

## SCIENCE NEWS OF THE WEEK

# Holocaust: Parents 'Transmit' Effects

A 19-year-old girl was, in effect, evicted last year from her home by her mother, a survivor of the Nazi holocaust. A short time later the girl was admitted to a psychiatric hospital, the Long Island Jewish-Hillside Medical Center. Her mother visits her nightly, each time standing outside the fence and throwing over a paper bag containing food or clothes — even though an entrance through the fence is located just a hundred feet away.

"They were," say hospital psychiatrists, "apparently reenacting a concentration camp drama."

Syndromes of depression, guilt, anxiety and fear of persecution have long been documented among holocaust survivors. About 10 years ago, however, behavioral scientists began to notice similar symptoms among the children of survivors. In many cases, the children's problems seemed to revolve around fantasies of what their parents did to survive, as well as of their parents' persecutors.

Now, in the first study of its kind of hospitalized second-generation survivors, researchers report evidence of definite holocaust-related illness. Moreover, the onset of such illness in the majority of the 30 patients studied occurred at the same chronological age at which their parents were interned in concentration camps.

This "anniversary reaction" — hinted at in several previous outpatient studies — was present in close to 80 percent of Hillside patients studied, says Sylvia Axelrod, unit chief of the hospital's inpatient service. "There is no conscious awareness of the anniversary reaction" on the part of the children, the psychiatrist said in an interview following her report last week in Atlanta at the American Psychiatric Association's annual meeting.

But the phenomenon apparently is too widespread to be mere coincidence, Axelrod indicates. A male patient inexplicably left his pregnant wife, returned to his parents and "behaved suspiciously." Subsequently, he was twice confined for robberies he didn't commit — both confinements came at the same age at which both parents were interned by the Nazis. His father had been separated from his former wife and child, both of whom were killed.

The anniversary reaction, however, appears to be only one of a number of factors that set children of holocaust survivors apart from fellow patients and others. "Many present atypical [diagnostic] pictures, and a number have defied categorization," Axelrod says. Many of those admitted who are "seemingly psychotic may not be so," she says. "They may be reenacting something in their parents' past."

Such persons may present symptoms of a paranoid schizophrenic — they are

paranoid, distrustful and even delusional on occasion — but Axelrod says they do not respond to the types of drugs that usually affect psychoses. Under conventional criteria, 77 percent of the group under study — average age 25 — were diagnosed as schizophrenics, compared with just 49 percent of all Hillside inpatients. Thirty percent of the sample were labeled paranoid schizophrenic and an additional 27 percent schizophrenic "with major paranoid features." In sharp contrast, only 20 percent of all Hillside patients in the 1975-77 period under study were designated paranoid.

From her own studies and past research results, Axelrod says the children of holocaust survivors who do better and tend to avoid psychiatric symptoms are those who come from families where their war experiences are discussed in an open but "nonhorrendous" way. "The degree to which family discussions of the holocaust and of their preholocaust lives have been

banned and considered taboo may contribute to the severity of the survivor child's psychopathology by inhibiting the development of a secure identity," the psychiatrist says.

Other factors that appear to predispose such children to emotional problems include the severity of their parents' wartime trauma and the smallness of the child's extended family. Axelrod and her colleagues recommend, and have begun, a therapy program that includes the parents as well as the youngster. And while it is too early to assess the treatment's effect, indications thus far are that it is beneficial, she says.

Psychiatrist Robert J. Lifton of Yale University said the Hillside research constitutes "a very important paper. Children of survivors have hardly been mentioned" in past research. "The holocaust was unique," he says. "Nothing like it has ever happened; therefore you can expect transmission between generations." □

