nerve. We are increasingly finding in our society that too little public advance consideration of possible results from scientific or technological progress may cause a dangerous, even catastrophic, overreaction. The process goes about like this:

A scientific advance is made, and its manifest promise causes it to be oversold to the public. At the same time, research on what now seems a solved problem slows or grinds to a halt. The public adopts the new advance and uses it enthusiastically without really understanding its pluses and minuses.

In time, drawbacks begin to come to public attention. General revulsion sets in and, lacking possible benefits of continuing research, the public tunes out. At this point, the very real possibility exists that efforts to solve the problem will be abandoned for good.

What is even more serious, perhaps, is that changing attitudes in advanced countries like ours bring themselves to bear in other parts of the world that rely on us for technological inputs. The pill is one example, and DDT is another.

There is no question DDT has been overused in the United States, where it is threatening the environment. Developed countries may well get along nicely without it, but if they decide to abandon it for more expensive forms of pest control, underdeveloped countries that cannot afford such options are likely to follow suit.

If this happens, countless deaths from malaria may occur in Southeast Asia and tropical Africa because of decisions made in the United States and Sweden.

This, of course, is written with 20-20 hindsight. Nevertheless, where both the pill and DDT are concerned, something very like what has happened could easily have been predicted—in the case of the pill because its hormonal components exert an influence on many body systems, in the case of DDT because its poisonous properties persist in the environment long after their initial purpose is served.

Which brings us back to the public's right to know. Had society at large been informed of the hazards of DDT that were known or suspected 10 years ago, perhaps laws regarding its use would be different from those on the books.

Similarly, if women had been told about the hazards in the pill of which the medical profession long has had inklings, two things might have happened. First, many women might have opted for other measures of birth control, which would have been further developed than they now are; and, second, research into safer and equally effective "pills" might have had top-priority attention, which to date it has not.

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