find a home either within the new office devoted to Mission to Planet Earth or fall under the programme for planetary science and astrophysics, the two successors to the space science and applications office that Fisk has led since 1987.

Fisk, having lost control of a $2-billion programme, has been assigned to the administrator's office as the agency's first chief scientist. At a press conference on 15 October, Fisk said that his new position demonstrates science is vital to NASA, but it is more likely that Fisk has been kicked upstairs.

A familiar sight on Capitol Hill, Fisk gets on well with the congressional committees that oversee NASA. A former professor of physics at the University of New Hampshire, Fisk has won grudging support from researchers for his long-term plan for the agency's space science efforts. His office is responsible for such projects as the multibillion-dollar Earth Observing System (a constellation of satellites to monitor the environment), the Advanced X-Ray Astrophysics Facility to be launched later in the decade and the near-sighted Hubble Space Telescope.

In recent years, however, the White House National Space Council has been pressing NASA to buy the "cheaper, faster, better" approach favoured by the vice president, Dan Quayle. Fisk has been a reluctant supporter of the concept.

Goldin took office after Richard Truly was fired on 10 February for failing to follow Quayle's orders and immediately began pressing his managers to shrink their programmes. Goldin is eager to bring in his own team, and removing Fisk sees a natural step in that process.

The pieces of the old science office fall — at least temporarily — to Shelby Tilford, director of Earth sciences, and Wes Huntress, director of Solar Systems exploration. But Goldin promised last week to allow other NASA employees and outsiders to compete for those two jobs and a host of others. The move could also lower barriers to cooperation with the Defense and Energy departments, whose scientists now want to use sophisticated sensors designed for the Cold War for civilian missions.

Another victim of the reorganization is the office of aeronautics and space technology. Its head, Pete Peterson, has been asked to conduct a long-term study of US aeronautics and space facilities, while Cecil Rosen, who was aeronautics director, takes over as acting chief of a strengthened aeronautics office.

Goldin has transformed the space technology portion of the agency into an advanced concepts office run by Gregory Reck that will also include the agency's commercial programmes. Courtney Stadd, formerly of the White House National Space Council, assumes the job of acting deputy associate administrator for the new office.

Andrew Lawler

Racial tensions entangle NIH in dispute over AIDS drug

Washington. Under pressure from the Nation of Islam and other African-American activist and political groups, the National Institutes of Health (NIH) is reconsidering a report issued earlier this year rejecting Kemron and other interferon alpha-based drugs as useful treatments for people with AIDS. NIH officials concede that they were politically naive when they evaluated the drugs — often touted as an 'African AIDS cure' because some early clinical trials were conducted in Kenya — in the same way as any other experimental therapy without accounting for the desperation and suspicion of those affected by the AIDS epidemic.

Next week, advocates of oral interferon alpha will hold a long-awaited meeting with NIH officials as the first step towards NIH-sponsored clinical trials of the drug for those with AIDS. But even this is fraught with racial tensions. Because many African-American groups believe that the government is ignoring — or even encouraging — the problem of AIDS within minority populations, NIH asked the National Medical Association (NMA), an organization comprised mostly of African-American physicians, to invite the participants and serve as the host. Yet in the same week that invitations were sent out, NIH mailed to NMA members a copy of its April report rejecting interferon alpha as a treatment for AIDS. Advocates of the drug accuse NIH of trying to prejudice the debate; NIH says that it was simply trying to disseminate relevant information to all those interested.

The agendas of the participants reflect the distance separating them: advocates of interferon alpha, who have been selling and distributing the drug to AIDS patients for more than a year, want NIH to evaluate their clinical data and sponsor more formal clinical trials, while NIH officials, including Daniel Hoth, director of the NIH division of AIDS, have taken the position that they first need to learn more about the claims being made for the drug. However, NIH has agreed to examine some new data and conduct another assessment of interferon alpha to supersede its earlier report. And last month the Congressional Black Caucus, a group of African-American legislators, met NIH officials and argued the case for Kemron.

Various claims have been made for the efficacy of low-dose oral interferon alpha in treating AIDS. After the initial 1989 clinical trial in Kenya, Davy Koech, director of the Kenyan Medical Research Institute, reported that CD4 counts had improved substantially in many of the participants and that as many as 20 per cent had become HIV-seronegative. These results created a worldwide demand. However, since then even Koech has played down 'serodeconversion' (which has not been replicated) as a measure of efficacy and has instead focused on such indicators as the level of symptoms and overall health, energy and appetite of the patients.

Although NIH continues to stand behind the April report (see *Nature* **356**, 648; 1992), its conclusions have been rejected by many of the groups who use and prescribe the drugs. Advocates point out that NIH focused on the dramatic serodeconversion and CD4 claims, rather than the more subjective (and better replicated) reports of symptom reduction. Barbara Justice, a physician affiliated with the Nation of Islam who runs an AIDS clinic in New York, says that NIH also erred in favouring randomized and placebo-controlled clinical trials and immune system measures such as CD4 counts and should have focused instead on whether AIDS patients were healthier — by any measure — after interferon-alpha treatment. "NIH is hung up on 'double-

NHS opens meta-analysis centre

London. Britain's plan to coordinate and strengthen research by the National Health Service (NHS) takes an important step forward next month with the opening of a new centre for meta-analysis.

The Cochrane Centre in Oxford will compile and systematically review clinical and other randomised controlled trials on topics from drugs to surgical instruments. It will also help researchers to perform meta-analyses or overviews of specialist areas with the goal of making the data available to clinicians. The creation of the centre, with an annual budget of £300,000, indicates the increasing importance of meta-analysis in interpreting clinical trials and is a response to criticism that the results are implemented slowly and inconsistently. The NHS is planning another facility for reviewing work other than randomized controlled trials and has already created a database that, for the first time, gives a clear picture of the amount and nature of research going on in the NHS.

Next month, the NHS is also expected to complete the hiring of 14 regional research and development directors responsible for implementing the new research strategy. The NHS has promised to spend 1.5 per cent of its budget on research by 1997, around £375 million at today's prices. **Ian Mundell**