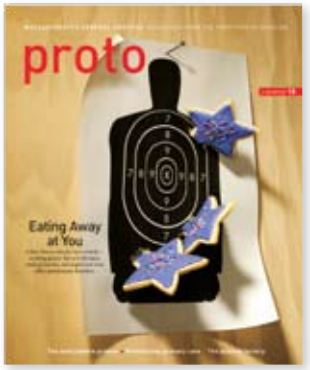

// MISSED THE LAST ISSUE?
All stories from *Proto*, Winter 2010, are available at **protomag.com**.

Singapore's Revolving Door

Many of us in the biotech community have long bemoaned Singapore's failure to hang on to top scientists. The people running Biopolis—the research megaplex featured in *Proto*'s Winter 2010 issue ("The Science Factory")—may think they are getting rid of deadwood, but they are actually getting rid of the future. Many up-and-coming scientists go there to take advantage of resources (salary, lab space, staff, research grants) that are triple what they could hope to get from a European or American university, knowing full well that once they have enough good publications, they'll jump to tenured positions at Oxford, Johns Hopkins or other prestigious institutions. It is no wonder that venture capitalists, myself included, who once swarmed over Singapore looking for biotech startup opportunities, have abandoned the effort.

Charles Hsu // San Francisco

Save Your Breath

Although William B. Kouwenhoven and his group made valuable contributions to the field of cardiac resuscitation, as you relate in your Winter 2010 issue ("A Hands-On History"), an overwhelming majority of people suffering cardiac arrest still die or suffer severe neurological deficits. That's in part because, until recently, American Heart Association guidelines called for chest compressions and breathing at a ratio of 30:2. Unfortunately, the thought of mouth-to-mouth breathing keeps some bystanders from doing anything at all, and the chance of survival drops by 7% to 10% during every minute that nothing is done. What's more, blood flow to the heart and the brain is at best marginal during resuscitation; stopping compressions for two breaths, as the guidelines specify, just makes matters worse.

But there is hope with the work of cardiologist Gordon Ewy, of the University of Arizona's Sarver Heart Center. More than two decades ago, Ewy began to promote continuous chest compressions. With CCC and paramedic aid, researchers are reporting a doubled survival rate as well as a substantial decrease in neurological damage. The state of Arizona and parts of Wisconsin and Missouri have adopted what is now called bystander cardiocerebral resuscitation, with good results.

Tristram C. Dammin // Emergency physician, Boston

Feeling Right at Home

In 1951, I had surgery at the Mayo Clinic to correct a congenital heart defect. There I experienced a kind of "medical home," though perhaps not quite as your recent story ("Collaborative Care," Winter 2010) described it: a doctor's office where every patient has a physician-led support team.

I was impressed by how the clinic was set up in an integrated way, with a team of nurses, physicians and other staff assigned to each patient. After a weeklong recovery, I was transferred to a hotel-type setting that was close to the hospital, where I went each day for monitoring.

I can see wonderful benefits from having care in a central clinic where you feel at home and can ask questions of a nurse practitioner that you might not pose to doctors who seem rushed and sometimes indifferent. Before the 1970s, doctors made diagnoses by actually interacting with patients, rather than just ordering tests that often seem unreliable.

Iona Kargel // Anacortes, Wash.

WHAT'S YOUR TAKE? Write to protoeditor @mgh.harvard.edu to comment on a story—or offer suggestions for future topics.