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COVER: DESY, the German Electron Synchrotron, houses PETRA, the world's most energetic storage ring and colliding beam facility, which is now yielding results. See p. 186. (Photo: DESY)

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LETTERS

More on medical awards

The National Institute on Drug Abuse (NIDA) Division of Research played a significant role in the events leading up to the flurry of current questions concerning the 1978 Lasker Award for Basic Medical Research to Hughes, Kosterlitz and Snyder (SN: 2/24/79, p. 120).

At the 1977 39th Annual Scientific Meeting of The Committee on Problems of Drug Dependence, the NIDA Pacesetter Research Award was given to Avram Goldstein, John Hughes, Hans Kosterlitz, Eric Simon, Solomon Snyder and Lars Terenius, for the rapid development of the concept, and characterization of the structure and function, of enkephalins and endorphins, the endogenous morphine-like substances produced in the central nervous system. All six of the awardees had received NIDA support for the investigations leading to these discoveries.

In retrospect, we feel that it was a significant omission on our part that Dr. Candace Pert was not included. Her graduate student role was the issue at the time; subsequent increased awareness of her major contribution has led us to this revised conclusion.

Selecting recipients for prestigious awards is a complex social process in which "scientific merit," unfortunately, is often only one of many considerations. Sometimes, serious mistakes are made. This should not detract, however, from the satisfaction we can all share at the continuing dramatic progress in the opiate receptor and peptide research area.

William Pollin, M.D.
Director, Division of Research
National Institute on Drug Abuse
Rockville, Md.

I read with great interest your article "Winning and Losing: The Medical Award Game." I think it is extremely important that we confront the "peer review" process, and document as often as possible how prejudices operate against women. Someone told me of a really blatant example recently. A woman submitted an article to a major scientific journal, using her full name. It was rejected—simply returned, not even sent out for review. She re-typed the title page, rearranged the words in the title, and re-submitted the article, otherwise, totally unchanged, using initials instead of full name. The article was sent out to reviewers and accepted for publication. I am sure there are hundreds of other examples, but if there is any way we can document the issue and publicize it, I think it is important to do so.

Rada Dyson-Hudson
Ithica, N.Y.

That's progress?

After reading SCIENCE NEWS for four years, it has occurred to me that all areas of scientific, human, and technological endeavor are progressing, except for medical research.

If you take the number of personnel, the quantity and quality of equipment, and especially the amount of financial input, and compare these to the output of each discipline, you begin to wonder how so many medical researchers using computers, scanning electron microscopes, computerized axial tomography, and billions of our tax dollars and private grants, can come up with only one thing—more questions.

I am getting quite tired of hearing how medical folks using scanning electron microscopes can tell us the wonderful clarity they see when gazing at cells, cilia, cell walls, zygoplasm, T cells, DNA, enkephalins, viruses, and platelets. When will they be able to cure my cold? And the question for the next century is: When will they be able to prevent my cold?

I fully expect we will have seeded the Venusian atmosphere and established earth colonies there while medical researchers are still debating the differences between viruses and bacteria.

While writing this letter, I thought perhaps I'm being out of line. So I gave my stack of SCIENCE NEWS a cursory perusal. All nonmedical sciences seem to generate two questions, one of which is later solved, the other generates two more questions, one of which is later solved; etc., which is realistic progress. I do not see this for medicine. Now before all of you with an M.D., Ph.D., D.D.S., or B.S. write a retort, stop and scan through your stack of SCIENCE NEWS for the last few years, and recap the advances made in your field. The only thing that I recall is a CAR scanner. Now the CAR scanner is a marvelous device, but compared to Pioneer Venus or Voyager, a toroidal tokamak, or the moon landing (which was ten years ago), I somehow am not overwhelmed nor impressed.

Still thinking that I may be out of line, I consider the possibility that what medical research is attacking is incredibly intricate. But then, how simple is a subatomic particle accelerator, or the calculation of a flight path to Saturn, or carbon-14 dating a bristlecone pine, or addressing a byte in bubble memory, or attempting to comprehend a quasar or black hole, or trying to communicate with a cetacean, or teaching a deaf child to speak?

Having hereditary skin cancer, "basal cell nevus," and having seen most "experts" in the Detroit area, I am disgusted with their total lack of knowledge. The procedure for removal of warts, bumps, and all other skin nasties in 1890 was excision with a knife. Ninety years later it is still the same, with one exception — the anesthetic. Now I get a local; in 1890 I would have had a half bottle of Jack Daniels — that's progress?

Dave Westfall
Farmington Hills, Mich.

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