

was interesting and, in view of considerable folklore perpetuating (or perpetrating) contrary views, reassuring. It would seem difficult, under the system as he describes it, for an individual or small group to influence, for nonscientific reasons, a study section's vote on any particular application.

This does not, however, deal with the issue of very general scientific biases which the group as a whole may share. Wade's comment that NIH and NSF staffs apparently feel that "they have to go to good places to get good people" (both as members of study sections and as successful applicants for grants) clearly implies a consensus on what constitutes good scientific work. While it is possible to specify general criteria for "good" science, it is also true that, beyond a certain point, decisions must rest upon subtle qualitative judgments about the direction of the field as a whole—the importance of certain questions as well as the formulation of a

particular problem. It is in this complex and difficult area that the value and danger of the present review system may lie. A group of intellectually like-minded scientists may be able, through grants awarded on the basis of what they regard as "scientific merit," to support work conducted within a particular intellectual framework, until the paradigm either proves fruitful to most workers in the field or it does not. In any event, such a system is valuable in that the approach currently in fashion will get a fair trial; funds will not be distributed in such a way that no cohesive intellectual framework is thoroughly tested. The danger, however, is that the "peers" in the study sections may, for various reasons, become isolated and insulated from a recognition that the approach they support may have more promising alternatives. This is particularly true in the social sciences, and lies behind the criticism that the present reviewing sys-

tem is too inbred. If women and other minority-group scientists were in a position to determine, by allocation of funds, the direction of research in certain fields (psychology, nonmolecular biology, and sociology come immediately to mind), the fields would be different. Not necessarily better, perhaps, but different.

A middle-of-the-road solution to the various problems presented by the peer review system would be to limit, absolutely, appointments to study sections to one 4-year term. The study sections should—at least in the social sciences—be representative of workers in the field in terms of sex, race, and perhaps region of the country. A consideration of these "nonscientific" factors in forming study sections is not new; I am suggesting that they be considered differently—to include, rather than to exclude. Suggestions for changing criteria for this or that (be it membership on a study section or tenure in a university) are frequently labeled as "lowering the standards"; do we really have the best possible system so that any change is automatically for the worse?

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Varian Life Science Seminars

Beginning April 30th, Varian Instrument Division will sponsor a series of nine in-depth UV-Vis seminars to be held at locations throughout the country. The one-day sessions, conducted by Dr. James O. Erickson, Senior Applications Chemist at Varian, will be concerned with the use of UV-Visible spectrophotometers as a tool for the solution of life science problems. Life scientists from all disciplines are invited to register for the seminar in their area.

There is no tuition; however, registration will be limited. To obtain registration information and details about agenda, write to Varian Instrument Division, Box D-070, 611 Hansen Way, Palo Alto, Ca. 94303, or circle the reader service number.

Seminar Locations

Boston area:	April 30	Chicago area:	May 9
New York area:	May 2	Houston area:	May 11
Washington area:	May 4	Seattle area:	May 21
Raleigh-Durham area:	May 7	Los Angeles area:	May 23
		San Francisco area:	May 31

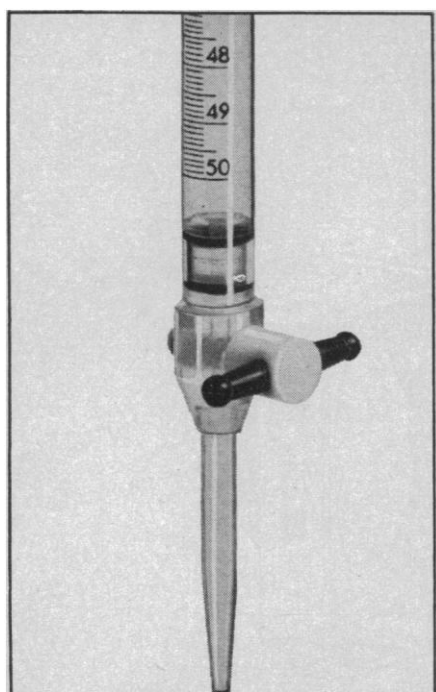


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Mental Health Care

The Nader study on mental health centers (News and Comment, 4 Aug. 1972, p. 413) contains many excellent and telling criticisms, but it is weakened by serious omissions. Nowhere do the authors recognize the existence of presently incurable schizophrenia patients who occupy the majority of beds in mental hospitals. There is no treatment for these patients, rich or poor, Caucasian or otherwise; their care is chiefly a custodial problem, because they cannot look after themselves. The quality of that custodial care is a measure of what the community is willing to spend. Wealthy families can afford better hotels, but whether the American society will in the future be willing to spend enough to improve the housing for less affluent schizophrenics is an open question. Historically, it has not been willing to do so. If society does desire to spend more money on the schizophrenic, the question also arises of whether it should be spent for better hotels or for more research on treatment.

The Nader report does not consider



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the existence of another group which occupies a large number of hospital beds—those afflicted with organic dementia. There is no way of treating these patients at present that will permit them to leave the hospital for any significant length of time; once again it is a question of custodial care. The problems created by incurable illnesses are among the greatest facing psychiatrists, or, indeed, any medical specialists, today.

Further, the Nader study criticizes individual research, as opposed to more programmatic approaches. The most successful treatment in the history of psychiatry stemmed essentially from individual research. I refer to the discovery of penicillin, which prevented huge numbers of people from developing tertiary syphilis, previously the most predominant affliction of mental hospital patients.

JOHN HANLEY

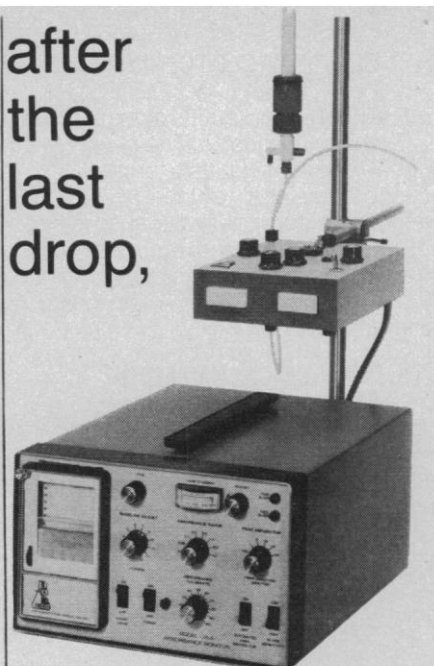
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Politics of Psychiatry

The readers of *Science*, in whatever country, should be aware of the use of psychiatric procedures for the suppression of political dissent. The phenomenon is international and not rare. The most prominent recent example is the moderately publicized information about the alleged misuse of mental hospitals in the Soviet Union. Case histories are documented of forced "detention without recourse" of seemingly "normal," nonviolent, but politically dissident, persons by some Russian psychiatrists, apparently acting in the service of the Soviet secret police. Perhaps there are Russian psychiatrists who believe that anything short of complete public and private acceptance of the political regime in power at any given time represents sufficient departure from sanity to warrant protracted institutional incarceration. Persons have been forcibly hospitalized in the Soviet Union "whose only symptoms have been the avowal of opinions disapproved by their society" (1). Moreover, in the Soviet Union, as reported to the Board of Trustees of the American Psychiatric Association (2), there is no provision for judicial review of civil commitments to mental prison-hospitals.

Several outstanding psychiatric associations, such as the Canadian Psy-

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