blood and blood-forming organs." The mean age at death of dentists dying from neoplasms was 67.5, compared to 66.3 for nondentists. These figures are for white males, and are age-adjusted to take into account age differences in the populations at risk (the number of living dentists 25 and older, and white male population 25 and older). No death occurring at age less than 25 was included for either dentists or nondentists, so Medwedeff's assertion that "virtually no dentists are under 20" is irrelevant and misleading.

Death from cancer was studied also in an earlier investigation conducted by the Bureau of Economic Research and Statistics, *Mortality of Dentists, 1951–1954*. The mean age at death caused by neoplasms was 67.7 for white male dentists 25 and older, and 65.2 for white male nondentists 25 and older. In this study, too, the difference in age distribution of the populations at risk was taken into account.

Therefore, over a period of 10 years, dentists dying from neoplasms were older than the comparable general population group dying from neoplasms.

In a national survey of dentists conducted by the Bureau in 1950, 92.4 percent reported having x-ray equipment in their offices. This would indicate that x-ray machines have been in wide use in dentistry for considerably longer than 20 years as indicated by Medwedeff. Certainly earlier equipment and procedures caused greater dentist exposure than current usage.

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Symbols and Symbolic Codes

The recent issue of *Science* (13 Oct.) was distressing for one interested in the development of symbols and symbolic codes for diagrams.

The new symbol for "biohazards" (*1*) was chosen on the basis of two criteria, one of which was "uniqueness," interpreted as lack of prior meaningful associations. A good deal of research has indicated that symbols capitalizing on appropriate prior associations and meaningful stimulus structure are often superior to arbitrary "signs" (*2*). When new symbols utilize arbitrary stimuli, it is not uncommon for lapses of meaning to occur, even with trained persons. Although the symbol chosen for biohazards may *become* meaningful for persons engaged in constant work on such projects, it would not seem to provide any strong avoidance associations for nonlaboratory personnel who might come across such materials accidentally. I cannot help wondering why previously learned avoidance meanings were not considered (apparently). Offhand, one might think a skull and crossed test tubes would convey the desired meaning to both laboratory and lay persons better than the symbol chosen.

Second, Walsh's article was marred by a map (p. 243) which violated rather well-established principles of "S-R compatibility" (*3*) and standard coding techniques. Looking at the map, one would think that Massachusetts, Maryland, New York, Pennsylvania, and Texas received the lion's share. The confusion obligations. Only in reading the fine print does one discover that California received the lions' share. The confusion is compounded by the fact that up until the final division, increased shading is more or less correlated with increased funding.

Whether one is dealing with a life-and-death matter (biohazards) or simply with graphic communication, it is unfortunate that both research findings and common sense are overlooked in the development of so many symbolic displays.

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Reactions from Reed

Nelson's provocative and interesting article on Reed College (15 Sept., p. 1282) provided me with somewhat mixed emotions; one cannot help but cringe upon seeing one's beloved so exposed to public examination. In general, his facts seem to be both accurate and clearly presented, though somewhat more pessimistically interpreted than we feel is representative of our view. However, three points I believe should be clarified:

1) "Students here note a high sui-