

years in women) or hyperlipidemia as a first step,¹⁸ makes sense if we are concerned about the harm to children with false-positive results. It makes less sense if we are concerned about false-negatives. But we must still remember that cholesterol screening detects only about one third of people who will manifest CAD before age 65. The dietary and lifestyle advice that are recommended for those with high cholesterol levels might also reduce the risk of CAD in those with lower levels, including those with a positive family history. By giving a false sense of security to those whose cholesterol levels are not elevated, cholesterol screening might be a disservice.

Note added in proof: A recent report of The Muscatine Study elaborates on the poor predictability of cholesterol measurements in children. (Lauer RM, Clarke WR. Use of cholesterol measurements in childhood for the prediction of adult hypercholesterolemia. The Muscatine Study. *JAMA*. 1990;264:3034-3038)

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In the article, "Impedance Tympanometry and Acoustic Reflectometry at Myringotomy," by Babonis et al, which appeared in the April issue of *Pediatrics* (1991;87:475-480), the parenthetical explanations in the legend of Figure 3 on page 477 are reversed. The legend should read: Fig 3. Frequency distribution of ears without fluid (lower panel) or with fluid (upper panel) by acoustic reflectivity in half-unit intervals.

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