

Letters

Obstacles to Population Control

Davis' article "Population policy: Will current programs succeed?" (10 Nov., p. 730) is excellent and I can only elaborate on one point. He wrote: "Support and encouragement of research on population policy other than family planning is negligible. It is precisely this blocking of alternative thinking and experimentation that makes the emphasis on family planning a major obstacle to population control." This statement minimizes the problem.

No government has ever provided funds for study of population outside of the medical aspects of family planning. The funds euphemistically designated for study of social conditions are given to M.D.'s who know nothing about such an esoteric subject. The big private foundations, who have had the foresight and courage to enter this field, have followed (they have never led) in the footsteps of the federal government and provided funds only for family planning. Indeed, between the government and the foundations, the limited subject of "family planning" has become synonymous in the public mind with the much larger, far more practical, and far more intellectually stimulating field of "population." To paraphrase Gresham's law, a good subject has been driven out by an inferior one.

It is possible to understand the reluctance of politicians to vote money for research in a subject—the study of all aspects of population, including effective population control methods—which presents the possibility of political backfiring. But why the private foundations are so timorous is beyond even the ability of a psychiatrist to explain. As a result, we are at least two decades behind in carrying on investigations into the fundamental question: Under what circumstances will the members of a democracy wish to have more or fewer children? This question cannot be answered by armchair speculation, or by medical research, or by small bits

of 2-cent research projects. A concentrated effort on "alternative thinking and experimentation" with adequate financial support, extending over several decades, will be required. I predict that the world's population will double before such adequate investigation is undertaken.

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Davis maintains that family planning stands in the way of further progress. It stands in the way (i) by sanctioning, and hence, according to him, freezing family size at present desired levels (which are high enough to permit continued rapid population growth), and (ii) by discouraging exploration of other means of population control. On both counts more nearly the opposite is true.

On the first point, desired family size is not immutable. As the actual practice of family planning spreads, new segments of the population become interested and new ideas take hold. Especially significant is the fact that younger women and women of lower parity begin to practice contraception. Bernard Berelson recently pointed out that in Taiwan in a period of less than 3 years the percentage of women with three or fewer children among IUD acceptors rose from 30 to 40.

As to the second point, it is hard to believe that the spread of family planning can fail to increase interest in the whole question of population control. Would it really have been easier, for instance, for the Minister of Health and Family Planning to urge compulsory sterilization in India last summer if there had never before that time been any family-planning program or activity?

Finally, Davis criticizes family planners for failing to specify what the next steps should be if, as is likely, voluntary family limitation proves inadequate. Yet, he has little to offer in the way of feasible next steps. He

points out that in the developed countries housing shortages, unemployment, and other economic ills seem to have a depressing effect on birthrates, but he understandably hesitates to advocate such measures as means of population control. We are left with such familiar suggestions as positive economic incentives for small families, or compulsory sterilization after a certain number of children have been born. Neither has any chance of being adopted in the United States or in most other countries in the near future. (We would do well to remind ourselves how recent—and how partial at that—the acceptance of voluntary family planning has been.) Since we can't compel either governments or peoples to do what they don't want to, we can engage in research and try to educate and persuade. Until the willingness to use more drastic methods of control has developed, however, it would seem wise to give our full support to voluntary family planning, the only approach to population control that so far has produced any actual results.

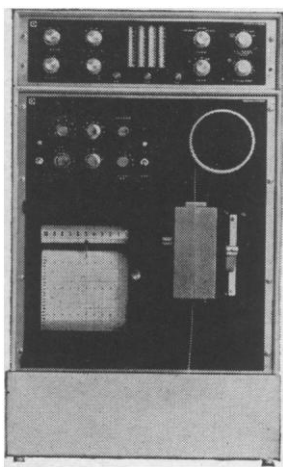
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Jaffe confirms my observation that exclusive reliance on family planning impedes work on more effective measures of population control. Although considerable money is being spent (by AID, for example) on demographic statistics, virtually no funds are going into research and experimentation on population policies other than family planning. Funding organizations unconsciously assume that population policy is family planning, and that consequently all population-control research is in behalf of that activity.

