

# Italy needs its an NIH of its own

Sir— Italian scientists must be grateful to *Nature* and to Alison Abbott for providing an international forum to debate an issue that many Italians consider 'an internal affair' to be handled in the usual byzantine way (*Nature* 388, 609–610; 1997). I would like to comment on two points concerning the future of biomedicine in Italy. The question of the future shape and responsibilities of the Higher Institute of Public Health (Istituto Superiore di Sanità, or ISS) is complex because, as Abbott points out, the institute is burdened by a number of regulatory duties. It is not opposed in principle to the transfer of these tasks to new *ad hoc* bodies, similar to the US Food and Drug Administration (FDA) or Environmental Protection Agency (EPA).

Our fear is, however, that the government may create new agencies, leaving all the technical work to be carried out by the ISS because it would be too difficult to find enough new experts and too costly to build and equip the infrastructure necessary to undertake all the controls exercised by an FDA or EPA.

What the government must do is to choose between two models: to create new agencies and provide them with the funds, expertise and infrastructure needed to carry out their duties independently or, alternatively, to restructure regulatory duties within the ISS in such a way that they become as separate as possible from research activities. A hybrid solution would help no one.

Biomedical research in most Western countries, contrary to what happens in Italy, is supervised by a body separate from the National Research Council. In the United States, federal biomedical research is carried out by the National Institutes of Health (NIH), which are directly responsible to the Department of Health and Human Services; health-related research in the United Kingdom and Scandinavia comes under the Medical Research Councils of those countries, and in France under INSERM.

Combining the ISS with Italy's network of 22 national clinical research institutes (Istituti di Ricovero e Cura a Carattere

Scientifico), to act as a 'national institute for biomedical and health research', will not by itself take anything away from the national research council (CNR) as some fear. Funds for the new entity would continue to come from the Ministry of Health, and the CNR, which is funded by the Ministry of Research, would continue to have its own network (the Committee for Biology and Medicine and CNR Medical Institutes).

The relationship between the two networks needs to be resolved but, at least in principle, an 'Italian NIH' should carry out research directly relevant to the activities of the national health system, whereas the CNR could concentrate on more basic aspects.

What is needed above all is to avoid waste, duplication and the splitting of funds into too many channels that benefit only 'clients', not researchers.

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## Cheques and balances

Sir— Sir Hermann Bondi rightly remarks that there must be an optimum balance or ratio (albeit subject-dependent) between the expenditure on scientists and that on their equipment, and points out that the current ratio is too high because of the widespread obsolescence of equipment (*Nature* 388, 709; 1997). His solution, however, is that "the claimant pool [of scientists] should be set firmly on a downward course".

The alternative solution, of course, is to recognize, and to persuade governments, that we are strictly on the linear portion of the graph of economic output versus scientific expenditure; that such expenditure is therefore an investment and not a cost; and thus that if countries such as the United Kingdom wish to enhance their economic performance, they should aim to increase the amount of investment in equipment, not decrease the number of scientists.

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Sir— It is hard for a mere member of the research riff-raff to criticize someone as eminent as Sir Hermann Bondi, especially because, as a former chief scientific adviser

to the Ministry of Defence, he can be considered to be a field marshal of British science. It is important, however, that officers do not undermine the morale of the troops.

Some of us still have to earn our living and are still slogging away in the front line at the computer terminal or in the laboratory, and we scientific cannon fodder can really do without this kind of friendly fire.

Bondi is right to point out the inefficiency of the present research funding (or non-funding) system, but this is presumably something that evolved while he was a staff officer. Although I am sure that he is retired in name only, future cuts in research funding are unlikely to have any effect on his pension — something we other ranks will never get!

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## Credit where it's due

Sir— Friedrich Katscher is correct in stating that science has a long history of abuse of authorship for honour and glory<sup>1</sup>.

Insulin, for instance, was discovered by Frederick Banting and Charles Best. Yet the Nobel prize for physiology or medicine was awarded in 1923 to Banting and John J. R. Macleod. Macleod was

merely the head of the physiology laboratory in Ontario where the research was done. Not only did he take no active part in the research, he was on vacation when the crucial experiments were done. Banting, in protest, shared his half of the prize money with Best; Macleod did the same with J. B. Collip, who had assisted with the purification and standardization of insulin<sup>2</sup>.

It must be admitted, though, that there are gentlemen scientists, too. Klinefelter states that the syndrome named after him was the result of an unselfish action on the part of Dr Fuller Albright, who after they jointly described the syndrome, allowed Klinefelter to put his name first on the list of authors<sup>3</sup>.

I am collecting material on such eponymous misnomers in biomedical research, as well as examples of serendipitous discoveries in the field. I would welcome assistance from fellow scientists.

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2. Odelberg, W., ed. *Nobel, the Man and his Prizes* (Nobel Foundation/Elsevier, New York, 1972).

3. Firkin, B. G. & Whitworth, J. A. *Dictionary of Medical Eponyms* (Parthenon Publishing Group, UK, 1987).