

against the obliterating consequences of a certain type of modernization. Rousseau, our *bête noir*, shows us that it is very hard to have the anthropological consciousness without having one's heart broken, but that is no excuse for a paralysis of the will.

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True Genius Kindles

The announcement (8 Dec., p. 1345) of an AAAS symposium on Michael Faraday uses the phrase, "Despite his lack of formal education. . . ."

This is the sad fate of pioneers. Heinrich Hertz had no formal courses in electromagnetic theory, nor did James Clerk Maxwell. Lord Rayleigh was exposed to few courses in acoustics. Jacques Yves Cousteau never had formal education in undersea exploration.

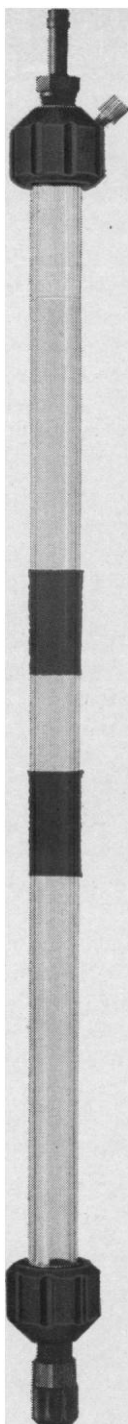
Who are the followers and who the leaders—teachers or students?

LAWRENCE FLEMING
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Doctors, Patients, and Malingerers

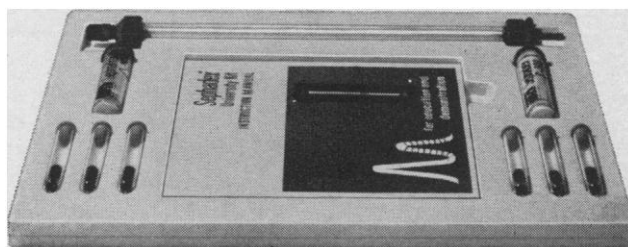
Dutton can't believe that people ever *want* to be hospitalized (Letters, 29 Dec.). Ho! Ho! Ho! I don't know where he works, but I'd wager it is not in the area of patient care. Sooner or later, every hospital and every physician makes the acquaintance of a person who *likes* hospital life. If you can afford it, and you are not very sick, it has its enticements: sympathetic people dedicated to taking care of you, and a routine which functions without any effort on your part (hot water bottles and fruit juice on request, meals served in bed with no dishes to wash, back-rubs, and clean sheets and housecleaning done by someone else). This actually appeals, if only temporarily, to the lonely and the tired—ask any mother of small children! The real malingerers will put up with the inconveniences and pain to carry out their deception.

Furthermore, it is not rare to find the malingerer not stopping with symptoms that require only x-rays or aspirin. Some submit willingly not only to having blood drawn (which is not really all that traumatic), but to spinal taps, cystoscopy, orthopedic braces, and even



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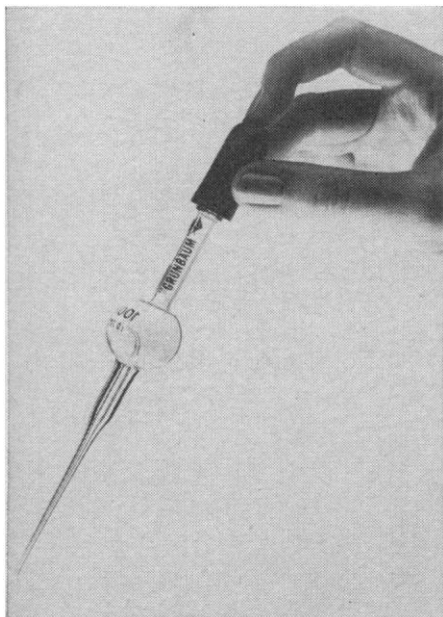


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surgery. The physician who deals with compensation (insurance) cases sees them, as does the neurologist; but so does the internist, the orthopedist, the gynecologist, and the dermatologist. Some patients go so far as to deliberately aggravate a minor condition or even inflict wounds on themselves.

Obviously, Dutton has better things to do with his time than submit to needless hospitalization—but the "unthinkable" is true. Such occurrences are far more numerous than the general public realizes, and probably more numerous than I realize, for I am not a physician.

DOROTHY BRANSON

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Dutton's letter is as sinister as it is disturbing in its implications. To attack the American Medical Association "persecution complex" is his royal prerogative but he ought not attribute his own Machiavellian mental concoctions "to cynical laymen in this country and foreigners." Every doctor I know is currently working behind schedule with overcrowded waiting rooms and with patients disgruntled about having to wait a week, a month, or more for appointments. Every doctor I know devotes considerable time daily at the telephone consulting with patients, trying to discourage unnecessary appointments to lighten his office load. I believe a similar situation exists throughout this country. . . . There are sufficient meritorious arguments for a National Health Service without stooping to snide remarks regarding doctors' character, honesty, and integrity. If we are going to have a National Health Service program, let it be not in retaliation against the medical profession, but rather because we believe it will improve the health standing and medical care of the American people.

THEODORE ROSEN

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Conserving Rare Wildlife

Gregg's letter (12 Jan.) reflects the growing concern over the rapid depletion of wild animal populations. Many animals on import lists are also on the "endangered list."

Conservationists usually respond by attempts to (i) establish sanctuaries and game management laws; and (ii) reduce the export of such animals. Both efforts are often thwarted inas-

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