

behavior)² and Wilson.³ According to Peele,

By revising notions of personal responsibility, our disease conceptions undercut moral and legal standards exactly at a time when we suffer most from a general loss of social morality. While we desperately protest the growth of criminal and antisocial behavior, disease definitions undermine the individual's obligations to control behavior and to answer for misconduct.^{2(p27)}

Wilson had this comment to make about theories of the social causation of misconduct:

The moral relativism of the modern age has probably contributed to the increase in crime rates. . . . It has done so by replacing the belief in personal responsibility with the notion of social causation and by supplying to those marginal persons at risk for crime a justification for doing what they might have done anyway. If you are tempted to take the criminal route . . . you may go further along that route if everywhere you turn you hear educated people saying—indeed, “proving”—that . . . moral standards are arbitrary.^{3(p10)}

Notice that the roles of character development, personal responsibility, and social sanctions (forms of human agency!) in the control of violence are mentioned nowhere in Christoffel's model. This is highly unfortunate. Training people to control their impulses and calling them to account when they don't are not attempts to blame the victim. They are the appropriate (and not ineffective) responses of a society that believes human beings are capable of rational thinking, responsible behavior, and self-improvement. To believe otherwise is to deny the essential dignity of human beings and the possibility of a better society. □

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Christoffel Responds

Ms Cather's discussion relates to the traditional equation of violence and crime, which I mentioned in my editorial. I do

not believe it is an equation that bears up under scrutiny. First, not all violence is crime, by anyone's definition. The obvious counterexample is suicide. Second, some circumstances criminalize what would otherwise be accepted as more or less normal behavior. For example, teenagers' arguing is not, in itself, deviant (most would agree, even if a few punches are thrown, that this is another example of noncriminal violence); but if a handgun is in reach and a bullet is used instead of a fist, the result may well be an injury plus a crime, a criminal, and a crime victim.

Ms Cather reveals some of the premises on which the false equation of violence and crime is built: that a public health approach means that people are “mere victims of uncontrollable circumstances,” rather than themselves controllable, and that violence is “essentially a moral problem.” Again, these premises do not bear scrutiny. First, if we recognize the many contributors to violence and address them matter-of-factly, violence can become *more* controllable than with approaches relying only on blame and punishment. Second, victims of violence (and here I do not mean perpetrators) will surely appreciate protection from injury by a variety of means, including ones that do not address morality.

I did not say—and I do not believe—that crime is unimportant. Crime contributes to violence and should be punished. The public health approach to violence complements rather than replaces a criminological approach to violence. I share the widespread dismay at the all-too-frequent signs of unkind—and even cruel—treatment of people by the powerful as well as by the powerless. One could draw a larger diagram than mine, showing broader influences on the factors that I showed, including such things as trends in morality, common values, religion, and politics (which interact with each other and the factors I identified). These are the context for all work in public health, whether it involves violence, AIDS, vaccination, or asbestosis. The broad context may, however, be less amenable to intervention than factors such as those in the diagram I drew.

I agree with Ms Cather that we cannot “deny the essential dignity of human beings and the possibility of a better society.” Such a society would engender less violent injury than ours does today. Violence affects public health because it causes injury and death (health consequences to the victims). A public health approach expands our repertoire

of means available to reduce the death and injury and introduces approaches that may work better than the (largely punitive) approaches that have been emphasized so far. Perhaps, in Ms Cather's terms, it suggests more ways to help people control their own behavior. □

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Beaver Dam Eye Study Questioned

I read with interest the paper published in the *Journal* in April 1993 titled “Diagnostic X-Ray Exposure and Lens Opacities: The Beaver Dam Eye Study.”¹ The conclusions reached by the authors are rather surprising, especially considering the fact that the mean exposure to the lens of the eye, by their estimates, is on the order of 38 R.

According to the United Nations Scientific Committee on the Effects of Atomic Radiation (UNSCEAR) report² titled *Sources and Effects of Ionizing Radiation*, the threshold dose for cataracts in adults is about 200 R of x-rays from a single exposure and 400 to 600 R when the exposure is spread over a 3- to 13-week period. “Minimal stationary opacities have been observed after single doses of 100 to 200 R exposure and with 500 R more serious progressive cataracts occur.” Furthermore, the UNSCEAR report states that “the average latent period is 2 years but may be up to 35 years.”

In light of the UNSCEAR report, one must consider the possibility of other confounding factors that were not taken into consideration by the authors. For example, the UNSCEAR report indicates that “the combination of radiotherapy and chemotherapy enhances the risk of cataract formation.” One must also consider other potential sources of radiation exposure such as radioisotopes that may have been administered for diagnostic or therapeutic purposes.

In summary, the results presented by Klein et al., although interesting and well documented, contradict the vast amount of literature published about the effects of ionizing radiation on the eye. Consequently, one must wonder what other

confounding factors may not have been considered in the study. □

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Health Care Reform: The More It Changes . . .

In 1947, the first year of implementation of the National Health Service in Great Britain, Thomas McKeown, then Professor of Social Medicine at the University of Birmingham, England, decided to review the medical care situation

in the United States. President Truman had endorsed national health insurance when he took office in 1945, and, despite the Republican control of what he called the "Do-Nothing Congress," he was preparing to introduce legislation, along the lines of the Wagner-Murray-Dingell bill, for a national health program. There was excitement and enthusiasm in the public sector but strong professional opposition led by the American Medical Association. McKeown wanted to describe to his British colleagues the situation in the United States and what the chances were for a National Health Service in this country.

McKeown reported on his mission in the pages of the *British Journal of Social Medicine*.¹ It was a careful and thoughtful review. He visited a variety of medical care facilities, speaking with physicians, government officials, and representatives of professional organizations. He provided data on utilization, insurance coverage and costs, the extent of group practice, and the extensive lack of access for the poor.

In describing health policy in the United States, he was not sanguine as to the possibility of a national health program. While he could not have imagined the irrational and anti-social antics that characterized the 1994 Congressional side-show called "health reform," he found the ignorance of the electorate and the rabid hostility of the professional organizations daunting.

His prophetic comments deserve mournful recollection. He quoted the Beards,² "The two major parties are as much alike as two bottles in size and shape, differing only in their labels." He concluded, "Both political parties practice a form of political contraception, which insures that however suggestive the preliminary movements, there are no embarrassing legislative consequences." □

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