

medical care. If comparison with private patients is any yardstick for making such a judgment, consultation has been common practice for many years for patients who could afford it. Somewhat paradoxically, it has also been common practice in the care of charity patients at university teaching hospitals. A very large percentage of physicians are earning less in terms of real income; many of us are on a downward income curve even though working harder and for longer hours.

... The fact is that first-rate medical care for the entire population is very expensive. I have not yet heard any national politician tell the public in real terms just how expensive it is. One cannot help but wonder, however, about the complaints of such an expense in a society which spends as much on tobacco and alcohol while dissipating nearly a third of its annual national expenditure in Vietnam.

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Long Arm of "Security Clearances"

Bryce Nelson (9 Jan., p. 154) reports the changes in procedures that the Department of Health, Education, and Welfare will be using in the selection and appointment of its scientific consultants. These appear to be good changes, but the essential problem as to why part-time consultants for HEW must be considered part-time government employees has not been raised. If a scientist is invited for consultation or a seminar at another university or institution because of his expertise in a certain area, expenses plus an honorarium are given to him. The scientist is not considered an employee, albeit temporary, of that university or institution. Why should HEW consider scientists serving in advisory capacities as government employees? Merely paying expenses plus \$50 a day is not sufficient reason.

Nelson predicted that with the new HEW "security" procedures, the existing blacklists will be scrapped. Mere restructuring of "security" procedures at HEW masks the main problem which is whether there should be any "security" procedures for HEW scientific personnel. Unless HEW does away with all "security clearances" of scientists, there is a good probability that

new blacklists may begin to appear. Professional qualifications should be the sole criterion in the selection of scientific consultants.

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Conflicting Pronouncements

The letter of Epstein, Hollaender, Lederberg, Legator, Richardson, and Wolf (26 Dec.), which supported the ban on cyclamates, noted the potential hazard of cyclohexylamine, a cyclamate derivative. While reading the 13 December issue of *Lancet* (p. 1301), I chanced upon an editorial comment that seems pertinent:

Our annotation of Nov. 1 (p. 941) was wrong in stating that a derivative of cyclamates, cyclohexylamine, has been shown to be carcinogenic in animals. The only evidence of carcinogenicity in cyclamate-related compounds concerns dicyclohexylamine given to animals. Pliss (1) reported the development of sarcoma at the site of a single injection of dicyclohexylamine; and dicyclohexylamine nitrite given subcutaneously was followed in some animals by multiple cancer foci of different types. Cyclohexylamine was not carcinogenic. Shabad (2) described the results of feeding and subcutaneous injection in mice and rats. Again, cyclohexylamine gave rise to no tumours. Dicyclohexylamine and its nitrite were associated with the appearance of sarcomas in 13% of surviving animals. ... Lomonova (3) has also produced some evidence that dicyclohexylamine can cause tumours. Czech workers studied the effects of oral administration of dicyclohexylamine nitrite in rats and dogs and found no evidence of carcinogenicity. ...

I can readily understand the confusion and anxiety among the general population, caught between conflicting scientific pronouncements. This exists not only over cyclamates, but for the "Pill," DDT, and a host of other environmental-ecological problems.

How about a moratorium on partisan pontification over as yet highly subjective "facts"?

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3. G. V. Lomonova, *Fed. Proc.* **24**, 96 (1965).



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