international news

Two years ago a massive research programme on cardiovascular disease was launched in the United States when Congress passed a bill inelegantly entitled the National Heart, Blood Vessel, Lung and Blood Act of 1972. Modelled on the rhetorically overburdened campaign for the conquest of cancer, the research programme has received enthusiastic endorsement by President Nixon, who has repeatedly reaffirmed the administration's commitment to find ways of reducing the death toll from heart disease—"the nation's number one killer". But an expert committee which is supposed to keep an eye on this frenzied research programme has charged that the effort so far has been grossly underfunded and badly misdirected. In short, the Administration's commitment has been long on rhetoric but short on dollars.

The criticisms were made in a report to Congress by the National Heart and Lung Advisory Council which was actually written in December last year but which has spent the past seven months being reviewed by the Office of Management and Budget and the Department of Health, Education and Welfare. President Nixon finally passed the document on to Congress last week with the message that it "merits serious consideration", although it contains recommendations which are "at variance with the Administration's views".

Chief among those recommendations is that the National Heart and Lung Institute (NHLI) should be given a budget this year of \$520 million, instead of the \$309 million proposed by the Administration. The council charged that the amount of money being spent on cardiovascular research was actually

Heart research short on cash

by Colin Norman, Washington

less last year than in 1968 if inflation is taken into account, and it reported that "the resources for this accelerated attack [on heart disease] have not been forthcoming".

Such complaints have come as no surprise to the Administration, or to anybody else for that matter, since the council is composed chiefly of scientists directly or indirectly engaged in research on cardiovascular disease, and the report thus has all the appearances of special pleading by a section of the biomedical community. Although the Administration has so far made no formal public response to the council's recommendations, officials point out that the National Heart and Lung Institute (NHLI) has in fact fared relatively well. Since this year the Administration proposed a hefty increase in its budget (\$25 million) while all the other institutes at the National Institutes of Health with the exception of the National Cancer Institute either had their budgets cut or kept static.

Nevertheless, it is difficult to deny that much of the proclaimed attack on heart disease has gone off at half cock, at least when it is measured against the intentions of the 1972 Act. The Bill suggested that \$460 million should be spent by NHLI in the 1974 fiscal year—which ended on July 1 this year—and that \$520 million should be spent in the 1975 fiscal year. Only \$280 million was

spent last year, however, and the Administration has proposed a budget of \$309 million for 1975.

Aside from the question of funding, the council also takes the Administration to task for a variety of other sins, chief of which is the move early last year to abandon the policy of providing fellowships and traineeships for biomedical scientists. Although the council neglects to mention that in July last year the Secretary of Health, Education and Welfare, Caspar Weinberger, announced that the Administration would not scrap the training programmes after all, it states that the unavailability of funds for biomedical training "has reduced the research manpower and the productivity of many of the very best research groups supported by the National Heart and Lung Institute." (Last month, Congress finally approved a bill which will more than double the Administration's proposed expenditure on biomedical research training. Administration officials said last week that they are looking at ways to implement the bill, and presumably that will still the criticisms of the council.)

The council also comes up with a clutch of recommendations for endowing chairs at universities for professors engaged in cardiovascular research, for maintaining a good balance between grants and contracts, and for establishing special research and demonstration centres around the country. Another prominent suggestion is that Congress should establish minimum qualifications for members of the council itself; this is believed to be a reference to the fact that the singer Frank Sinatra was appointed to the council last year, but failed to attend any of its meetings.

A SOUTH AFRICAN gynaecologist is pioneering a technique for fallopian tube transplant operations which may offer a better answer than *in vitro* fertilisation for childless women.

For *in vitro* fertilisation to take place the egg must be caught at the precise moment of ovulation, and since ovulation can occur at any time, doctors must be on constant alert and time-consuming observations of the woman is needed. By contrast, the suggested transplant technique is much simpler and cheaper, because after a short operation nature can take its course.

According to Dr Abraham Rubin, he and his colleagues at the University

Transplant babies?

from Ian Ridpath

of the Witwatersrand Medical School in Johannesburg are hoping to start soon an experimental programme that will lead to the first operation of this kind in women.

Fallopian tubes for transplant are readily available from women who have had a hysterectomy. Substituting them for diseased tubes is a relatively simple operation that is little more than an extension of existing surgical techniques regularly used by gynaecologists. Successful fallopian tube

transplants have already been performed on sheep by Dr M. Katz at the University of Cape Town, and Dr Rubin thinks that the same technique can be extended to humans.

It would be particularly valuable where infection of the fallopian tube is common, says Dr Rubin. Unlike other forms of transplant there are no worries about rejection, since the technique is to use the tube for one cycle and then it can be removed. Rejection only becomes a problem after three to four weeks. Donors do not therefore have to be specially selected, which helps to make the operation more widely available, and Dr Rubin envisages it being performed regularly.