miral Rickover is sure he can build if he can find the money. The Joint Committee may ask the Atomic Energy Commission to pick up the tab.

The U.S. now has 74 nuclear submarines in operation, compared with about 55 for the Soviet Union. Of the U.S. subs, 41 are Polaris launchers, and 33 are attack subs. In addition, the U.S. has 72 diesel powered submarines, more than 60 built during World War II.

"We have no superiority in numbers," says Admiral Rickover. "We should be concerned over the situation that will obtain just a few years from now.'

Surface vessels are farther from the sensitive area of nuclear deterrent. Although the greater range and flexibility



Attack sub has deterrent role.

of nuclear powered ships is beyond question, it has been possible for Defense Department analysts to argue that lower-cost conventional ships in greater numbers can fill the role of limited warfare that today's navy plays.

Only by bringing in the threat of Russian submarines to oil supply lines can the nuclear surface ships be justified.

The Defense Department clearly doesn't want to consider that a likely prospect, since it implies full-scale war with the Soviet Union, which would mean the failure of the deterrent.

But Admiral Rickover insists that building ships without regard to defending them is a foolish plan. He claims the navy's experience off Vietnam is a kind of "War College exercise" in which the U.S. is operating on the basis of immunity from losses.

'It might ultimately be a wholesome lesson," he told the Joint Committee, if a U.S. ship were sunk by an enemy submarine off Vietnam.

HEART TRANSPLANT

Not therapy but experiment

Heart transplantation in man cannot be regarded as therapy, not even in extreme cases when all other courses of action appear blocked. This is the conclusion of the Board on Medicine of the National Academy of Sciences, which last week released a policy statement on human heart transplants. The board is only one of many private and public groups seeking to come to grips with the ethical questions raised by transplants.

"The procedure must be viewed clearly for what it is, a scientific exploration of the unknown," it says.

The statement declares that because surgery is only part of the experiment, which should be followed with rigorous scientific study, there must exist many more surgical teams capable of the surgery than there are capable of both surgery and study. Because of this the board suggests that before cardiac transplantation is attempted, the following criteria be met:

- The surgical team should have "extensive laboratory experience" with animal heart transplants. It should demonstrate not only surgical competence but complete understanding of the process of immunologic rejection of the organ and control of this process. In addition specialists should be available as collaborators.
- "As in any other scientific investigation," there should be an advance plan of study recorded. Arrangements should be made for systematic observations of the patient throughout his lifetime. There should be an organized communication network so the latest results of the investigation would be generally available.
- Because the procedure is experimental, the primary justification for a heart transplant attempt should be that it will yield new beneficial knowledge.
- Selection of donors and recipients should be subject to rigid ethical and medical safeguards. Independent panels of "expert, mature physicians" not involved with the transplant group should select donor and recipient by unanimous, recorded decision.

The board's criteria are based on the conviction that for progress in heart transplantation "only a relatively small number of careful investigations" are presently required.

The statement did not suggest that any of the six transplant operations so far performed have failed to meet its criteria. However, as recently as last February the Surgeon General of the Public Health Service had to order that all institutions receiving its grants must set up review panels.

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