prepared to contribute to a most critical enterprise, that of building a viable international order.

Potential Contributions of a Psychiatry of International Affairs

It is as yet impossible to visualize all of the possibilities for a psychiatry of international affairs. They range over the whole spectrum of human communication and social behavior. At a practical level, psychiatry could contribute to more accurate conduct of international affairs. My own work has involved studies of the personality characteristics of foreign leaders, of psychopolitical factors in specific international conflicts, of interpretation of negotiating behavior, of improving effectiveness of communication among nations, of analyzing psychological aspects of policy—as these might modify cost-effectiveness or strategic decisions—and of working out means to establish human contact with groups isolated from and essentially wrong-headed about the United States. I am satisfied that in each of these case studies something unique has been systematically derived from the psychiatric discipline—concepts, attitudes, and modes of analysis which are peculiar to our profession and nowhere else so well developed (*12, 16*).

The ultimate contribution of a psychiatry of international affairs could well be conceptual and theoretical. Working by the case method and basing generalizations on hard evidence, we may be able to construct a new and deeper understanding of the political processes within which we all live.

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NEWS AND COMMENT

AMA: Some Doctors Are in Revolt, but Revolution Is Not in Sight

From an intellectual point of view, criticizing the American Medical Association may be like beating a dead horse. All the criticisms have been made, and made well, and the points raised about the organization a decade or a year ago are equally valid now. Politically, however, the beast is alive and kicking, or at least it is alive enough so that when its new president suggests in his inaugural address that health care in America is not a right but a privilege, those who have come to take the opposite principle for granted feel stirred to make a loud response. In taking his stand at the AMA convention late last month, Milford O. Rouse, the conservative Texan who is the organization's incoming chief, did for the dissenters in American medicine approximately what Pearl Harbor did for FDR.

Rouse spoke in a context of rising anxiety throughout medical circles about cracks in America's system of delivering medical care. The main thrust of concern varies with the perspective of the observer, but it derives essentially from three considerations: cost, quality, and equality. Costs are soaring: hospital rates went up 16.5 percent last year, the highest increase in 18 years, and doctors' fees rose by 8 percent, the highest annual increase since 1927. The distribution of resources, one measure of the potential for quality, is notably uneven: New York State has 211 doctors per 100,000 population; Mississippi has 74. Massachusetts has 502 professional nurses per 100,000 population; Arkansas has 120. U.S. infant mortality rates are now 15th lowest in the world. Equality is a goal not even shared in principle by a large proportion of the providers of medical service: the maternal mortality rate for Mississippi Negroes is 15.3 per 10,000 live births, more than six times the national average for whites, which is 2.5. Differential service based on class as well as race is well documented in Northern hospitals, as well as in facilities in the South.

The context of AMA President Rouse has little to do with these social realities. Rouse entered the debate with a speech in which he made at least four points with an oddly anachronistic ring. First, he made his much quoted pronouncement: "We are faced with the concept of health care as a right rather than a privilege." Second, he asserted the frequently stated but objectively discredited homily: "The United States [has] a quality of health care unsurpassed anywhere." Third, he stated that, faced with increasing government programs which "provide health and medical care for large segments of the population, including many who have no need for government help," the job

of the physician is "to oppose—and judging by events of the last two years, we must increase the effectiveness of our opposition." Finally, he not only defended capitalism but argued that its defense should be the principal business of the AMA. "If American freedom should become weakened or nonexistent," Rouse, said, "there would be no need to concern ourselves with the progress of medicine. The strength of every facet of American life is dependent on the strength of others. No one part of our nation can succeed if the others are failing. We can, therefore, concentrate our attention on the single obligation to protect the American way of life. That way of life can be described in a single word: capitalism."

Within 2 days of the Rouse pronouncements, three groups which can be conveniently—if a bit imprecisely—labeled as "liberal" physicians got together and issued a joint statement opposing the AMA. The groups are the National Medical Association, the Medical Committee for Human Rights, and Physicians' Forum. Their statement read, in part:

