

## IN BRIEF

## ESA moves

The European Space Agency's Scientific Programme Committee has approved the spending of about \$115 million on two projects: a contribution to NASA's space telescope, due for launching in 1983, and the Geosari project involving the Geos spacecraft and Ariane launcher.

The \$104 million provisionally allocated to the space telescope will provide 15% of the costs of the telescope and its associated Science Institute. In exchange European astronomers will get at least 15% of total observing time.

Negotiations with NASA on another ESA/NASA cooperative project, the Out-of-Ecliptic Mission, will continue. LIRTS (Large Infrared Telescope on Spacelab) and several other projects will be considered in the spring.

The council of the European Space Agency has appointed a new director of the Spacelab programme, M Michel Bignier. Until June 1976 M Bignier was Director General of the French Centre National D'Etudes Spatiales.

## MRC report warning

The UK Medical Research Council (MRC), referring to the dual-support system for research in its annual report published this week, warns that, under extreme pressure, it would be contractually obliged to protect the security of its own 4,373 staff at its 68 research establishments, and the capital investment associated therein, if necessary at the expense of its indirect support for research at universities. Such a situation, the outgoing Secretary Sir John Gray emphasised, was not yet foreshadowed, and MRC policy remained one of parity between the two lines of support.

Government departments have re-deployed with the MRC the 25% of the council's grant-in-aid from the Treasury transferred to them under the Rothschild arrangements. Total expenditure for the year amounted to £47.18 million, up 30%, of which international subscriptions, which grew 66%, were £960,000. Increases in these subscriptions because of exchange rate variations, along with pay and asso-

ciated awards, made three additions to the grant-in-aid necessary. The current doctrine of cash limits, said Sir John, meant that any extra money to meet international obligations would have to come from ongoing work.

## SGHWR inquiry continues

Following the summer recess, the UK House of Commons Select Committee for Science and Technology has resumed its inquiry into the decision surrounding Britain's involvement with the SGHW reactor with evidence from the Central Electricity Generating Board (CEGB) last week and from the United Kingdom Atomic Energy Authority (UKAEA) earlier this week.

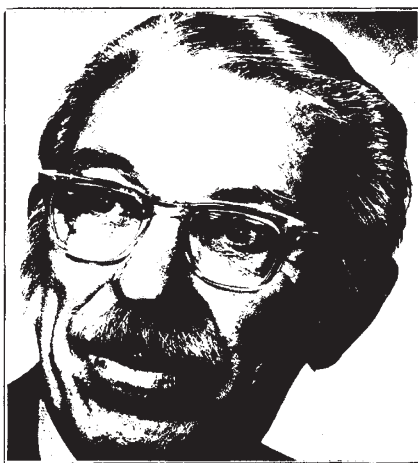
In another development, a report from a study group chaired by Dr Walter Marshall on the integrity of pressure vessels for light water reactors was published by the UKAEA last week. The 156-page report makes 40 "essential recommendations" and has buttressed the case for PWRs and against SGHWRs in Britain.

THE pertinacity of the promoters of laetrile for cancer "cure" is probably related to the amount of funds at their disposal. Some possible clues are in a grand jury indictment in California, stating that 10 ml of laetrile, sufficient for three daily injections, cost American cancer patients as much as \$60 and that a physician who administers laetrile "as a vitamin supplement" deposited \$2.5 million in northern California bank accounts between May 1974 and August 1975. The president of the Committee for Freedom of Choice of Cancer Therapy was arrested last December with \$40,000 worth of laetrile in his car, along with a loaded Browning automatic pistol. Previous cancer remedies such as Krebiozen and the Hoxsey remedy were on a smaller scale. The big question is: will political pressure, financed by profits from laetrile, overcome the opposition of organised medicine to its legalisation?

The Merck Index describes laetrile as the  $\beta$ -glucuronide rather than the  $\beta$ -glucoside, of L-mandelonitrile. It seems probable, however, that the laetrile of "underground commerce" is actually amygdalin (the  $\beta$ -glucoside). An argument used by the pushers of laetrile is that it is "vitamin B<sub>17</sub>". In support of this, one of them stated that "it becomes almost impossible, on the negative side ever to declare scientifically that a compound is not a vitamin...". Constance Holden, a

staff writer for *Science*, echoing this statement, said on September 10, that "no one has really been able to prove" that there is no such vitamin (as B<sub>17</sub>). She also said that it is a "fact that scientists are not able to defini-

## Laetrile struggles



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tively refute the nutritional claims about laetrile...". Actually nutritionists feel no inhibitions about refuting such claims.

The cyanogenic glycosides, including amygdalin, have no resemblance to vitamins. The accepted definition of a vitamin is that it is necessary in the diet of at least one vertebrate organism to prevent a

specific deficiency disease. The Committee on Nomenclature of the American Institute of Nutrition found no scientific evidence (i) for the existence of a nutrient identified as vitamin B<sub>17</sub> or (ii) that laetrile has nutrient properties or nutritional value for "either animals or humans" (*sic*). Cyanogenic glycosides are often poisonous to livestock. One of them, linamarin, is present in cassava, and sometimes causes human blindness.

The persistent efforts of laetrile proponents were successful in Alaska where, on June 21, 1976, Governor Hammond allowed the "Laetrile Bill" to become law, thus permitting physicians to prescribe laetrile. His excuse was an implementation of the "equal time for nonsense" principle, which says that if there are two sides to an issue, it is not the role of a statesman to decide which one is right. The history of scientific medicine as applied to public health shows that it is insufficient to make discoveries that benefit human beings. It is equally important to get rid of quack remedies to make room for new advances. Until recently, legislators accepted informed advice in framing public health laws, but Alaska is "different".

The latest news is fascinating: the Assistant Attorney General of Alaska now says that sale or distribution of laetrile in Alaska by any person, including a physician, is illegal. There may be a problem in filling those prescriptions.