Breast cancer therapy in UK criticized

Women whose lives could be saved by new treatments are dying of breast cancer because of delays in funding research in the United Kingdom, according to a recent government report. Others fail to survive because they do not receive treatment that has proven to be effective, the report says.

The means of funding research are not only "administratively very inefficient" but they undoubtedly cost lives, says the House of Commons Health Committee on Breast Cancer Services. The committee states, "A delay of two years in securing funding for a trial of a promising new treatment for breast cancer which is subsequently proven to reduce mortality by 5 per cent will have resulted in over 1,000 deaths which could have been prevented if funds for the trial had been supplied more quickly."

The July report recommends streamlining funding for breast cancer research. It says that the Department of Health and the Medical Research Council (MRC) should identify their budgets for clinical trials in breast cancer and allow them to be distributed by the United Kingdom Coordinating Committee on Cancer Research, in the hope that the UK's two main cancer charities, the Cancer Research Campaign (CRC) and the Imperial Cancer Research Fund (ICRF), would follow suit. In 1992-93, the health department spent \$1.1 million in this area, the MRC \$4.9 million, the ICRF \$7.4 million and the CRC \$6.3 million.

More than 30,000 women in the UK were diagnosed with breast cancer in 1992, or 140 per 100,000 population over age 15, not particularly high compared with other countries. However, UK's breast cancer mortality rate is one of the highest in the world.

Women with breast cancer should be treated in specialist units, the committee recommends. It says that variations in the types of treatment given to women in different parts of the country probably mean that, in some cases, women are not receiving the most appropriate treatment for their disease. National data on regional variations in clinical practice and clinical outcomes will be needed in order to evaluate whether introducing a network of specialist breast units significantly improves survival, the report says.

SHARON KINGMAN
London

DID YOU KNOW?

Markl to be new president of German Max-Planck Society

With the required two-thirds majority, the Senate (decision-making body) of the Max-Planck-Gesellschaft (MPG) has elected Hubert S. Markl, aged 56, as the new president of Germany's most important scientific organization. Markl, a professor of biology at the University of Konstanz at Lake Constance, was the only candidate. He succeeds Hans F. Zacher, who is retiring, and will take up the position by mid-1996.

A zoologist and ethologist, Markl is a former student of Nobel Prize winner Konrad Lorenz. From 1986 to 1991, while on leave from the university, he was president of the influential German Research Organization (DRG) in Bonn.

The MPG operates about 100 institutes or research units predominantly in Germany dealing with a diverse range of subjects from medicine and astrophysics to history, law and linguistics. With more than 10,000 employees nationwide, the MPG has an annual (mainly state-funded) budget of more than DM1.7 billion (US\$1.25 billion).

KLAUS DALLIBOR
Berlin

India to get advanced warning system for disease outbreaks

After last year's outbreak of plague took the country by surprise, the Indian government has decided to set up — with \$25 million in World Bank assistance — a disease surveillance network that it hopes will provide advance warnings of disease epidemics. At present, there is no focal point for monitoring or responding to disease outbreaks, and the government all too often must rely on information passed on through unofficial channels.

The network will focus on diseases such as cholera, viral hepatitis, plague, poliomyelitis, Japanese encephalitis, dengue fever and AIDS, says Krishna Kumar Datta, director of the National Institute of Communicable Diseases in New Delhi, which will house the network's control centre.

Fifty public health laboratories and medical colleges, specially equipped to carry out surveillance work, will be linked to the control centre via satellite. Datta says that 100 of the country's 540 districts will be covered in the first phase of the programme slated to begin early next year; complete coverage will be provided by the year 2000.

K.S. JAYARAMAN
New Delhi

Sex and the single gorilla

Finding the perfect partner can be difficult at the best of times, especially for animals in captivity. But with the help of assisted-reproductive techniques, developed by researchers at the Cincinnati Zoo's Center for Reproduction of

Endangered Wildlife (CREW), Mata Hari (nick-named Rosie), one of the zoo's lowland gorillas, is expecting what is believed to be the world's first test-tube gorilla.

Rosie's long-distance suitor was a gorilla from Omaha's Henry Doorly Zoo in Nebraska. In March, researchers recovered 12 oocytes from Rosie and fertilized them *in vitro*. Eight viable embryos resulted, and three were non-surgically transferred to Rosie's uterus. The remainder were cryopreserved in CREW's 'frozen zoo'. Rosie's pregnancy was confirmed by ultrasound in July; the happy event is expected in December.

All this does have a serious side. "Gorillas are just one of the many animals which have an increasingly smaller gene pool both in the wild and in captivity," said Ed Maruska, executive director of Cincinnati Zoo. "When captive gorillas aren't reproducing naturally, this technology can be used to include them in the gene pool."

DIANE GERSHON

PC or not PC: That is the question

Political correctness reached the doors of Japan's Ministry of Health and Welfare in August when an advisory panel to the ministry recommended changing terminology used to describe people with mental disabilities.

The ministry, one of Japan's most conservative, is now considering changing *seishin hakuju*, which means mental weakness or feeble-minded, with either *chiteki hattatsu shogai* (mental development disability) or *chiteki shogai* (mental disability), depending on the context. As the term *seishin hakuju* crops up in 36 different Japanese laws, which involve many government ministries, the health ministry will have to negotiate through Japan's bureaucratic maze before making any revisions.

RICHARD NATHAN
Tokyo