> Health professionals dedicated to equality of care for all Americans must oppose the views recently espoused by Dr. Milford O. Rouse. . . . It is now apparent that the AMA plans to continue its futile opposition to what has clearly been mandated by the American public—Federal support for medical research, medical education, hospitals, medical insurance for the elderly, programs for the medically indigent, and planning for community health care.
>
> It is unfortunate that the AMA, by electing Dr. Rouse, has taken another step backwards, reaffirming its conservative and obstructionist policy when new ideas are urgently needed to guarantee the delivery of high-quality medical care to all Americans. It is time for those whose conscience is horrified by such AMA policies in the field of social medicine to reaffirm that health care is a right which ought to be guaranteed to all by our society, and not a privilege obtainable only through personal affluence. We assert that health care is a right and that those spokesmen who believe that it is distressing for the medical profession to be "faced with the concept of health care as a right rather than a privilege" are reactionaries protecting the antiquated and discriminating bastions of extremism. . . .
>
> It is particularly galling that Dr. Rouse objects to the elderly receiving Medicare insurance if they have the means of paying their own medical costs. Medicare embodies the basic principle of the right to insurance and should not be misconstrued as a welfare measure—to do so is hypocritical. . . .
>
> As health professionals, we realize we have earned a responsibility to serve society, not a privileged status. We believe that evidence clearly warrants massive Federal support for health care and planning. We urge a wider examination of our nation's ills and will cooperate with the government in implementing more realistic plans to transform the United States into the world's healthiest nation. We hope the AMA will respond intelligently to our society's needs and will renounce its present policies, which are definitely contrary to the mainstream of American thought.

Milford O. Rouse

In evaluating the importance of the joint statement it must be acknowledged first that equal access to typewriters and mimeograph machines does not make the establishment and the dissenters equal in any other respect. The AMA is perfectly justified in inquiring "How many divisions have the liberals"? and the answer is, at this stage, "Not very many."

The groups involved represent, at the most generous estimate, no more than 9,000 to 10,000 physicans. Of these the largest group are Negro physicians, the 5000 or 6000 members of the National Medical Association. The NMA was established in the 1890's in response to the discriminatory policies of the AMA. At some points in its history it has merely shadowed the AMA, adopting as its own the values and credos of the white organization. For a brief time, the NMA also opposed Medicare. Recently, however, it has become far more independent. Its current president, John L. S. Holloman, Jr., a Harlem practitioner, is a civil rights activist who startled some of his colleagues by picketing the 1963 AMA convention in protest against discrimination in its affiliated medical societies. The NMA is trying to attract as new members all physicians, Negro and white, who are disenchanted with the AMA, and while Holloman acknowledges that "we're not swamped" he does see changes in membership and viewpoint which may help make the NMA a more active force.

The next largest group, the Medical Committee for Human Rights, was founded a few years ago to provide medical assistance to civil rights workers—its members provided aid, for example, during the march from Selma to Montgomery—and has been branching out into other areas of medical care as well. It has a floating and more-or-less uncounted membership, including nurses and other health professionals as well as doctors. Its current membership is estimated to be about 2000 and it is planning to undertake a strong drive against the AMA and for new members shortly.

The smallest of the three groups, Physicians' Forum, was founded in the 1930's. It is intellectually oriented, concerned with the economics and organization of medicine. It has about 1000 members, chiefly in the East, who tend to be in their 50's or even older. The Forum is notable for its lack of members in the age group that one of its officers calls the "McCarthy generation," physicians now in their 40's who were entering their careers in a period when excessive social concern seemed suspect. Recently it has begun to attract younger members.

This is hardly the makings of a revolutionary cadre, and if the groups seem important now it is perhaps less that they are full of new life than that social needs are being redefined in a way that makes their programs seem relevant, while the opposite is happening to the AMA. But they are plainly in an expansionist mood, and ready in a way that insurgents have not been for a long time to seize the opportunity offered by what they regard as Rouse's conservative excesses. "Rouse's statements are a silver platter for us," one MCHR officer remarked recently, and Holloman, of the NMA, commented that "if they keep saying things like that, we'll really start to flourish." In addition, these groups are in touch with —though by no means in command of—what does seem to be a genuine and significant movement emanating from the nation's medical students.

The student "new wave" is viewed by

many of the old-time liberals, in the words of one, as "the most hopeful thing to happen in several generations" —an enthusiasm which the students do not uniformly reciprocate. The movement takes the form, first, of a new grouping, a loose federation of campus units known collectively as the Student Health Organizations. These SHO groups have been founded on about 50 medical campuses in the last 2 years in opposition to the Student American Medical Association (SAMA), the junior AMA to which medical students have traditionally belonged. The SHO groups are multiprofessional, including nursing and dental students as well as medical students. They began in protest not so much against SAMA's policies as against its lethargy. One medical student at Albert Einstein, where SHO has been particularly active, told *Science* that SAMA basically didn't do anything: "It had no meetings, no forums, no activities, no anything."

