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PUBLIC POLICY

## Senate Declines Change

Efficient organization is all very well, but not if it conflicts with the distribution of power. So spoke the Senators to the reorganizers, and the reorganizers bowed, despite the rising clamor for congressional reorganization to deal with, among other things, the increasing complexity of science.

When Senator A. S. Mike Monroney (D-Okla.) reintroduced this year his bill to streamline the machinery of legislation based on a study last year of congressional reorganization, two provisions were conspicuous by their absence.

One would have given broader science iurisdiction to the Senate Aeronautical and Space Sciences Committee-but, by the same token, would have taken away existing powers of present committees. The Space Committee was carefully set up by President Johnson when he was majority leader to avoid any conflict with entrenched committee chairmen. His acumen was proved again last week when Sen. Monroney told the Senate: "A large number of Senators . . have indicated wide opposition to these proposals . . . the inclusion of these provisions would seriously jeopardize the passage of the bill."

Among additions to the fief of the Space Committee would have been oversight of the Environmental Science Services Administration, now vested in the Commerce Committee. Senator Warren G. Magnuson (D-Wash.) chairman of the commerce unit, opposed the change. He was co-sponsor, with then Senator Johnson, of the bill.

Another dropped reorganization plan was the splitting in two of the Committee on Labor and Public Welfare to create a Committee on Education. This, too was blocked by the opposition of members concerned.

As originally proposed, the shifting of responsibilities to the Space Committee would have been a step toward bringing all scientific issues before the Senate under one roof. The Joint Committee on Organization of Congress felt it would be valuable to have the scientific impact of the various programs involving Federal funds looked at by a single group.

This "science committee" would have had a jurisdiction more nearly parallel with that of its opposite number across the Capitol, the House Committee on Science and Astronautics.

SURGERY

# Hope for Cancer Victims

Thanksgiving came late this year for Marine Lance Corporal Walter Lopata of Three Rivers, Mass., whose larynx was torn away by grenade fragments in Vietnam last Oct. 11.

Last week he became the first such victim to get speech back through an improved technique based on Japanese attempts at laryngeal restoration.

A second patient, this one a throat cancer victim, is already scheduled to follow the marine through the restoration procedure, which may become routine once techniques are learned.

This is the sequence of events: last Nov. 22 the 25-year-old corporal underwent a two-and-a-half-hour operation at Chelsea Naval Hospital, performed by Dr. Warren W. Montgomery of the Massachusetts Eye and Ear Infirmary, Boston, and Lt. Comdr. Robert Toohill.

Dr. Montgomery had observed the preliminary and imperfect technique more than a year ago in Tokyo with other surgeons, some of whom have also been trying to perfect recreating a destroyed or damaged larynx.

Two operations were necessary to restore speech after the larynx was destroyed. In the operation, the first of its kind, the surgeons cut a half-inch

hole through the pharynx, the area in the back of the throat. Dr. Montgomery lined the hole with flaps of skin from the surrounding area, and cut another hole for re-insertion of a metal tube that had previously been placed in the marine's trachea, or windpipe, to allow free passage of air. The windpipe operation is routinely performed, and is called a tracheostomy.

The second operation, performed Jan. 20, involved skin transplants from the inside of Cpl. Lopata's right thigh. The transplants were used to cover areas where succeeding neck incisions had been made. The surgeons also put in a new tracheostomy tube that had a special air valve.

This "first" in restoring a speech box could mean a revolutionary treatment for thousands of laryngectomees in the United States who have lost their voices to cancer. There are 23,000 of them.

The patient soon to undergo surgery at the Massachusetts Eye and Ear Infirmary for larynx and speech restoration following a cancer operation could pave the way to natural talking for thousands condemned to husky belching esophageal speech today. The procedure of talking is never learned by some.