

Chemists and doctors' offices, and not always under reassuring conditions.

SINCE World War II medical research has flourished in the sun of Federal largesse. In fiscal 1965, the National Institutes of Health spent \$1.1-billion on medical studies, \$1-billion more than the amount spent 10 years earlier. Most of us automatically cheer such evidence of Washington's concern for our health, without troubling to consider how all this money is spent. A good deal of it is spent on laboratory experiments with chemicals—and nobody objects to that. A good deal is spent on animal experiments—and not many people object to that. But in the end medical research requires that a new theory, a new drug, a new surgical technique be tried on human beings. There is no other way.

The benefits of such tests are immeasurable. Every surgical operation now in use is, obviously, a direct result of human experimentation. Both the Salk and Sabin polio vaccines required large-scale tests on children before final acceptance. A major complaint brought periodically against drug manufacturers is that in their haste to get profitable products on the market they have been remiss about subjecting new drugs to adequate tests—that is to say, tests on people. Dr. George E. Moore,

director of New York State's Roswell Park Memorial Institute, says that he is much less worried about the dangers of planned experiments on humans than about the drugs, surgical techniques and diagnostic methods that are commonly accepted for daily medical care, yet have never been proved worthwhile.

So the issue becomes not whether one is for or against experiments on humans (though that phrase alone is enough to set off shudders) but under what circumstances such experiments may properly be conducted.

SENATOR THALER is not the first to raise this issue in recent years. Early in 1964, New York City's newspapers gave prominent coverage to the case of 22 elderly, seriously ill patients at the Jewish Chronic Disease Hospital in Brooklyn who had been injected with live cancer cells as part of a research project under the auspices of the Memorial Sloan-Kettering Cancer Center. Two doctors, Dr. Chester Southern of Sloan-Kettering and Dr. Emanuel Mandel, medical director of the Chronic Disease Hospital, were reprimanded by the Regents of the University of the State of New York—who are responsible for licensing doctors in this state—for "fraud and deceit in the practice of medicine" for

their part in the experiment, and were put on a year's probation.

A few months later, the New England Journal of Medicine carried an impressively documented article by Dr. Henry K. Beecher, Dorr Professor of Research in Anesthesia at the Harvard Medical School, titled "Ethics and Clinical Research." Dr. Beecher, who has directed the anesthesia laboratory at Massachusetts General Hospital for 31 years, is his professor's pre-eminent critic of human experimentation. Convinced that "what seem to be breaches of ethical conduct in experimentation are by no means rare but are almost, one fears, universal," he gathered from medical papers of the past decade 50 cases which seemed to him of doubtful propriety, and he was certain that he could have found hundreds more. Twenty-two of the cases were reviewed in the Journal—with the names of individuals and institutions omitted. Example No. 16 concerned the hepatitis experiment that became the most credible part of Senator Thaler's indictment.

On some basic points, there is little disagreement about experiments on humans. Everyone is agreed that such research ought to be motivated by a specific intent to benefit mankind and not by scientific curiosity

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