seem inevitable. "They cannot be avoided. Each in its own right presents enormous and unique difficulties; together, they form an unholy fabric which challenges our credulity."

Reflecting the increasing acceptance of economics as one of the sciences, and the need for considering economic impact together with other factors in facing many present-day technical challenges, the AAAS meeting invited participation by several economists, who briefed delegates on the implications of their discipline for future technological development.

In a talk entitled "The Dismal Science Comes of Age," University of Pittsburg economist Marina V. N. Whitman warned delegates that the crises of the remaining part of this century can only be met successfully if their burden can be more evenly distributed—part of the world must not starve while another part makes off with the wealth. Environmental controls, exploitation of natural resources, technological and industrial development all require economic and political trade-offs, and the science of economics has not yet been able to keep up with predicting and analyzing what these trade-offs will involve. The result, she declares, is "stagflation," the simultaneous rise of inflation and unemployment. "The awkwardness of the word reflects the awkwardness of a situation with which no one knows quite how to cope."

While Whitman was applying to technological advancement the old economists' saying about trade-offs: "There is no such thing as a free lunch"; another economist seemed to be reviving for new application, the gloomy observation: "The rich get richer and the poor get poorer." Irma Adelman of the University of Maryland calls the result of her research on the technological development of underdeveloped countries "rather depressing." A global "Catch 22" seems to be operating, in which the benefits of science and technology are most effective in countries that are already industrialized. When underdeveloped countries try to increase the educational level of their citizens or redistribute wealth through land reform, productivity drops and they fall farther behind the developed nations.

Perhaps the meeting was best summarized by a San Francisco masseuse who was interviewed by a local paper. Scientists' shoulder muscles seemed "awfully, awfully tense," she reported, and delegates generally seemed "very uptight." Maybe they were just beginning to realize the magnitude of the struggle various speakers promise lies just ahead: that, in the ominous words of Rieser, "There is no place or time in which to hide." □

Feminists on the firing line: Medicine is male chauvinist

John H. Douglas

Steinem: Prescribing for women.

In addition to job, salary and educational discrimination, women's liberation groups charge that a female is also more likely to receive condescending and discriminatory treatment in a doctor's office. First in a seminar on Sex Differences in Health Care, at the AAAS meeting in San Francisco, and later in a paper given to the annual meeting of the California Medical Association, feminists last week aired their complaints and suggested solutions.

The seminar focused on how to get doctors to become more sensitive to the psychological needs of their female patients, particularly in the areas of venereal disease and mutilating surgery, such as breast removal. Both doctors and patients may unconsciously be adopting outmoded sex stereotypes in their relationships, resulting in alienation of women from the male dominated medical profession. Having more women become doctors may help solve some of the problems, speakers concluded, and lay clinics staffed entirely by women may also play a role. One lay group reported having performed 11,000 abortions and claimed as low a rate of medical complications as most hospitals.

Some 200 doctors at the annual meeting of the California Medical Association, heard feminist Gloria Steinem say that a paternalistic attitude too often pervades their relationships with all of their patients, but that women are most susceptible. Steinem claims doctors do not listen to their patients enough, treat what they say with skepticism and then prescribe treatment without giving the patient either a choice or an explanation. Patients have basic rights as consumers, she maintains, and the first right is that of having a full explanation of one's disease, including the possible effects of various treatments. Only then, Steinem says, can patients make an informed choice, as is their right, concerning what treatment to accept.

Steinem believes that admitting more women to medical schools will eventually help female patients, and in the meantime, may combat sexism in these schools. She said women at one medical school complained that attractive female models in bikinis were being used for classroom demonstrations, to the accompaniment of lewd remarks. Other women medical students were angered at being excluded from certain specialties, such as urology and surgery.

Medical discrimination is only part of a "cultural conspiracy" in which we all unconsciously have taken part, Steinem concluded. This conspiracy has bound women to stereotypes of ignorance and servility, and the greatest accomplishment of the feminist movement, she said, has been to raise society's consciousness of this fact. "What we are learning is that everything is political," including patients' rights. □

Would you buy a used car from a scientist?

The period of public disenchantment with science prevalent in the late 1960's and early 1970's is over, and the trend is now in the other direction, says a noted sociologist of science.

Amitai Etzioni, director of the Center for Policy Research at Columbia University, says science is now ranked second only to medicine among institutions for which the public has "a great deal" of confidence. Etzioni presented to the San Francisco meeting of the AAAS an analysis of recent public opinion polls indicating attitudes toward science and other institutions of our society.

"The antiscience and antimodernity feelings have peaked and now turned,"