as to deny the relevance of cultural variation.

According to Richard Lewontin, "Nothing we can know about the genetics of human behavior can have any implications for human society." Are we to believe that the correlation between low IQ and the PKU syndrome (*2*) has no "implications for human society," and hence that discovery of dietary therapy for this genetic disorder was undesirable?

The ultimate irony is that Wilson's sociobiology may be far more radical than the political ideology of his critics. If hominids lived in small hunting and gathering bands for a period of between 3 and 10 million years, our species may well have a genetic propensity to form small groups of 25 to 50 (or 100), in which each member individually recognizes all others (*3*). Such a hypothesis would lead to predictions that large-scale bureaucracies impose rather severe strains, even on a species as plastic and adaptable as *Homo sapiens*. The Sociobiology Study Group would do well to consider the possible relations between Wilson's theories and the "Buddhist economics" of *Small Is Beautiful* (*4*).

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3. L. Tiger, *Men in Groups* (Random House, New York, 1969). The Sociobiology Study Group has 35 members.
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According to Wade's article, Lewontin, Gould, and others of the Sociobiology Study Group fear that Wilson's *Sociobiology* will justify the existing political order of society. That the existing political order will use the tactics of the Sociobiology Study Group as a model for the intrusion of ideology into science seems just as likely and even more to be feared.

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Suppression of investigation has often been political, but the claim that research itself becomes political if it is pursued in areas that the critics would proscribe seems relatively novel. There has long been, and there remains, an unbridgeable gulf between those who seek truth, recognizing that truth must always be tentative and that their insights cannot be totally free of either genetic or environmental influences, and those who would block the search for truth because they are sure they "know" already what is right and good. Past attacks on science have nearly always come from those who consciously and openly adhered to an old and established value system that they felt to be threatened. It is ironic that the present opponents of freedom of investigation and discussion not only are scientists, but are also proponents of social change. But they seem as dedicated as earlier opponents to their particular version of Truth, and as fearful that it might not survive the accumulation of the results of free scientific research.

Selective limitation of scientific investigation on religious, political, or ideological grounds has always been considered by nearly all scientists to be bad for science. I hope that most citizens, scientists and nonscientists alike, share my value judgment that it is also very bad for a free society. The imposition, on such grounds, of limits on freedom of research is not obviously different in kind from imposition of limitations, based on the same grounds, on what may be said or thought. Without questioning the sincerity of the scientists who would limit the freedom of other scientists to investigate, speculate, publish, and discuss, I maintain that their challenge is a serious one, and that scientists, as individuals and through their organizations, should consider the issues and make their positions known.

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Creutzfeldt-Jakob Disease Among Libyan Jews in Israel

In 1974 we reported (*1*) a focus of Creutzfeldt-Jakob disease (CJD) among Libyan Jews in Israel. This disease is a rapidly fatal form of dementia associated with spongiform changes in the brain and is transmissible to certain animals. The Libyan Jews had an average annual incidence more than 30 times higher than that of any other ethnic group in the country (31.3 per million population compared to approximately one per million population in other groups). We have subsequently maintained a countrywide medical surveillance program in Israel, and have sought to identify all new cases of CJD. We utilized our National Neurological Disease Registry, which is based on the diagnoses of all hospitalized patients at discharge. We also maintained regular contacts with all hospitals, chronic care facilities, and neurological specialists in Israel. In the period 1973 to 1975, after completion of the previous study, we identified an additional 12 cases of CJD, eight of whom were Libyan Jews. Thus, the extraordinarily high incidence of CJD among Libyan Jews in Israel persists and is even higher than what we previously reported, whereas the incidence among non-Libyans remains about the same. The eight Libyan cases included two definite, four probable, and two possible cases, as defined in our previous report; the non-Libyans included two definite, one probable, and one possible case. The national origins of the latter cases were, respectively, Iran, Yemen, Poland, and Egypt. The average age of the Libyan patients was 60 years compared to 59 years for the non-Libyans.

It is suspected that the slow virus of CJD may be acquired through ingestion of infected animal brains. All ethnic groups in Israel obtain their meat from a common source. Hence, it is unlikely that the high incidence of CJD in Libyan Jews can be explained by dietary acquisition of the slow virus in Israel. Rather, it must have been acquired before immigration. All the Libyan Jews with CJD had lived in Israel for at least 23 years, but such a long incubation period is not incompatible with a slow virus disease. Nothing is known about CJD or other slow virus infections in Libya. However, detailed interviews with relatives of patients with CJD and controls from the Libyan communities in Israel have revealed that cattle and sheep brains were consumed regularly in Libya. No differences between patients and controls with regard to quantity, source, or mode of preparation of the brains has, as yet, been determined.

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