

Change of heart signalled in Soviet – US health agreements

Washington

FOR the first time since 1978, representatives of the US and Soviet Union biomedical and public health fraternity will meet to exchange ideas. The exchanges had been regular in the mid-1970s but ceased in the wake of the Soviet invasion of Afghanistan. This time, representatives of both countries will meet for five days on the campus of the National Institutes of Health (NIH) in Bethesda to put an official stamp of approval on a new list of projects.

Prospects for collaboration are brightest in three areas: cancer, heart disease and arthritis. Claud Lenfant, director of the National Heart, Lung and Blood Institute, was a member of the delegation led by NIH director James Wyngaarden last November and has been a regular visitor to the Soviet Union. Peter Fischinger, deputy director of the National Cancer Institute, also went on the visit.

Another area of interest for both countries is Lyme disease. It is named after the town where it was first identified in the United States, and Lawrence Shulman, director of the new National Institute of Arthritis and Musculoskeletal and Skin Diseases, says there is great interest to learn whether it is the same as tick-borne erythema seen in the Soviet Union. Both are associated with ticks, but the Soviet disease seems limited to a skin disorder, whereas Lyme disease is often accompanied by either acute or chronic arthritis, and sometimes both.

The thaw in biomedical relations has been under way for some time. Last fall, two separate high-level US delegations visited the Soviet Union. A month before the Wyngaarden trip, Surgeon General C. Everett Koop headed a delegation that discussed potential exchanges in the public health arena. A speech by President Reagan in 1984 first generated the impetus for the visits, but they were delayed by differences over the treatment of Andrei Sakharov and his wife Yelena Bonner.

Two joint agreements cover all biomedical and health exchanges between the United States and the Soviet Union, one for medical science in general signed in 1972 and the other for artificial heart development signed in 1974. The agreements run for five years and are automatically renewed unless either side objects.

Even during the years of decreased contact, collaborative efforts in arthritis have persisted. Last spring, the *New England Journal of Medicine* published a joint study between researchers in the two countries on penicillamine and hydroxychloroquine as treatments for juvenile rheumatoid arthritis. Earl Brewer of

Baylor College of Medicine in Houston, first author on the arthritis study, says another study using oral gold therapy will be presented at a meeting this summer, and there are new plans of a study using methotrexate as a treatment. Brewer says the arthritis studies have shown that joint protocols can be made to work, and can provide useful information.

Wyngaarden hopes that the example set by the arthritis study can carry over to evaluations of cancer therapies, speeding the development of new treatments. But although some facilities in the Soviet Union are quite modern, others must get along with primitive equipment, says



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Wyngaarden. He also says communication both to and within the Soviet Union can be difficult. "We seem to know more about some of their institutes than they do", he says.

Some studies are politically easier to attempt in the Soviet Union than others. Studying fat or salt in the Soviet diet has been acceptable, but collaborative efforts to measure alcohol consumption would not be attempted. Political sensitivity is not restricted to the Soviets. Jack Schmidt, acting deputy director of the Fogarty International Center at NIH, says Soviet charges that AIDS (acquired immune deficiency syndrome) is somehow related to US biological weapons development "could have an impact on the extent of cooperation", particularly with regard to AIDS. Soviet interest in AIDS is on the increase (see *Nature* 326, 5; 1987).

Although US officials see the forthcoming meeting as a positive step, they would prefer that formal mechanism for collaborations were not necessary, something the Soviet Union has insisted on.

The joint committee on health will meet on 13–17 April at NIH. Robert Windom, assistant secretary for health and Professor Oleg Shchepin, deputy minister of health, will head the two delegations. The choice of Shchepin came as something of a surprise to US officials who were expecting Yuri Isakov, deputy minister of health for international cooperation, to be chosen. **Joseph Palca**

Respite in sight for India's battered frogs

New Delhi

INDIA, the world's largest exporter of frogs' legs, has banned the trade with immediate effect. Conclusive evidence from the Ministry of Environment and Forests and the Indian Council of Medical Research that frogs play a major role in the control of agricultural pests and mosquitoes has precipitated the ban. Frogs have now been placed in Schedule 2 of the Wildlife Protection Act of 1972, giving them a special protected status.

Export of frogs' legs from India, mainly to Europe and the United States, jumped from 390 tonnes in 1950 to 4,065 tonnes in 1982. An estimated 60 million frogs are caught each year from paddy fields and are processed for export. The frog trade provides jobs for 160,000 people and earns India about \$10 million in foreign exchange.

One reason for the export ban is the increase in the pest population that attacks the rice crop. Ninety per cent of frogs' food consists of agricultural pests, including caterpillars and crabs notorious for damaging rice seedlings. It has been estimated that catching frogs for export leads to the survival of 200,000 tonnes of pests and insects, thereby requiring farmers to spend more on pesticides. India imports each year pesticides worth about \$100 million, several times as much as the income from frogs' legs.

Frog catching is done at night, and frog hunters cause serious damage to rice fields. The resurgence of malaria and recent epidemics of Japanese encephalitis, which killed more than 3,000 people, are also partly blamed on the export of frogs, which are thought to restrict mosquito-breeding.

The export of frogs' legs, like that of rhesus monkeys, has been a contentious issue in India for some time. The government has been trying to conserve frogs through such measures as banning export during the breeding season (May to August), restricting the size of frogs for processing and introducing a quota system for export from different regions. It has also asked the countries of the European Economic Community to stop importing frogs' legs from India. But large-scale exploitation has continued.

The total ban on export has been welcomed by those campaigning against conditions in frog-processing centres. The Indian ban is unlikely to alter restaurant menus in Western countries so long as Bangladesh and Indonesia continue to export frogs' legs. **K.S. Jayaraman**