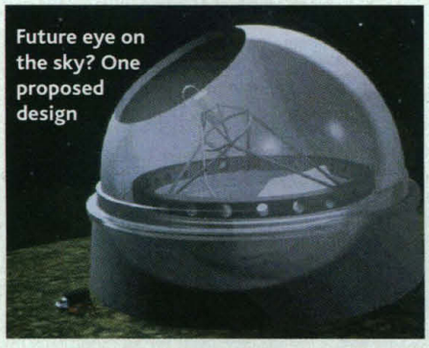
The economics of "overwhelmingly large" telescopes are discussed in a letter from the director of the "European Southern Observatory." A large number of letters were received about a feature article, "The (political) science of salt." The director of the National Heart, Lung, and Blood Institute found that the article "misrepresents both the process of public health policy-making and the data." A majority of the letters, however, were more positive. One reader wrote that the article "is the finest example of scientific journalism I have read."

Telescope Costs

I read with interest the article by Robert Irion (News of the Week, 4 Sept., p. 1428) reporting on the "maximum-aperture telescope" (MAXAT) workshop, which was held on 28 and 29 August in Madison, Wisconsin.

Certainly as we go to more and more expensive facilities, such as the OWL ("overwhelmingly large") telescope or (as it is named in the United States) the MAXAT, they will become possible only through intercontinental cooperation and years of technological developments. I was glad, therefore, to see the beginning of an interest in such a facility in the United States.

In the same article, there are complimentary references to the European Southern Observatory (ESO) Very Large Telescope (VLT) program in Chile. I would like to clarify, however, that the ESO is not "pouring $800 million" into the VLT. The total cost of the program (including the capital investment and labor costs, as well as the costs for the first 3 years of operation) is currently estimated at $540 million. We are proud that this cost was reduced from the 1993 estimates by 7% (in response to financial restraints requested by member states) without a substantial reduction in scope.



Future eye on the sky? One proposed design

Irion quotes as his source the article by Govert Shilling (News & Comment, 1 May, p. 670). That article, however, does not reflect ESO's budgetary numbers. Europe is not producing the VLT by a lavish expenditure of funds. In effect, the cost per telescope of VLT is competitive with that of most U.S. projects when one takes into account the actual content of the programs. This will be a good basis for future cooperation.

Riccardo Giacconi
Director General, European Southern Observatory, Garching bei Munich, Germany. E-mail: rgiaccon@eso.org

Cleaning CJD-Contaminated Instruments

Nigel Williams (News of the Week, 4 Sept., p. 1422) notes several critical concerns about the spread of epidemic Creutzfeldt-Jakob disease (CJD) involving surgery and infected peripheral tissues. In concluding, he cites potential transmissions from CJD-contaminated instruments, with the mandate that decontamination procedures for surgical instruments should be further assessed. Because of similar concerns, several years ago we identified a commercially available solution (with GdnSCN) that does not corrode fine stainless steel instruments. When instruments were exposed to this solution, CJD infectivity was reduced more than 100,000-fold in crude tissue (*1*), and none of the intracerebrally inoculated animals developed symptoms or lesions during 2 years of observation. This established procedure may be useful as a general and inexpensive method to reduce the inadvertent risk of CJD (or bovine spongiform encephalopathy abbatoire) transmission before test results from biopsy specimens can be analyzed.

Laura Manuelidis
Yale Medical School, New Haven, CT 06510, USA. E-mail: laura.manuelidis@yale.edu

References
1. L. Manuelidis, *J. Neurovirol.* **3**, 62 (1997).

Salt Wars

Gary Taubes's article about dietary sodium and hypertension (News Focus, 14 Aug., p. 898) depicts the National Heart, Lung, and Blood Institute (NHLBI) as sticking to a public policy position in favor of "universal salt reduction," in spite of published data questioning salt's effect on blood pressure.

Not so. NHLBI's recommendation for Americans to consume a moderate salt intake is based on a thorough, impartial, and continual review of the published science.

Far from setting the record straight, Taubes's article distorts an already confused issue. It misrepresents both the process of public health policy-making and the data. Instead of helping to pave the way toward good policy, it carves dangerous potholes.

The totality of information about sodium so far suggests that consuming a moderately reduced intake causes no harm and contributes to lowering blood pressure. The data also indicate that some individuals have a greater blood pressure response to sodium than others, but as yet science cannot identify them.

That is why NHLBI, along with many other health agencies, recommends a moderate intake of 2400 milligrams of sodium (or 6 grams of salt) per day for all Americans.

NHLBI funds a range of research to find out about factors that may affect the development of hypertension. As new findings from these and other studies appear, they are carefully reviewed. NHLBI has already held workshops on dietary sodium and will convene another in the coming months to examine the latest findings.

NHLBI sets its policies based on the science—all the science. And it will continue to ensure that good public health policy is based only on sound science, no matter how controversial the topic.

Claude Lenfant
Director, National Heart, Lung, and Blood Institute, National Institutes of Health, Bethesda, MD 20892, USA

Response

Lenfant simply repeats what he and NHLBI have been saying since at least 1983, as my article pointed out. Nonetheless, the case then, as now, is that what constitutes "the totality of information" about sodium is a matter of much contention, and Lenfant's belief that "consuming a moderately reduced intake causes no harm and contributes to lowering blood pressure" may indeed be a minority opinion.

Gary Taubes

Taubes's article "The (political) science of salt" is the finest example of scientific journalism I have read. *Science* has done