

Humanities

American Issues Forum

By the time this issue of *Humanities* appears, the American Issues Forum, the first truly national program for the Bicentennial, may have been officially launched. The Forum consists of a calendar of nine monthly and 36 weekly issues that have been fundamental to American society throughout our history. The calendar topics are designed for serious and coordinated nationwide exploration during the Bicentennial year, beginning in September 1975. But in a very real sense the American Issues Forum, a program developed under the auspices of the National Endowment and co-sponsored by the American Revolution Bicentennial Administration, is already well underway.

At the time of the official announcement, an attractive hard-cover brochure introducing the Forum and containing the full calendar of issues will be mailed to approximately 225,000 organizations, groups, agencies, and individuals, including the readers of *Humanities*. (The topics themselves are listed on page 2 of this issue.) For if the Forum is to provide a means for the entire American population—people of all ages, backgrounds, and interests—to engage in thoughtful exploration of these abiding issues, it is essential that institutions and groups of all kinds—including the media, schools, professional and labor organizations, religious groups, service clubs, corporations and foundations, business associations, communities, neighborhoods, and families—actively participate. And many groups have already begun to plan how they will participate in the Forum and how they can best contribute to its nationwide success.

Media Programs

Several media and media-related programs, for example, are now underway. WNET and the Children's Television Workshop are currently working on a series of monthly in-school television documentaries, with collateral print materials, keyed to the nine monthly topics. The next Endowment-supported Course by Newspaper, which is scheduled to appear in newspapers all over the country from September 1975 to May 1976 will also use the Forum topics as its subjects.

The American Library Association is developing two reading lists (one for adults and one for younger readers) which will coincide with Forum topics and include films and filmstrips as well as books and articles. A

minimum of 20 million of these free reading lists will be distributed not only to all national organizations, libraries, and schools, but directly to the public through bookstores, banks, post offices, and transportation terminals.

A number of major national organizations have already committed themselves to using the Forum as the focus for their Bicentennial activities. The American Association of State Colleges and Universities has adopted the American Issues Forum as an official program for its community outreach program. The General Federation of Women's Clubs will highlight the Forum in its journal, its local and national meetings, and will devise ways for each of its more than 13,000 local clubs to actively participate. The Lions International will feature the Forum in its Bicentennial activities and plans to have each of its clubs develop a specific Forum project.

At least six major national organizations, each representing a distinct constituency—ethnic and minority groups, senior citizens, women, rural and small town population, business, labor—have begun to develop discussion materials for publication on each of the Forum topics, materials that will be specifically geared to their members. By communicating these issues in a particularly meaningful way to a wide variety of Americans, these discussion materials will constitute a major contribution to the American Issues Forum.

Regional, State and Local Support

The enthusiastic and wide-ranging support given to the Forum concept by regional, state and local groups is especially significant, as this is the level where real discussion and debate about the issues must take place. The University of Denver, with an Endowment grant, is currently developing an approach for state and community involvement in a six-state area. The Endowment is also sponsoring a series of public programs related to the Forum topics in five major metropolitan areas. And there will be local, regional, and finally national Bicentennial Youth Debates, supported by an Endowment grant and involving thousands of high school and college-age persons across the nation in researching and discussing specific Forum issues.

One major effort to promote community leadership for the Forum at the local level will be taking place this spring. The Adult Education Association of the U.S.A. will initiate several thousand one day "Ameri-

can Issues Forum Community Workshops" during April and May. Each of these workshops will introduce 10 or 12 community leaders to the Forum, provide them with a Community Workshop Kit, and encourage and help them to develop cooperative Forum programs through their local organizations and in their communities. The workshops should bring the Forum to some 20,000 to 40,000 community leaders, thereby ensuring extensive

and thoughtful community participation in the Forum during the Bicentennial year.

Future issues of *Humanities* will keep you informed of other Forum programs as they are developed. All organizations and groups—national, state, or local—are urged to begin planning now to assure the broadest participation of their membership and their communities in the American Issues Forum. □



AMERICAN ISSUES FORUM



FIRST MONTH: "A Nation of Nations" August 31-September 27, 1975

August 31:	The Founding Peoples
September 7:	Two Centuries of Immigrants
September 14:	Out of Many, One
September 21:	We Pledge Allegiance . . .

SECOND MONTH: The Land of Plenty September 28-October 25, 1975

September 28:	A Shrinking Frontier?
October 5:	The Sprawling City
October 12:	Use and Abuse in the Land of Plenty
October 19:	Who Owns the Land

THIRD MONTH: "Certain Unalienable Rights" October 26-November 22, 1975

October 26:	Freedom of Speech, Assembly and Religion
November 2:	Freedom of the Press
November 9:	Freedom from Search and Seizure
November 16:	Equal Protection Under the Law

FOURTH MONTH: "A More Perfect Union": The American Government November 23-December 20, 1975

November 23:	"In Congress Assembled . . ." A Representative Legislature
November 30:	A President: An Elected Executive
December 7:	"The Government": The Growth of Bureaucracy
December 14:	"By Consent of the States . . ."

