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The Succession at NIH

The choice of a worthy successor to James Shannon, director of the National Institutes of Health, is a matter of profound importance to medical research scientists. It is also a matter of concern to other scientists and of consequence to all humanity. Research funded by NIH brings knowledge and medical progress that gradually will be applied everywhere. Such progress can relieve suffering not only in this generation but in generations to come. Measured against the annual cost of all medical care in this country (\$43 billion), the amount NIH devotes to support and conduct of medical research is not large (about \$0.8 billion). Of this, a smaller sum is used for support of research at medical schools and in universities. These funds, however, constitute a substantial fraction of all the money available for support of all academic research.

Finding a proper replacement for Shannon will be especially difficult because his directorship is a tough act to follow. Shannon has been able to bring about an exponential expansion in the total budget of NIH, from \$82 million in 1955 to \$1.2 billion in 1966. A key factor in achieving this has been his facility in the art of the possible.

Shannon has done more than increase quantity. He has built quality. This is evident in the extramural program at academic institutions and was obvious in the excellent program for support of research overseas which for a time included many of the best foreign investigators. It is especially evident in the intramural research program at Bethesda. Shannon has been able to build good research teams and programs because he understands research, has judgment as to what is significant, and can quickly perceive where new opportunities lie. He has these abilities because early in his career he devoted nearly 2 decades to distinguished personal research activities.

During most of his regime Shannon was able to keep detailed government management of grant funds to a minimum. He preferred to operate on what amounted to an honor system. However, university administrators and faculties were not always diligent, and there was slight but highly visible carelessness. It became necessary to institute more control over funds. Overzealous accountants at universities have used the new regulations as an excuse for prodigious empire building. One of the pressing tasks of the next director of NIH will be to arrest and reverse this agency's contribution to the bureaucratization of the universities.

The next director will also face the difficult problem of trying to strike the right balance between increasing knowledge and applying it. Shannon has been energetic in fostering applications, but he has also been deeply convinced that the key to medical progress is better understanding of biological processes. Today there are widespread demands for quick solutions of difficult medical problems. A successor succumbing to the political pressures of the moment could, with a few ill-judged moves, destroy much of what Shannon has built.

The choice of a successor to Shannon will not be easy. It is one of the most important tasks John Gardner will face during his tenure as Secretary of Health, Education, and Welfare.—PHILIP H. ABELSON

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