

Old alliance under attack in Boston

Between the 1930's and the 1960's social science research has had substantial impact on new Federal programs. Social scientists, for example, virtually created the war on poverty, as they laid the groundwork earlier for the social security programs.

The most recent production of this historic alliance is due for release in December—a report recommending a new kind of social accounting. If the report is a good one, and is well received, it could further homogenize the blend between social science and public policy—much to the disgust and dismay of a new breed of young sociologists who are urging their elders to break with the establishment and form again an effective opposition.

They argue that the alliance between sociologists and officialdom, once held to be a stimulus for social change, now impedes social change and aids a system that oppresses the poor.

Both the old alliance and the wrath of young sociologists were much in evidence at the American Sociological Association's annual meeting last week in Boston.

Secretary Wilbur Cohen of the Department of Health, Education and Welfare appeared to discuss gaps between knowledge and social policy. He said the nation needs to develop a breed of statistics called social indicators.

"We know how many physicians there are," said Secretary Cohen, "but not whether the average American is, on the whole, healthier than his counterpart 10 years ago. We know how much is spent on education. . . . But we know almost nothing about how much our children have learned."

The report will pull together whatever facts are available in areas such as race, education, housing, family life, morbidity, health and political participation. It may have two consequences:

- Establishment of a council of social advisers to guide the President as his council of economic advisers now does.

- Collection of new statistics on U.S. social life; census data now cover only rudimentary facts such as employment and income levels.

Had the nation possessed social indicators 20 years ago, the urban crisis might never have reached its present acute stage, says Dr. Philip Hauser, president of the Sociological Association.

But young rebels in sociology find such reasoning distasteful. About 50 of them, mostly graduate students, turned up at the Boston sessions to protest

Secretary Cohen's appearance at the meeting and its suggestion of a continuing coalition between sociologists and a government the students deplore.

Sociologists are taking information from the people, mainly the poor, and giving it to the ruling class, says Martin Nicolaus, who followed Secretary Cohen onto the rostrum to present views of the rebel group, called the Sociology Liberation Movement.

"The professional eyes of the sociologist are on the down people and the professional palm of the sociologist is stretched toward the up people. . . . "What," he asked, "if that machinery reversed? What if the habits, problems, secrets and unconscious motivations of the wealthy and powerful were daily scrutinized by 1,000 systematic researchers, were hourly pried-into, cross-referenced and tabulated?"

Sociologists need to form a new coalition with insurgent groups who really are working for major change in society, advised Eugene Groves, an SLM member who was president of the National Student Association when that

group broke its covert alliance with the Central Intelligence Agency.

Attacks by the rebel group drew mixed reactions from older sociologists. Nevertheless, several of them later began to wonder how they would study, for instance, the ethics of industrial leaders or the existence of a military-industrial complex, as they have studied the poor and other dispossessed cultures in the past.

Dr. Peter Rossi of Johns Hopkins University is not a young rebel, but from his position in the front-ranks of sociology, he sympathizes with some of the SLM arguments.

"They have hit upon sore points; their presence is a constant goad," says Dr. Rossi. "We need some way of breaking out of the established orthodoxy." He says social research is inherently conservative because it takes its reference point from the established order.

Dr. Rossi doubts the social indicators can bring major improvement. "They would be primarily a Band-Aid operation," he says.

EISENHOWER'S HEART

Strategy in the battle for a general

The conventional wisdom invariably lags somewhat behind facts. It is still generally held, for instance, that a third heart attack is likely to be the last and fatal one, if indeed the first and second attacks are survived.

Nevertheless, between April and August this year former President Dwight D. Eisenhower suffered his

fourth, fifth, sixth and seventh heart attacks. And doctors at Walter Reed Army Medical Center last week, almost two weeks after the seventh attack, were still fighting the irregularities in the 77-year-old general's heartbeat that threatened constantly to snatch his life.

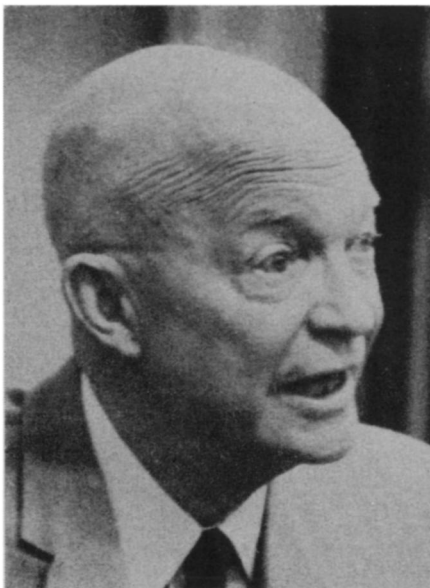
A few years ago this would have been no more possible for Gen. Eisenhower than for anyone else. But Dr. Campbell Moses, medical director of the American Heart Association, says hundreds of thousands have survived more than three heart attacks, largely because of intensive care available only in this decade.

