

women in relation to men is not good. But it is a real disservice to present the situation as worse than it actually is. The table and the erroneous reference in its title to a "shutout" create an illusion of insuperable odds for women interested in mathematics that is not supported by the facts.

**Jacquelyn Savani**

Press Officer, Princeton University,  
Princeton, NJ 08544-5264

## REFERENCES AND NOTES

1. See especially A. T. Schafer's article "Mathematics and women: Perspectives and progress" [*Not. Am. Math. Soc.* **38**, 735 (1991)].

*Response:* Science applauds Savani in her effort to find out what the status of women in mathematics is at some of the most distinguished universities in the United States. Her letter, however, is directed at a different issue from what the table accompanying Selvin's article was attempting to address. The table was intended to specifically list those in tenure-track positions. Savani's remarks are directed to the total number of untenured faculty—including both those in tenure-track jobs and those in nontenure-track positions. Under any clas-

sification, women are underrepresented, but a carefully revised and updated version of the table for the academic year 1991–1992, which appears on page 323 of this issue, shows that the situation is particularly depressing for tenured and tenure-track positions: the number of women there remains very low.—Eds.

## Miscarriage Study

Joseph Palca's article "Banking for transplantation research" (News & Comment, 29 May, p. 1274) conveys a misleading impression regarding data on miscarriages for fetal tissue transplant research that I supplied to Congress. Palca states that I "made no attempt to determine whether viral or bacterial infection might make tissue that [I] classified as acceptable unsuitable for transplantation."

The study referred to [J. Byrne *et al.*, *Teratology* **32**, 297 (1985)] is the largest and most comprehensive to date on the pathology of miscarriages. From January 1977 to August 1981 I was the leader of a team that evaluated more than 3500 miscarriage spec-

imens for evidence of gross disorganization and dysmorphology. The overall study goals concerned the genetic and environmental causes of miscarriage. Detecting infection was not an objective. I suspected then (and still do) that infection might be a causal factor in miscarriages, but attempts to obtain funding for a study were unsuccessful. Transplantation research was also not part of our study. We supplied different kinds of tissue to local investigators. They found this tissue suitable for their purposes which, 10 years ago, probably did not include transplantation.

The information given to Congress referred only to well-preserved specimens and did not include data on fetuses that had died some time before delivery. The data indicate that enough miscarriage tissue could be obtained for tissue banks (Byrne *et al.*). How much, and under what conditions, would be a probable subject of study by the new tissue bank program.

**Julianne Byrne**

Executive Director,  
Boyer Research Foundation,  
Washington, DC 20010

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# MAKING THINGS WORK

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## Cold Fusion: Not Nuclear

In his News & Comment article "A Japanese claim generates new heat" (24 April, p. 438), David H. Freedman reports, "Peter Hagelstein . . . asserts in a paper to be published in the *Journal of Fusion Technology* that neutrons are emitted in cold-fusion reactions—but are promptly absorbed by the palladium lattice." Prompt absorption of neutrons by the palladium lattice can only mean that they are absorbed by palladium nuclei. This would lead to several radioactive palladium isotopes, emitting  $\beta$ - and  $\gamma$ -rays, and the intense  $\gamma$ -rays should have been noticed by those researchers who looked for  $\gamma$ -rays from cold fusion. Thus, since neither such a radioactivity nor tritium, helium, or neutrons have been found, all proposed nuclear explanations of the heat generated in  $D_2O$ -palladium cells have been excluded.

**Maurice Goldhaber**

Department of Physics,  
Brookhaven National Laboratory,  
Upton, NY 11973

## Corrections and Clarifications

In the letter of 19 June 1992 (p. 1613) by Ellen C. Weaver and Stephanie J. Bird of the Association for Women in Science (AWIS), an incorrect phone number was given for the AWIS mentoring program. The correct number is 800-886-AWIS.