## Charting the bat's belfry

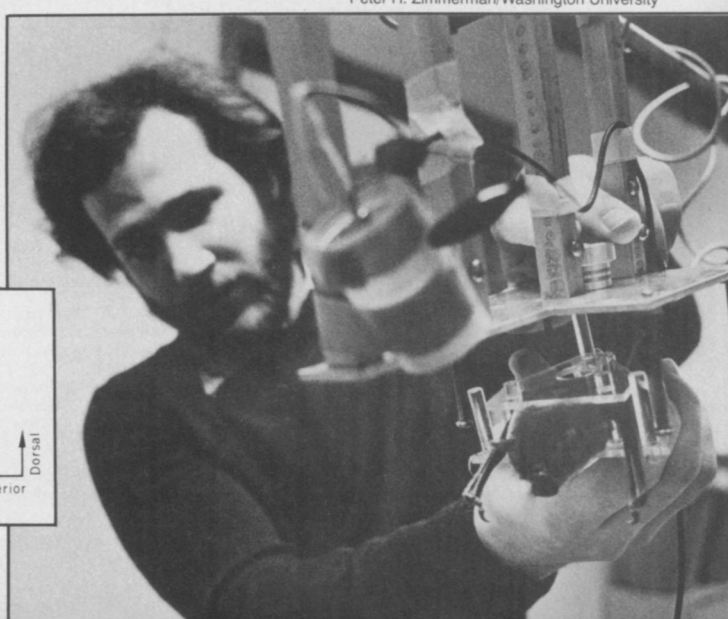
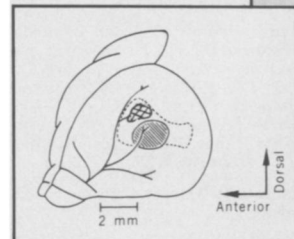
A microphone, a recorder and a bat sandwiched in plastic slide along a thin wire. This "batmobile" apparatus, which provides a good enough imitation of natural flight, carries the bat past obstacles in a dimly lit hall at Washington University in St. Louis. It is being used in work with Panamanian mustache bats, which have an unusual sonar system they only demonstrate during flight.

The bats will adjust the orientation signal they emit so that the returning echo has a frequency of 61 kilohertz—the sound to which the bat's ears and brain are most sensitive (SN: 10/30/76, p.278). The bat's orientation sound is a 30-millisecond constant-frequency tone followed by a 4-millisecond tone of decreasing frequency.

Nobuo Suga and colleagues believe that the constant-frequency sound is the ideal signal for detecting and measuring the speed of a moving target. The frequency-modulated signal is better suited for localizing and characterizing the target.

In the primary auditory region of the bat brain, separate areas respond to constant and modulated frequency signals. Suga has recorded the response of individual nerve cells to sounds from loudspeakers. He and colleagues William E. O'Neill and Toshiki Manabe report in the May 19 SCIENCE different organizational patterns in the two areas. They hope that by analyzing brain organization they will be able to identify the basis for acoustic pattern recognition.

*Batmobile ride elicits specialized sonar signals. Bat's brain contains differently organized areas to process constant-frequency (cross-hatched) and modulated-frequency (shaded) sounds.*



Peter H. Zimmerman/Washington University

Cells in the constant-frequency area are arranged by three characteristics: by the amplitude and frequency to which they best respond and by how they integrate input from the two ears. When the researchers examined cells in a plane parallel to the brain surface, they found that the cells responding best to various frequencies are arranged as nested, imperfect rings, with the neurons sensitive to 61 kilohertz at the center and those sensitive to 63 kilohertz at the circumference. Superimposed on that bull's-eye pattern are spokes of amplitude preference. Cells most sensitive to weak sounds form one wedge, those sensitive to strong sounds form another.

The constant frequency region includes many cells that receive signals from both ears. Some are excited by either ear (E-E) and some are excited by the ear on the other side of the head, but inhibited by the ear on the same side (I-E). Suga found that the neurons excited by both ears are sensitive to weak echoes, but are not sensitive to the direction of the sound. The neurons inhibited by one ear are directionally sensitive, but require intense echoes.

When the researchers tested neurons at different depths in the brain, they found a columnar organization. If a cell excited by both ears is identified near the brain surface, all neurons at increasing depths directly below have the same characteristics. Suga also found columns of I-E cells and of cells that respond to input from only one ear (O-E). Finally, there seems to be a fourth type of column with E-E neurons near the surface, O-E neurons about 500 microns deep and I-E neurons at deeper levels (or the opposite order). Although there have been studies of dog and cat brain auditory areas, only in the mustache bat have the inputs from different ears and the amplitude preferences been mapped in relationship to frequency preferences, the researchers say.

