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of State during the Revolutionary War. The Virginia governor had little power and could act only with the council's approval. The same problem plagued the Continental Congress, where committees exercised executive powers.

At the Constitutional Convention in 1787, Madison supported the idea of a single executive with power to appoint and dismiss officials; and with responsibility for conducting war and foreign affairs. At the same time, he resisted John Adams' suggestion that the executive be called "His Most Benign Highness" and later contested Treasury Secretary Alexander Hamilton's conception of the executive branch, as a "machine to lead and dominate the nation," rather than as the *executor* of congressional will.

The balance between authority and restraint was most precarious during war. As President, Madison encountered "near treasonable opposition" from the Federalists at home while trying to direct the War of 1812. "What are you to gain by giving Mr. Madison men and money?" asked Gouverneur Morris, former minister to France. Faced with obstructions to recruiting, tax-collecting, and the movement of troops, Madison, like later Presidents, believed that domestic discontent was "the greatest, if not the sole, inducement with the enemy to persevere."

Unlike some later Presidents, however, Madison refused to crack down on dissent, believing that to do so would be "to 'lose' the war by waging it incongruously"—by ignoring the principles he was fighting to preserve. "Madison won the war," Ketcham concludes, "by his republican conduct of it."

Taxing Vices

"No Smoking: New Sanctions for Old Habits" by Tabitha M. Powledge, in *The Hastings Center Report* (Apr. 1978), 360 Broadway, Hastings-on-Hudson, N.Y. 10706.

Recent efforts to reduce cigarette smoking in the United States may foreshadow a host of other measures designed to encourage—or compel—people to take responsibility for their own health by changing the way they live, says Powledge, research associate at the Hastings Center.

A package of proposals from the Department of Health, Education and Welfare, the National Commission on Smoking and Public Policy, and the Food and Drug Administration are aimed directly at decreasing the number of smokers (currently estimated at 55 million) through education, advertising, and restrictions on smoking in certain public areas. In Virginia, where state law entitles all firemen who develop heart or lung disease to retire on larger-than-usual pensions, the town of Alexandria now requires all recruit fire fighters to give up smoking within 14 weeks of their employment.

The HEW proposals include a plea to the insurance industry to offer lower premiums to nonsmokers, not only for life and health insurance,

but for auto and fire insurance as well. With health care costs (estimated at $15 billion in 1977) approaching 1 percent of the gross national product, Powledge predicts increasing public support for proposals that would place more of the costs of health-damaging behavior on the individual rather than on society as a whole.

It has been suggested, for example, that health insurance rates might be scaled according to a person's weight, smoking and drinking habits, and driving record. Even injuries resulting from certain risky sports (e.g., hang-gliding, skiing, and football) might ultimately be excluded from the group of health costs society will be willing to shoulder. Lest this seem far-fetched, says Powledge, the Carter administration is said to be seriously considering a "vice tax" on tobacco and alcohol to help pay for national health insurance.

The Unresolved Abortion Issue

"The Supreme Court, Abortion Policy, and State Response: A Preliminary Analysis" by Jeanne Bell Nicholson and Debra W. Stewart, in *Publius* (Winter 1978), Center for the Study of Federalism, Temple University, Philadelphia, Pa. 19122.

On June 20, 1977, the Supreme Court held that states were not required to subsidize elective abortions as a condition to receiving Medicaid funds and that state laws could prohibit nontherapeutic abortions at publicly-owned hospitals. This and a subsequent Court decision clearing the way for implementing the 1976 congressional provision restricting *federal* abortion funding to cases of "life endangerment" have shifted the abortion struggle from the federal courts to state and local decision makers.

The wide-ranging effects of this shift are only just beginning to show up, say Nicholson, assistant professor of government and politics at George Mason University, and Stewart, assistant professor of political science at North Carolina State University at Raleigh.

Thirty-five states have decided to stop all funding of abortions except when a woman's life is endangered. Three states (Idaho, New York, and Pennsylvania) continue to fund "medically necessary" abortions. The remaining 12 states (including California) and the District of Columbia have chosen to assume the financial burden and offer full abortion services under Medicaid. New York and California together account for close to 50 percent of the Medicaid abortions performed nationwide.

The most obvious result has been the shrinking number of legal abortions performed nationwide (as many as 274,000 poor women obtained abortions with the help of federal-state funding programs in 1976). Shifting responsibility to the states is expected to result in an increase in regulatory legislation (already introduced in every state and passed in Maine, California, and New York) requiring that a second physician be in attendance during hospital abortion procedures for the express purpose of sustaining the life of the aborted fetus if possible.