

AN OPEN



AND SHUT CASE



FOR AUTOMATED PLASMID MINI-PREPS.

THE NEW, MINI-PREP 24

- **High Purity**—sufficient for both automated fluorescent and manual sequencing
- **Easy Operation**—begin prep with direct loading of crude bacteria culture; no centrifugation step
- **Fast**—up to 24 Mini-Preps per hr.
- **Consistent Results**—up to 5 µg of plasmid per ml.

Call 1-800-466-7949 now to learn how the new, improved Mini-Prep 24 can automate your plasmid DNA prep. Case closed.

MacONNELL

RESEARCH

11339 Sorrento Valley Rd.
San Diego, CA 92121 (619) 452.2603

1-800-466-7949

Circle No. 5 on Readers' Service Card

Contrary to what Breckenridge *et al.* state, I do not believe that the goal of antiretroviral therapy is the avoidance of viral resistance. The goal should be to restore or maintain the health of our patients, or both, and the only way to do that in the long run is to make sure that antiretroviral drug effect is maintained over time and that future therapeutic options are being kept open. In face of the clear superiority of various triple therapy regimens over combinations of two drugs (9), the statement that "the relationship between resistance and clinical outcome has not yet been clearly defined" does not seem supported. The Delta trial results only lend support to the hypothesis that suboptimal suppression of viral replication, as is attained with the double nucleoside combinations used, will lead to development of resistance. What the authors do not mention in their discussion of the Delta virology results is that the ddI and ddC in the combination arms still exerted their suppressive effect after the development of AZT resistance, something that had already been established in another trial (10). À propos, Breckenridge *et al.* should be grateful that there is such a thing as a Delta virology study for them to cite, because initially the MRC did not see a great need for it.

Although 3TC may still be of benefit in those with AZT-resistant virus (11), and 3TC-resistant virus may be less fit than wild-type virus, it should be evident that it is even better to maintain 3TC sensitivity (12). One eye is better than no eye, but two eyes are even better. Plus, again, 3TC resistance may compromise future options (8).

The concerns of Breckenridge *et al.* that my "misleading" views "may jeopardize future developments" seem hollow to me. Unfortunately, we don't have to wait for the future to observe the results of the MRC's condoning of suboptimal therapies.

Joep M.A. Lange

National AIDS Therapy Evaluation Center,
Academic Medical Center,
University of Amsterdam,
1105 AZ Amsterdam, Netherlands
E-mail: j.lange@amc.uva.nl

References

1. R. Yarchoan *et al.*, *J. Infect. Dis.* **169**, 9 (1994); M. D. de Jong *et al.*, *ibid.*, p. 1346.
2. M. Tersmette *et al.*, *Lancet* **1**, 983 (1989); B. A. Larder, G. Darby, D. D. Richman, *Science* **243**, 1731 (1989); C. A. B. Boucher *et al.*, *J. Infect. Dis.* **165**, 105 (1992); X. Wei *et al.*, *Nature* **373**, 117 (1995); D. D. Ho *et al.*, *ibid.*, p. 123; A. S. Perelson, A. U. Neumann, M. Markowitz, J. M. Leonard, D. D. Ho, *Science* **271**, 1582 (1996); J. H. Condra *et al.*, *Nature* **374**, 569 (1995); M. D. de Jong *et al.*, *Proc. Natl. Acad. Sci. U.S.A.* **93**, 5501 (1996); W. Cavert *et al.*, *Science* **276**, 960 (1997).
3. Concorde Coordinating Committee, *Lancet* **343**, 871 (1994).

4. S. Shem, *The House of God* (Dell, New York, 1978).
5. D. D. Richman and J. M. A. Lange, *Antiviral Ther.* **1**, 208 (1996).
6. J. de Jong *et al.*, *ibid.*, in press.
7. Caesar Coordinating Committee, *Lancet* **349**, 1413 (1997).
8. C. A. B. Boucher and B. A. Larder, *Viral Variation and Therapeutic Strategies in HIV Infection* (MediTech Media, London, 1994).
9. R. M. Gulick *et al.*, paper presented at the 11th International Conference on AIDS, Vancouver, 7 to 12 July 1996 (abstr. Th.B.931); M. W. Meyers *et al.*, *ibid.* (abstr. Mo.B. 294); *NIH News Release* [AIDS Clinical Trial Group 320 study] (24 February 1997).
10. R. T. Schooley *et al.*, *J. Infect. Dis.* **173**, 1354 (1996); B. A. Larder *et al.*, *J. Virol.* **70**, 5922 (1996).
11. B. A. Larder, S. D. Kemp, P. R. Harrigan, *Science* **269**, 696 (1995).
12. R. Schuurman *et al.*, *J. Infect. Dis.* **171**, 1431 (1995).

What Nobelists Deserve

I am appalled by the "communist" attitudes expressed in all three published letters on the issue of Nobelists' taxes (2 May, p. 661). These letters give the impression that the Nobel prize money is more like illicit gambling proceeds, better to be confiscated for the benefit of the "institutions" or the "national debt," certainly to be taxed. Having known a Nobel laureate personally, I can testify that in winning the prize, what counted most was his insight gained through thinking about an important scientific issue for a long time before everyone else, and a lot of hard work to bring an original idea to fruition, not necessarily a deeper dip into the common pool of research funds. Indeed, major breakthroughs in science often generate huge economic returns for humanity that make the \$1-million prize paltry by comparison. Giant contributions to science deserve every single cent of the Nobel Prize—that's my bottom line. The only concession I am willing to make is that, because people tend to receive the prize after they are well established, when they need the money least; if they donate part of their prize to charitable causes (and they often do), then it is to be appreciated, not demanded.

Harry Tong

Department of Molecular Carcinogenesis,
Netherlands Cancer Institute,
Plesmanlaan 121, Amsterdam,
Netherlands
E-mail: tong@nki.nl

An "Excellent Exercise"

The article "Fermilab group tries plain English" by James Glanz (Research News, 11 Apr., p. 199) describes an excellent idea. It would be great if every major research university and organization produced a World