make precise conclusions about the size of the effect, though the consistency of the associations we observed between both infant size and growth and later obesity across a range of settings and time periods suggest that the association is robust.

As this review was part of a much larger review it was impractical to obtain original data from study authors to carry out secondary analyses.

Conclusions

Infants in the highest end of the distribution for weight or body mass index and those who grow rapidly are at increased risk of obesity in childhood and adulthood. This suggests that factors during infancy or before that are related to infant growth influence the risk of later obesity. The relation of infant growth with other health outcomes should be explored to assess whether interventions to alter infant growth to prevent obesity are likely to be associated with other benefits or harms. It will also be important to assess whether factors influencing infant growth are amenable to change, to establish which strategies might alter infant growth, and to find out whether these are acceptable to parents.

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Corrections and clarifications

BMA warns against unnecessary screening tests in brivate sector

In the fourth paragraph of this News article by Lynn Eaton the reported equivalent radiation dose of a whole body scan is underestimated (BMJ 2005;331:475, 3 Sep). A whole body scan involves the equivalent dose of hundreds of (not 100) chest radiographs

Taking the final step: changing the law on euthanasia and physician assisted suicide. Time for change

The end of the final summary point went awry during last minute changes to this article by MA Branthwaite (BMJ 2005;331:681-3, 24 Sep). The statement should have read: "Terminally ill patients seeking assistance to die should be given the same respect for self determination as those who can end their lives by refusing life sustaining treatment.'

Regulating the drugs industry transparently The author's competing interest somehow "dropped off" this article during the editorial process (BMJ, 2005;331:528-9, 10 Sep). John Abraham had asked us to state that he is a specialist expert adviser to the Commons Health Committee.

Radiotherapy improves outcome in patients with locally advanced prostate cancer

In redrawing the graph that accompanied this Short Cut item, compiled by Christopher Martyn, we inadvertently got our labels the wrong way round and didn't notice (BMJ 2005;331:477, 3 Sep). The top (red) curve, reflecting better survival, represents the irradiation group, not the "wait and see" group.