decades without a similarly significant finding ever having been made. Nor has the Coast Guard, with its substantial appropriations and its general jurisdiction over many aspects of the Merchant Marine, ever brought the asbestos problem to our attention.

As a result of Weill's work, MEBA has been alerting engineers to the necessity of coping with the dangers from asbestos in the engine rooms. We have, in addition, instituted a vigorous program of covering up asbestos overlays around the engine rooms, and of removing all excess asbestos material to properly controlled storage space at shore locations.

What concerns me about the article is that some of our members might mistakenly assume that Weill is some kind of a corporate medical apologist. That was certainly not the case in his work on the research performed by MEBA, which conformed to the best traditions of the medical profession.

It may be that some union people, some members of the medical profession, and some officials of agencies and institutes feel that Weill is company-oriented and not neutral. MEBA found him both professionally skillful and biased only against the spread of asbestos and related lung infections, for which we are grateful.

J. M. CALHOON
National Marine Engineers' Beneficial Association, 440 North Capitol Street, Washington, D.C. 20001

Marsupials in the Lab

It is good news that there is increasing interest in the laboratory potential of marsupials—including the opossums which Jurgelski has been rearing at Research Triangle Park for several years (News and Comment, 29 Sept., p. 1194).

I have long hoped that the breeding difficulties with the mouse opossum (*Marmosa mitis*) of northern Colombia might be overcome so that this little animal could replace the rat in testing of orally administered plant materials suspected of carcinogenicity in humans.

In 1971 I provided a female *Marmosa mitis* for examination by the Chilean pathologist Robert Zaldívar. After a histologic study, he wrote me that "The stomach is totally lined by a glandular epithelium, similarly to man. Therefore, this species may be used for studying the sensitivity of such epithelium to known strong and weak chemical carcinogens. In addition, this animal has a convenient size."

This observation, probably never published, may encourage further (and, I hope, successful) attempts to raise these appropriate animals beyond the second generation (*1*).

JULIA F. MORTON

Morton Collectanea,
University of Miami,
Coral Gables, Florida 33124

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Prevention of Long-Term and Disabling Diseases

Gio B. Gori and Brian J. Richter, in "Macroeconomics of disease prevention in the United States" (9 June, p. 1124), ignore some crucial economic effects of disease prevention. Their calculations focus entirely on the effects of preventing "five major causes of death." This leads to their conclusion that "a successful policy of disease prevention has a regressive economic potential."

If that is true, then the sicker the population the healthier the economy! That is hard to believe. We do not have the training needed to unravel their macroeconomic model, but we are sufficiently expert in epidemiology and biostatistics to point to a bias in their work which partly accounts for their unbelievable conclusion, a conclusion which can impede disease prevention initiatives.

Identifying the main causes of mortality is not, and never will be, unimportant, but morbidity is now the central problem, largely as a result of victories over yesterday's great killers. Preventing lifelong illnesses and disabilities has positive effects which do not enter into Gori and Richter's accounting (*1*). So they give disease prevention a dismal appearance.

We have tried to persuade public health professionals to assign an appropriate high priority to the prevention of long-term illness and disability. The mental disorders are a case in point. They produce many cases of severe disabling illness at every age with a total annual cost close to $40 billion (*2*). Mortality statistics would never reveal the extent of this burden. Only a small proportion of all deaths are ever reported with mental disorder as the underlying cause (*3*). Surely, success in preventing mental disorders would not have a regressive effect on the economy.

If no prevention occurs, this burden will increase by two mechanisms.

First, current trends in the age-sex-race distribution of the population be-