appropriate research funds.

In fact, IREF is a nonprofit public benefit corporation directly employing 60 people that works with more than 300 medical and scientific researchers participating in the Multicenter Study of Perioperative Ischemia (McSPI) Research Group in 160 clinical and research facilities worldwide. This unique organizational structure, in which hundreds of institutions and researchers share sensitive medical outcome information with an unbiased, independent nonprofit research facility, has made it possible for McSPI and IREF to overcome academic and competitive rivalries while accommodating legitimate concern about confidentiality to gather and analyse empirical data on a very large scale, with extraordinary results.

With the data and resources IREF has made available in the past three years alone, McSPI investigators have submitted more than 80 abstracts and manuscripts, including two recent lead articles in *The New England Journal of Medicine* (5 and 19 December 1996) and the *Journal of the American Medical Association* (22 January 1997). One of these studies demonstrated that an inexpensive generic beta-blocker could supplant far more costly drugs being developed by the pharmaceutical industry and save more than 50,000 lives a year among patients undergoing complex

surgery. Another IREF-sponsored epidemiological study showed that the risk of neurological damage following coronary artery bypass graft surgery was significantly higher than had previously been accepted in the medical community.

At a time when the cost and quality of medical care are of paramount concern, and when more than 30 million surgical procedures are performed annually in the United States alone, the public needs continued access to the results of our epidemiological studies. To continue this work without further distraction or expense, IREF decided to settle the lawsuit concerning the University of California, San Francisco. We have been and remain deserving of the public trust and the trust of the many scientific investigators participating in IREF's good works.

Ahvie Herskowitz

*Ischemia Research and Education Foundation,
230 Executive Park Blvd, Suite 3400,
San Francisco, California 94134, USA*

Unequal letters

Sir — Maybe I am missing something in the recent thread of letters about varying citation frequency depending on an author's alphabetical position. In case I am not, I should like to point out another

possible explanation: there are more people with surnames starting with letters in the first half of the alphabet, hence the higher frequency of citations.

From looking at the telephone book for Hamburg, Germany, which is divided into two volumes, A–K and L–Z, it is obvious that names starting with the first eleven letters of the alphabet are more common than all the others, with the exception of 'S', which is the single most common first letter. Depending on differences in ethnic and national distributions of first letters in names, there should not be an even distribution of citations, even if all potential authors had an even chance of being first authors. Yet another explanation that has not been mentioned as far as I recall would be a preference of people whose names start with letters from the beginning of the alphabet for research — either by their own choice of career or through bias in hiring.

K. Thorsten Jaekel

*Institut für Pathologie,
Universität Hamburg,
Martinistrasse 52,
20246 Hamburg, Germany
e-mail: jaekel@uke.uni-hamburg.de*

● **When the London telephone directory was published in four equal parts (until a few years ago), the first section was A–D.**

— Editor, *Nature*.

There are many opportunities for introducing contaminants into your PCR* reaction which could jeopardize the reliability of your results. Preparing individual PCR reactions every time you want to perform PCR is not only time consuming, but allows for pipetting errors. Sharing a master PCR mix with others could also compromise the integrity of the PCR reaction, resulting in reduced reliability. Pharmacia Biotech has applied the Ready-To-Go® bead technology representing pre-mixed, pre-formulated, ambient-stable, single-dose reactions to typical PCR reactions, yielding Ready-To-Go PCR Beads.

New ambient-stable Ready-To-Go PCR beads: just add primers, DNA and water

Obtaining reliable PCR results has never been so simple and reliable. You begin by removing a 0.5 ml tube containing an optimized PCR bead from the foil pouch. Next, watch the bead dissolve in seconds as you add DNA, primers, and water. Then, place the tube into a thermocycler and turn it on. That's all it takes to obtain reliable PCR results. There's nothing like it on the market today!

The pre-formulated PCR beads deliver unprecedented reliability and reproducibility for amplifying DNA fragments from a variety of DNA templates, such as plasmid, cDNA, genomic sources and viral DNA. This high level of performance is achieved because every time you perform PCR, a fresh reaction bead is used. Fewer steps means minimizing the risk of contamination, and increasing the reliability of your results. Each batch of Ready-To-Go PCR Beads is function-tested, ensuring lot-to-lot consistency.

To find out more, give us a call: 1 (800) 526-3593 in the USA; +81 3492 6949 in Japan; +46 18 16 50 11 in Europe and the rest of the world. Or visit us on the Internet: <http://www.biotech.pharmacia.se>.

**Pharmacia
Biotech**

Uppsala, Sweden. (And the rest of the world)

READER ENQUIRY NO. 606

A Ready-To-Go PCR Bead: each is optimized for PCR and contains buffer, nucleotides, and Taq DNA Polymerase. (Magnified 270%).

*PCR is a patented process of Hoffman-La Roche