

## Letters

### Space Station Plan

I very much appreciated David Dickson's interesting article (News & Comment, 19 Dec., p. 1487) discussing certain views of the European concern about the Space Station Plan. I would be grateful if *Science* readers could be informed that the European Space Agency (ESA) did not make two concessions to the National Aeronautics and Space Administration.

It is correct that we are studying, as the European contribution, a "permanently attached" module; but in addition to this we want to contribute a second man-tended module, which should be capable of independent operations and be docked from time to time onto the Space Station.

A second stated concession by ESA is incorrect. We have not and we will not agree that the European module should be restricted to the life sciences.

REIMAR LÜST  
European Space Agency,  
8-10 rue Mario-Nikis,  
75738 Paris Cedex 15, France

### Politics in Letters

In his spirited defense of war as a shield for freedom (for the survivors), Bradley T. Werner (Letters, 12 Dec., p. 1312) concludes: "Political advertisements should not appear in the Letters section of *Science*." Did he, perhaps inadvertently, leave off a final phrase—"except mine"?

GEORGE DUSHECK  
30501 Albion Ridge Road,  
Albion, CA 95410

### Viewing Stereo Drawings

The authors of several recent reports (1) provide fascinating stereo drawings of molecular structures with no explanation to readers as to how to create the stereo image. Not having a stereo viewer, I usually resort to one of two methods. First, holding the figure about 10 centimeters from my eyes (with glasses removed), I focus on a distant object, lower my eyes to the drawing, and refocus on the overlapping middle image. The three-dimensional image can also be produced by holding the figures a bit further away (20 centimeters), crossing the eyes, and focusing again on the center image. Unfortunately, these techniques produce

different stereoisomers. DNA molecules seen in their familiar right-handed form with the first method become exotic left-handed versions with the latter. Authors should indicate in their manuscripts the technique to be used, especially when presenting drawings of molecules whose stereoisomerism is less well recognized.

DONN C. YOUNG  
Comprehensive Cancer Center,  
Ohio State University,  
Columbus, OH 43210

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### Lake Tahoe Mystery Disease

It is axiomatic in medicine that the solution to a diagnostic dilemma usually involves either a rare disorder or an atypical manifestation of a common disorder. In her discussion of the alleged outbreak of a "mystery disease" in Tahoe, California, Deborah M. Barnes (Research News, 31 Oct., p. 541) does not mention the latter category of interpretation. Many of the symptoms described by the affected individuals—insomnia, fatigue, anxiety, impaired concentration—are familiar elements of the chronic stress syndrome so prevalent in our society. These symptoms may be expected to persist and increase when the sufferer is told they indicate brain damage from a mysterious viral infection [which independent investigators have been unable to confirm (1)]. Similar symptom complexes have in other contexts been variously attributed to hypoglycemia, allergy, *Candida* infection, and other "diseases" of questionable validity. Is chronic mononucleosis the latest addition to this list of dubious diagnoses?

LESLIE J. DORFMAN  
Department of Neurology,  
Stanford University  
School of Medicine  
Stanford, CA 94305-5235

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1. *Morb. Mortal. Wkly. Rep.* **35**, 350 (30 May 1986).

Two of the patients who were diagnosed as being part of the mystery epidemic in Tahoe, California, came to our facility, where they were diagnosed as having major affective disorder. A male aged 40 and a female aged 42, they responded very well to medical treatment for major affective disorder. Both have returned to full-time work, and the male runs 3 miles per day.

Major affective disorder, a disease characterized by chronic fatigue and neurological problems, is perennially epidemic in the human population (1). Physicians not trained in psychiatry or neurology often do not recognize this common disease entity, a problem that has been exacerbated by the fact that patients with major affective disorder have elevated antibodies to the Epstein-Barr virus (EBV) (2), the infectious agent in mononucleosis.

The physician who does not recognize major affective disorder may detect elevated EBV antibodies in a patient with that disease and conclude the patient has an enigmatic viral illness. The physician usually then advises the patient there is no treatment. This is unfortunate as it is well known that major affective disorder can be effectively treated by appropriate physician specialists, and can be life-threatening due to the risk of suicide when it is not treated. Furthermore, the physician who advises a patient with affective disorder that his illness is mysterious and untreatable encourages the delusions of hopelessness that are a symptom of that disease.

As we will report elsewhere, another localized outbreak of "chronic mononucleosis syndrome" in California turned out to be formaldehyde poisoning. Clearly, mysterious illness is often a case of inadequate diagnostics.

ALLEN D. ALLEN  
FERRIS N. PITTS, JR.  
ROBERT E. ALLEN  
JOSEPH S. HARASTZI  
ROBERT C. COHENOUR  
DAVID C. AGNEW  
Center for Viral Diseases, Inc.,  
18433 Roscoe Boulevard,  
Northridge, CA 91325

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2. T. Gotlieb-Stematsky *et al.*, *Arch. Virol.* **67**, 333 (1981).
3. A. D. Allen and S. M. Tilkian, *J. Clin. Psychiatry* **47**, 133 (1986); L. E. DeLisi *et al.*, *Arch. Gen. Psychiatry* **43**, 815 (1986); A. H. Miller *et al.*, *J. Clin. Psychiatry* **47**, 530 (1986); N. Dubner, abstract of paper presented at the annual meeting of the National Association of Private Psychiatric Hospitals, Miami, FL, 26 January 1987.

**Erratum:** In the report "Positron emission tomography reveals elevated D<sub>2</sub> dopamine receptors in drug-naïve schizophrenics" by D. F. Wong *et al.* (19 Dec., p. 1558), reference 8 should have read, "D. F. Wong *et al.*, *Science* **226**, 1393 (1984); D. F. Wong *et al.*, *J. Cereb. Blood Flow Metab.* **6**, 147 (1986).

**Erratum:** In Arthur L. Robinson's Research News article "Electron microscope inventors share Nobel physics prize" (14 Nov., p. 821), the quantum mechanical wavelength of an electron with an energy of 100 kiloelectron volts is incorrectly stated to be about 0.1 angstrom (p. 821, column 2). The correct value is 0.037 angstrom. Also, the electron column of the first electron microscope was vertical, not horizontal.