

course of daily practice will best serve the individual needs of patients while ensuring that our limited health care resources are prudently allocated.

JAMES H. SAMMONS  
*American Medical Association,  
Chicago, Illinois 60610*

#### References

1. S. Perry, *New Engl. J. Med.* **307**, 1095 (21 October 1982).

### Nuclear Plant Availability

In the article "New U.S. (Japanese) reactors" (News and Comment, 21 Jan., p. 266), Eliot Marshall writes that current nuclear plant availability in the United States averages around 75 percent. But, according to *Chemical & Engineering News* (1, p. 16), the averages for all U.S. nuclear plants in 1979 and 1980 were below 60 percent. And Charles Komanoff stated in 1981 that the capacity factor of U.S. nuclear plants ranged from 50 percent to 62 percent during the 5 years from 1975 through 1980.

Is Marshall correct or have U.S. nuclear plant operators suddenly become unusually efficient in a very short time?

GEORGE A. HUHN  
*Waterloo and Beaumont Roads,  
Devon, Pennsylvania 19333*

#### References

1. E. V. Anderson, *Chem. Eng. News*, **60**, 11 (20 September 1982).

According to the Nuclear Regulatory Commission's "gray book" of January 1982, nuclear plants in the United States were available on average 67.8 percent of the time in 1981. Westinghouse reports that its own plants were available 67 percent of the time in 1982, and it hopes the new pressurized water system will achieve 90 percent availability.

—ELIOT MARSHALL

### Residential Radiological Standards

In discussing criticism of the Environmental Protection Agency (EPA) for considering the adoption of lifetime risk objectives as high as 1 per 10,000 exposed individuals, Eliot Marshall (News and Comment, 3 Dec., p. 975) does not explore the fundamental question of whether society is prepared to apply lower risk objectives with any consistency. We are, of course, all aware of the fervor with which the media, the politi-

cians, and public interest groups bemoan imputed lifetime risks as low as 1 per million when there are convenient scapegoats to bear the blame and the cost of mitigative action and punitive litigation. But even responsible scientific spokesmen are willing to endorse popular public policies that lead to imputed risks as high as 1 per 100 on a comparable basis.

A dramatic case in point is the indoor radiological problem, which is demonstrably exacerbated by government-recommended and government-subsidized reductions in home ventilation to conserve energy. A committee of the National Council on Radiation Protection and Measurements (NCRP) has proposed to rectify the present absence of residential radiological standards by adopting a limit of two working level months (1) per year for public exposure to radon progeny (2, p. 19). The risk from lifetime exposure to two working level months per year is estimated by the same committee to be 18,200 per million (2, p. 38).

HENRY HURWITZ, JR.  
*827 Jamaica Road,  
Schenectady, New York 12309*

#### References and Notes

1. The working level month is a unit used to measure integrated exposure to radon progeny in air. A working level is equivalent to the equilibrium concentration of radon progeny in the presence of radon at a concentration of 100 picocuries per liter. (At one working level, the radon progeny present in 1 liter of air would ultimately emit  $1.3 \times 10^5$  million electron volts of alpha particle energy.) A working level month is defined as exposure to one working level for 170 hours. (EPA standards are expressed in terms of working level, while the NCRP prefers to specify working level months per year. EPA would estimate working level months per year by multiplying the average indoor working level by about 25, while the NCRP uses 50 as the ratio of working level months per year to average working level.)
2. J. H. Harley, testimony before the U.S. House of Representatives, Committee on Armed Services, Subcommittee on Procurement and Military Nuclear Systems (No. 97-55, House Armed Services Committee, Washington, D.C., 17 and 18 August 1982), pp. 15-63.

**Erratum:** In the report "Human endometrial adenocarcinoma transplanted into nude mice: Growth regulation by estradiol" by P. G. Satyaswaroop *et al.* (7 Jan., p. 58), the two tumor grades in Table 1 should have been I and III, not I and II.

**Erratum:** In the article "Impact of genetic manipulation of society and medicine" by A. G. Motulsky (14 Jan., p. 135), the last part of the sentence beginning on line 8 of the summary should have read "... no new ethical problems arise beyond those presented by any novel therapy."

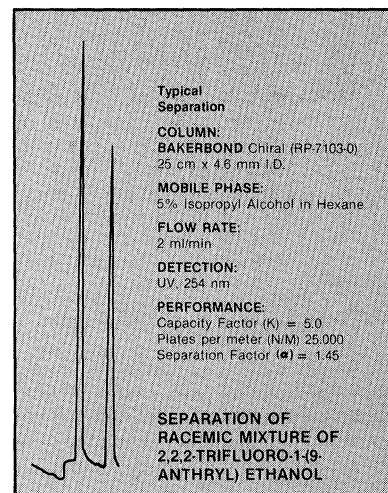
**Erratum:** In the article "Ultrasafe reactors, anyone?" by Eliot Marshall (News and Comment, 21 Jan., p. 265), the location of the Andrew W. Mellon Foundation should have been given as New York, not Pittsburgh.

**Erratum:** In Arthur L. Robinson's article "Berkeley advanced materials center OK'd" (Research News, 18 Feb., p. 827), a line was omitted in the first column of page 828. The second sentence in the second paragraph should have read, "Synchrotron radiation sources are evolving rapidly. The ALS will be the first of the third generation of sources in which most, if not all, the synchrotron radiation comes from special magnets with the generic name 'insertion devices,' rather than from the dipole bending magnets that keep the electron beam in its approximately circular orbit."

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