

comprehensively. One of the main assumptions is that the influences of race, class, society, and biology on low birth weight can be explained most effectively by looking back at previous generations.

The interaction among such factors as race, class, health, and socioeconomic status is handled sensitively as the authors explore the reasons behind the high incidence of low birth weight among blacks. The illustrative examples are thought-provoking. For instance, two groups of couples — one high-income and one low-income — might have a 20 percent biologic predisposition for having a low-birth-weight baby, but the parents in the high-income group who have resources for better nutrition and prenatal care might counteract their biologic tendencies and have fewer low-birth-weight babies.

I have minor criticisms of the book on the basis of factual information (in the United Kingdom, viability is deemed to start at 24 weeks, not at the stated 28 weeks) and terminology (e.g., prematurity, immaturity, and preterm). Although the authors clearly understand the need to categorize low-birth-weight infants as either appropriate for gestational age (but born prematurely) or small for gestational age, they choose not to use this recognized terminology. The section that deals with studies of mixed-race infants appears to support the theory that genetic differences between blacks and whites play a role in low birth weight. Regardless of socioeconomic status, mixed-race infants generally have birth weights that fall between those of the offspring of two white parents and of two black parents. The incidence of low birth weight among mixed-race infants (relative to those with two white parents) is twice as high when the father is black as it is when the mother is black, a finding that suggests that each parent contributes race-specific genes to birth weight (the father through genetics, the mother through a mixture of genetics and environmental and uterine factors). However, these different risk profiles could result from different social and biologic profiles of the couples in question and not only from genetic differences.

The text occupies 60 percent of the book, with 40 percent devoted to appendixes, references, tables, and a comprehensive bibliography. Even though *The Starting Gate* is not a reference textbook, it is a challenge to read — not through any lack of clarity but because of the complex interplay of con-

founder variables affecting conclusions. It should be digested in small, bite-size portions over time.

Ronald F. Lamont, M.B., Ch.B., D.M.

Imperial College
London HA1 3UJ, United Kingdom
pauline.mills@nwlh.nhs.uk

Book Reviews Copyright © 2004 Massachusetts Medical Society.

CORRECTIONS

The Nature of Small-Airway Obstruction in Chronic Obstructive Pulmonary Disease (June 24, 2004;350:2645-53). On page 2647, in Table 1, under the column heading "Characteristic," the FEV₁:FVC entry should not be followed by "(% of FVC)," since the values are already given in decimals. We regret the error.

Semper Fi (July 1, 2004;351:3-5). On page 4, in the left-hand column, fifth full paragraph, line 8 should have read "maxillary fracture," rather than "mandibular fracture," as printed. We regret the error. Also on page 4, in the right-hand column, second full paragraph, lines 2 and 3 should have read "who in 1945 fought their way," rather than "who in 1944 fought their way," as printed.

A Randomized Trial of Multivitamin Supplements and HIV Disease Progression and Mortality (July 1, 2004;351:23-32). On page 26, in Table 1, under the column heading Multivitamins + Vitamin A, the CD8+ cell count should have read 748±329, rather than 1223±446, as printed. Also, on page 27, in Table 2, under the column heading Multivitamins, the relative risk of death from AIDS-related causes should have read 0.73 (0.51–1.04), rather than 0.73 (0.51–0.04), as printed. We regret the errors.

NOTICES

Notices submitted for publication should contain a mailing address and telephone number of a contact person or department. We regret that we are unable to publish all notices received. Notices also appear on the Journal's Web site (www.nejm.org/meetings). The listings can be viewed in their entirety or searched by location, month, or key word.

FALK FOUNDATION

The following symposia will be held in Freiburg, Germany: "Autoimmune Liver Disease" (Oct. 12 and 13); "Pancreatitis: Advances in Pathobiology, Diagnosis, and Treatment" (Oct. 14 and 15); and "Gastroenterology Yesterday — Today — Tomorrow: A Review and Preview" (Oct. 16 and 17).

Contact Falk Foundation e.V., Congress Division, P.O. Box 65 29, 79041 Freiburg i. Br., Germany; or call (49) 761 15 14-0; or fax (49) 761 15 14-359; or e-mail symposia@falkfoundation.de; or see <http://www.falkfoundation.de>.

AMERICAN BOARD OF EMERGENCY MEDICINE

All current and former diplomates who wish to maintain or regain ABEM certification must now participate in the Emergency Medicine Continuous Certification program.

Contact American Board of Emergency Medicine, 3000 Coolidge Rd., East Lansing, MI 48823; or call (517) 332-4800; or see <http://www.abem.org>; or e-mail emcc@abem.org.