



**Altar Flowers**

► FLOWERS were carried into thousands of churches this week. They were arrayed upon the altars, banked against the pulpits, in preparation for the joyous feast of Easter, Christendom's bold assertion of the triumph of life over death. Flowers in the churches, along with the flower-tinted eggs of the home feast, are natural symbols of "resurrection, and life everlasting."

Like many symbols used by Christians,

the resurrection-symbol of flowers was adopted and adapted out of a pre-Christian usage that was practically universal. Many of the old pagan religions symbolized the passing of winter and the re-blossoming of the seemingly dead earth in spring with flower-wreathed resurrection-myths of their own.

This was notably the case in ancient Asia Minor and Egypt. The Christian feast of Easter had its origin in the events of one Jewish Passover, as re-enacted in thousands of churches during Holy Week. But the Passover, in its turn, had a tie-in with an ancient Egyptian spring festival.

When Moses and Aaron approached Pharaoh with a request that their people be permitted to go into the wilderness for a three-day feast to Jehovah, that early totalitarian dictator probably dismissed the

matter in his own mind with the notion that this outlandish sect was simply using some variant of the Osiris-feast as an excuse to dodge work in the brickyards. At any rate, he refused, and a train of events was started that developed into the present spring feasts of Passover and Easter—historically closely associated, even in their separation.

It was natural for early peoples, living in a pre-scientific age, to accept flowers as symbols of a resurrection of the dead. For so far as they could tell, the seeds and bulbs and other plant parts, buried in the cold earth like so many corpses, really were dead. For them, something supernatural occurred every time a seed germinated or a bulb threw up its sprout. Spring was a miracle.

For that matter, it still is!

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**MEDICINE**

# Hospital Costs To Rise

► HOSPITAL costs will continue to rise, even though there are "encouraging signs of price reductions" elsewhere, Dr. Richard D. Vanderwarker, director of Passavant Memorial Hospital, Chicago, predicted at a sectional meeting of the American College of Surgeons in Washington.

New developments in medicine, among them the use of radioactive substances now available from the atomic pile at Oak Ridge, are one factor that will increase hospital costs, Dr. Vanderwarker pointed out. Hospitals will need "expensively shielded areas" and other new equipment when the radioactive isotopes come into common use as they may very soon.

"Further discoveries in the field of 'wonder drugs' and the possible solution of the mystery of cancer will also influence costs," he stated.

Increased rates of pay to hospital personnel, extension "rightfully" of Social Security benefits to them and fluctuating occupancy rates in hospitals are the other factors on which Dr. Vanderwarker based his prediction of a rise in hospital costs.

Lowered prices may be a curse instead of a blessing to hospitals if they mean an economic depression because they will lower occupancy rates in hospitals. Lower occupancy increases the unit cost, that is, the cost per patient per day.

The "break-even" point of occupancy for hospitals probably requires that 80% of their beds be occupied. One possible way of maintaining this high occupancy rate would be for general hospitals to take psychiatric patients. This could be done, Dr. Vanderwarker said, with a minimum expense for alterations and there is a large demand for psychiatric beds.

The charges a 275-bed hospital makes for the use of its operating rooms may seem high to the patient and the surgeon. But the charges are only 50% of the total costs

of maintenance of the operating rooms. Dr. Vanderwarker said this was discovered when his hospital installed a cost-accounting system.

Payroll is the largest item of hospital costs, accounting for 60% of total hospital costs. The way to attack this, Dr. Vanderwarker said, is not through salary reductions but through job analyses and better selection of personnel to make the personnel "maximally effective."

Most hospitals have an annual personnel turnover of 70%, compared to 15% often achieved in industry. He believes this could be reduced to 40% and said that, assuming each replacement costs the hospital \$80, the saving in a year would amount to \$9,600. He is "convinced that a program of scientific selection including pre-employment physical examination would save enough to pay the salary of a qualified personnel officer."

Labor-saving devices can also cut hospital costs. Investing \$4,500 for uniform presses in the laundry, for example, will save at least \$2,500 annually in payroll.

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