SHO's began as forums for discussions of controversial medical issues not usually aired in the classroom. About 40 people came to its first national meeting in 1966. By 1967, the national meeting attracted about 400 students, and its leaders estimate that about 2000 students have participated in its programs in one way or another on various campuses. Meanwhile the organizations have been shifting their focus from talk to action. Last summer a small action project was initiated in California, and this summer about 250 medical students together with some social science and social work students are at work in rural and urban slum areas in New York, Chicago, and California learning firsthand about community medicine. The programs are funded through various parts of the poverty program and sponsored by Albert Einstein, the University of Chicago, and the University of Southern California.

What the students are doing, in effect, is taking their curriculum into their own hands. Their goals are perhaps best stated by themselves:

> While medicine in this country advances by giant steps in the area of increasing scientific and technical knowledge, it plods along in extending the fruits of these benefits to all Americans. Today, comprehensive community health care is an idealistic pipe dream, compared with the realities of a stopgap system of health care which is scanty, episodic, and fragmented. A major reason for these deficiencies and inadequacies is the lack

NEWS IN BRIEF

● **ANIMAL CARE FACILITIES**: A total outlay of close to $4.5 million may be necessary for almost half the nation's 93 medical schools if they are to meet requirements placed on them by legislation for the humane treatment of laboratory animals, according to a survey conducted by the National Society for Medical Research (NSMR). NSMR led the opposition against the bill when it was before Congress last year. The legislation goes into effect 24 August. During pre-passage debate on the legislation NSMR claimed the measure would be costly to implement. Among other things the law provides standards for the housing of laboratory animals and requires research institutions to register with the Secretary of Agriculture. Whether most will be in compliance with the law when it becomes effective looks questionable in view of the NSMR survey results. Of 86 schools responding, 41 (almost 48 percent) indicated they could meet requirements without spending money. The remainder said expenses for upgrading animal housing would be their biggest problem. Twenty-five indicated they would have to spend from $2,000 to $45,000 to upgrade facilities and 20 anticipated expenditures of $50,000 upward. One school said it would need to spend $1.3 million for renovations to meet the new requirements. None of the schools were named. NSMR believes the law will also lead to higher costs for laboratory animals, expenditures for larger cages, construction of new laboratory animal facilities, increased record keeping and reporting costs, and a slowdown of some research.

● **PHYSICS AND SOCIETY**: The American Institute of Physics (AIP) has established a Committee on Physics and Society to evaluate the contributions of physics to society through a study of its role in education, industry, research, and government. John A. Wheeler, professor of physics, Princeton, will serve as chairman. Among the topics to be considered by the committee, according to the AIP announcement, are funding of physics education and research; relation between physics and technology and industry; and the "self-image and public image of physics."

● **RESEARCH ADMINISTRATORS**: A Society of Research Administrators was formed on 24 June at a meeting at the University of Massachusetts attended by 100 administrators from the United States and Canada. The society was established to promote information exchange, professional standards, and research among personnel engaged in the operation and management of research facilities. One of the organizers of the society, Ken Hartford, business manager, biology department, Yale University, was elected president.

● **RADIO TELESCOPES**: Three university consortia have recently announced plans to build major radio telescopes—in the Northeast, the Midwest, and the western regions of the United States. Two of the groups, Associates for Radio Astronomy (ARA) and the Northeast Radio Observatory Corporation (NEROC), were formed expressly for the purpose of building the telescopes. ARA has submitted a proposal to NSF for the funding of a 328-foot instrument estimated to cost $17.8 million, at Caltech's Owens Valley Observatory (*Science*, 23 June). NEROC is preparing a proposal for submission to NSF for a 440-foot steerable radio telescope, estimated to cost more than $20 million. A specific site for the Northeast observatory has not yet been selected. Jerome Wiesner, M.I.T. provost, was elected chairman of NEROC whose members include: Boston University, Brandeis, Brown, Dartmouth College, Harvard, University of Massachusetts, M.I.T., University of New Hampshire, State University of New York at Buffalo and Stony Brook, Polytechnic Institute of Brooklyn, Smithsonian Institution Astrophysical Observatory, and Yale. The third telescope has been proposed by the Committee on Institutional Cooperation, a 9-year-old consortium of Big Ten universities and the University of Chicago, which has received $101,000 from NSF for preliminary studies on a 328-foot open or 360-foot enclosed steerable radar telescope. The facility will cost an estimated $12 million and be located near the University of Illinois, at Urbana. NSF has also received applications for two arrays of smaller antennae, and one for a resurfacing of an existing antenna.

of incentive and interest among health professionals in attacking these problems. In their formal curriculum the vast majority of students in the health professions do not gain an appreciation of the needs of the medically underprivileged or the difficulties that are faced by health practitioners and health facilities in poverty areas. The patient is observed by the student merely as a disease or clinical entity—as a fragment of his social being distinct from his environment. The health student, by spending his long years of training isolated from the community which he will serve, loses his social idealism and remains blind to many of the basic causes of ill health: environmental deprivation, loss of income and jobs, and poor housing. Tomorrow's health practitioners must understand these causes if there is to be any large-scale improvement in standards of health care. Firsthand experience with the urban community and the urban health problem is the best way to gain this understanding. . . .

