ishing public support for science, especially because of such issues as research misconduct and constriction of resources and controversies about indirect costs and the use of animals. Has the public indeed withdrawn its support?

Public confidence in several American social institutions, including science, was measured in opinion polls in 1966 and then nearly every year after 1971 (*1*). Interviewers told respondents, "I am going to name some institutions in this country. As far as the people running these institutions are concerned, would you say you have a great deal of confidence, only some confidence, or hardly any confidence at all in them?"

Confidence in American institutions was extraordinarily high in 1966 compared with any year afterward (*2*). However, since 1971, when annual polls were initiated, there has been little if any overall degradation. In 1991, confidence increased sharply in the military and the press, no doubt a result of the war with Iraq.

Of about 13 institutions rated for confidence in these polls, medicine and science nearly always ranked first and second, respectively. Looking beyond year-to-year fluctuations, confidence in science has had a slight upward trend since 1971, while medicine has experienced a clear decline. If these trends continue, and the military's surge of popularity is short-lived, then science will soon lead all other institutions in public confidence.

Allan Mazur
Public Affairs Program,
The Maxwell School,
Syracuse University,
Syracuse, NY 13244

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AIDS Epicenter

With reference to Steve Sternberg's Research News article of 15 May (p. 966) about the source of the AIDS virus, I would like to express my concern about any premature conclusion that may have been drawn. There is no scientific support for the suggestion that Gabon was the source of AIDS. Gabon has one of the lowest AIDS infection rates among African nations, and the idea that it might be the "epicenter" of the virus contradicts the Darwinian rules of

evolution and what has been well established in the scientific literature (*1*).

Also, contrary to reports in the scientific press that the Pygmies were the first in Central Africa to carry the AIDS virus, our research (soon to be published), does not detect the AIDS virus among the Pygmies.

While all studies of the human immunodeficiency virus should be highly encouraged, scientific ethics dictate that the research should be conducted for scientific purposes and that it would be best to avoid any prejudice that might jeopardize the spirit of collaboration that is needed to eradicate this devastating disease.

Donatien Mavoungou
Chief Researcher,
Omar Bongo University, and
Vice-President of the Pan-African Union of Science and Technologies, Libreville, Gabon

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Healthy Museum

In Elizabeth Culotta's article "Museums cut research in hard times" (News & Comment, 29 May, p. 1268), a reference to the American Museum of Natural History needs correction and clarification. We are *not* anticipating any reduction in operating budgets for research. Some reductions came in fiscal year 1990–1991 in the wake of New York City's financial crisis. These reductions were limited to nonsalary expenses, such as travel, phone use, and supplies. There was no reduction in scientific staffing, either through attrition or lay-offs. In fact, several science positions have been added and additional positions have been approved for fiscal year 1993. Thus, the scope and magnitude of our research activities have actually increased.

Our healthy picture does not, however, mitigate the current difficulties for research in the natural history museum community. In a world so caught up in the biodiversity crisis and other environmental issues, it is tragic that the research institutions so committed to these problems for decades are so poorly understood and supported. I strongly endorse the flourishing of more creative and topical offerings in museum exhibition and education. But these programs cannot be decoupled from research. The dinosaurs that greet millions of visitors to the American Museum of Natural History every year were, after all, collected by scientists on research expeditions. Those scientists are our Rembrandts and Leonardos; their creative work must be fed and supported.

Michael J. Novacek
Vice President and Dean of Science,
American Museum of Natural History,
Central Park West at 79th Street,
New York, NY 10024–5192

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Clear Vision

In his review of Lawrence B. Slobodkin's book *Simplicity and Complexity in Games of the Intellect* (15 May, p. 1034), David L. Goodstein is appropriately suspicious of Slobodkin's assertion that after cataract extraction one can "see in the infrared." The retina is simply not triggered by wavelengths longer than 750 nanometers, and no amount of filtering the incoming light will induce the retina to "see in the infrared."

The crystalline lens ordinarily yellows with age, and if it gets opacified (cataractous) it may also darken to a yellowish brown. This color change blocks the shorter bluish wavelengths more than it blocks the longer red and infrared wavelengths. When this obstruction to clear vision (the cataractous lens) is removed, many patients remark that the world seems distressingly bright and blue for the first few days. A shift in the spectral composition of the light reaching the retina has indeed taken place, but even if this were a shift toward the red (which it is not), the retina would not suddenly start "seeing in the infrared."

Goodstein's review leads me to suspect that Slobodkin knows these things very well and that he was just doing some free-form slaloming—and missed one of his flags.

H. Stanley Thompson
Department of Ophthalmology,
University of Iowa,
Iowa City, IA 52242

Corrections and Clarifications

The photograph accompanying the News item "MIT techies help keep the America's Cup" (Random Samples, 29 May, p. 1277) shows the boat *Stars and Stripes*, not *America*[3], as was stated in the caption.