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costs have stunted the growth of suburbia; that congestion, pollution, and even higher gas prices make a decline in "automobility" inevitable; and that rehabilitation of city housing, the availability of rapid public transportation, and the spread of urban problems to suburbia make the city an increasingly attractive place to live for the middle class.

Challenging Goldfield, Zikmund, a political scientist at the Illinois Institute of Technology and Sociology, and Hadden, a University of Virginia sociologist, argue that demographic shifts in the Washington area are not representative of the nation because of the huge federal presence there. (The "singles revolution" has helped make one-fifth of all households in the area "single households"; average household size has dropped from 3.22 persons in 1968 to 3.03 today; the birth rate in the Washington SMSA fell by 40 per cent between 1960 and 1970.) Zikmund and Hadden note separately that in other areas the dispersal of industry to the suburbs opens new, nearby job opportunities, encouraging continued suburban growth, while most cities are still doing little to create attractive residential environments.

Good inner-city housing is not cheap, says Zikmund, especially "when one adds fix-up costs, crime insurance and parking costs." Hadden adds that only if lower birth rates become permanent will demand for high-density housing be stimulated. He believes that Americans have accepted higher gasoline prices and that the drift outward toward cheaper land will probably continue.

In a rebuttal, Goldfield argues that the Washington, D.C., area may be the harbinger of future trends precisely because it is an atypical metropolis. "As the fastest-growing region in the 1960s, it led America's transition to a suburban nation," he writes. As in Minneapolis, Baltimore, and Jacksonville, the local government has joined bankers, builders, and landlords to rehabilitate run-down residences by collectively using the financial means available. Washington will not experience a new building boom and thus relieve the area's housing shortage. But with huge carrying charges and local antipathy stalling apartment construction in suburbia, Washington, like New York City, offers many spacious, old row houses that can be rehabilitated and subdivided to equal the per-acre density of high-rise public housing projects.

Pricing Education

"The Value of College As Seen by a Non-Economist" by Harold Howe II, in *The College Board Review* (Summer 1976), Box 2815, Princeton, N.J. 08540.

Former British Prime Minister Harold Macmillan once recalled the advice an Oxford professor offered his students—that the only purpose of a university education is to know "when a man is talking rot."

Howe, the Ford Foundation's vice president for education and research, goes considerably further in arguing against economists who now seek to measure the value of a college degree solely in "cost

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benefit" terms. While acknowledging that the material rewards and job opportunities for college graduates are declining, he argues that advanced education can enrich the personal lives of students and contribute significantly to their future involvement in civic affairs. The investment of both personal and public funds "is as justified for the development of personal and civic attributes as it is for the economic."

Much of the present concern with higher education seems to be with what it costs and how to pay for it. But too little thought has been given to the possibilities of restructuring an educational process which occupies many Americans from the age of five to 22. Howe suggests dropping a year from high school and a year from college; he would add programs at the pre-kindergarten level and the equivalent of one year of free higher education for all adults, to be used all at once or in courses taken at different times over a period of years.

Medical Care For the Dying

"Optimum Care for Hopelessly Ill Patients" by the Clinical Care Committee of Massachusetts General Hospital; "Orders Not to Resuscitate" by Mitchell T. Rabkin, M.D., Gerald Gillerman, J.D. and Nancy R. Rice, J.D.; "Personal Directions for Care at the End of Life" by Sissela Bok, Ph.D., in *New England Journal of Medicine* (Aug. 12, 1976), 10 Shattuck, Boston, Mass. 02115.

The issue of prolonging the life of a terminally ill patient has received widespread public attention, largely because of a June 1976 decision by the New Jersey Supreme Court. That decision authorized removal of artificial life-support systems for a comatose patient, Karen Ann Quinlan, in accordance with her parents' request. Three articles in the *New England Journal of Medicine* reflect not only the public's interest in this area, but also the medical profession's new willingness to discuss the matter and to set standards for the application or withdrawal of life-sustaining measures.

The Critical Care Committee of Massachusetts General Hospital proposes a four-part classification system for critically ill patients, based on a six-month pilot study involving 209 admissions to that hospital's intensive care unit. Under this system, treatment for the four categories of patients ranges from two types of "maximal therapeutic effort without reservation" to "selective limitation of therapeutic measures" and, finally, to discontinuation of all therapy.

The Critical Care Committee also recommends that an advisory group be created to consult with physicians on terminal cases but that the ultimate decisions about treatment classification should rest with the responsible doctor. The proposed role for patients and their families is minimal.

A different approach is offered by Dr. Rabkin, of Boston's Beth