This statement, from the funding application of the Albert Einstein group, is as sensitive a critique as medical education has received from many more experienced observers, and the students' obvious perceptiveness and passion have already won them a serious audience. Preparations are being made for the students to become part of the advisory apparatus to the Department of Health, Education, and Welfare and, perhaps more significant, they are apparently making some headway in efforts to influence deans and curriculum committees to find a place in the regular medical training program for what is now wholly extracurricular effort. In this connection their activities fit neatly into the programs of interest to the older generation, which include not just an effort to establish a health system that will guarantee care to all the people but an effort to reform medical education as well. "We want medical education to deal with the problems of current society," one officer of the MCHR commented to *Science* recently, "and society is not the way it was when Flexner wrote his report." Finally, in addition to energizing their elders—it was a New York student who persuaded the three groups to issue their statement—the SHO movement has reportedly begun to energize SAMA itself into taking a new look at some of the problems facing medicine.

What has the AMA got to say to students like these? The answer is, "Not much." The students' interest is not in capitalism but in those whom capitalism has overlooked. In the first day of their summer orientation program, for example, the California students discussed not medicine but the social forces affecting the communities where they would serve: "black power," "Mexican power," Watts. They serve as "patient advocates," helping the poor to find their way through the maze of health services provided by welfare-health agencies. They seek to end a medical tradition which, they say, "until now has ignored the needs of the recipient in favor of the comforts of the profession." The student groups have attempted to keep an open mind about the AMA: AMA representatives are invited as speakers and some have served on advisory committees. But they are deeply disaffected with its present policies and, while a bridge may one day be built, the construction materials are not as yet even present.

What will come of the new student spirit—or for that matter of the adult spirit—is another question. SHO members are still young, and they have not yet had to face the question of how they will practice their professions or how they will support their families. Further, the members represent divergent political tendencies from radical to relatively conservative and they are bound together at the moment chiefly by a hope that the medical system will change so that they can be morally comfortable in it. As for the older generation, it is cheered by the omens of a developing anti-AMA "movement" but aware that its present surge owes much to the AMA's Model-T version of what constitutes a physician's social responsibility. If the AMA should return to the somewhat more moderate course it followed under Rouse's two predecessors the new wave might easily evaporate, and there have been signs that at least the AMA's bureaucracy is anxious to keep its new chief pretty far out of the limelight. (This struggle within the AMA is described by one observer as "between the organization's right-wing and its far-right wing.") As matters now stand, the world of medical politics is divided into two unequal parts. The AMA has lost some battles but is still winning the war. It exercises a powerful brake on the pace and direction of innovation. The liberals are rising, but on a shaky, lowest-common-denominator foundation. In the end the point seems clear: if the AMA's days are numbered, it is still a very high number indeed.—ELINOR LANGER

Nuclear Spread: Quest for a Treaty Is Receiving New Attention

Geneva. War in the Middle East and the debut of China as a thermonuclear power gave reason enough for the recent turn of international attention to the marathon effort at Geneva to find a formula to stop the spread of nuclear arms. And mention of the nonproliferation treaty at the Johnson-Kosygin summit meeting at Glassboro provided encouragement that positive steps toward the elusive treaty would soon be taken.

Hopes for a treaty were boosted in mid-June when Secretary of State Dean Rusk was reported to have told the NATO ministerial meeting in Luxembourg that the U.S. and the Soviet Union were in agreement on a draft of a nonproliferation treaty. This proved to be news to the Russians.

It appears that Rusk was reporting progress in negotiations which did not include an actual agreement. What Rusk had in mind as a new draft treaty was the old draft modified to leave blank the section on safeguards —inspection—that has been the major stumbling block. Observers feel that Rusk was signaling both the Soviets and U.S. allies that it is time for a final effort to achieve a treaty before it is too late.

The sense of urgency was partly generated by the timing of the NATO meeting on the eve of the U.N. General Assembly session on the Middle East crisis. But pessimists have been saying that the longer an agreement is delayed on an NPT, the slimmer grow