FIFTH MONTH: Working in America January 11-February 7, 1976

January 11:	The American Work Ethic
January 18:	Organization of the Labor Force
January 25:	The Welfare State: Providing a Livelihood
February 1:	Enjoying the Fruits of Labor

SIXTH MONTH: "The Business of America . . ." February 8-March 6, 1976

February 8:	Private Enterprise in the Marketplace
February 15:	Empire Building: Cornering the Market
February 22:	Subsidizing and Regulating: Controlling the Economy
February 29:	Selling the Consumer

SEVENTH MONTH: America in the World March 7-April 3, 1976

March 7:	The American "Dream" Among Nations
March 14:	The Economic Dimension
March 21:	A Power in the World
March 28:	A Nation Among Nations

EIGHTH MONTH: Growing Up in America April 4-May 1, 1976

April 4:	The American Family
April 11:	Education for Work and for Life
April 18:	"In God We Trust"
April 25:	A Sense of Belonging

NINTH MONTH: Life, Liberty and the Pursuit of Happiness May 2-May 29, 1976

May 2:	The Rugged Individualist
May 9:	The Dream of Success
May 16:	The Pursuit of Pleasure
May 23:	The Fruits of Wisdom



Left, doctor prepares for bloodletting (grasping stick is origin of barber pole); Right, he will remove cataract. (1598)

Hippocrates Perplexed

When a man dies, he dies not just of the disease he has. He dies of his whole life.—Charles Péguy

To talk of disease is a sort of Arabian Nights' entertainment.—Sir William Osler

Sufficient warrant for the doctor-as-hero may be found in James Thurber's "The Secret Life of Walter Mitty." Exemplar of ineffectual man in a mechanistic world, Mitty is oppressed by parking-lot attendants, cops, and a nagging wife—even by revolving doors, which make a faintly derisive whistling sound. He retreats into fantasies of heroic mastery over men and machines, and in one hilarious episode we see him as Dr. Mitty, coolly taking over in an operating room emergency ("The new anesthetizer is giving way!" shouted an intern . . . "Quiet, man!" said Mitty, in a low cool voice. He sprang to the machine, which was now going pocketa-pocketa-queep-pocketa-queep . . .).

Such heroic attributes have burgeoned since Thurber vouched for them. Doctors enjoy star billing in the success story of modern medicine, itself part of the larger drama of technology's great onslaught on the evils of life. Now, in a radically changed environment, the way seems open to change man himself. Astonishing new discoveries and techniques have come to hand and, in the prevalent mood of technical vertigo, that is ample justification for applying them. Or is it?

The physician is a technologist with a difference; indeed, he is something more. He shares in a priestly heritage of attending on birth, growth and decay, a feverish presence in the vast amphitheater of aberration and infirmity bred by the struggle for survival—that nonpareil of all life's losing causes. In today's society he, more than most, encounters the lamentable side-effects of all the new technologies, as these show up in the problems his patients bring to the consulting room, not to mention the casualty ward. Powerless to reinstate the era of the family physician, the doctor conducts his practice with skills that are constantly being outmoded, while molecular knowledge of man

advances toward visions of something called "biocracy," of life organized in accordance with a strict system based in biological laws. In this moon landscape, ideas of genetic engineering and behavioral modification don't look all that garish. Or do they?

Scientific discoveries in chemistry, physics, and biology press in upon all doctors. Though few are themselves scientists, a multi-billion-dollar technical industry magnifies the powers available to them with an array of wizard tools, machines and drugs. The process is fueled by large injections of government funds for research, hospitals, health services—and medical schools. The achievements are so dramatic, the expectations so high, the costs so heavy, that medicine is now subject to intense public scrutiny, including various applications of cost-benefit analysis and proposals for political-economic sanctions.

Within this formidable setting, the hero is turning out to be human after all. He is not above the process, but of it; he shares the modern fate portrayed by Jacques Ellul: "Enclosed within his artificial creation, man finds that there is 'no exit'." Pride of accomplishment has not exempted him from the tensions and distrust of institutions which agitate society. Wielding extraordinary powers, he finds that they raise excruciating questions. Already caught between God and Mammon, he asks what ethic holds hope of guidance?

What all this means is that medical educators are on the spot. They know it, and in growing numbers are stepping back—or at least aside—to "consider the scheme entire." It is not enough that students, in getting their pre-medical degrees, may have taken a few humanities courses; the critical time is in the forced-draft preparation for maturity that goes on in medical schools. Already in 1966 the American Medical Association established a Citizens' Commission on Graduate Medical Education, which reported as follows:

"What is needed—and what medical schools and teaching hospitals must try to develop—is a body of information and general principles concerning man as a whole and man in society that will provide an intellectual framework into which the lessons of

practical experience can be fitted. This background will be partly biological, but it will be social and humanistic, for it will deal with man as a total, complex, integrated, social being . . ."

This might be right out of Hippocrates, who 2,400 years ago taught a regard for the "whole person" (and, doing so, provided Plato and Aristotle with a model for locating man in the cosmos). But how is this to be insisted on when medical practice is increasingly divided up among specialists? And the whole person: where are the boundaries between the patient and his experience of family, community, and culture, all these being in a troubled state?

Just lately, Professor Rosemary Stevens of Yale offered this perspective:

"The ability to improve the quality of life, to delay death, to prevent sickness, has blossomed under the hand of the physician. Indeed it is a tribute to the rapidity of technological advance that some of the most important contemporary problems facing medicine are philosophical rather than physical . . ."

There is a rising curve of responses from the medical community to the humanistic aspects of health care. The focal area is medical education, and the chief initiatives are ones in which humanists, theologians, and social scientists play an active part. At the same time, there are resistances: of 114 U.S. medical schools, only some 20 have taken steps to include a major humanist teaching component.

