Alphabetical listing and citation rates

Sir — Citation rates are recognized as important in the process of assessing research activity and quality. Questions have recently been raised, however, about the validity of the measure in terms of the unexpected role played by author surname. Previous correspondence¹ produced a series of analyses that appeared to support the hypothesis that there is a relationship between alphabetical position of an author's surname and citation rates. Hence those with a surname initial closer to the beginning of the alphabet can expect higher citation rates than those closer to the end. But there still remains a question about the mechanism by which these results can be explained.

When investigating the hypothesis that surname initial is related to citation rates, our preliminary findings support the previously published work¹. In our analysis of the paper version of the 1994 *Science Citation Index*, citation rates per surname initial were measured by counting the number of columns that each letter occupied. Using non-parametric methods, these values were correlated with a numerical ranking of the alphabet. The resulting correlation showed a moderate

and statistically significant association ($r = -0.425$, $P < 0.05$). This supports the contention that authors with their surname initial at the beginning of the alphabet have higher citation rates. However, these findings cannot be interpreted as evidence of any causal mechanism. In order to assume any causal relation, the condition of isolation must be established, that is, the relationship between the two variables exists when isolated from all other confounding variables. One obvious confounding variable in this case is the naturally occurring differences in the frequency of surname initial². If the letters at the beginning of the alphabet naturally occur more frequently, this is a confounding variable that should cast doubts on the interpretation of the original findings. The effect of confounding variables can be controlled for statistically.

In order to control for the effects of the natural differences in surname initial occurrence, we counted the number of pages occupied by each alphabetical letter in the Greater London Residential Phone Book (1994). Although this is not an exact representation of global surname occurrence, it is an appropriate proxy measure in terms of size and ethnic representation. The correlation between surname initial frequency and citation rates is high ($r = 0.882$, $P < 0.05$). Furthermore,

when surname initial frequency is controlled for in the calculation of the correlation between alphabet position and citation rates, the degree of association is substantially reduced and is not statistically significant. The partial correlation was 0.124 ($P > 0.05$). This indicated that, when isolated, surname initial has no effect on citation rates.

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1. Tregenza, T. *Nature* **385**, 480 (1997).

2. Jaekel, K. M. *Nature* **386**, 643 (1997).

CJD transmission

Sir — Your News item “CJD link prompts ban on brain tissue use” (*Nature* **387**, 5; 1997) states that “apparent problems in the communication of scientific information by WHO seem to have been reflected in the fact that an initial version of the press release on the expert meeting on bovine spongiform encephalopathy, CJD and other medicinal products stated mistakenly that ‘CJD has been found to be transmissible by

blood'. The statement was later corrected."

The only WHO press release issued after the 24–26 March 1997 meeting on human and animal spongiform encephalopathies was issued on 27 March 1997, and clearly states that "there has been no proven or even probable instance of CJD transmission from human to human by blood transfusion or blood products".

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Greek is the word

Sir—I was shocked to read in Leslie Crombie's book review (*Nature* **387**, 251; 1997) that Greek is dead. I will try to come to terms with the loss of my mother tongue. Nevertheless, I should like to know whether the death was due to apoptosis or to necrosis. Now that I think of it, there is really no answer. These words are now dead.

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Don't leave dignity out of the cloning debate

Sir—John Harris clearly doubts that the idea of human dignity is relevant to the ethics of human cloning (*Nature* **387**, 754; 1997). He questions how the intentional creation of a cloned embryo might contravene the notion of human dignity, in a society that accepts both abortion and research on early human embryos. But, although he rightly illustrates the potential hypocrisy of accepting abortion and embryo research at the same time as opposing cloning on the grounds of human dignity, this is hardly a justification for conveniently leaving the question of human dignity out of the debate.

The complex moral issues raised by the prospect of human cloning go to the heart of our self-understanding, our ideas of what it is to be a human being. To deny this would itself be a moral view, and one that would need to be supported by convincing arguments. There really is a fundamental difference between a naturally occurring identical twin, and a child that would be the clone of the person it would look to as its father or mother, and the genetic progeny of the people it would consider to be its grandparents.

Most people would surely agree that an individual should be treated as an 'end' in its own right, and never as simply as a means. I disagree with Harris that this principle "is seldom helpful in a medical or bioscience context", or that "it would outlaw blood transfusions or abortions carried out to protect the life of the mother". People who give blood find the act of donating to be something that enriches their lives, rather than simply reducing them to being the means to someone else's health. And those who value others as ends in their own right are not therefore bound to oppose abortion when essential to preserve a mother's life, since to do so would be treating the mother as a 'means', as much as valuing the child as an end.

Surely it is reasonable to argue that society must debate seriously the implications of human cloning for the individuals who would be created, rather than simply treating the issue as just another potential form of infertility treatment. And in such a debate, the question of human dignity will hardly be inappropriate.

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