some, unnatural or even impious. (For example, if "antioxidant" food preservatives can be adapted for human use, 20 years might be added to the average life span.) Medawar, however, doubts that anybody would want to carry that view to its logical conclusion: The "natural" human life span is about 25 to 30 years. Indeed, he notes, virtually all advances in hygiene and medicine, from washing one's hands to the invention of bandages, lengthen life.

A few critics contend that it is selfish to try to delay death and that any years thus won would be empty [see *WQ*, Summer 1983, p. 26]. But Medawar dismisses this view as "spiritless": "A person who is loved and in good health has reason enough to want to live a few years longer than might seem to be his due." Grandparents have every reason to want to see their grandchildren grow up; aging gardeners long for the incomparable joys of another spring.

Medawar is not worried by the social problems that might accompany a larger elderly population—greater numbers of invalids, more costly health and retirement programs, the development of a gerontocracy. Longevity would increase only over the course of decades, leaving plenty of time to make the necessary adjustments.

Medawar worries that unnecessary fears will deter us from pursuing life-extending research. As an antidote, he proposes that a small group of volunteers be the first to try life artificially prolonged to 100. "If senile dementia is their fate, they will have warned us off."

Children's Rights

"What's Wrong with Children's Rights?" by Jan H. Blits, in *This World* (Winter 1984), Circulation Services, 125 West 24th St., New York, N.Y. 10011.

Today's advocates of "children's rights" are demanding recognition for a variety of new rights: rights to adequate nutrition, legal counsel, even parental love. But Blits, a University of Delaware philosopher, argues that the reformers are driven as much by a desire for a new egalitarian society as by a real concern for children.

Citing the work of French historian Philippe Ariès [see "The Sentimental Revolution," *WQ*, Autumn 1982], Columbia University's Maxine Greene and other champions of children's rights contend that the very idea of childhood is an invention of 16th-century Europe. If childhood is no more than a social convention, then there are no "natural" differences that justify children's unequal rights before the law.

Greene and her colleagues also challenge the liberal tradition of natural human rights as elaborated in the 18th century by philosophers John Locke and Michel de Montesquieu. According to Locke, certain basic rights—the Declaration of Independence's "inalienable" rights to "Life, Liberty, and the Pursuit of Happiness"—spring from human nature itself and make all humans equal. But the children's rights proponents, like Marxists and existentialists, deny the existence of a fixed human nature. They view man as "simply the product of constantly changing social conditions," Blits explains. Rights thus become "as

malleable as man and, hence, limitless." For this reason, children's rights activists can present the items on their public policy "wish list"—the elimination of war or the end of poverty—as if they were "rights" of children.

Broader children's rights are sometimes urged as a remedy for child abuse. But Blits calls this "a wholesale solution to a retail problem." Greene and her allies speak in benign terms about children and the family, yet they seem to assume that the family is actually a "combat zone." Ironically, Blits writes, the legal safeguards that children's rights advocates propose, by stripping parents of their authority and encouraging lawsuits by their offspring, might make families just that.

SCIENCE & TECHNOLOGY

Abstinence Is Not the Answer

"The New Prohibitionists" by Stanton Peele, in *The Sciences* (Mar.-Apr. 1984), P.O. Box 356, Martinsville, N.J. 08836.

"I am an alcoholic," Alcoholics Anonymous members ritually declare, "I cannot drink." That is the common view in the United States: Alcoholism is a disease, and abstinence is the only cure.

But Peele, a psychologist, argues that we should not view problem drinkers in this light. It may hurt their chances for recovery. He believes that alcoholism may be more a social and psychological problem than a medical one.

Drinking was a family affair in colonial America, and children were taught early to exercise moderation. Drinking problems were rare. (They still are among certain ethnic groups: Only one in 100 American Jews is an alcoholic, compared to about one in 12 of all Americans.) In the Wild West of the 19th century, however, taverns became male preserves, and heavy drinking became a sign of masculinity. Alcoholism rates soared, and, in reaction, the temperance movement was born. The "disease" theory of alcoholism—and the view that abstinence is the only cure—was a natural outgrowth of the notion that alcohol is evil and corrupting.

But if alcoholism is a "disease," Peele says, nobody has yet discovered the metabolic mechanism behind it. And since the "disease" is not contagious, it must be "mandated by genes." But alcoholism, unlike most genetic afflictions, can be cured.

In Western Europe, where the disease theory lacks unanimous support, controlled-drinking therapy is an acceptable alternative to total abstinence. Only in the United States do advocates of controlled drinking encounter stiff resistance from health-care professionals and the news media. During the early 1970s, California psychologists Linda and Mark Sobell claimed success in teaching moderate drinking habits to 20 alcoholics. In 1982, *Science* magazine published a critique show-