What makes such survival possible now is progress in heart monitoring techniques, as well as in electric shock and pacing techniques and drug treatments.

The majority of earlier deaths occur in those who never reach the hospital and in hospitals where there are no intensive coronary care units.

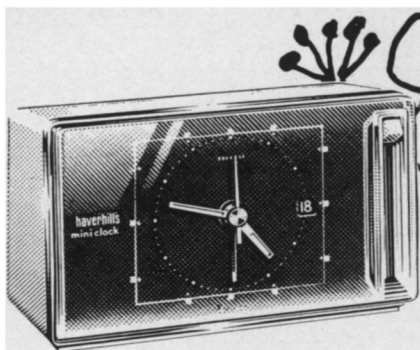
Monitoring shows the dangerous fluttering — ventricular fibrillation — that often follows a heart attack and allows treatment in the three minutes before the brain is robbed of oxygen necessary to keep it alive.

And the fibrillation itself can be prevented by treating minor heart rhythm disturbances with a widely used experi-



Wide World Photos

Gen. Eisenhower between his attacks.



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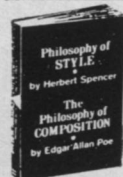
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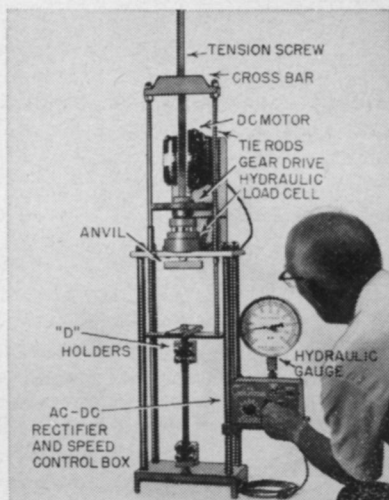
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mental drug called lidocaine—the drug responsible for bringing General Eisenhower through a crisis even pacing shocks couldn't handle.

Dr. Bernard Lown, director of the S.A. Levine Cardiac Unit of Boston's Peter Bent Brigham Hospital, says lidocaine is used on all patients at the Boston unit who show heart irritability or arrhythmia during heart attacks.

He began using the drug three years ago after successful trials with animals in the Harvard University laboratory.

Dentists have been using lidocaine, under the trade name Xylocaine, as a local anesthetic for many years. Dr. Lown and his co-workers included it among the four or five antiarrhythmic drugs they were systematically trying out in their animal experiments. Its antiarrhythmic effects, however, have nothing to do with anesthesia. It reduces the electrical activity of the heart speedily when injected by vein—but no one is quite sure how. That lack of knowledge is the reason the drug is still classified as experimental.

Later, Dr. Lown tried lidocaine on 130 consecutive patients with acute myocardial infarction (a condition in which part of the heart muscle dies because its blood supply is blocked) and found that there was not a single case of primary ventricular fibrillation. Of 15 deaths within the unit, 13 were either due to shock or to intractable heart failure.

Dr. Lown says that one year's experience in Boston has since been corroborated in units all over the country, and that lidocaine, although not yet licensed for general use by the Food and Drug Administration, is used by doctors all over the world.

"Many more lives could be saved if there were more coronary care units," Dr. Lown says. "If proper care is given by thoroughly trained, pre-rehearsed nurses who can recognize any signs of arrhythmia and call physicians immediately, sudden and unexpected deaths from ventricular fibrillation can be almost completely avoided."

Lidocaine is effective in 80 to 85 percent of the cases in which it is used at Peter Bent Brigham. By injecting the drug into a vein continuously for two days or longer until heart irregularities stopped, the unit doctors kept dangerous fluttering to a minimum. Dr. Lown says they have now observed more than 500 patients and that less than one percent have been disturbed by ventricular fibrillation.

There was discussion of the advisability of attempting a heart transplant after Gen. Eisenhower's seventh heart attack, and a number of offers came from persons who preferred his survival to their own, but his physicians decided against such surgery.