meet up with protest incidents, and now it appears that the same may be true for scientists who do the same. Murray Gell-Mann, who won the 1969 Nobel Prize in Physics (*Science*, 7 November 1969), was prevented from completing a four-lecture series at the Collége de France in Paris in June, thanks to the protestations of a group of radicals who objected to his participation, during the 1960's in the Jason summer study group that advises the Pentagon on Vietnam.

Gell-Mann appeared to give the third of the four lectures—the second of which had been attended by an audience of 35 on 14 June—to find the room filled with a crowd of about 100. Calling themselves the "Collectif Intersyndical Universitaire d'Orsay Vietnam-Laos-Cambodge," the radical group queried Gell-Mann about the Jason project, about the bombing of the dikes, about Jason's social science division (which Gell-Mann apparently helped found), and similar matters.

Gell-Mann took the stance that he was there to discuss physics, not Indochina, so eventually the group broke up and Gell-Mann was able to discuss physics as he planned, but in another room.

The following day, a similar confrontation occurred, but, according to French newspaper accounts, it ended with Gell-Mann being ushered from the room to the street with an escort of Collége de France administrators. Le *Nouvel Observateur* said that the incident represented the first time that a guest had been prevented from speaking at the college, which is the pinnacle of the centralized French university system.

In a telephone interview from Switzerland, Gell-Mann repeatedly referred to the radicals as "a gang of ruffians" and said that the incident was not at all typical of the treatment he had received throughout his year in Europe during which he has been based at CERN.

The incident, however, is similar to one in which chemist Melvin Calvin was prevented from completing a 1970 lecture at the Instituto di Sanita (Institute of Health) in Rome, when some in the audience protested his membership on the board of directors of the Dow Chemical Company.—D.S.

kind in Georgia, is regarded as an illegitimate intrusion, while at the same time competing groups struggle for its control.

► Lincoln Hospital center, the Bronx, New York: The area, whose health services have been dominated by the Albert Einstein College of Medicine, is largely Puerto Rican. Although many indigenous nonprofessionals were trained to work at the center, many became frustrated at their inability to move up the career ladder. When the center started retreating from its original community emphasis to a mostly hospital-oriented operation, frustrated and angry nonprofessionals staged a "revolt" and took over the whole project. This spotlighted an ongoing conflict in many centers: Who decides what's best for the people, the professionals or the community members themselves?

► North Oakland center in Pontiac, Michigan: The center is at the isolated and forbidding location of a state hospital. The catchment area, whose political and economic life is dominated by General Motors, excludes the poorest sections of Pontiac, and seems to be oblivious of tensions seething among the auto worker population created by frustration with their robotlike work. They are manifesting themselves in racial antagonism, increased drug abuse, and a high suicide rate.

From the impression given by the report, community mental health centers have proved to be the kind of program that is prey to every pitfall a public social program can have. Ironies abound. First, and perhaps most fundamental, there is little agreement on just where the lines should be drawn. Should priority be given to dealing with severe and clearly defined disorders, such as schizophrenia and alcoholism, or should a center be a resource for the "problems of living," which range over the lot from housing and unemployment to the question of getting residents of a poor, powerless neighborhood politically organized? There is the question of quality of care: Highly trained professionals can deliver best in their areas of expertise, but mistrust between them and the community can destroy any effectiveness they have. On the other hand, if poorly trained people who have close ties with a community are in charge, the center can degenerate administratively and become little more than a political battleground.

If a center is connected to a university or hospital, procedures tend to be more orderly, but frequently these places are physically isolated from a community and develop a clinical aura which scares people away.

The major fiscal irony of the centers is that those which operate successfully within their budgets tend to take a large number of privately referred, paying patients and hence are not following their mandate to serve their entire catchment area (arbitrarily designated by NIMH as between 75,000 and 200,000 people).

At the same time, the centers which are seriously trying to provide comprehensive services to the poor and problem-ridden find themselves overwhelmed. And the more controversial a center becomes—which happens if it is deeply involved with a community—the more likely it is to antagonize local governments and other sources of money.

Basically, community mental health centers have been given a mandate so broad that it may be unrealistic. They are expected both to perform conventional psychiatric services—within a medical model—and to reach out and help people with what is vaguely called the problems of living.

The Nader report says that, if the most urgent human needs are to be dealt with, the "medical model" must be dispensed with and the centers should instead evolve into "human service centers" where people can come for help or referral in housing, unemployment, and legal problems as well as for psychological aid. (NIMH officially disagrees. "I stand firm that our responsibilities are in both [medical and social] arenas," said director Bertram Brown in a statement on the report).

At any rate, the report makes suggestions aimed at pushing psychiatrists back to work which uses their medical as well as their psychiatric training and advises that other physicians should be used only as consultants to screen out medical problems. The report enforces the division between the medical and social service approach by recommending that the proposed National Health Insurance should not include coverage for psychiatric care except for people who suffer from medical disorders. Separate mechanisms, such as some form of "social insurance" or subsidies for social support programs should cover the rest. [This idea will be hard to sell in some quarters. Many persons involved with the centers told *Science* last fall (see *Science*, 10 and 17 December 1971) that the movement was near collapse unless nonmedical psychiatric services were covered in National Health Insurance.]

The report contains a number of financial suggestions directed at beefing up the paraprofessional work force and throttling down on new construction (the "bricks and mortar" projects that Congress loves to vote for). It also calls for more flexibility in federal funding, so that poor areas can be guaranteed long-term support.

Whatever their failings, the centers at least have brought to public notice the huge numbers of people who are beset with staggering combinations of emotional, health, financial, legal, and racial problems for which conventional social agencies are totally inadequate. Congress has recognized this fact by supplying fairly steady support. The Senate will soon vote on an authorization bill which would make $669 million available for the centers over the next 2 years.

But as one NIMH official says, "centers have been treated [by federal officialdom] as relatively sacrosanct, like motherhood. . . . On a day-to-day basis there's been damn little discussion of basic issues." Now that they have matured enough to bear fruit, they, like motherhood, may be in for some serious reevaluation.

—CONSTANCE HOLDEN

RECENT DEATHS

Elmer G. Butler, 72; professor emeritus of biology, Princeton University and former president, American Institute of Biological Sciences; 23 February.

Howard C. Case, 69; former president, Boston University; 20 February.

Lowell E. Noland, 75; professor emeritus of zoology, University of Wisconsin, Madison; 3 January.

Russell S. Poor, 73; former provost, health center, University of Florida; 17 February.

James S. Potter, 70; research scientist, Carnegie Institution, Rhode Island; 6 March.

Sydney J. Segal, 38; professor of psychology, City College of New York; 31 December.

Robert B. Witmer, 72; dean emeritus, College of Arts and Sciences, University of North Dakota; 21 February.