

- For 1988, income totaled DM 56.1 million, of which DM 47 million came from Member State contributions. The total expenditure of DM 55.1 million consisted of personnel costs (DM 32.6 million), operating costs (DM 14.7 million) and capital expenditure (DM 7.8 million).

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United States: The Visiting Program of the National Institutes of Health: Stipends for 1990

The NIH Visiting Program provides scientists throughout the world the opportunity to share in the varied resources of the National Institutes of Health. Through this program, scientists at all levels of their careers are invited to the NIH to receive further experience and conduct collaborative research in their biomedical specialties.

There are three categories of Visiting Program participants: Visiting Fellows, Visiting Associates and Visiting Scientists. Each participant works closely with a senior NIH investigator who serves as sponsor or supervisor during the period of award or appointment.

Visiting Fellow Awards

The Visiting Fellow award is for advanced research training experience at the NIH. Visiting Fellows must have a doctoral degree or its equivalent in the health sciences and not more than three years of postdoctoral research experience when the fellowship begins. Upon nomination for the program, candidates must provide a photocopy of their degree or a letter from a university official stating when the degree will be awarded. Course work toward a degree does not qualify a candidate for a fellowship. During the fellowship period, Visiting Fellows may not hold outside employment or accept assignments away from their NIH sponsors. Visiting Fellows may be resident or nonresident aliens. U.S. citizens are not eligible for the Visiting Fellow award.

Length of fellowship. Visiting Fellows receive an initial award for one or two years. The fellowship may be renewed for up to three years total. Renewals are based on merit and are subject to approval by the Director of the NIH and the Immigration and Naturalization Service.

Stipends for Visiting Fellows are based on the number of years of postdoctoral experience a candidate has when the fellowship is awarded. Current stipend levels, effective October 1, 1989, are:

- \$25,000 for less than one year of postdoctoral experience;
- \$26,500 for one to two years of postdoctoral experience;
- \$28,000 for two to three years of postdoctoral experience;

Visiting Fellows are paid at the beginning of each month. For each year the fellowship is continued, the stipend is increased by \$1,500.

Visiting Associate and Visiting Scientist Appointments

Visiting Associates and Visiting Scientists are appointed to conduct health-related research. Because they perform services, they are considered employees of the NIH. Visiting Associates and Visiting Scientists must have a doctoral degree or its equivalent. In addition, Visiting Associates must have 3 to 6 years of postdoctoral research experience, and Visiting Scientists must have 6 or more years of postdoctoral research experience.

Length of appointment. Visiting Associates' and Visiting Scientists' appointments are for an initial 12- or 13-month period. Appointments may be renewed, but the total length of an appointment may not exceed 4 years and is subject to visa restrictions.

Salaries for Visiting Associates and Scientists are based on each candidate's qualifications. Current salary levels, effective October 1, 1989, are:

- \$23,846 to \$44,957 for Visiting Associates;
- \$34,580 to \$75,500 for Visiting Scientists;

Salaries may be increased when appointment is continued. Salary increases are based on the following formula:

- \$1,000 if the participant is achieving the research goals and objectives set at the time of the appointment;
- \$1,500 if the participant is significantly exceeding the research goals set at the time of appointment;

Visiting Associates and Scientists are paid every two weeks.

How to Apply

An award or appointment to the Visiting Program must be requested by a senior investigator in one of the NIH's laboratories. This investigator serves as the participant's sponsor or supervisor during the period of appointment. Anyone interested in a Visiting Program fellowship award or appointment should send a resume and brief description of research interests to individual NIH senior staff scientists who are working in the fields of the applicant's research interest. These investigators are listed in the Scientific Directory and Annual Bibliography, which is published each year by the NIH and is generally available in many libraries throughout the world. A copy may be requested from:

Public Inquiries, Office of Communications
National Institutes of Health
Building 31, Room 2B03
Bethesda, Maryland 20892, USA

United Kingdom: The Annual Report for 1988/89 of the Medical Research Council

Clinical Research Initiative

The Council sees a need for a major initiative to strengthen and expand the clinical research base in the United Kingdom. The main objectives of this initiative are:

- to apply the recent major advances in basic biology to clinical medicine, and to achieve this aim by bringing together outstanding basic and clinical scientists in teams large enough to enable them to collaborate and exchange ideas, information and discoveries, to avoid the problems of isolation and share sophisticated equipment and facilities;
- to establish for this research an appropriate clinical environment;
- to establish appropriate mechanisms for industrial liaison. As the first step in this initiative the Council has proposed the creation of a major new Centre for Clinical Research and Postgraduate Medical Education.