NEH Provides Support

The initiatives may be grouped at three levels: (1) interdisciplinary research and publishing on bioethical questions; (2) promotion of dialogue between medical educators and humanists; and (3) introduction or strengthening of humanities instruction in medical schools. Programs in each category have drawn support from the National Endowment for the Humanities, through its various divisions, with stimulation from its Program of Science, Technology and Human Values. Here are descriptions of work-in-progress at three institutions to which NEH has made substantial grants:

I. **The Institute of Society, Ethics and the Life Sciences**, founded in 1969 and based at Hastings, N.Y., conducts interdisciplinary research in the ethical, social and legal dilemmas posed by rapid advances in the life sciences. It encourages teaching programs, and stimulates public interest, in bioethics. Its co-leaders are a philosopher, Dr. Daniel Callahan, and a physician, Dr. Willard Gaylin.

The Institute's five research groups address Behavior Control, Death and Dying, Genetics, Humanities, and Population; their membership is from medicine, biology, philosophy, law, history, theology, and the social sciences. Members are much in demand for conferences and ad hoc consultations. The Institute publishes *The Hastings Center Report* and *Studies*, and recent books by its staff include Callahan's "The Tyranny of Survival," which argues for "a science of technological limits." These activities have had a growing impact on public—including legislative—de-

bate of bioethical problems, and have generated support from several foundations, enabling the Institute to set up fellowship, student-intern, and visiting-scholar programs at Hastings. Other projects include a research study for the United Nations in the ethical issues raised by population growth; organization of an international conference on genetic engineering, to be held in 1975; and formation of a National Commission on the Teaching of Bioethics.

A more detailed report on the Institute was published in the Summer 1971 issue of *Humanities*.

II. **The Society for Health and Human Values**. The work of the Society epitomizes the belief of Dr. Edmund Pellegrino, one of its moving spirits, that "medicine and philosophy need each other at this juncture in man's intellectual history." Founded in 1969, it evolved from a group of clinicians, medical administrators, humanists, and theologians that began meeting in 1963 with support from the ecumenical United Ministries in Higher Education. Professor F. C. Redlich of Yale is president of the Society, which has an invitational membership of about 100. Its headquarters are in Philadelphia.

The Society seeks a dialogue between medicine and the humanities, to clarify ethical issues and to develop a conceptual framework for a philosophy of medicine capable of winning acceptance from medical educators. Such a philosophy, the Society believes, must include a redefinition of the profession's meaning and purpose in the general culture.

Formidable. What of the existing framework? That it goes back to ancient Greece was brought out in the Society's 1973 annual oration, delivered by Dr. Pellegrino, Vice President for the Health Sciences, and Chancellor of the Medical Units, at the University of Tennessee, who has recently been named Director and Chairman of the Board of the Yale-New Haven Medical Center.

Medicine and Philosophy Equal

Early Greek medicine freed itself from domination by religion and myth, but remained in the shadow of speculative philosophy until the Hippocratic school—in the fifth and fourth centuries B.C.—won equality by demonstrating the merits of clinical realism. Medicine and philosophy became integral components of Greek culture, fostering a harmonious image of man. But with the Hellenistic era philosophy again became the all-encompassing discipline, remaining so through the 19th century.

Having regained its separate identity—strongly based in scientific clinical experience—medicine is skeptical of re-engagement with its former partner. For its part, philosophy "has become lost in omphaloskepsis," the result of a long retreat from metaphysics and concern with first-order questions—and of capitulation to science and technology.

But mechanistic explanations of life (Dr. Pellegrino continued) are proving inadequate, even dangerous: man is more than an object or abstraction. Now that medicine is a powerful, independent discipline, it need

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NEH Grant Profiles



Renaissance Ways of Dying

As far as Dr. Samuel Edgerton of Boston University's Department of Fine Arts can determine, only one Christian martyr is depicted in Renaissance art as having been hanged—and he was a mistake: poor St. Coloman of Melk was hanged as a spy in 1012, after his German captors assumed his Gaelic was Hungarian. All the other saints, according to Renaissance artists and hagiographers, died in more exotic ways: by being thrown to the lions, broken on the wheel, beheaded, burned at the stake or, on rare and festive occasions, roasted on a gridiron.

Not so, suspects Edgerton. More likely, hundreds of Christian martyrs and many canonized saints died by hanging. The disparity between death real and death portrayed is a matter of taste: in Renaissance Europe, hanging was a distinctly low-class way to die.

Beheading, on the other hand, was the height of terminal *chic*, regarded by both executioners and executionees as a noble tragedy to be played out with style. In 1568, when the Spanish beheaded the Count of Egmont and Admiral Horn, heroes of the Dutch rebellion, the scaffold was adorned with the prisoners' coats of arms and rich velvet pillows for the condemned to kneel upon; 3,000 Spanish soldiers stood at parade-rest, waiting for a provost marshal to give the headsman his signal with a red baton, and the Count was attired for the occasion in a plumed hat, a black mantle embroidered in gold, and his Order of the Golden Fleece.

Curious matter, it might seem, for research in the humanities . . . and, indeed, Edgerton's analysis of Renaissance taste in modes of execution is an offshoot of a larger, NEH-supported exploration of the relationship between art and science during the waning of the Middle Ages. Artists in the 14th and 15th centuries, he says, displayed a knowledge of anatomical and physiological detail that medical scientists such as Vesalius did not achieve until the 16th century. "For example," he writes, "we may note in numerous depictions of beheaded saints how the artists showed blood spurting from two openings in the truncated neck; hence, they were already aware of venal and arterial blood circulation."

