

STANFORD UNIVERSITY
MEDICAL CENTER
PALO ALTO, CALIFORNIA

DEPARTMENT OF GENETICS
School of Medicine

October 26, 1961

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Mr. R. Sargent Shriver, Jr.
Edson Lane
Rockville, Maryland

Dear Mr. Shriver:

I was deeply moved by the occasion of the panel on mental retardation last Wednesday. Perhaps you are too familiar with such affairs to share the experience, but I was deeply gratified at the interest the President showed in advancing the scientific attack on the problem. The statement issued over his name was an excellent one, and the panel will have to work very hard to improve on it for its own report.

I am writing now in the spirit of the same occasion, to ask your help in getting our own program under way. Stanford is not a very large school, but I think we can be proud of the quality of scientific and medical talent that has collected here, with a unique spirit of identification with medical progress through science. You already have a program that Dr. Kretchmer and I and our colleagues have formulated. But may I write you frankly what we really need, what would be a tremendous boost to realizing our talents and energies? This is very simple: the space and facilities to do our work. There are dozens of us who have ideas and programs that we are eager to pursue and are frustrated by the limitation in working space. "Blank Building" would cost about 4.5 million; its completion would generate research of an intensity to match this capital cost in three to five years. This is work now agonizingly undone!

In our proposals, we indicated a need of a half-million for construction, about a million more in the long-run for other costs. If you really wanted to give research in mental retardation a boost, you would give us the means to put up this building - \$2 million would do it for sure, \$1 million would go a long way.

How will all this relate to mental retardation? The building would support a wide range of research activity under the general heading of molecular medicine. Mental retardation is so pervasive a problem that it is hard to know in advance what will bear on it, though I think I could make an explicit case for a large fraction of the basic work my colleagues are doing. Of course, it is important to keep re-emphasizing the problem, so that we will be constantly alert for the appearance of possible solutions.

Dr. Kretchmer and I had already discussed with you some of the educational programs we had in mind; others will follow. I can also assure you of the persistence of my own interest, and that I would take personal responsibility to be a gadfly.

At your committee meeting here, I freely admitted I did not know the most useful approach that I could formulate at that time for a more specific attack on mental retardation. But I have been pondering over this. Now, I would like to set up a laboratory (with Norman) to start a rather broad program in neurochemistry, to sort out the major groups of proteins found in the brain, by analogy with the analysis of blood protein that has been so fruitful. This is a hack kind of job, but it needs to be done as the basis for further work on variation of specific protein components in relation to heredity, development and disease. This program would have very wide ramifications for development and need not be confined to the nervous system. Just within the last few years, the technology has been developed that will let us think of such a massive attack, one whose scope does call for a bold concentration of effort. This is an important area of work which can be financed for something like \$100,000 a year and the space to put it in. This is a sizeable amount of money, but undoubtedly a good investment, and if we had the space we could find the staff and running costs.

This is not the only program - others will follow if we have the opportunity to work them out. The important thing is to support centers of good basic research, and to maintain a spirit of responsibility to the problem. The Kennedy Foundation's support of "Blank Building" would be a striking way to do this.

I can understand that your group would also be preoccupied with problems of care, looking at the present problem as well as the understanding and prevention of new cases. Norman and I must look at this from slightly different angles. From my view of the specific strength of Stanford, I feel that we should not commit Stanford Medical School to a major effort in this direction, which could so drown us in community responsibilities as to be a serious distraction from the research needed to mitigate the future problem. When we had located additional perceptive and qualified men for this job who fit the other aspects of Stanford's approach, or could train them ourselves, we would certainly want to expand our present program. We recognize the need for clinical contact, both as a measure of community responsibility, and as material and inspiration for research, and Norman might well want to move even faster on this than I do. At this stage, I, myself, think we would do better to stress our basic research goals locally and work out cooperative programs with the county agencies for care to be sure of the fullest use of our educational and research resources.

Whether or not the Foundation can help, as I am asking, we mean to pursue these aims. But you could save us as much as two or three years, and with it an initiative and morale that might be harder to sustain otherwise!

R. Sargent Shriver, Jr.

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It happens I have an unusually full calendar this month (for someone trying to stay in the lab) and will be east November 2, November 12-13, and December 20. I would be happy to spend time to discuss these matters just before or after these dates, or another time if more convenient to you, if it could help us get where, I am sure, we all want to go.

Yours sincerely,

Joshua Lederberg
Professor of Genetics