Interdisciplinary Research Centres (IRC)

In its 1987/88 Annual Report (for the 1987/88 Report see *Experientia* 45 (1989) 1009) the Council reported that it had welcomed the initiative taken to set up IRCs, since this would further develop a method and scale of support which it had found highly effective through MRC units in university departments and new ventures such as the Institute of Molecular Medicine in Oxford. Progress in planning the following IRCs is already well advanced:

Toxicology. Funds were approved in 1988/89 for an IRC in toxicology. It has been agreed that this should be set up at the University of Leicester and that the MRC Toxicology Unit should be moved there to form a key component of the new centre.

Protein Engineering. An IRC is to be established in Cambridge and funding has been made possible through the additional resources the Council has obtained from the Science Budget 1989/90.

Cell Biology. An IRC is to be established in London University. Funding has again been made possible through the additional resources provided in 1989/90, supplementing existing Council support.

In addition, the Council is participating in an IRC in Molecular Sciences established in Oxford by the Science and Engineering Research Council. The MRC's contribution will be in excess of £1 million over five years. The Council has further identified the following areas of immediate promise for the development of IRCs: Brain and Behaviour, Neurodegeneration.

MRC Unit on Protein Function and Design

A new MRC Unit on Protein Function and Design has been established in Cambridge. It will continue the pioneering work of Professor Alan Fersht on the practical application of genetic engineering in the design of novel enzymes, antibodies and other proteins for use in therapy

and in other commercial applications. The Unit's programme will form a central component of the IRC in Protein Engineering (see above).

MRC AIDS Programme

The MRC's programme of AIDS research, which covers a broad range of study from molecular biology, immunology, virology and synthetic organic chemistry through epidemiology and clinical research to studies of sexual behaviour, has continued to expand steadily during the last year. The AIDS Directed Programme which began in 1987 is aimed at developing vaccines for prevention and drugs for treatment of AIDS and HIV infection. A wide range of approaches on a number of potential vaccine candidates is being funded. The research on drug therapy is focusing on specific components of the virus as potential targets for chemical intervention. A major clinical trial jointly between the UK and France of Zidovudine (AZT) in the treatment of asymptomatic infection began in the autumn of 1988. An extensive programme of epidemiological studies of AIDS is under way to investigate the natural history of the disease and factors which affect transmission between individuals.

MRC Human Genome Mapping Project

The Council was pleased to learn in February 1989, that additional funds, amounting to some £11 million in the first three years, would be available from the Science Budget to implement its proposal for additional work on the human genome. The Council had put forward plans for a Human Genome Mapping Project comprising two major elements:

- A Resource Centre that would provide biological material for UK teams, and a service for collecting, collating and mapping information provided by the individual research teams.

- A Directed Programme to develop enabling technologies, stimulate new types of study, coordinate activities, and to provide additional training opportunities.

The Directed Programme has now been established and the first round of grants and research studentships has been awarded. The Resource Centre will be established as a distributed but coordinated activity, with the major focus at the MRC Clinical Research Centre, Harrow.

Training Awards and Studentship Stipends

The Council has been concerned for some time about the growing evidence of hardship caused by the inadequate level of the postgraduate stipend and its effect on the quality and quantity of graduates expressing an interest in postgraduate training. The Council therefore decided that within their existing resources, funds should be found to allow stipends to be increased in the autumn of 1989. All research and advanced course students should receive thereafter an annual increase of between £480 and £720 with those on the AIDS Directed Programme