



# Clinical Applications of Capillary Electrophoresis (Methods in Molecular Medicine)

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The term "electrophoresis" was first used by Michaelis in 1909, to describe the migration of colloids in an electric field. The first practical electrophoresis method was described by Tiselius in 1937. He used a U-tube filled with buffer layered on top of sample; migration could be monitored using Schlieren optics. In zone electrophoresis, the U-tube was replaced by paper, a support material employed simply to prevent or minimize diffusion of ions, so that ions applied in a narrow strip to the paper will separate and remain as relatively discrete zones. Paper was superseded by a variety of other media, including cellulose acetate, hydrolyzed starch (starch gel), agarose, and polyacrylamide. The latter, in addition to being a support medium, has size-sieving properties. From the basic zone electrophoresis, other means of separation have been developed. These include, isoelectric focusing, isotachopheresis, density gradient electrophoresis, and various forms of immunoelectrophoresis. In some ways Capillary Electrophoresis (CE) has gone full circle back to the original method of Tiselius. In its simplest form, separations occur in a buffer solution within a glass (fused silica) tube and detection occurs as sample moves past an optical window. CE has rapidly developed into a technique that rivals HPLC in its versatility. All the classical electrophoretic separations—zone, IEF, and isotachopheresis—have their counterparts in CE. Excitingly so, and authoritatively treated in Clinical Applications of Capillary Electrophoresis.

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