

these ancient concepts and terminology have led many to consider Chinese medicine as primitive, ritualistic, and unchanging. Such negative connotations have deterred many from studying Chinese medicine. Even if they did they felt they had to forego its theories and use the Western scientific paradigm to explain their treatment.

Elisabeth Hsu and the other authors in this book aimed to challenge this stereotype of Chinese medicine. They did so using selected examples to explain how evolution occurred in different aspects of Chinese medicine over time and the factors which motivated these changes. They showed that such changes could be brought about by the prevailing cosmological theories at the time, such as the incorporation of the system of five circulatory phases and six seasonal influences around the tenth century. Some changes were brought about by the political ideology at the time, such as the development of the new *acumoxa* theory in early communist China. But many are down to individuals' intuition, such as the new system of cataloguing natural pharmaceuticals by Li Shizhen in *Bencao gangmu* compiled in the sixteenth century. Many of the examples were chosen because they had far reaching consequences but some, notably one that was brought about for the sake of political correctness, did not have any sustainable influence.

The style of writing used in this book is one of its strengths. The reference text from which main arguments were based is cited both in Chinese and in English to avoid quoting out of context. Detailed footnote and extensive cross referencing underpin and expand the author's line of argument. Readers with scientific and medical background will appreciate such "evidence based" approach.

Its method of translation deserves to be noted separately. Chinese medicine terms have been notoriously difficult to have a standard translation, partly because they represent abstract concepts and their meaning can be different, depending on the context. Hsu used the official transcription system *pinyin* and Chinese characters alongside the English translation. These minimise confusion and allow readers to cross reference these terms with texts from other sources.

As well as achieving the author's objective, this book shows that Chinese medicine is not illusive and does not defy investigation. The author has shown how this could be done and her approach is different and innovative. The logical arguments in this book will appeal to professionals within the scientific community and can be a useful way to evaluate Chinese medicine.

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CORRECTIONS

We apologise for the following errors.

In the paper "Low level cadmium exposure and kidney damage—the OSCAR study" (Järup *et al*) published in 2000 (*Occup Environ Med* 2000;57:668–72) the following errors were made:

(1) In the second paragraph, page 670, and at the fourth row, page 671, the text reads "1.6 nmol/mmol creatinine". It should read "1.0 nmol/mmol creatinine" at both places.

(2) In Table 1, "n" for age for the women should be 542 and not 544.

In the paper "Upper airway inflammation and respiratory symptoms in domestic waste collectors" (Wouters *et al*) published in February 2002 (*Occup Environ Med* 2002;59:106–12), the following errors were made:

(1) On page 108, right hand column, lines 5–7, part of the sentence was omitted. It should have read: "Estimated **within and between subjects variance components of exposure concentrations** were 0.51 and 0.34 for dust, 1.08 and 0.22 for endotoxin, and 1.49 and 0.14 for glucan."

(2) Table 2 heading: "from microbial agents" should have been omitted.