Such knowledge was sometimes purchased at a grisly price. The Venetian painter Gentile Bellini (1429-1507) once astonished the court of Sultan Mohammed II of Turkey with his realistic painting. However, Bellini's *St. John the Baptist's Head on a Platter* "bothered

the Sultan, who claimed it was anatomically incorrect. When the painter protested, the Sultan called up a slave, had him decapitated on the spot, and held up the severed head to prove that Bellini was wrong!"

But public executions were so commonplace during the later Middle Ages and the early Renaissance, writes Edgerton, that "nearly everybody could have seen them;" even "such a humanitarian as Rembrandt" evidently took a drawing-class out to the gallows-hill of Amsterdam to sketch a recently hanged murderess. In an age when surgery hardly existed and anatomy was largely guesswork, capital punishment offered artists a chance to find out about the human body . . . and they took it.

By exploring the relationship of Renaissance ways of painting to Renaissance ways of dying, Edgerton hopes to demonstrate "the relevance of the humanities to medicine at that time." His work when completed may not only chart, for many readers, man's long march from *inhumanity*—but may also clarify the relevance of the humanities to modern medicine as well.

Dictionary of Superstitions

"To cure croup, stand the child with its back to the door, and bore a hole over its head with a gimlet. Then cut off a bit of the child's hair and stuff it into the hole. As the child grows up above the hole, it is gradually cured of the croup."

Thus one bit of folk wisdom from old-timers in North Carolina. The same formula was advocated in Maryland, but in Pennsylvania, the child was to be measured against an inside wall, not the door.

Collecting such beliefs, superstitions, and other "unconventional and irrational ways of looking at things" has been the principal occupation, for the past 30 years, of Dr. Wayland Hand, director of the Folklore and Mythology Center at UCLA. Though he has maintained a steady rate of scholarly publication in journals and books—notably the two-volume *Popular Beliefs and Superstitions from North Carolina* (1961-64)—his ultimate goal is the production of a *Dictionary of American Popular Beliefs and Superstitions* covering all the continental United States.

Over the years, Dr. Hand and his collaborators have amassed an estimated one million "items" such as the croup-cure cited above. Each must be classified (e.g., "Birth, infancy, childhood" and "Love, courtship, marriage"), cross-referenced to other items that exhibited similarities, and sifted for duplications to en-

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Measuring flow of blood in model patient's head to assess brain damage from a stroke.

(*HIPPOCRATES PERPLEXED*, Continued from page 4) not fear subordination—and its problems lie precisely in "over-identification with scientific method and reductionism as the only means to valid knowledge," with consequent neglect of the great human-value questions. Dr. Pellegrino surmised that we are "at the threshold of another cycle in which our wonder at the phenomenon of man generated by medicine" opens the way once more to confront "the larger perplexities open to us through philosophy."

Such views have won a limited hearing from the Association of American Medical Colleges and the AMA's Congress on Medical Education. Meanwhile, the Society has widened the dialogue it seeks through setting up an Institute on Human Values in Medicine, chaired by Dr. Pellegrino, which has held two national convocations.

In these pioneer ventures, medical delegates and humanists have had to overcome a decided wariness in re-thinking their different approaches. For the medical curriculum, it was held that ancient languages, the classics, and literary skills have little pertinence, except for the rare student. The field seen open to the humanities lies in an understanding of values which can engender respect for the integrity of the patient in a myriad of medical transactions. Such understanding—such respect—"is essential," in Dr. Pellegrino's words, "if medicine is to avoid being swallowed up by its own technology or dehumanized by its complex organization." But there was a tendency to give up at the first encounter; and where a humanities program does gain entrée, it risks being seen as "merely prolegomena, hastily to be put aside for 'the real matter' of a medical education."

In 1972 the Institute described human values teaching programs at 11 medical schools. In April 1974, it published a new survey of these programs plus eight more that have been launched. The spread is broad, including Yale, SUNY-Stony Brook, Penn State, the Medical College of Georgia, and the Universities of Florida, Kansas, Texas, and California. No two programs are alike; all are more or less experimental; a few admit to being "marginal."

In a word, the medicine/humanities dialogue is tough going. Withal, the survey documents much dedicated work, and manages a general accent of optimism.

Lately, the Institute has provided post-doctoral fellowships (funded by NEH) to humanists and life scientists, together with a Scholars Program for humanists seeking an opportunity to apply their knowledge in the medical context. Support from several foundations is a tribute to the Institute's, and the Society's, momentum and sense of mission.

III. College of Medicine, Milton S. Hershey Medical Center, Pennsylvania State University. A fortune built on man's craving for sweets provided the basis for this shiny new medical school tucked into the green fringe of Hershey, a town still enveloped in a sort of olfactory trance induced by the odors wafting from the huge chocolate company plant. It's an unusual school. Distant from the main university campus, it cannot make ad hoc choices from a surrounding complex of academic disciplines, as (if it chooses) the typical medical school can. Its founding dean, Dr. George T. Harrell, boldly committed Hershey to a Department of Humanities, the first ever in a medical setting, as well as departments of behavioral sciences and family and community medicine, alongside the traditional medical sciences. All were in operation upon arrival of the first students in 1967.

