Now the first non-human case of what seems to be mongolism has appeared in a chimpanzee.

Mongolism, or Down's syndrome, a chromosomal defect, is characterized by mental and physical retardation.

The normal person has 46 chromosomes, mongoloids have 47. The great apes — chimpanzees, gorillas, orangutans—normally have 48. A chimpanzee named Jama has been found to have 49 chromosomes, making her the first non-human primate with the characteristic sign of human mongolism.

Dr. Walter A. Pieper, psychobiologist, working with Dr. Harold McClure, veterinary pathologist at Yerkes Regional Primate Research Center of Emory University in Atlanta, Georgia, says that finding other chimps with symptoms of mongolism is possible but the process is difficult.

There is usually no cytogenetic work done on these primates because it is difficult and costly. "Animals born in the wild with this defect would not be exceptionally healthy and would probably not survive infancy," says Dr. Pieper.

Jama, born in the research center and watched over by researchers, was found to have a congential heart defect. Her life was in jeopardy, and diagnosis of the heart ailment entailed taking blood samples. Dr. McClure and his staff discovered the extra chromosome in the course of making these tests on the chimp.

Dr. Pieper is careful to point out that Jama's mongoloid characteristics are not necessarily identical to the human defect.

Nevertheless, her symptoms indicate that she does indeed have mongolism.

The chimp's slow physical and mental development rate is one of the most significant symptoms. She had a low birth weight and now, at one year, weighs less than the average chimp of that age.

Although she is developing slowly, Dr. Pieper expects her to grow to the normal size of the mature chimp and to live to be 40, the average life of a chimpanzee.

The skeletal development of her face seems normal, but there are characteristic mongoloid-like epicanthal folds of skin around the eyes. There is also considerable webbing between her fourth and fifth toes. Although Jama does have a heart defect, it is somewhat different from the usual human mongoloid heart defect.

Inconsistent with the background of the human disease, Jama's parents were rather young; human mongoloids are most often born to mothers beyond the age of 40. The extra chromosome in the human is assigned to the 21st chromosome pair; in Jama's case the extra chromosome could be assigned to either the 22nd or 23rd pair.

"Indications of her future development are good," says Dr. Pieper, and he and Dr. McClure want to keep her as healthy as possible. Their hope is to breed Jama to rear a group of mongoloid-like chimps for investigation.

If that can be done, research in the areas of birth defects and mental retardation could have application to human subjects, according to Dr. Geoffrey H. Bourne, director of Yerkes.

HEW

Egeberg for Knowles



Egeberg: Many parallels to Knowles.

After months of struggling came the Administration's decision on the person to occupy its top health post.

Dr. John H. Knowles, who had been championed by Robert H. Finch, Secretary of Health, Education and Welfare, was dropped from consideration, a victim in Finch's unsuccessful battle to overcome conservative opposition from Republican Congressional leaders and the American Medical Association (SN: 7/5, p. 5).

In his place, President Nixon nominated Dr. Roger O. Egeberg, 65-year-old Dean of the University of Southern California School of Medicine. Like Dr. Knowles, he has shown a strong concern for making medical care more responsive to social needs.

The nomination, technically to the post of Assistant Secretary for Health and Scientific Affairs, must be approved by the Senate. Sen. Everett M. Dirksen (R-Ill.), who led Senate opposition to Dr. Knowles, said he was reserving judgment on the Egeberg nomination. But it seemed unlikely that the forces that were victorious in blocking Dr. Knowles for five months would now launch an effort to oppose Dr. Egeberg.

Ironically, after all the political

maneuvering in an effort to secure support for Dr. Knowles, Finch said neither the AMA nor Congressional leaders had been consulted on the nomination of Dr. Egeberg.

In Dr. Egeberg it seemed HEW had obtained the services of a physician remarkably similar to Dr. Knowles in general attitude, viewpoint and approach. Dr. Knowles himself said the AMA hadn't won anything in the exchange. Of his friend Dr. Egeberg, he said, "For all intents and purposes his philosophy is exactly the same as mine."

Dr. Egeberg, a Democrat, characterizes himself as a moderate, but he has worked actively to try to liberalize the AMA. In 1961 he publicly dissented from its contention that all those who needed medical care were getting it.

He has a reputation for coming to grips with difficult problems, such as improving the delivery of health services and bringing about a closer relationship of medical education to social problems.

It is now recognized, he says, that quality medical care is a right, not a privilege. He has urged comprehensive health insurance for all California residents and proposed that public funds assist the poor in paying their premiums.

At his first news conference after the nomination he spoke of the need to improve the delivery of medical care as one of the nation's most important health problems. He expressed hope that the private sector of American medicine would propose and promote needed innovations. "We have to find a new way of delivering medical care to many millions of people," he said.

In Los Angeles he and the dean of

In Los Angeles he and the dean of the UCLA School of Medicine had been jointly working to help establish the Charles R. Drew School of Postgraduate Medicine in Watts, the area torn by riots in 1965.

It is difficult to assess Dr. Egeberg's potential effectiveness in the HEW post. The big question is what will be the President's attitude on health policy matters. After his final rejection, a pessimistic and somewhat bitter Dr. Knowles said Mr. Nixon's health policy boils down to "One, nothing. Two, cutting the [HEW] budget back and tentatively cutting it back next year."

At Dr. Egeberg's news conference, Finch announced a new five-point health program for HEW, which included limiting the rise of Medicaid fees, improving health services, expanding the supply of physicians, attacking environmental health problems and intensifying work in family planning. It remains to be seen, however, how effective the HEW Secretary and his new assistant will be in attaining these longrange goals.

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