Sweetz illustrates the reasoning that leads to this imbalance. On the principle that goals are determined by means, he believes that reproductive desires can be altered by the provision of contraceptive services. The evidence shows the opposite: Once people have been impelled by circumstances to want fewer births, they employ a variety of means successfully to accomplish this goal, without any program to help them and, in fact, in the teeth of opposition. Failing a change of conditions, they will not use any means of fertility control, no matter how new, except to implement their prior reproductive goal. All that a technological approach to fertility control can do is

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to shorten the period during which people are finding means to achieve their new family-size desires. Creating new goals in the first place, or influencing them to the point of canceling population growth, is a function of the conditions, not of the contraceptive services. It follows that an effective population policy requires command over the social and economic conditions governing individual reproductive decisions.

Sweezy holds that family planning "prepares the way" for other measures. If so, why has it not prepared the way in countries that have long practiced contraception? The only case Sweezy cites—India's current desire to intensify its sterilization effort—is ironic, because the usual interpretation of this move is that it signifies the failure, not success, of India's family-planning program. In making this point, he holds that other approaches to population control have little chance anyway, in which case it is of no value to have family planning "prepare the way." Of course, the argument that other measures will not be accepted hardly proves that family planning alone will succeed. It may be that human societies are not ready to control their populations and that family planning is a convenient way of escaping from the problem while seeming to cope with it.

I do not say that family planning per se "stands in the way." I have consistently supported efforts to make contraceptives available. The family-planning emphasis in population control, however, has been self-defeating in two ways. First, it has not fully provided private birth control, by neglecting single women, denying all women the right of abortion, being cool to sterilization, and giving priority to religious taboos rather than biological effectiveness in recommending contraceptives. Second, having thus temporized in regard to private birth control, it has side-tracked population policy by confusing population control with private birth control, which it claims to provide. On both counts political expediency has been bought at the price of ineffectiveness. If, by "full" support of family planning, Sweezy means a blind belief that it alone is the answer to the population problem, he exemplifies the kind of commitment which, in my view, is blocking the development of efficient measures.

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Malononitrile Is Toxic

Abelson's editorial, "Meeting needs for heavy elements" (5 Jan., p. 37) contains the statement that malononitrile is an effective nontoxic substitute for HCN. This does not agree with other references on the toxicity of this compound. Williams states (1): "The toxicity of malononitrile is about the same as that of HCN, molecule for molecule, but if malononitrile were completely converted to HCN it should be twice as toxic." Cyanide is one of the metabolic products from malononitrile in mammalian tissue. Fasset, in a chapter on cyanides and nitriles, states in relation to malononitrile (2): "Based on the above facts, the precautions and medical therapy should be the same as for cyanide. Skin contact and inhalation of dust or vapor should be prevented."

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References

1. R. T. Williams, *Detoxication Mechanisms* (Wiley, New York, 1959), p. 399.
2. *Industrial Hygiene and Toxicology*, F. A. Patty, Ed., (Interscience, New York, 1963), vol. 2, rev. ed. 2, p. 2028.

Curator Coates

Although Ruggieri provided an interesting description of the facilities, research in progress, and past and present staff members of the New York Aquarium and Osborn Laboratories of Marine Sciences (3 Nov., p. 675), I found missing the name of Christopher W. Coates, who was curator, aquarist, and, for many years until his recent retirement, director of the aquarium. He is inclined himself to undervalue his contributions to research and to disclaim any scientific training, but he is a very inquisitive and thoughtful observer and experimenter, with remarkable initiative, skill and practical knowledge, which he has always been ready to share with colleagues in research. It was during his association with the aquarium, and in large part on his initiative, that its field of research was extended beyond ichthyology into general physiology. His work deserves much more praise than I can give it in this brief comment. . . .

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