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academia, in which defence of freedom of speech has been bound up with transphobic positioning. That many people feel stuck in the middle of the gender debate is an uncomfortable consequence of the strong polarisation of standpoints, and it is a shame that more effort is not spent on understanding where the pain, fear, and anger of those with different viewpoints is coming from, and attempting to forge alliances with them to advance all people being treated respectfully.

The phrase was not intended as a new suggestion for defining or identifying a particular group in other contexts. It was part of a sentence suggesting that the history of medicine has shown inadequate attention to women and that medical representations of women have been influenced by power imbalances.² In context, the word vaginas was intended to lead in to how the Vagina Museum devotes itself to that anatomical part and to redressing this historical lack. It also allowed space for the Vagina Museum's central focus not to be exclusively on women, since other people, including some trans and non-binary people, also have vaginas. It is possible to stand for both women's and trans rights.³ Although Dahlen and others suggest the phrase reduces people to that body part, it does not strictly imply a reduction. I might also describe myself as a body with anxiety, without that reducing me to my anxiety, since "with" can also indicate being accompanied by or possessing, without denoting permanence or identity.

Dahlen and others also see the phrase as dehumanising. It surprises me that the term "bodies" feels so alienating, but then perhaps not so when considering the long history of mind-body dualism and valorisation of the mind over the body. Words spring from our own historical contexts. As a former historian of science, I have engaged with the rich literature across the humanities that investigates embodied experience. With deep roots in European phenomenology and later theories, embodiment has been

widely used for the past three decades in cultural studies, anthropology, history of science and medicine, cultural geography, and philosophy, as an approach that centres our experiences as bodies in the world.^{4,5} Rather than dehumanising, I view considering our experience as bodies as a useful access into considering what it is to be human and exploring how knowledge and practices are established and change.

I am grateful for Kamau and colleagues' reminder to focus more on voices from low-income and middle-income countries and agree that the challenges facing girls and women particularly in low-income and middle-income countries are important factors to consider. I also welcome their critique of the term "period poverty"¹ and agree that cultural and environmental factors are important in influencing menstrual health. Although advocacy for women's health rights certainly has a longer standing than suggested by a "new wave of activists",¹ the level of cultural attention to periods does seem to have risen sharply more recently, but I defer to their more expert knowledge on just how recent this is.

I declare no competing interests.

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- 1 Davis S. Periods on display. *Lancet* 2021; **398**: 1124–25.
- 2 Jefferson L, Bloor K, Maynard A. Women in medicine: historical perspectives and recent trends. *British Medical Bulletin* 2015; **114**: 5–15.
- 3 Mackay F. Female masculinities and the gender wars. London: Bloomsbury Publishing, 2021.
- 4 Ellingson LL. Embodiment in qualitative research. New York, NY: Routledge, 2017.
- 5 Carolan MS. More-than-representational knowledge/s of the countryside: how we think as bodies. *Sociologica Ruralis* **48**: 408–22.

Department of Error

Tanriover MD, Doğanay HL, Akova M, et al. Efficacy and safety of an inactivated whole-virion SARS-CoV-2 vaccine (CoronaVac): interim results of a double-blind, randomised, placebo-controlled, phase 3 trial in Turkey. *Lancet* 2021; **398**: 213–22—In this Article, the name of the funder should have been "Health Institutes of Turkey (TUSEB)". This correction has been made to the online version as of Jan 27, 2022.

Myers SS, Pivor JI, Saraiva AM. The São Paulo Declaration on Planetary Health. *Lancet* 2021; **398**: 1299—The web appendix of this Correspondence has been updated as of Jan 27, 2022.

Sudlow S, le Roux CW. Improving gastric balloons to treat obesity. *Lancet* 2021; **398**: 1940–41—In this Comment, the declaration of interest statement for Carel W le Roux has been corrected to read "CWIR reports grants from the Irish Research Council, Science Foundation Ireland, Anabio, and the Health Research Board. He serves on advisory boards of Novo Nordisk, Herbalife, GI Dynamics, Eli Lilly, Johnson & Johnson, Sanofi Aventis, AstraZeneca, Janssen, Bristol-Myers Squibb, Gila, and Boehringer Ingelheim. CIR is a member of the Irish Society for Nutrition and Metabolism outside the area of work commented on here. He is the chief medical officer and director of the Medical Device Division of Keyron since January 2011. Both of these are unremunerated positions. CWIR was a previous investor in Keyron, which develops endoscopically implantable medical devices intended to mimic the surgical procedures of sleeve gastrectomy and gastric bypass. The product has only been tested in rodents and none of Keyron's products are currently licensed. They do not have any contracts with other companies to put their products into clinical practice. No patients have been included in any of Keyron's studies and they are not listed on the stock market. CIR was gifted stock holdings in September 2021 and divested all stock holdings in Keyron in September, 2021. He continues to provide scientific advice to Keyron for no remuneration." These corrections have been made to the online version as of Jan 27, 2022.

Clarfield AM, Gill G, Leuner CJ, Moses AE, Paltiel O. An appeal to world leaders: restore health care for Ethiopians in Tigray. *Lancet* 2022; **399**: 433—The title of this Correspondence has been corrected as of Jan 27, 2022, and the printed version is correct.