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This Week

- 164 Here's the Skinny on Painless Vaccines
John Travis
- 164 Fewer gallstones arise in active women
Nathan Seppa
- 165 Is there a super way to make black holes?
Ron Cowen
- 165 Molecular motors spin slowly but surely
Corinna Wu
- 166 When the other half gets really cold
Peter Weiss
- 166 Oranges juice up cancer protection
Janet Raloff
- 167 Ear implants resound in deaf cats' brains
Bruce Bower
- 167 A benefit from ovary removal
Nathan Seppa

Articles

- 168 Lost Space
Rising din threatens radio astronomy
Siri Carpenter
- 172 The Science of Big, Weird Flowers
Some of the best things in botany come in large packages
Susan Milius



Cover: Looking closely into *Amorphophallus titanum* reveals the central column as a mass of thousands of tiny individual flowers. This tropical relative of the jack-in-the-pulpit develops blooms as tall as a person and smells like a dead animal. To study the biggest single flower, scientists turn to the tropical genus *Rafflesia*, which is also known for its foul odors. **Page 172** (Photo: Huntington Botanical Gardens)

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Letters

Sleep on it

With regard to "Memory may go to pieces in schizophrenia" (SN: 7/17/99, p. 39), I wonder if the schizophrenia researchers have ever talked to sleep researchers. We all hallucinate every night, then promptly forget most of the experience, presumably because the sleep-induced fantasies have no lasting practical value. If schizophrenia is a hormonal disorder affecting the brain's ability to properly switch from the conscious to unconscious state, then one so affected could be expected to hallucinate and also be unable to readily distinguish which experiences are worth remembering.

*Ed Walker
Tampa, Fla.*

Don't discount these factors

Regarding "Does practice make perfect?" (SN: 7/17/99, p. 44), it may be that treating larger numbers of patients has a "volume-discount" aspect. This might lower the cost of equipment and/or drugs, thus lowering hesitation to use those items in treatment at

the high-volume centers relative to the lower-volume settings. This may be a dynamic that has an impact on survival and yet is somewhat divorced from specialization.

*Denny Miller
Columbus, Ohio*

It seems that the story failed to take into account the major driving force of health care: economics. High-volume hospitals would be best able to afford the best resources, both people and equipment. Highly skilled doctors, nurses, and technicians are certainly going to gravitate to those facilities that do higher volume in their specialties. Because of the dollar volume, these facilities will be able to offer the best equipment, ample staff, and better pay and benefits. Hospitals of any size will certainly channel resources to higher-volume (read income) treatments. It's simply good business.

*J.H. Erickson
Placitas, N.M.*

Your article reiterates a truth that many of us have known informally for years. Neither of us would consider having a serious operation

by a physician who does not do the procedure regularly in a hospital that has a team to support patients undergoing that procedure. Physicians are trained to react to the patient's illness, and it is usually the nurses who create a humane therapeutic environment.

It is a well established fact that a clinically competent nursing staff, which is structured to practice primary nursing care, results in a reduction of the number of malpractice suits. Knowledgeable nurses, who are well acquainted with their patients and their patients' families, usually pick up the inadvertent mistakes or omissions that may be made even by the best-trained medical specialists. The issue becomes a function of effective collegueship.

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