
THE ECONOMIC ILLUSION: False Choices between Prosperity and Social Justice
by Robert Kuttner
Houghton, 1984
308 pp. \$19.95

"The pursuit of equality," observed Britain's prime minister, Margaret Thatcher, "is a mirage." The conventional wisdom among many U.S. and British government leaders today is that well-intentioned state efforts to promote citizen equality—through public spending and progressive tax policies—merely stifle the individual initiative, personal thrift, and productive investment that produce greater overall wealth. "Inequality," the argument runs, "is good for everyone." Kuttner, a contributing editor of the *New Republic*, weighs such "theoretical claims" against the "practical policy experience of different nations." He compares the actual tax, welfare, labor, trade, and capital formation practices in Western nations. He shows that, in such states as West Germany and Norway, prosperity and relative equality *do* coexist. Between 1970 and 1980, for example, Austria enjoyed not only the highest growth rate per capita of all Western nations—including Japan—but also a relatively egalitarian distribution of income, a generous social-welfare program, low inflation (peaking at 6.8 percent in 1981), and low unemployment (never over four percent). Kuttner does not recommend wholesale U.S. adoption of the policies that have simultaneously increased wealth and equality in other nations: There is no single "right" mix of policies, and "these issues," he knows, "are deeply political." His aim is merely to question the economic assumption of the day—that "social justice is bad for economic growth."

Science & Technology

THE APOCALYPTICS: Cancer and the Big Lie
by Edith Efron
Simon & Schuster, 1984
589 pp. \$19.95

"Apocalyptic chic," as Efron sees it, describes the fashionable belief that virtually every synthetic substance causes cancer. It is environmentalism pushed to its absurd limit. Yet, to the American scientific community currently involved in cancer research, being chic is no laughing matter. Efron, a research associate at the University of Rochester, charges foul play and foul science, and backs up her

accusation with a mass of documentation. Not all "apocalyptic" are cynical or opportunistic, says Efron, but a good number of them have adopted the environmental "paradigm" because theirs has become a field "where one is only rewarded—where one is only published, and where one is only hailed as a savior of public health—by finding something [in the environment] to 'suspect.'" Efron notes that much of the environmental case is built on the results of animal research, even though top scientists admit that there is no proof that animals and humans react the same way to carcinogens. She overstates her case, but her attack on the thoroughly institutionalized narrow-gauge approach to cancer research is timely and important.

**MONTEFIORE:
The Hospital As
Social Instrument,
1884-1984**

by Dorothy Levenson
Farrar, 1984
338 pp. \$19.95



Perhaps no managers of an American hospital have been more concerned with its social role than the men who have run New York City's Montefiore. This chronicle, written by staff historian Levenson, is an illuminating attempt at institutional self-scrutiny. Founded in Manhattan in 1884 by German-Jewish immigrants, Montefiore has grown from a 26-bed home for chronic invalids to a vast medical empire now located in the Bronx and comprising four hospitals, several outpatient clinics and community centers, and a medical school. Its first director, Simon Baruch (known as the "Apostle of Bathing" for his advocacy of hydrotherapy for an assortment of illnesses), initiated occupational therapy as well as social and family services for his patients. Ephraim Bluestone, director for the first quarter of this century, trained black and female physicians; he also stopped fee-for-service treatment and began establishing a full-time salaried house staff in 1929. Like all hospitals during the 1960s, Montefiore faced soaring costs. (From 1966 to 1969, the average rise in all prices was 12.9 percent; for medical care, 21.4 percent.) Montefiore responded by instituting one of the nation's first health-maintenance organizations (HMOs), replacing the prepaid group practice