

Letters

Biological Unsoundness of Modern Medical Practice

In his engrossing article "Science and social attitudes" (11 July, p. 150) Robert S. Morison gave so many examples of the decline of confidence in science that it may seem superfluous to bring up yet another, namely, the possible biological unsoundness of modern medical practice.

Morison has ably summarized the growing awareness of the contradictions between our technology and long-term survival. Views which have been long held on the productivity of modern industry and agriculture, the supposed benefits of pesticides, and countless other "wonders" of our technology are being questioned daily. As Morison points out, many of the short-term benefits turn out to be long-term liabilities that threaten the biosphere itself.

He also calls attention to several more or less currently recognized medical abuses such as the unequal distribution of services and the emerging danger of drugs which act to restrict our personal freedom. However, he does not even touch upon the possible enormous impact of the practice of ordinary medicine on the biological constitution of man in the near future. Many of the environmental abuses such as air and water pollution and the uncontrolled use of pesticides are examples of the failure to recognize the biological nature of man. Grounded in the Christian world view of the primacy of our species, technologists have repudiated the scientific Darwinian revelation that microbes, insects, and man are one. Could it be that medical practitioners are doing the same thing in a more subtle way? Could it be that they have distorted their humanitarian role in preventing death at any price and have forgotten that death is a part of the cleansing process by which the race is renewed? Even elementary biology tells us that hereditary disease or susceptibility to disease which leads to death or diminished reproduction rids a population of genes which perpetuate these

maladies. Yet modern medical practice is leading to the accumulation of such genes in the most highly "advanced" societies of man.

My raising this question should not be construed as a lack of compassion; but there is a long-term as well as short-term compassion. Without advocating any slackening of medical services, I propose that more attention be given to the future implications of these services. If medical science has not yet had to face these questions, it is because not enough generations have been influenced by it. If we ourselves were subject to the fruit fly's reproduction time scale, medical science as we know it might also be on its way out along with DDT and the internal combustion engine.

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Many Thanks, Harvard

As a teacher at a state school which is developing a graduate program, I am delighted to hear that Harvard is going to offer us less competition ("Harvard graduate school: The elite response to enrollment pressures," 1 Aug., p. 480). My point, however, is not to simply thank Harvard for making our life easier by restricting its graduate student enrollment, but to suggest that many graduate students who would still be admissible to Harvard might be well advised to consider our program. I note in the discussion of the Harvard program that the "committee recommended that Harvard eventually guarantee 5-year support to students who enter on university scholarships and who achieve satisfactory levels of academic performance." At V.P.I., a 5-year period of studies would *ipso facto* be an unsatisfactory performance. We anticipate that graduate students in economics will have 2 years of class work followed either by 1 year of writing their dissertation or,

more commonly, by 2 or 3 years during which time they are actually working as instructors at other universities and writing their dissertations. . . .

The tendency to extend graduate training to longer and longer time periods seems entirely retrograde. No doubt one can learn more in 5 years than 2 or 3, but the objective of graduate study should be to turn out students who will continue to educate themselves throughout their entire academic lives and hence need not spend 4 or 5 years under supervision at the beginning of their professional careers. Graduate training should not be a finishing process, but should give the student a good start towards a lifetime of both study and independent research. Since it's impossible for us to teach now what will not be known until 1975, we should prepare our students to learn this for themselves. For this, 2 years of class work is more than adequate.

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Education First—Then Contraception

I suggest that Enke's interpretation ("Birth control for economic development," 16 May, p. 798) of the cost of birth control programs in underdeveloped nations is exceedingly narrowly defined, and hence underestimated. He includes only the payment for contraceptives, coils, and pills in his cost estimate of \$5 per year per adult practicing birth control. The total cost of birth control programs, however, must include expenditures on education of the population to create "contraceptors." This cost could be much more than \$5 per person per annum. The cultural attitudes toward childbearing, children, and family size are the products of centuries, and reversing such cultural factors would require enormous expenditures over long periods of time (perhaps a decade). Enke's 1985 model envisioning 22 percent of the population endorsing contraception would involve massive "investment" in the educative conditioning prerequisite to attaining such a general acceptance of population control.

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