sistent to be discounted because of some limitations in human data assessment.

Donald A. Pierce and Dale L. Preston point out that about 85% of the Japanese Radiation Effects Research Foundation study population have assigned doses below 0.2 sievert. However, 80% of the "excess cancer deaths" were in the 20% receiving higher doses; of the total, 8% received more than 2 sieverts, 23% received 1 to 2 sieverts, and 26% received 0.5 to 1 sievert (thus my calling it *mainly* a highdose study).

In my Perspective, I did not imply that the data analyses methods of Pierce and Preston might "obscure evidence for a threshold dose below which there is no cancer risk." What I said was the contrary, that (p. 1822) "whether this might be considered a threshold for effects is beyond the purpose of this discussion, especially because uncertainties about individual radiation sensitivity, of dose, and of possible effect of neutrons have not yet been resolved." The dose issue is specifically germane to the survivors at the greater distances, that is, to the lower doses, where dose estimates may be grossly underestimated, and to the disproportionate distributions of relative uncertainties at the lower end of the curve. Again, I am raising the question, not stating that there is a threshold. The case seems still open as to just how linear the response relationship will prove to be when the uncertainties, especially about low doses, are resolved.

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- M. Goldman and I. V. Filyushkin, *Chinese Med. J.* 107, 624 (1994).
- National Research Council, Health Effects of Exposure to Low Levels of Ionizing Radiation, BEIR V (National Academy Press, Washington, DC, 1990).

## Letters to the Editor

Letters may be submitted by e-mail (at science\_letters@aaas.org), fax (202-789-4669), or regular mail (*Science*, 1200 New York Avenue, NW, Washington, DC 20005, USA). Letters are not routinely acknowledged. Full addresses, signatures, and daytime phone numbers should be included. Letters should be brief (300 words or less) and may be edited for reasons of clarity or space. They may appear in print and/or on the World Wide Web. Letter writers are not consulted before publication.

## **Corrections and Clarifications**

Four lines in box 1 (p. 95) of the report "Homogeneous NMR spectra in inhomogeneous fields" by S. Vathyam *et al.* (5 Apr., p. 92) were incorrect. The correct equations appear below.

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$$\rho(t_1, t_2 = 0) = 2^{-N} \prod_i \left\{ 1_i + \widetilde{\kappa} \left( \frac{t_2 - t_3}{\sqrt{2}} \right) - \frac{1}{4} I_{xi} I_{zj} \cos[(\Delta \omega_i - \Delta \omega_j)(t_1 + T)] \cos[\gamma GT(s_i - s_j)] \right\}$$

$$\frac{2n \text{ terms}}{\widetilde{\kappa}^{2n}} \left\{ \cos[(\Delta \omega_i - \Delta \omega_j)(t_1 + T)] \cos[(\Delta \omega_i - \Delta \omega_k)(t_i + T)] \dots \right\}$$

$$\times I_{yi} \left\{ \frac{3}{2} \sum_{j=1}^{N} D_{ij} \cos[(\Delta \omega_i - \delta \omega_j)(t_1 + T)] \cos[\gamma GT(s_j - s_j)] \right\}^{2n-1}$$

Figure 4B (p. 1937) in the report "Requirement for the adapter protein GRB2 in EGF receptor endocytosis" by Z. Wang and M. F. Moran (28 June, p. 1935) was printed too darkly. The correct figure appears below.

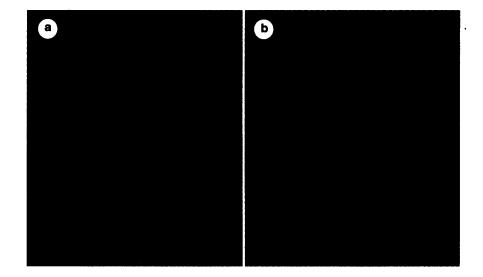
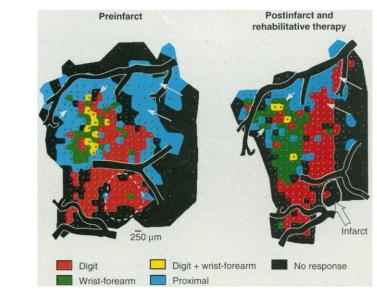


Figure 2 (p. 1793) in the report "Neural substrates for the effects of rehabilitative training on motor recovery after ischemic infarct" by R. J. Nudo *et al.* (21 June, p. 1791) was printed too darkly. The correct figure appears below.



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