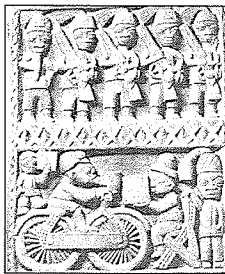


ond World War when Nigerians yearned for more contact with the West but were constrained by the "benign colonialism" of their British masters. The cautious, studious Essay and his friends called themselves "The Circle." One friend, a wily schemer named Sipe, views every calamity in the outside world as an occasion for making a "killing" in some business scheme. But Sipe, the would-be modern entrepreneur, still consults ancestral spirits before closing a deal. The tug between past and present, between knowledge of the larger world and an antiquated provincialism, circumscribes "The Circle" in all their dealings and speculations. They follow Edward VIII's abdication in 1936 with avid interest, yet worry that it will cause civil war in England, indeed a revival of the War of the Roses.

The detachment of Essay's generation from the larger outside world is oddly mirrored in the author's own detachment from Essay's world. One seldom feels in *Ìsarà* the personal connection that characterized *Aké*. And though by the end of the book Essay has come to realize that his roots tie him inextricably to *Ìsarà*, Soyinka seems to have far less certainty about his own life.

Fellow Nigerian Chinua Achebe is also concerned about his place in the modern world. In a series of essays, he examines the way African writers are viewed in the West. "The latter-day colonialist critic," says Achebe, "sees the African writer as a somewhat unfinished European who with patient guidance will grow up one day and write like every other European." Achebe objects to the requirement that African novels be "universal," since, he claims, Western works are not held to the same standard. Critics never try "changing names of characters and places in an American novel, say, a Philip Roth or an Updike . . . It would never occur to them to doubt the universality of their own literature." (Achebe ignores the fact that Roth's writings have been criticized, particularly in Europe, for being too Jewish-American provincial.) Throughout these essays, aesthetic questions have a way of



turning into moral predicaments: Achebe recognizes that Joseph Conrad's *Heart of Darkness*, set in the Congo, is great literature, but he is pained that its author is a white European, partially blinded by "racism" and "xenophobia."

Achebe's essays, for all their lucidity, appear trapped in a conundrum: He objects when Western literary standards are applied to the African novel, but he has no alternate "African aesthetic" to propose. Achebe, like Soyinka, seems burdened by the weight of his success in the West. Both writers' works have received praise and awards from Western audiences. They understand the West far better than their fathers did. They write in its language. And having played so skillfully with the major forms of Western literature, they may have left themselves no choice but to be judged by the standards of that tradition.

#### *Science & Technology*

#### **THE FORMATION OF SCIENCE IN**

**JAPAN:** Building a Research Tradition. *By James R. Bartholomew. Yale. 369 pp. \$30*

Why has Japan never produced scientific accomplishments on a par with the West's? Stereotypes about the militant conformism of the Japanese provide the popular explanation. Another answer comes from sociologists who, from Max Weber to Talcott Parsons, have insisted that only in societies without vestiges of feudalism can science truly develop.

Bartholomew, an historian at Ohio State University, sets out to challenge such views. Japan's Confucian tradition, Bartholomew points out, tolerated new ideas: Scientific theories that had provoked storms in the West—heliocentrism or the origins of species—were accepted by Japanese intellectuals matter-of-factly. Nor was Japanese culture ever dominated by a revealed religion with an elaborate theological interpretation of nature. Consequently, the physicist Yuasa Mitsutomo wrote, "It was as though Japanese science had had the teeth of . . . [adverse] criticism removed." So the critics of Japanese science were wrong?

Not according to the impressive documentation that Bartholomew has collected. After the Meiji Restoration (1868), the Japanese govern-

ment did in fact begin to promote science. But the government viewed science less as a method or a theory than as a *commodity*: It encouraged learning scientific facts, not scientific research. The Western scientific revolution of the 16th and 17th centuries had established physics as the basis for other sciences; but the Japanese government favored biology over physics because the former had more practical applications (e.g., in medicine and agriculture). Today, science in Japan may be changing as research continues to grow; much of it is sponsored by the private sector instead of the government. Yet even Bartholomew suggests that research remains a means to attain practical goals, rarely a pursuit unto itself.

**THE MEDICAL TRIANGLE:** Physicians, Politicians, and the Public. By *Eli Ginzberg*. Harvard. 301 pp. \$27.50

**WHAT KIND OF LIFE:** The Limits of Medical Progress. By *Daniel Callahan*. Simon & Schuster. 318 pp. \$19.95

The United States spends more of its gross national product (GNP) on health care than any other nation. Canada, despite providing universal health insurance, spent 8.5 percent of its GNP in 1986 on health care—while America was spending 11.1 percent. And this year's half-trillion dollars in medical bills threatens to triple over the next decade. Ginzberg explains how health-care costs became so high; Callahan, why ethically they should not be.

Ginzberg, director of the Conservation of Human Resources Project at Columbia University, draws a medical triangle whose various "sides"—patients, medical professionals, and government—have such different expectations that they keep the health-care system permanently destabilized. Since World War II, the introduction of ever more health benefits (through job insurance, Medicaid, and Medicare) has whetted the public's desire for medi-

cal treatment. This created a greater demand for doctors, who in turn grew accustomed to providing as much care as possible for as much money as possible. Scores of for-profit hospitals sprang up to capitalize on the trend. The ever-rising costs could only be paid because the government—which this year will foot 40 percent of all medical expenses—pumped in funds in response to public demand. There is a broad consensus, especially in government, that runaway medical costs must be controlled. But with the sides of the triangle so politicized, Ginzberg worries that no solution can be agreed upon. One out of every 13 Americans works in health care; such workers constitute a powerful interest group that most politicians would be reluctant to offend.

Callahan argues that the solution to the accelerating health-care costs is not a matter of economics but of values. Callahan, a specialist in medical ethics, develops the ideas advanced in his controversial *Setting Limits* (1987): that a longer life is not necessarily a better life, and that everything medicine can do at whatever cost to prolong life should not necessarily be done. Americans, he says, must realize that health is a communal, not simply an individual, good. While health-care costs have multiplied, he reminds us, the portion of the GNP devoted to education has dropped; and the percentage of children living in families below the poverty line rose in the 1980s from 13 to over 20 percent. Today, only 10 percent of patients—often "hopeless cases" such as octogenarians requiring organ transplants and babies weighing less than 18 ounces—account for 75 percent of all health-care costs. Callahan's prescription for providing care for the most people at the lowest cost involves, he recognizes, centralized planning and rationing. Yet he fails to address Ginzberg's question about the politics involved in any solution. Until political institutions are confronted, Callahan's call for a more equitable, humane health-care system remains a provocative ideal left floating in air.

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