Harrell's belief in a humanistic approach to medical education dates to his years as a young resident in back-country North Carolina. There he came to appreciate how understanding the beliefs and values of his patients could help not only in relating to them as persons, but in providing clues for diagnosis. This also explains his stress on training for the practice of medicine in local communities, an emphasis now increasingly recognized as necessary to correct overspecialization and concentration of medical care in big-city institutions isolated from the life of their patients. Harrell retired as dean in 1973; his successor, Dr. Harry Prystowsky, has reaffirmed the founding concepts and commitments.

Growth of Humanities Department

The first appointee to the humanities department was a theologian, E. A. Vastyan, who had been academic chaplain at the University of Texas Medical School. Alone the first year, he was joined for the second by a philosopher, Dr. K. Danner Clouser, and a historian. In 1970 application was made to NEH for funds to expand the department's offerings, to develop study and teaching materials, and to support consultative services to other medical schools that were showing serious interest in the Hershey experiment. A four-year grant (1971-75) has helped realize these objectives, and the department now numbers six full-time teaching faculty representing five disciplines (philosophy, history, political science, literature and religion), with Vastyan as Chairman. Two curriculum research assistants are also members of the academic staff.

The department's aim, in Vastyan's words, is "to help educate physicians who see medical practice in a context that is comprehensive—that emphasizes and enlightens, rather than avoids, the rich complexity of man, his society and his heritage." Well said—but

easier said than done. Medical schools are pressure chambers, where enormous energies go into mastering the latest revisions of scientific knowledge, and into training in techniques. These are means; the ends can easily be lost sight of. Obviously, a small humanities department is not about to call the tune.

Relate, Adapt—and Persist

Thus at Hershey, as at other medical schools, the humanities are not taught pristinely apart as "straight" liberal arts courses. They must find ways to relate, adapt—and persist. The department's thesis is that "effective teaching of humanistic perspectives to medical students must be centered around the events, problems, and practices of health care." Thus, for example, Medical Ethics is taught in small classes of about 15, where the starting point is the student's own ethical system, proceeding to analysis of specific medical issues (abortion, human experimentation, euthanasia, etc.), and finally to actual cases encountered in hospital rounds and clinical conferences. Given Dr. Harrell's insistence that medical practice is not and never can be wholly a science, the "message" goes something like this: (1) Value judgments permeate the decisions doctors make in receiving, diagnosing and treating patients; and (2) the humanistic disciplines, from their own study of man, offer a training resource for recognition and understanding of the fundamental issues—ethical, historical, religious, social—bearing upon those judgments.

Hershey students must complete two courses under the department, and are free to choose among some 12 to 15 offered in a three-term year. Some courses are interdepartmental: Philosophy and Freud with Behavioral Sciences, and *Vox Femina*—a course considering the many roles of women, as artist, housewife, patient, politician—with the Division of Reproductive Biology, are examples. The department's own courses (very briefly described) include these:

Dying, Death, and Grief (Prof. Vastyan). An intensive seminar examining fiction, biography, and essays on death and dying, proceeding to clinical and research material on care of the terminally ill and the management of acute grief. Course work may include clinical conferences and interviews with dying patients.

Philosophy of Medicine (Prof. Clouser and Instructor Arthur Zucker). Relating the philosophy of science to issues in medicine, through study of theory-laden observation, causality, teleology and other concepts.

The Body Electric (Prof. Joanne Trautmann). Examines the artistic, as compared to the scientific, apprehension of the human body. The artists discussed include Michelangelo, John Donne, Walt Whitman, Richard Wagner, D. H. Lawrence, André Gide, Aldous Huxley, and Sylvia Plath.

Medicine and Law (Prof. John M. Pierce). Case studies in six substantive areas of law encountered in medical practice, including malpractice, informed consent, and privacy; attention to general principles and public policy considerations.

Science in the History of America (Instructor Martin

Pernick). Influences on science and medicine of American industry, technology; and government; American ideas of nationality, race, and class; claims of a professional elite in a democratic society, etc.

What's it like to teach in Hershey's humanities department?

Item: Vastyan's introduction of *Dying, Death, and Grief* received a chilly reception from the clinicians, but is now an acclaimed success. *Item:* Clouser's fellow philosophers warned him, when he left Carleton, that he was "committing professional suicide"; now, the American Philosophical Association has set up an Ad Hoc Committee on Philosophy and Medicine, on which Clouser sits. *Item:* Trautmann regrets making "compromises"; she would like to make Thomas Mann's "The Magic Mountain" a requirement in her literature courses, but believes her students are too burdened. On the other hand, she feels rewarded by the success of her innovative courses such as *Literary Sexuality*, *Vox Femina*, and *The Body Electric*. *Item:* Teaching advanced courses, and daily traffic with disciplinary colleagues, must be given up; but there are compensating intellectual challenges in developing these disciplines in new ways. Department members are engaged in both traditional and pioneering research; and they are much sought after for articles, texts, and meetings with professional associates and

The Bettmann Archive



Pre-Renaissance doctor and assistant inspecting surgical instruments.

organizations.

Hershey's humanists have had to surmount indifference, misunderstanding, and formidable barriers of terminology and jargon (their own included). It has not been easy to "relate" while holding onto "conceptual rigor." The bruises of interdisciplinary work raise the requirement for sheer excellence in teaching. But the record is encouraging: acceptance by other departments grows steadily, and student evaluations are reported strongly favorable. Twenty-five percent of students take additional courses beyond the required number.

