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research. And just as the teaching hospitals are threatened by this new environment and require additional stabilization funds, so, too, are the medical schools.

The purpose of a new Medical School Fund (K. I. Shine, Editorial, 3 Jan., p. 9) is to replace these clinical revenues and provide the schools with flexible funds for the support of their academic objectives. Some of the new funds would go toward the support of curricular innovation, others to the support of the research infrastructure (or capacity) that enables the medical schools to partner with NIH in sharing the costs of sustaining the world's leading biomedical research enterprise. A good fraction of the funds would undoubtedly go to the support of clinical research, but that should be by choice and not by mandate. The schools must certainly be held accountable for the expenditure of any monies that might be received from a new public fund, but the overriding need of the medical schools at this time of convulsive change is for new monies that are flexible, not earmarked by prescription to overly specific applications.

There is an old adage in medical school lore which says that any policy that would gratuitously restrict a previously unrestricted source of funds is bad policy. From this perspective, and with deeper understanding of the schools' historic dependence on flexible clinical revenues to support a broad array of educational and research objectives, one should oppose the suggestion by Shine that funds to be raised from a new all-payer assessment be restricted by policy to support clinical investigation.

David Korn

*Immediate past Vice-President and Dean,
and
Department of Pathology,
Stanford Medical School,
Stanford, CA, USA
E-mail: dkorn@aamc.org*

Response: The key concept is accountability. Korn's letter clearly exemplifies the justification for a clear and accountable support of clinical research as opposed to including such monies in a broad Medical School Fund. Certainly, there must be a funding stream to support education in academic health centers, but it is the uncertain discretionary application of money in a Medical School Fund that would make accountability for clinical research to the scientific enterprise or to payers problematic. Flexible funds are wonderful, but flexibility is not the national goal. High-quality research and education that improve health are the goals.

Kenneth I. Shine

*President,
Institute of Medicine,
National Academy of Sciences,*

*Washington, DC 20418, USA, and
Georgetown University Medical School,
Washington, DC 20057, USA
E-mail: kshine@nas.edu*



International Support for Natural History Museums

An article by Nigel Williams (News & Comment, 27 Sept., p. 1792) and a Policy Forum by Stephen Blackmore (4 Oct., p. 63) raise three issues: (i) How can the biodiversity information associated with natural history museum collections be made available to a wider range of users? (ii) How can international support and funding for this activity be increased? and (iii) Do we need a new international organization, responsible for coordination and strategic planning, to facilitate these two objectives?

Multilateral and bilateral international funding agencies have already demonstrated a willingness to fund systematic collections and biodiversity information systems, in the context of "demand driven" projects that have close links to users, lead to clearly identifiable outputs, and can be achieved in discrete time-frames. Present examples include the Indonesian Biodiversity Collections Project, a 5-year international program to strengthen the institutional capacity of the national herbarium (Herbarium Bogoriense) and the national zoological museum (Museum Zoologicum Bogoriense), under the Research and Development Center for Biology of the Indonesian Institute of Sciences. This project is funded in part by a \$7.2-million grant from the Global Environment Facility Trust Fund under the supervision of the World Bank. Closely associated with this project is the Indonesian Biodiversity Conservation Project, which includes \$14 million in grant aid from the government of Japan to construct a new, custom-built museum to rehouse the zoology collections.

The urgent need for these projects was first identified in the Biodiversity Action Plan for Indonesia. The Government of Indonesia has since reaffirmed this goal as a national priority and provided substantial counterpart funding.

Careful consideration should be given to how these and other projects are being implemented before the systematics community develops proposals to create new international organizations for the promotion of natural history collections or new financial instruments to facilitate access to information held in these collections.

Arie Budiman
Project Manager,

Indonesian Biodiversity Collections Project,
Research and Development
Center for Biology,
Indonesian Institute of Sciences,
Bogor 16002, Indonesia

John Burley

Team Leader, Technical Advisory Group,
Indonesian Biodiversity Collections Project,
and Research Director,
Arnold Arboretum,
Harvard University,
Cambridge, MA 02138, USA

John Peake

Zoological Institutions Advisor,
Technical Advisory Group,
Indonesian Biodiversity Collections Project,
Sevenoaks, Kent TN15 9HN,
United Kingdom

Judy West

Botanical Institutions Advisor,
Technical Advisory Group,
Indonesian Biodiversity Collections Project,
and Director,
Center for Plant Biodiversity Research,
Australian National Herbarium,
CSIRO Plant Industry,
Canberra ACT 2601, Australia

Corrections and Clarifications

The Research News article "Obesity sheds its secrets" by Trisha Gura (7 Feb., p. 751) erroneously attributed the initial cloning of the *agouti* gene to Bill Wilkison's team at Glaxo Wellcome in Research Triangle Park, North Carolina. The mouse version of the gene was instead cloned in 1992 by Richard Woychik at the Oak Ridge National Laboratory in Oak Ridge, Tennessee, and his colleagues Scott Bultman and Edward Michaud. Woychik also collaborated with Wilkison on the 1994 cloning of the human *agouti* gene.

The Introduction to the Letters section of 13 December (p. 1821) should not have implied that the quartz spear point shown on the cover of the 19 April 1996 issue (and reprinted with the Introduction) was found at the excavation at Caverna da Pedra Pintada at Monte Alegre in the Brazilian Amazon. The point was found at a nearby site on the Tapajós River.

Letters to the Editor

Letters may be submitted by e-mail (at science_letters@aaas.org), fax (202-789-4669), or regular mail (*Science*, 1200 New York Avenue, NW, Washington, DC 20005, USA). Letters are not routinely acknowledged. Full addresses, signatures, and daytime phone numbers should be included. Letters should be brief (300 words or less) and may be edited for reasons of clarity or space. They may appear in print and/or on the World Wide Web. Letter writers are not consulted before publication.

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