ber of the moratorium committee, and others raise, however, centers on the question of dissent through channels. Both DuVal's and Richardson's remarks, they say, can be interpreted to mean that it is inappropriate for federal employees to express disagreement with established policies through official channels. Does this mean, they ask, that the White House is systematically cut off from critical comment from within the Executive?

As for political activity within federal agencies, there is little doubt that latitude for action by employees on social and political issues has broad-

ened. At NIH, special circumstances have affected the trend of events. During the later years of the Johnson Administration and early years of the Nixon Administration there is no doubt that NIH administrators feared that antiwar activities among agency employees might have an adverse effect on an already difficult budget situation. The atmosphere altered somewhat after the departure of Robert H. Finch as HEW secretary and the department's general counsel of that period, Robert C. Mardian, who followed a hard line on employee activism. Richardson, a former Massachusetts attorney general, is regarded as being more relaxed about social activism by employees so long as it follows the lines set out by court decisions.

Throughout HEW as a whole, the pitch of political activism has lowered decidedly. In the late 1960's, the war and Administration handling of civil rights and social programs caused a ferment in the agency and "politicized" many workers, particularly younger recruits. Finch's departure was hastened by confrontations with angry groups of employees. Currently, quieter methods are being employed, and effort is directed mainly at union organization

Review of Cancer Plan Under Way

"The National Cancer Plan will be a landmark document," Leonard Laster of the President's Office of Science and Technology said recently. It will represent a precedent-setting attempt to "formalize and nationalize the planning that goes into a major research effort," he added, saying that the final version of the plan must be the "best document our national thinking can evolve."

The plan, not yet complete, has already been elevated to a special status in the minds of many scientists and administrators. They see it not only as a description of how the battle against cancer will be waged in the next few years, but also as a model for other all-out attacks against disease, such as the campaign against heart disease which is next on the national agenda. In this view, the plan is more than just another report.

To give the plan the benefit of what Laster calls a "contemplative look" before it is cast in concrete, it will be reviewed by a special committee of the Institute of Medicine, part of the National Academy of Sciences (Science, 1 September). In his letter to the persons he asked to serve on the committee, Institute President John R. Hogness said, ". . . the need for and advisability of an independent, outside review has become increasingly apparent to many." He has named Lewis Thomas, newly appointed dean of the Yale University School of Medicine, chairman of the panel, which will hold the first of an anticipated half-dozen meetings this weekend. (Thomas, who is highly regarded as a doctor and researcher, is also widely admired in the medical community for what colleagues describe as a special talent for approaching complex situations without prejudice or bias.) Members of the review committee* were drawn from a variety of disciplines, including administration, and only a couple of the members are active in cancer research. As Hogness remarked, "This committee

is not made up of a group of cancerniks." It will report by mid-November.

According to Laurence Tancredi, an M.D.-L.L.B. who recently joined the staff of the institute and who will be staff officer for the review, the committee will focus on the ways the plan was put together and the priorities it sets. At present, only two-thirds of the plan, which has been months in preparation by the staff of the National Cancer Institute (NCI), is available in final draft form, but the committee will have access to all of the background material the NCI is using for the final portions.

Two completed sections, which have received at least the tacit approval of the NCI's national cancer advisory committee, are volume I, the "executive summary," and volume II, part I, the "strategic plan." The former is, indeed, a summary that, according to NCI leaders, is intended for congressmen and other public officials. The strategic plan sets forth goals—"The ultimate goal of cancer research is to develop means to eradicate or prevent all human cancers"-tells how the plan was put together, and discusses the whole matter from what has been described as the approach of a systems analyst. One section describes a "research strategy hierarchy," for example, and says, "To facilitate planning and implementation of the program research strategy, it has been organized in a hierarchial format with the following levels:

- ► National Program Goal
- ► National Program Objective
- ► Approaches
- ► Approach Elements
- ► Project Areas."

Volume II, part 2, called a "digest of scientific research recommendations," is a compilation and synthesis of the 3000-plus pages of ideas that came out of the work of 40 panels of 250 cancer authorities who advised the NCI as consultants. The third and final section, volume III, is the "operational plan." "That is the part," one NCI official said, "that will tell you how to coordinate all this and make it work. It's the guts of the thing as far as many of us are concerned." It is slated for completion next spring.—B.J.C.

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