Outlook Seems Secure

As the Hershey budget gets tighter, will the humanities be hit? Al Vastyan betrays just a flicker of concern—but responds by saying he has hopes of increasing the humanities faculty to nine. The department is represented in key committees—e.g., Curriculum, Admissions, Clinical Investigation—and the outlook, he says, seems secure. Hershey's trail-breaking has led many other medical schools to call on Vastyan, Clouser and other staff as consultants. Their counsel has contributed to start-ups of several humanities programs, including the Institute for the Medical Humanities at the University of Texas Medical School at Galveston, to which NEH recently made a large grant. A newly-launched "Hershey Series" of teaching materials should add to these evidences of achievement.

Summing up:

The humanities are sharing in a yeasty process—in the medical profession's widening efforts to re-shape its educational resources. These efforts owe much to the three institutions above described, and the Hershey group exemplifies the mutually reinforcing ties among them: George Harrell is president-elect of the Society for Health and Human Values, of which Al Vastyan is past president; Vastyan is editor of the Society's *Notes*, and is on the board of its Institute on Human Values in Medicine; Clouser and Trautmann are fellows of the Society; and Clouser is a fellow of the Institute of Society, Ethics, and the Life Sciences, serving on its Behavior Control task force. Most of the active figures—humanists and physicians—in the new medical school programs have taken part in, and drawn upon, the work of these fledgling cross-disciplinary institutions.

Forswearing millennial expectations, there is an air of promise. Dr. Pellegrino puts it that medicine is the most humane of sciences, the most empiric of arts, and the most scientific of humanities—and thus offers a meeting ground for all the disciplines dealing with man. The molecular view must somehow be squared with Carl Jung's reminder of "the two-million-year-old man that is in all of us." There may even be time to ponder the ineffable in images such as Nathaniel Hawthorne's, when he likened human beings to "earthen jugs with spirits in them." □

Patrick O'Sheel, author of the above article, is a consultant to the Endowment.

NEH NOTES

Humanities Seminars for Physicians and Other Members of the Health Professions

Five seminars for practicing physicians and other health professionals will be sponsored by NEH during the summer and fall of 1975. The program aims to improve the quality of leadership in medicine by broadening the perspective from which physicians view their profession and society at large. Ethical conflicts, the rights of patients and practitioners, the purpose and limits of the medical professions and their relations to the community will be explored in a month of full-time study and discussion.

Further information and applications may be obtained from the seminar directors as follows:

Seminar dates: *June 23—July 18, 1975.*

Deadline *April 1.*

Professor John C. Burnham
Department of History
The Ohio State University
230 West 17th Avenue
Columbus, Ohio 43210
(614) 422-5465

Seminar dates: *September 8—October 3, 1975.*

Deadline *May 19.*

Professor H. Tristram Engelhardt, Jr.
Institute for the Medical Humanities
University of Texas Medical Branch
Galveston, Texas 77550
(713) 765-2376

Seminar dates: *June 2—June 30, 1975.*

Deadline *April 1.*

Professor Renee C. Fox, Chairman
Department of Sociology
128 McNeil Building CR
University of Pennsylvania
Philadelphia, Pennsylvania 19174
(295) 243-7933

Seminar dates: *July 27—August 22, 1975.*

Deadline *April 1.*

Dr. Leon R. Kass
Center for Bioethics
Kennedy Institute
Georgetown University
Washington, D. C. 20007
(202) 625-2362

Seminar dates: *June 29—July 25, 1975.*

Deadline *April 1.*

Professor William F. May, Chairman
Department of Religious Studies
Sycamore Hall 230
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THE JAPANESE FILM

13 Classic Japanese Films
sponsored by the
NATIONAL ENDOWMENT FOR THE HUMANITIES
Presented on PBS by KQED, Inc.
San Francisco

EDWIN O. REISCHAUER, former ambassador to Japan, will serve as host to guest scholars and experts in Japanese affairs for post-film discussions. Series begins in January and continues for 13 weeks. Consult local newspapers and TV guides for date and time of each presentation.

Films and their directors are:

Sanjuro, Akira Kurosawa (1962)—*Satire on absurdity of rigid code of the Samurai.*

Ugetsu, Kenji Mizoguchi (1953)—*illusion of human ambition and destructiveness of greed in feudal Japan.*

Harp of Burma, Kon Ichikawa (1956)—*haunting film of guilt and spiritual redemption at close of World War II.*

Double Suicide, Masahiro Shinoda (1969)—*story of conflict between social responsibility and illicit love in feudal Japan.*

Harakiri, Masaki Kobayashi (1962)—*meaninglessness of revenge in Tokyo of 400 years ago.*

Boy, Nagisa Oshima (1969)—*disintegration of Japanese family shaken by wartime defeat.*

Night Drum, Tadashi Imai (1958)—*conflict between love and a harsh code of honor in 17th century Japan.*

Ikiru, Akira Kurosawa (1952)—*compassionate humanism shown in dying man's search for meaning of life.*

When A Woman Ascends The Stairs, Mikio Naruse (1960)—*examination of loss of values in modern world of a Tokyo bar hostess.*

Sansho the Bailiff, Kenji Mizoguchi (1954)—*strong bonds of Japanese family in 11th century Japan.*

24 Eyes, Keisuke Kinoshita (1954)—*story of school teacher who must watch her students go off to war.*

Gate of Hell, Teinosuke Kinugasa (1953)—*Samurai's tragic love for a married woman in war-torn medieval Japan.*

Early Summer, Yasujiro Ozu (1951)—*intimate story of family life in a modern Japan whose old traditions are crumbling.*



Sansho the Bailiff



Double Suicide



Ugetsu



Ikiru



Harp of Burma



Harakiri



When A Woman Ascends The Stairs



Early Summer



Boy



Sanjuro



Night Drum



Gate of Hell



24 Eyes



Reading List on Bioethics

This reading list on Bioethics was developed at the Institute of Society, Ethics and the Life Sciences, by a committee consisting of Robert M. Veatch, Associate for Medical Ethics, Sharmon Sollitto, Research Associate, and Daniel Callahan, Institute Director. The list is divided into two parts: (a) general books on the subject, and (b) books on key issues in bioethics.

