administration of a grass pollen extract is beneficial in established seasonal allergic rhinitis.[29]

Conclusion

Using molecular biology to find new ways to inhibit allergic tissue responses is becoming a reality. Particularly promising are the use of vaccines and pharmacological agents to reduce the polarised Th2 response seen in atopic subjects by enhancing production of interferon γ. Selective inhibition of specific mediators such as interleukin 4, interleukin 5, interleukin 13, and eotaxin should lead to a new class of anti-cytokine therapeutic agents. At the cellular level, more effective inhibition of mast cell activation and strategies to remove IgE as the triggering stimulus hold promise. With the discovery of genes increasing susceptibility to allergic disease, the next decade is likely to witness substantial advances in knowledge of induction mechanisms and disease prevention.

With the current epidemic of allergic disease there is an urgent need to identify those environmental factors that are responsible so that appropriate interventions can be introduced. In genetically susceptible individuals these might include changes to the maternal and infant diet to programme the developing immune response or the early introduction of a protective vaccine to reset the T lymphocyte balance more in favour of Th1 cells. In this regard the development of synthetic bacterial DNA and antigen specific DNA vaccines looks especially promising.

In established allergic disease, the task of reversing sensitisation is daunting. Safer and more efficacious allergen vaccines, whether based on DNA or peptides, offer the most promising approach for fundamentally changing the allergic immune response. Patients would also greatly benefit from more effective, orally administered inhibitors of mast cells and small molecules that could either remove IgE or interrupt its capacity to signal through its cell surface receptors.

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Corrections and clarifications

Revalidation of doctors in Canada
In the reference list of this article by W Dale Dauphinee (30 October, pp 1188-90), reference number 8 should have been listed as number 7, and number 7 should have been listed as number 8.

The Icelandic database: do modern times need modern sagas?
In this article by Ruth Chadwick (14 August, pp 441-4) the author wrongly attributed to the Council of Europe Steering Committee on Bioethics a view on the difficulty of identifying individuals within the Icelandic database. It should have been attributed to the Ministry of Health and Social Security of Iceland. The ministry submitted a paper to the committee on bioethics, but its authorship was not apparent on the copy sent to Dr Chadwick.

Implementing screening for colorectal cancer
The penultimate sentence of the fourth paragraph of this editorial by Wendy Atkin (6 November, pp 1212-3) quotes endoscopists as citing a sensitivity as low as 44% for adenomas of less than 1 cm; this should have read "for adenomas greater than 1 cm."

Dietary management of hepatic encephalopathy
In this editorial by Carol A Seymour and Kevin Whelan (22 May, pp 1364-5) reference 3 was wrongly attributed to Andres T; it should have been attributed to Blei AT. Moreover, Seymour and Whelan's reference to this article implied that Blei was recommending the dietary restriction mentioned; in fact they meant only to emphasise that a positive nitrogen balance benefits subjects, which is a point that Blei made in the reference cited.