

SCIENCE NEWS®

The Weekly Newsmagazine of Science

A Science Service Publication
Volume 131, No. 24, June 13, 1987

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Subscription Department
231 West Center Street, Marion, Ohio 43305

Subscription rate: 1 yr., \$29.50; 2 yrs., \$50.00.
(Foreign postage \$5.00 additional per year.) Change of
address: Four to six weeks' notice is required. Please
state exactly how magazine is to be addressed.
Include zip code. For new subscriptions only call
(1) 800-247-2160. Printed in U.S.A. Second class
postage paid at Washington, D.C., and additional
mailing offices. Title registered as trademark U.S. and
Canadian Patent Offices. Published every Saturday by
SCIENCE SERVICE, Inc., 1719 N St., N.W.,
Washington, D.C. 20036. (202-785-2255)
ISSN 0036-8423

Letters

Statistical segregation

Edgar R. Jones (Letters, SN: 5/2/87, p.275) suggests replacing "number of deaths" from each disease category with "number-of-person-years-before-65." But we can do better still. Actuaries compile statistics, by sex, which enable us to express "future life expectancy" as a function of "present age." By using "future life expectancy" as the measure of the impact of each "cause of death," we will be treating no death as insignificant, not even that of a person over 65, while still weighing deaths at age 20 more heavily than deaths at age 70. At the same time, by using expectancies segregated by sex, we will improve the accuracy of our statistics.

If conversion to "deaths per 100,000" or similar statistics is desirable, this may be accomplished by multiplying the societal years-lost due to a disease category by 100,000 and then dividing by the societal total for future life expectancy to obtain "normalized rates."

I realize that the statistics so developed will

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Cover: Efforts to increase the number of wild wolves in the northern United States put interest groups at odds over whether the predators can coexist with humans. (Photo: Jim Brandenburg/National Geographic Society)

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be flawed in at least two ways. First, the "cause of death" data themselves may be inaccurate, because of errors in diagnosis or multiple causes of death. Second, variables other than age and sex undoubtedly influence future life expectancy: occupation, general state of health, economic level, race, religion, where a person lives, what habits he or she has, and so forth. Nonetheless, the measure I propose embraces the two variables determinable most unequivocally, and improves upon current measures and Jones's proposal.

Danny Kleinman
Los Angeles, Calif.

From test to treatment

Marie Valdes-Dapena ("Blood imbalance detected in SIDS victims," SN: 5/9/87, p.292) asks, if the Wisconsin test were to show an infant to be at high risk for sudden infant death syndrome, "Then what?"

A lot of work has to be done before that clinical application. First, can some of the excess fetal hemoglobin (F) be converted to

adult (A) by physical or chemical means? Will irradiation by ultraviolet effect the desired result? This could be *in corpore* or *in vitro*.

If the latter, blood could be withdrawn from the infant, and the reinforced blood later transfused in an autologous transfusion. Another possibility could be the transfusion of adult blood to the infant from a parent or sibling.

As usual, therapy follows diagnosis and prognosis.

Arthur J. Morgan
New York, N.Y.

Hazardous waste?

"The hazards of leadshot in soil" (SN: 4/11/87, p.233) suggests an analogous problem in this country — the millions or billions of "flashlight" batteries (D and C cells, etc.) disposed of in dumps every year. I assume these are still lead/acid construction, and of course the smaller batteries used in watches and hearing aids contain mercury.

Robert Pelz
Argyle, N.Y.

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