

66. Wang SC, Geller SA: Hypogammaglobulinemia associated with Kaposi's sarcoma. *Mt Sinai J Med* 44:510-514, 1977.
67. Harwood AR, Osoba D, Hofstader SL, et al: Kaposi's sarcoma in recipients of renal transplants. *Am J Med* 67:759-765, 1979.
68. Page AR, Hansen AE, Good RA: Occurrence of leukemia and lymphoma in patients with agammaglobulinemia. *Blood* 21:197-206, 1963.
69. Gatti RA, Good RA: Occurrence of malignancy in immunodeficiency diseases. A literature review. *Cancer* 28:89-98, 1971.
70. Moertel CG: Multiple primary malignant neoplasms; their incidence and significance. *Recent Results Cancer Res* 7:34-47, 1966.
71. Safai B, Miké V, Giraldo G, et al: Association of Kaposi's sarcoma with second primary malignancies: possible etiopathogenic implications. *Cancer* 45:1472-1479, 1980.
72. Moertel CG, Hagedorn AB: Leukemia or lymphoma and coexistent primary malignant lesions: a review of the literature and study of 120 cases. *Blood* 12:788-803, 1957.
73. Uys CJ, Bennet MB: Kaposi's sarcoma: a neoplasm of reticular origin. *South Afr J Lab Clin Med* 5:39-48, 1959.
74. Lothe F, Murray JF: Kaposi's sarcoma. Autopsy findings in the African, in Symposium on Kaposi's Sarcoma. *Acta Un Int Cancer* 18:429-452, 1962.
75. Wilson PR, Nishiyama RH: Lymph nodal Kaposi's sarcoma and chronic lymphocytic leukemia associated with a hepatic nodule simulating Hodgkin's disease. *Cancer* 27:1419-1425, 1971.

MEASURING THE COST OF BASIC RESEARCH

The political ambience of our time compels the scientific community to seek firm grounds for receiving a share of public resources. It might be far more realistic, however, as well as useful, for all parties to agree that, after all, we really can't measure these things with any precision and that the most difficult segment to measure, basic research, isn't so expensive that we can't afford to run on the principle that it should be kept reasonably plump.

From: Greenberg DS: Washington report. N Engl J Med 301:1456, 1979.

- remission of leukemia associated with polycythemia vera. *Cancer* 40:1297-1299, 1977.
9. Adamson JW, Fialkow PJ, Murphy S, et al: Polycythemia vera: stem-cell and probable clonal origin of the disease. *N Engl J Med* 295:913-916, 1976.
 10. Golde DW, Cline MJ: Erythropoietin-responsive erythropoiesis in polycythemia vera. *Clin Res* 22:391A, 1973.
 11. Krantz SB: Response of polycythemia vera marrow to erythropoietin *in vitro*. *J Lab Clin Med* 71:999-1012, 1968.
 12. Prchal JF, Adamson JW, Murphy S, et al: Polycythemia vera. Demonstration of normal and abnormal stem cells and characterization of the *in vitro* response to erythropoietin (ESF). *Clin Res* 24:442A, 1976.
 13. Prchal JF, Axelrad AA: Bone marrow responses in polycythemia vera. *N Engl J Med* 290:1382-1385, 1974.
 14. Zanjani ED: Hematopoietic factors in polycythemia vera. *Semin Hematol* 13:1-12, 1976.
 15. Wasserman LR: The treatment of polycythemia vera. *Semin Hematol* 13:57-78, 1976.

SCIENTIFIC PERSUASION

The renunciation of threat as a means of persuasion is an essential part of the ethic and culture of science; the use of political threat to enforce ideological conformity is the greatest threat to science itself. Science is a world community that transcends national interests and ideologies. It is a weak community, but it has a deep loyalty to the principles that have made it such a remarkable human achievement.

From: Boulding KE: The Next 100 Years? Science 209:19, 1980. Copyright 1980 by the American Association for the Advancement of Science.