The Subject

At least since the time of Hippocrates, medical ethics has played an important role in the practice of medicine. But until very recently it was understood primarily to encompass the professional behavior of physicians. The very rapid developments in medicine and biology during the past few decades have done much to change that. While the professional obligations of physicians are still of great importance, medical ethics is now more broadly taken to include the entire range of ethical dilemmas posed both in clinical medicine and research biology. The term "bioethics," a newly-coined word, is meant to capture this wider subject matter.

The source of many of the new ethical dilemmas is the sheer power of modern biomedicine. This power, while increasingly effective in curing disease, alleviating pain, and extending life, can also have unexpected and sometimes harmful by-products. Genetic research raises the question of how safe, and how moral, it would be to intervene directly in a key determinant of human nature. The power of medicine to extend lives forces a fresh ethical examination of the conditions under which treatment should be terminated on a dying patient. The very potent tools at the disposal of medicine to shape and manipulate human emotion, cognition and behavior raise enormously difficult social and legal problems.

An ethical analysis of such issues has become crucial for contemporary society. How they are decided may well determine, in the years ahead, the conditions under which millions will be born, live and die.

A. GENERAL WORKS

THE PATIENT AS PERSON: EXPLORATIONS IN MEDICAL ETHICS. Paul Ramsey. New Haven: Yale University Press, 1970. 283 pp. Paperback.

Ramsey's book has emerged as probably the single most significant volume in this generation of American medical ethics. Seven chapters deal with some of the classical problems in medical ethics: the ethics of experimentation, the definition of death debate, and the care of the terminally ill. The next three chapters deal with the ethics of transplantation: the ethics of organ donation *per se*, and a caveat on heart transplants. Finally, Ramsey turns to the allocation of scarce medical resources; he explores the classical methods of distributing scarce goods: by merit or usefulness to society, by medical need, by lottery, by deciding that none should receive when all cannot.

MORALS AND MEDICINE. Joseph Fletcher. Boston: Beacon Press, 1960. 225 pp. Paperback.

Originally published in 1954, this book is a classic illustration of the "situation ethics" approach to problems such as truth telling in medicine, contraception, artificial insemination, sterilization and euthanasia. Fletcher, a theologian, takes the controversial position that nothing is more essentially moral than rational and sensitive manipulation of certain aspects of the human condition; his book is an exceptionally clear and straightforward statement of the utilitarian moral calculus.

UPDATING LIFE AND DEATH: ESSAYS IN ETHICS AND MEDICINE. Edited by Donald R. Cutler. Boston: Beacon Press, 1969. 278 pp. Paperback.

The first half of this book provides a good introduction to the various modes and levels of ethical inquiry into organ transplantation, as well as perspectives on the related problem of defining the moment of death. The subsequent chapters focus on abortion and the population question, with rigorous attention to the moral presuppositions about the value and sanctity of life. These essays by distinguished philosophers and theologians offer compelling juxtaposition of different ethical points of view and frameworks for further discussion.

READINGS ON ETHICAL AND SOCIAL ISSUES IN BIOMEDICINE. Edited by Richard W.ertz. Englewood Cliffs, N. J.: Prentice-Hall, 1973. 299 pp. Paperback.

This anthology contains 26 provocative articles by distinguished commentators in the field of ethics and the life sciences. The more classical issues are covered in the first four sections—transplantation, death and dying, genetic engineering, human experimentation and behavior control. The last three sections treat questions of health care delivery, mental illness and commitment, and women and medicine. Each author contributes a skeptical and critical perspective; five pages of bibliography conclude the volume.

ETHICS AND THE NEW MEDICINE. Harmon L. Smith. Nashville: Abingdon Press, 1970. 167 pp. Paperback.

Smith, a Protestant theologian, examines a narrow

range of questions in some detail. The beginning chapter on abortion identifies some key issues—the sanctity of life, the moment when life begins, and the value, quality and meaning of personal life. Further questions revolve around human reproduction, including contraception, sterilization and artificial insemination, with useful summaries of the Catholic and Protestant doctrines. The remaining chapters are concerned with death, transplantation and medical experimentation. Smith's reflections attempt to resolve the question of what are the preconditions for personal humanity; his notion is that humanity comes with the capacity to enter and participate in relationships.

B. BOOKS ON KEY ISSUES

EXPERIMENTATION WITH HUMAN SUBJECTS. Edited by Paul A. Freund. *New York: George Braziller, 1970. 454 pp. Paperback.*

An interdisciplinary discussion on the rights, duties and motivations of experimenters and their subjects, this is a collection of 20 articles by researchers, philosophers and legal scholars, illuminating the problems of scarce resources and medical advancement, protection and compensation for injury sustained in human research, the law as a system of control, and the pressing issue of research on prisoners, children and others who may not be able to give full informed consent.

