duit for their president to announce his support for increasingly open interchange with the West, that he admires the American commitment to diversity of thought, and that he encourages the free movement of China's young scientists. These views are not considered within China to be trivial indicators of their president's personal commitment to opening up China.

**Ellis Rubinstein**

## Inequities in Liver Transplant Allocation

In our recent Policy Forum "Waiting for organ transplantation" (14 Jan., p. 237), we reported findings of the Institute of Medicine (IOM) study of Organ Procurement and Transplantation (*1*), including the finding that Organ Procurement Organizations (OPOs) (*2*) serving smaller populations are more likely to provide liver transplantation to less severely ill patients (status 2B and 3) than larger OPOs, leading to inefficient use of organs that could have been used for the most medically urgent (status 1) patients. Based on these findings, the Department of Health and Human Services (DHHS) modified existing regulations to provide for broader sharing of organs across geographic boundaries (*3*). Despite this important regulatory advance, some members of Congress and some state governments have continued to attempt to block implementation of the new regulation in favor of continued use of a local allocation system.

To help clarify the importance of the original IOM findings, we, the authors, independently went back to the data and estimated the excess number of less severely ill patients who are transplanted in smaller OPOs serving populations below 9 million relative to those serving populations of 9 million or more. For this analysis we used all data from 1998 ($n$ = 9585 new listings), the only complete year of data available following the recent changes in status categories. Based on the statistical model described in the IOM report, we found that an excess of 298 less severely ill patients were transplanted in smaller OPOs, relative to larger OPOs, during the first month of listing. During the same year, there were 731 new listings of the most medically urgent patients, of whom 314 were not transplanted. If broader sharing of organs had been implemented during this time period, as many as 298 of the most medically urgent patients who did not receive an organ could have received a liver transplant, alleviating substantially the shortage of organs for those most needy patients (*4*).

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### References and Notes

1. Institute of Medicine, *Organ Procurement and Transplantation: Assessing Current Policies and the Potential Impact of the DHHS Final Rule* (National Academy Press, Washington, DC, 1999).
2. Under the current system, organs are obtained and allocated by one of 63 local OPOs that each covers a discrete geographic region. Allocation systems vary by organ, but generally offer organs to all local patients in order of decreasing status of severity before offering the organ to any patients from other regions, regardless of the urgency of their need for transplantation.
3. DHHS, Organ procurement and transplantation network, Final Rule (40 CFR Part 121), Federal Register, **64**, 71625, 1999).
4. Note that if status 2B and 3 patients do not change status for a period of 1 year from the time of listing,

over 1127 excess organs would be transplanted by the smaller OPOs in these less severely ill patients. This represents an upper bound on the yearly excess because many patients do change from a less severe to a more severe status level. Nevertheless, these organs could be used for those status 1 patients who shift to status 1 from a less severe status level, who are not counted among the 731 initial status 1 listings.

## NO, NO, NO...

In the Editors' Choice selection "Detection of NO" (7 July, p. 15), the editor says that "Nitrous oxide (NO) is implicated in many metabolic processes." Don't you mean nitric oxide? As far as I know, the main thing nitrous oxide, or laughing gas, is implicated in is dentistry.

**Natalie Angier**
The New York Times, 229 West 43d Street, New York, NY 10036, USA

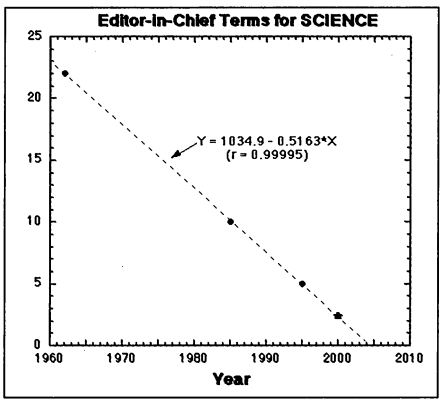
***Editors' note***

Yes, we did indeed mean nitric oxide.

## Keeping Editors in Line

It is rare to find a truly linear phenomenon. However, based on the data presented in *Science*'s Compass (Editorial, "Welcome Don Kennedy," 26 May, p. 1341), the years of service by Editors-in-Chief of *Science* fit a remarkably linear trend. The accompanying figure plots (as solid dots) the number of years served by the last three editors of *Science* (Philip H. Abelson, Daniel E. Koshland Jr., and Floyd E. Bloom, in that order) versus the years when their respective tenures began. The dashed line is the least-squares fit to these data points. The straight line formula shown fits the trend of these data points with a strikingly good linear correlation coefficient of 0.99995.

Also shown (by the asterisk) for the year 2000 is a data point with a value of 2.3 years. According to the linear formula, this is the term of office that Donald Kennedy will serve prior to his subsequent replacement as Editor-in-Chief. The good news for his replacement (in the year 2002) is that the new editor will have to serve only about 1 year before being, in turn, replaced. Recruiting for the position should, furthermore, become easier in the future because there will be an even shorter time commitment. The subsequent editor will serve virtually no time at all.




It is gratifying to see that the AAAS and the staff of *Science* have chosen such a simple approach for determining terms of office for their editors.

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### CORRECTIONS AND CLARIFICATIONS

*ScienceScope:* "Relishing victory" (30 June, p. 2297). The first name of Athanasios Theologis was misspelled.

*Random Samples:* "China tackles rice genome" (26 May, p. 1331). *Schistosoma japonicum* was incorrectly referred to as a tapeworm. It is a trematode.

CREDIT: D. N. BAKER