

problems are being addressed. Another priority is to concentrate resources on mouse genetics, since the mouse genome and that of man show substantial similarities. A major component in the project is a Resource Centre that will aim to provide materials and collect data as well as carry out an intensive programme of systematic data generation. The Centre has been set up at the Clinical Research Centre at Harrow, and has been fully operational since October 1990.

AIDS

Anonymous testing for antibodies to HIV: Surveys involving voluntary named testing have been in progress for some time, and in January 1990 a major programme of unlinked anonymous testing was launched to complement this. The main advantage of anonymous testing is that since testing is done without individual consent, it is possible to test a representative sample of a particular population. Initially, the study populations will include people attending sexually transmitted disease clinics, drug-dependency units and antenatal clinics.

Therapeutic trials. Early in 1990 approval was given for a clinical trial of the drug dideoxyinosine (ddI) in patients with HIV disease including AIDS. This is a preliminary trial in patients who are unable to tolerate the drug zidovudine (AZT) and for whom there is therefore no other anti-viral therapy available. The aim of this dou-

ble-blind controlled trial is to evaluate the effectiveness and toxicity of the drug by comparing two different doses of the new drug with a placebo. It is appreciated that some patients, given their situation, will want to be sure of receiving ddI, despite current lack of information on either safety or efficacy. The trial therefore offers these patients the alternative option of being randomized to receive one of the two doses of ddI. This trial will involve collaboration with France and possibly other European countries.

The study of zidovudine in asymptomatic HIV patients continues in spite of the termination of a similar study in the United States. While the U.S. study has shown benefit in the short term (up to one year), the present study is expected to yield information on longer term treatment. In addition, the extent to which HIV becomes resistant to zidovudine treatment (a phenomenon already demonstrated in AIDS patients) will be studied.

The directed programme. Steady progress has been made since 1987 in the development of vaccines for prevention and drugs for treatment of HIV infection and AIDS. Studies have now shown that it is possible to protect macaque monkeys from infection with SIV (the simian relative of HIV) using a vaccine made from inactivated virus. These results provide encouragement that a vaccine against HIV will ultimately be possible.

United Kingdom: The Science and Engineering Research Council (SERC): A Report on Research in the United Kingdom, France and Germany (W)

The SERC has published the first volume of a report presenting the main financial features of research and development (R&D) in these three countries, including both the broad lines of the institutional arrangements and the resources deployed, according to official national data. Major differences are found between the three countries.

Regarding the resources deployed in 1987 (the last year for which full data are available), particular attention has been paid to the support of the average researcher in each country, for different sectors of R&D.

For *R&D of all types*, total expenditure per researcher in the UK (£73,000 at market exchange rates) is much less than that in Germany (£128,000) or in France (£111,000); this discrepancy is only partly explained by the fact that there is substantially more support staff per researcher in Germany (1.77) and France (1.55) than in the UK (1.2).

Regarding specific sectors, German *industry* is shown to fund 2.5 times as much R&D (£11,600 million) as does British industry (£4700 million). Expenditure per researcher in UK industry (£73,000) is only about half that in either German or French industry (where in these countries the amount is roughly £145,000). Each industrial researcher in the UK has only about 1.1 staff supporters, compared to over 1.9 in France and Germany. Regarding *public funding* of R&D, the UK (with its £4100 million) is substantially lower than either France (£6800 million) or Germany (£7200 million).

All the above figures for 1987 are based on market exchange rates (£1 = FF 10 = DM 3), giving substantially different results from the 'purchasing power parity' exchange rates used by the OECD (£1 = FF 12.74 = DM 4.25). A suitable index for 'research purchasing power parity' does not yet exist.