other things, an influx of inflammatory cells that accelerate LDL retention, early lesion development, and ultimately the progression to life-threatening plaques [reviewed in (*2*–*6*)]. In an important, recent validation of this hypothesis, LDL that was genetically engineered to be poorly retained was found to be nearly incapable of producing early atherosclerotic lesions in vivo (*7*).

This brings us to the question of what is a "low" or "healthy" plasma cholesterol level. Human atherosclerosis is vanishingly rare when LDL concentrations are below 80 mg/dl, regardless of other risk factors (*2*), and no widely accepted animal models of atherosclerosis exist that arise from either genetic derangements of immunity or distal sites of chronic inflammation in the absence of plasma lipoprotein abnormalities. Although the cholesterol levels referred to in Taubes' article may seem low or healthy compared with the very high average values in Westerners, they are still above 80 and therefore merit serious concern.

Therapies directed at both lipoprotein retention and the responses—including inflammation—to retained material will have the greatest chance for continued successes against atherosclerosis. We must not neglect either the primary or secondary processes in this deadly disease.

KEVIN JON WILLIAMS[1] AND IRA TABAS[2]

[1]Division of Endocrinology, Diabetes and Metabolic Diseases, Thomas Jefferson University, 1020 Locust Street, Philadelphia, PA 19107, USA. E-mail: K_Williams@Lac.jci.tju.edu. [2]Division of Molecular Medicine, Columbia University, 630 West 168th Street, New York, NY 10032, USA. E-mail: IAT1@columbia.edu

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CORRECTIONS AND CLARIFICATIONS

PERSPECTIVES: "Flood basalts—bigger and badder," by P. R. Renne (7 Jun., p. 1812). In describing the flood volcanism occurring during the last several hundred million years, the wrong units were used to describe the implied magma production rate. It should have read "on the order of 1 km^3/year."

NEWS FOCUS: "How devastating would a smallpox attack really be?" (31 May, p. 1592). A sidebar to the story about smallpox models incorrectly stated that about 1250 in every million people vaccinated against smallpox in the past suffered from serious side effects. That number, taken from a 2001 report by the Advisory Committee on Immunization Practices (ACIP), also included mild side effects and adverse reactions. For adverse reactions the ACIP classified as "moderate to severe," the number is only 293.9 per million persons vaccinated. These include generalized vaccine (241.5 per million), eczema vaccinatum (38.5), progressive vaccinia (1.5), and postvaccinial encephalitis (12.3).

Letters to the Editor

Letters (~300 words) discuss material published in *Science* in the previous 6 months or issues of general interest. They can be submitted by e-mail (science_letters@aaas.org), the Web (www.letter2science.org), or regular mail (1200 New York Ave., NW, Washington, DC 20005, USA). Letters are not acknowledged upon receipt, nor are authors generally consulted before publication. Whether published in full or in part, letters are subject to editing for clarity and space.