and less restricted methods of analysis. In the forefront of this enterprise should be the difficult task of interpreting the results from these analyses. No doubt, mistakes will be made and major refinements required. Nonetheless, in order to make useful predictions about the behavior of ecological systems, the challenge of conducting and interpreting multivariate analyses of interacting components must be tackled with vigor.

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Surprise Authorship

Recent letters (6 Dec., p. 1593; 24 Jan., p. 461) have proposed strict rules for co-authorship of scientific publications. I wholeheartedly agree that to put one's name on a paper is an assurance to the scientific community that one has contributed to the work and that one stands behind the work reported. However, one aspect of the co-authorship problem that I have not seen discussed in this forum is that of finding one's name as a co-author on a publication of which one has no knowledge. This recently happened to a colleague and me when we found a paper in a journal listing our names as co-authors, although neither of us had ever contributed to the work, seen the manuscript, or been notified of its submission or publication.

I felt victimized by this event and by the use of my name in an inappropriate manner. Integrity and reputation are among our major assets as scientists. I agree with previous letter writers that every reputable journal should secure a written statement from each author listed on a manuscript assuring that a contribution to the work was made and accepting responsibility for the work. Such a requirement will protect both the integrity of the literature from bogus authorship and the integrity of researchers whose names may be usurped.

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Medical School Funding

Although medical schools might appear to be robust enterprises, with aggregate annual expenditures in 1995 of more than $30 billion, the fact is that on average only about 10 to 20% of their annual revenues comes from such secure sources as tuition and fees, endowment earnings and gifts, or (mainly for the public schools) state support. About 20% of their annual revenues comes from the NIH (National Institutes of Health), nearly 35% from fees generated by the faculty physicians' practice of medicine, and another roughly 15% in direct payments from teaching hospital partners. In other words, about 50% of the schools' aggregate revenues is derived from the provision of medical care; these revenues have provided surpluses that have been used by the medical schools as flexible funds for academic investments. In fiscal year 1994, the Association of American Medical Colleges survey indicated that revenues from the faculty physicians' practice alone contributed $2.4 billion to medical schools for support of education and research. Although the majority of the funds were expended for clinical education and research, not all of them were, and the fact that the funds were discretionary is their critically important feature. It is these clinical surpluses that are being wrung out of the health care system by a managed care enterprise that has demonstrated little willingness to contribute to the costs of education and