and (ii) that Aleksandrov's simulations have represented the major Soviet contribution to the SCOPE (Scientific Committee on Problems of the Environment) international study on the atmospheric effects of nuclear war. Aleksandrov's model suffers from problems of low horizontal resolution with only two vertical levels, inadequate treatment of smoke and dust radiative properties and time-dependence, deficient portrayal of normal climatology, and anomalous forecasts of nuclear winter effects. These problems have attracted considerable attention from, and are familiar to, scientists working in the field (*3*). Nevertheless, Aleksandrov's calculations were the first of their kind and thus deserve special recognition.

Other Soviet responses to the nuclear winter issue have been more disappointing. On 1 November 1983, at the Washington Conference on the Consequences of Nuclear War, Soviet academicians, via a direct "Moscow Link," stated that they had solved the nuclear winter problem independently and had arrived at essentially the same results as their Western colleagues (*4*). Nevertheless, during the subsequent 8-month period, no substantive physical data, and little evidence of objective scientific analyses, were forthcoming. It would be artificial, in my opinion, not to be skeptical under such circumstances.

The Soviet scientists I have met this past year are amicable, technically competent, and apparently concerned about the prospect of a nuclear disaster. I hope that cooperative research will go on, but with the clear understanding that criticism, as a crucial element of scientific inquiry, will continue.

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Care of High-Risk Infants

We write to comment on Constance Holden's briefing "Baby Doe compromise imminent" (News and Comment, 20 July, p. 294). There are three organizations in pediatrics whose constituencies are responsible for the vast majority of care of high-risk infants. These are the American Pediatric Society, the Society for Pediatric Research, and the Association of Medical School Pediatric Department Chairmen. Despite our considerable interest in and involvement with the care of high-risk infants, none of our societies was involved in the crafting of the proposed amendment to the Child Abuse Prevention and Treatment Act. Thus the amendment did not result from "intensive consultations with interested parties," as Holden states. Nor does the statement "satisfy everyone while affirming prevailing medical and ethical practices." In fact, our three societies are steadfastly opposed to the proposed amendment, just as we were to regulation on the same subject issued by the Secretary of the Department of Health and Human Services.

We firmly believe that the sensitive and highly complex issues concerning the care of high-risk infants (whether or not they are handicapped) must be decided on a case by case basis in discussions between the responsible physician(s) and the parents, with consultation, whenever appropriate, from the institution's ethical review board. In this regard we warmly support the recommendations of the President's Commission on the Study of Ethical Problems in Medicine and Biomedical and Behavioral Research that were issued in March 1983.

Finally, there is no mention in Holden's article that, in addition to the dissent of our organizations and the American Medical Association, the Association of American Medical Colleges also dissents. That organization represents the nation's medical schools and their faculties as well as the associated teaching hospitals. Thus, the proposed amendment is very far from being a consensus statement.

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Haitians and AIDS

Gallo *et al.* (*1*) report that HTLV-III is the most likely candidate virus for the acquired immune deficiency syndrome (AIDS). The test for HTLV-III antibodies will help define more accurately the populations at risk of developing AIDS. In the Research News article about the work by Gallo *et al.* (4 May, p. 475), Jean L. Marx projects that "there may be an enormous demand for the test." She notes that among the 20 million homosexual males in the United States an unknown number are promiscuous and therefore at high risk of developing AIDS. However, she also includes half a million Haitians, virtually all Haitians living in the United States, in the group of people who will need to be tested for HTLV-III. We are not aware of data in the literature that show an association of HTLV-III and healthy Haitians, or even Haitian patients with AIDS. In our most recent experience in Haiti, we have found accepted risk factors in 67 percent of our patients with AIDS (*2*), indicating that not all Haitians are at risk for AIDS, as Marx implies, but rather a selected subgroup.

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2. J. W. Pape *et al.*, *Clin. Res.* **32**, 379A (1984).

Erratum: The name of the spokesperson for the Union of Concerned Scientists quoted in Eliot Marshall's briefing "The secret recipe of GE's reactor safety study" (News and Comment, 20 July, p. 294) was misspelled. Her correct name is Susan Niemczyk.

Erratum: In table 1 of the report "Rock avalanches caused by earthquakes: Source characteristics" by David K. Keefer (23 Mar., p. 1288), data for location 20 (Buller River Canyon, New Zealand) was incorrect. Under the column headings "Intense fracturing," "Planes of weakness dipping out of slope," and "Previous slides†," the entries should have been "Yes" rather than "No." In addition, the following citation should have been included in reference 13: M. R. Johnston, *Trans. N.Z. Inst. Eng.* **1**, 239 (1974).

Erratum: In the report "High-resolution chromosome sorting and DNA spot-blot analysis assign McArdle's syndrome to chromosome 11" by Roger V. Lebo *et al.* (6 July, p. 57), errors occurred in the legends for figures 1 and 2. In the next-to-last line of the legend for figure 1, "Lief bucket" should have been "Leif bucket." In the fifth line of the legend for figure 2, "ϵ-globin" should have been "α-globin."