The brain neurons that respond to the dropping-frequency signal show properties quite different from those in the constant-frequency processing area. The majority respond best to a specific sound preceded by a sound from another harmonic. The researchers found 11 combinations of sounds that give strong responses in some cells. The exact frequency and amplitude of the sounds were far less important than for cells processing constant-frequency tones. Instead of being organized on gradients of amplitude and frequency preferences, neurons responsive to each combination form a cluster. From detailed analyses of the cells, Suga and colleagues conclude that the neurons are tuned to a target that has a particular cross-sectional area and is located at a particular distance. They say, "Our series of experiments clearly indicate that each functional division of the auditory cortex is organized differently for processing acoustic signals according to their biological significance." □

## Changes in M.D. training and pay urged

Unlike the Soviet Union, China and some European countries, the United States has never had a health care delivery policy. But in 1970 the U.S. National Academy of Sciences chartered the Institute of Medicine to study various U.S. health care problems and to help form national policy on how those problems should be solved (SN: 12/14/71, p.381).

Last week the institute released some of its toughest and most controversial recommendations yet — on how U.S. physicians should be trained and reimbursed to better meet health care needs. Specifically:

- A 10-year moratorium should be placed on increasing the sizes of medical school classes and on building more medical schools, because there are now so many medical students in the pipeline that the number of physicians will increase by 60 percent in the next 12 years.

- In order to get more students into primary care instead of into medical specialties, as is currently the case, the federal government should increase its subsidies for primary care residencies even beyond that called for in 1976 federal health manpower legislation.

- To help encourage more medical stu-

dents to go into primary care, private health insurance plans and government agencies should pay primary care doctors the same as specialists for the same work (which is not now the case), should refuse to pay for specialized care unless it has been declared necessary by a primary care doctor and should reduce differences in payment levels between primary care procedures and other medical services. In essence these recommendations would raise the incomes of primary care physicians and lower those of specialists, a change bound to be opposed by the nation's thousands of specialists. In 1975 the average net income of a primary care physician was \$53,000 compared with \$124,000 for radiologists, and with \$87,000 for anesthesiologists.

Whether these recommendations will become realities, however, depends on the American Medical Association, Blue Cross-Blue Shield and other private health insurance plans, the Association of American Medical Colleges and federal health manpower legislation affecting federal funding of medical schools. Congress is scheduled to hold hearings this year on changing the existing health manpower law. □

## Economic growth tied to biological systems

We cannot sustain exponential growth indefinitely on a finite planet. The concept is hardly new; in fact, it was the cornerstone of the 1972 *Limits to Growth* computer-simulation study which bluntly forecast that humans will outstrip the carrying capacity of their environment if global population growth and economic growth continue unchecked. This week Lester R. Brown, president and senior researcher of the Worldwatch Institute, a Washington-based research group, took up the theme again with publication of *The Global Economic Prospect: New Sources of Economic Stress*. But if the theme is familiar, his focus is less so.

Earlier studies emphasized the depletion of resources, such as minerals and petrochemicals. The principal renewable resource was the human race and its ingenuity for adapting the environment in order to subvert potential crises—such as resource depletion—with technology and social change. Brown picks up this theme to develop another: Biological systems are renewable only so long as they are not destroyed. If biological resources are harvested beyond the rate at which they can regenerate, "fisheries collapse, forests disappear, grasslands are converted into barren wastelands, and croplands deteriorate," he says.

What's more, those four biological systems — fisheries, forests, grasslands and croplands — are the foundation of the

global economy, he says. "In addition to supplying all our food, these four systems provide virtually all the raw materials for industry except minerals and petroleum-derived synthetics. The condition of the economy and of these biological systems cannot be separated," he says.

Inseparable or not, Brown says economists are getting into trouble because they "are unaccustomed to thinking about the role of biological systems in the economy, much less the condition of these systems." Their lack of ecological awareness has contributed to shortcomings in economic analysis and policy, he says.

Drawing from research developed for his book *The Twenty-Ninth Day* (published by Norton last month; see p. 334), Brown describes how: Productivity of many oceanic fisheries is falling as the annual catch exceeds regenerative capacity; demand for firewood, paper and lumber is denuding many Third World woodlands; overgrazing of grasslands, which support the world's 2.7 billion ruminants, is now commonplace; and encroachment of cities and deserts on croplands is requiring farmers to till ever more marginal lands to meet the growing world's hunger.

If any one of the systems were pushed to the limit of its regenerative capacity, another probably could substitute. The problem is that all are being pushed toward their limits simultaneously, the agricul-