

# Biographical springboard

## June Goodfield

*Half a Century of Medical Research.* Vol. 2: The Program of the Medical Research Council, UK. By A. Landsborough Thompson. (HMSO: London, August 1976.) £10.

THIS is the second of two volumes which together cover half a century of research effort, and form a history of Britain's remarkable and distinguished institution—The Medical Research Council (MRC). The first volume (for review, see *Nature*, 252, 134, 1974) covered the constitutional and organisational aspects of the Council's history and dealt with the intriguing issues of the origins of policy and, "the formulation of those administrative principles" that related to the promotion of medical research. It could have been—should have been—a fascinating book: in the event it is impeccably dull.

This second volume is concerned with the Council's scientific program in detail: once again with the origin of policy and the varied circumstances which led to certain subjects being selected for special support. But now the context is broader for as the MRC itself was expanding over the sixty years in question, so too were the boundaries of the scientific world. So the Council's efforts and achievements must be assessed in terms of the wider international effort in biomedical research.

By any standards the record is most impressive. For measured either by an intuitive feel for fields likely to be significant, or by a balanced stance that recognised the legitimate interests of both the government and the scientific community, serving the one without stifling the other, the record is, on the whole, superb. One can be thankful that, in 1913, the committee that submitted a general scheme of research ignored the narrow interpretation of the phrase—"provision of research"—laid down by considered legal opinion. The National Insurance Act of 1911 appropriated one penny per annum per head of the insured population of Britain, to be allocated from parliamentary funds for "the purpose of research", and the lawyers held that research might well have to be restricted to the diseases of *insured persons* only. At that time, tuberculosis certainly, but possibly not cancer! But the committee quietly by-passed that

issue and we may thank God for that, for stemming from their general injunction to cover "all researches bearing on health and disease, whether or not such researches have any direct . . . bearing on any particular disease", has flowed such specifics as penicillin, the structure of DNA and the basic mechanisms of cell-mediated immunity.

One must accept that this is essentially a work of compilation. By far the greatest source of material used by the author has been the Council's own annual reports and a variety of scientific papers, reports and documents. These are bound to be bland, objective and reasonably free of human virtue, or vice, alike. So as with the first volume, this is not history as historians know it, for the human content has once more been either ignored or extracted. What has been provided is a valuable series of reference points from which others may start more vital histories.

Nevertheless, there are fascinating insights to be discerned for those who are prepared to weave a passage through the maze of detail. The social picture of Britain we have derived from other sources is intensified by a knowledge of where the early clinical efforts were directed—on tuberculosis, rickets, the hygiene regulations for milk—problems that later society does not face, either because of new knowledge or changed habits.

In the days of quack cancer cures it is salutary to be reminded once again of the human traits of venality and fear; much trouble stemmed in the early days from those who promoted dubious claims for tuberculosis. Then, as now, they "stimulated pressure groups of busybodies, and patients,

anxious to pioneer against the alleged tyranny of the professional closed shop". To set this into the contemporary situation, simply substitute "cancer" for "tuberculosis", "lactrile" from apricot pits, for a "powder with a resolute Zulu name extracted from the root of a South African plant", and the "contemporary medical profession together with the US Food and Drug Administration", for a "professional closed shop".

Even Dr Summerlin and the affair of the painted mouse had its counterpart within the Institute's hallowed walls, for in 1927, virology revealed a seamy side. One investigator claimed to have discovered a virus as the causative agent for disseminated sclerosis; she even prepared a vaccine from cultures which was actually clinically used by certain physicians, even before other scientists had tried to repeat the results. When the results could not be reproduced the scientist was invited to repeat her work under supervision. She then "withdrew from the scene", as the author coyly writes, and it was discovered that she had been using the virus of bovine pleuropneumonia which had been described by the National Institute, and from where she had obtained her cultures.

*Plus ça change . . .* but things are never quite the same. Science in its achievements has progressed wonderfully even if human beings seem to be much the same. But they are deeply fascinating nevertheless, and I miss them in this volume, just as much as I did in the first. □

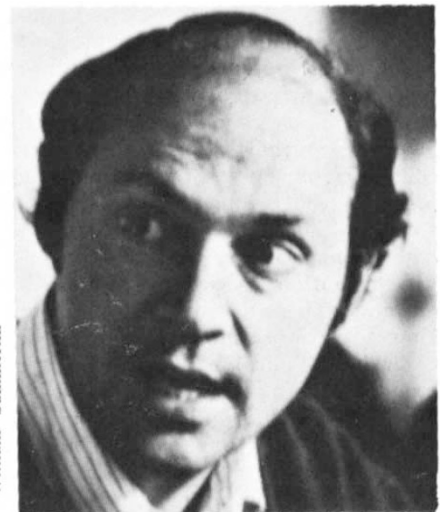
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# Fact, fiction and fraud

## Michael Stoker

*The Patchwork Mouse: Politics and Intrigue in the Campaign to Conquer Cancer.* By Joseph Hixson. Pp. x+228. (Anchor/Doubleday: Garden City, New York, 1976). \$7.95.

IN this book Joseph Hixson tells the story of Dr William Summerlin, and much more besides. Summerlin, a dermatologist turned immunologist, claimed that tissue which had been kept in culture could be grafted across transplantation, even species, barriers. But, in 1974, when working at the Sloan-Kettering Institute in New York, he



William Summerlin

was caught red (or rather black) handed after using a felt pen to touch up some supposedly successful pigmented skin grafts in white mice. The subsequent enquiry revealed other evidence or de-