



Twelve years ago Whatman Advanced Ion Exchange Celluloses set the standard for excellence. They still do. Every day. Everywhere.

The increasing use worldwide of Whatman AIEC twelve years after introduction is remarkable. And gratifying.

What we've been doing right is simple: offering high quality and extraordinarily dependable ion exchange celluloses. In the highly stable microgranular form (ideal for a cellulose ion exchanger) of a virtually perfect material (high purity cellulose), with a range of binding strengths, high protein capacity, fast kinetics, very good flow rates, and DEAE and CM functionalities.

And we've accommodated. When biochemists needed ready-to-use exchangers — no pre-cycling — we made our pre-swollen DE 52 and CM 52 grades available. When a higher binding exchanger was needed, we developed the new DE 53.

Performance has always been, not only uniquely high, but *predictably, reliably* high. Reproducible performance you can count on today as well as you could count on it over a decade ago.

Whatman AIEC. Twelve years old and going stronger than ever.

Completely understandable.

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process itself. Coverage by someone other than the patient (i) promotes dependency; (ii) interferes with the recognition of patients who are inadequately motivated to do the work of therapy; (iii) beclouds the reasons for breaking through resistances to therapy, since a waste of time is no longer a waste of money; (iv) obviates some of the best opportunities for showing the patient how to deal with anger, which is the emotion behind most neuroses; and (v) takes away from the therapist's ability to serve as a convincing example of the value of independent functioning.

An analogy might illustrate these points more clearly. If the government or insurance paid for skiing lessons, many people would start taking lessons just for the fun of it. Since more teachers would be needed, the poorer teachers would not be weeded out. A number of seriously dedicated teachers faced with large numbers of uncaring students would give up their dedication to teaching efficiently. The people who really wanted to learn serious skiing wouldn't be able to differentiate between good and fair instructors any longer, so they would go outside the country to where the whole thing is taken more seriously.

Finally it is the conflict between the paying bureaucracies and the therapists which serves to destroy the efficacy of psychotherapy. As the numbers of patients and therapists grow, the government and the insurance companies try harder and harder to economize. They begin demanding more and more qualifications, forms to be filled out, justifications for therapy to be delineated, reviews, and so forth. They begin to see the benefits of delaying and of making errors. In order to get paid, therapists must spend more and more time and creative effort on this fight. Eventually the struggle for money commands more attention than the therapeutic outcome. The patient is the one who loses.

I have no doubt that psychotherapy is frequently very helpful. Its destruction would be a great loss to our society. Why not let the consumers choose the type of therapy they want and decide whether the pain of their symptoms warrants the outlay of their money, time, and effort on the chance that therapy might work? I'm sure the price would then come down.

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Erratum: In the photograph on page 626 accompanying the article "A new call for abolishing the NRC" (News and Comment, 8 Feb., p. 624), the official shown with Mitchell Rogovin was Lee V. Gossick, the Nuclear Regulatory Commission's executive director for operations, not John F. Ahearn, the commission chairman.