calculated in their study, and then possibly on the basic problems connected with the use of kappa as a measure of reliability or reproducibility.

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Share the Research, Not Taxpayers' Income

To the Editor:

In Dr. Mehta’s recent editorial, “Funding for biomedical research: What happened to our share of the nation’s wealth?” (March 1998), he implies that wealth is there for the taking, to be “shared” by certain deserving individuals such as himself, basic scientists who “think about the mechanism of disease.” He believes that because the value of the businesses represented by the Dow Jones Index has risen, and because the confiscatory policies of the tax code have led to more wealth taken by the IRS and then redistributed by the government, more money should be diverted to research. As proof of why this money should be spent on research, he laments that American medical students can earn more in clinical practice than in research, and he warns us that not only is an increasing amount of research being done outside of this country but that research in the United States is often performed by foreigners.

Even if Dr. Mehta’s basic facts are correct, his conclusions are not. There is nothing wrong with the fact that some specialties within medicine pay more than others, or that talented foreigners fill our laboratories because many of our brightest students opt for clinical fields. I see no reason that my taxes should be raised so that more Americans will want to work in university-based research when we can get excellent researchers from abroad to do the job. It is as if we were asked to hike taxes so that salaries of engineers could be supplemented because so many capable people choose accounting instead.

Similarly, I do not worry that too much research is being done outside of the United States. A new drug or mechanism of disease discovered in Italy or Spain is just as useful as one discovered in Ohio or Florida. It does not matter at all to my patients where the research was done or the procedure invented. In fact, it is wonderful that my patients and I get to profit from the discoveries funded by taxation of the citizens from some other country.

Dr. Mehta frets about loss of world competitiveness with other countries producing good science and competing with us. But he should know that science is not a zero-sum game; with their gains being our losses. We all benefit from their advances. And his analogy to loss of American domination of industries such as consumer electronics is off target as well. While it is true that some Americans lost jobs when consumer electronics increasingly started being built overseas, the net result was that Americans could buy electronics at lower prices, giving us more choices and more money to spend on other things, with resultant increases in jobs in other fields.

In short, patients should be thrilled: the higher relative income of practicing clinicians means that increasingly the best and brightest doctors will be caring for them, rather than experimenting with mice. Taxpayers can be happy; taxes can be less than they otherwise would be as other countries fund more research and as we keep labor costs low by hiring top-notch foreign researchers willing to work for less. The only people who can complain are those few who want more of my wealth diverted to them, and I certainly will not be asking my congressmen to do that by raising my taxes.

Jordan S. Weingarten, MD, FCCP
Austin, Texas

REFERENCE
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To the Editor:

I read Dr. Weingarten’s letter with great interest, and was indeed shocked at his response. I have received numerous letters of support from physicians and scientists and members of the US Congress. There are currently bills in Congress to double the medical research budget over the next few years.

I would only state that the cost of research is much less, and benefits to mankind much more than the billions spent on missiles, bombs, fighter planes, and aircraft carriers for which Dr. Weingarten pays.

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Tuberculin Responsiveness in Hemodialysis Patients

To the Editor:

Decreased cellular immunity and tuberculin reactivity have been previously documented in hemodialysis patients. Recently, Snirnoff and colleagues (January 1998) reported increased rate of anergy and tuberculin nonreactivity in this group of patients. We also evaluated tuberculin response and its relation with demographic features, nutritional parameters, and peripheral blood lymphocytes subsets distribution in cross-sectional-controlled study. In our study, response to intradermal 5 IU PPD (InterVax Biologicals Limited; Toronto, Canada) was assessed and a second tuberculin test was performed to all tuberculin nonreactor patients for booster effect 1 week later. Twenty-nine