BEHAVIOR CONTROL. Perry London. *New York: Harper and Row, 1971. 305 pp. Paperback.*

The term behavior control is a conceptual innovation. We have recently recognized that there are a large number of techniques for controlling human behaviors: psychotherapy, electrical stimulation of the brain, drugs, psychosurgery, and more social techniques such as mass media and the structuring of social institutions. Although published in 1971, London's volume still provides the best introduction to these issues seen in the context of the common problems of behavior control, providing a review of the state of the art of each technique. The last part of the book examines the prospects for behavior control, the model of man as a machine, and the ethics of behavior control. Our understanding of freedom and control and our ethical judgments about them are fundamentally challenged by new behavior controlling technologies. London begins the reader on a re-exploration of this classical dilemma.

DEATH BY CHOICE. Daniel C. Maguire. *Garden City, New York: Doubleday, 1974. 224 pp.*

The ethical problems of death and dying include deciding what death means in an era when a patient's heart and lungs can be kept functioning weeks or months after the brain is destroyed, euthanasia, the decision to stop medical treatments of the terminally ill, and suicide. Daniel Maguire provides a readable analysis of the legal and ethical traditions pertaining to these problems, but he concentrates on the state of the law particularly with regard to "mercy killing." A briefer discussion is devoted to the question of the legality of doing nothing at all. A final chapter examines other forms of legal killing, including abortion and war.

THE NEW GENETICS AND THE FUTURE OF MAN. Michael P. Hamilton, ed. *Grand Rapids, Michigan:*

Eerdmans, 1972. 242 pp. Paperback.

Hamilton has collected a series of diverse, sometimes controversial, essays dealing with three recently discovered problems: the medical control of the beginning of life, genetic therapy, and pollution and health. Leon Kass's important essay examines the technical, social, and ethical aspects of manipulation of sex cells to produce new embryos by fertilization outside the body and by asexual reproduction (cloning). He argues that we are not wise enough to make life more "humanizing" through creating life by technological manipulation. Commentators provide diverging responses. The topic of genetic therapy is introduced by biochemist W. French Anderson. He and his critics explore the ethical and social policy impact of our newly-found powers to manipulate human and animal genetic codes for the elimination of disease and improvement of the species, but also with the severe risk of self-perpetuating error. Samuel E. Epstein and three critics explore the problems of pollution and health.

Suggestions for Discussion

1. Will the new developments in medicine and biology require that society make a change in its traditional values on the sanctity and dignity of individual human life?
2. In light of the enormous social implications of modern medical research and practice, will it become necessary to shift the locus of authority and decision-making from individual physicians and patients to the government?
3. Should institutions such as prisons and mental hospitals be as free to make use of powerful medical means of manipulating behavior as they have been free to use medical means for curing physical disease?
4. What does human "death" mean in a time when it is possible to keep people alive indefinitely in some cases by artificial support systems?
5. To what extent should society impose upon individuals an obligation to take advantage of new methods of detecting defective children prior to birth?
6. Does medical science have an unlimited right to do research in areas where the social consequences may be unknown and totally unpredictable?
7. Should the new medical and biological knowledge be seen as forcing a change in the traditional doctor-patient relationship?
8. How should society allocate expensive medical treatments when there are neither the resources nor the personnel to make them available to all? □

NEH NOTES

FISCAL YEAR 1976 BUDGET REQUEST

The budget submitted by President Ford to the Congress for Fiscal Year 1976 contains a request for NEH funding amounting to \$74.5 million in regular program funds (a small increase of \$7.25 million over the fiscal year 1975 appropriation) plus \$7.5 million to match private gifts (an increase of \$1 million over the current year).



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(PROFILES, Continued from page 5)

sure maximum usefulness of the *Dictionary* to scholars in fields including language and literature, history, medicine, psychology, anthropology, and sociology.

Currently, with the help of an NEH grant, Dr. Hand and his staff are editing 65,000 items from Utah and California, the "most poorly collected parts of the whole country." When these collections are folded into others already published, Dr. Hand will begin final work on his unique contribution to cultural history, "the only comparative treatment of popular beliefs and superstitions in the English-speaking world."

Most of the items make interesting reading in themselves, suggesting that the *Dictionary* will attract browsers with no scholarly concerns at all. But many others offer provocative clues to patterns of cultural communication that will surely have value to researchers.

For example, an old Louisiana belief held that, "To get rid of an unwelcome visitor, stand a broom behind the door." Louisiana blacks specified that the broom should be stood upside down, and in some places it

was believed that sprinkling salt on the broom would make this "remedy" even more effective.

What is especially interesting about this superstition, however, is that it also crops up in the Dominican Republic and Mexico. Considering the history of Louisiana, the Dominican Republic, and Mexico, one might wonder whether it was the French, the Spanish, or African slaves who brought the salutary broom to our shores.

Such examples are to be found on every page of Dr. Hand's collections. Just as much of the history and literature of the ancient world cannot be understood without a knowledge of Greek and Roman mythology, so at least part of our own can be illuminated by a study of large and small American myths. Dr. Hand's *Dictionary*, the work of a lifetime, will ensure that these scattered bits of folk wisdom will be gathered together in one place, where other detectives studying the roots and transmission of our national culture can get at them, instead of their being lost to society forever. □