from the physiological perspective, postulates that increased sympathetic activity from the CNS (flight or flight-like signal) dilates facial arterial vessels to allow greater flow to the face and dilates venous vessels to allow blood to pool near the skin surface before undergoing venous return (chapters 1 and 2). From the psychological perspective, various theories are rendered about the feelings that elicit a blush, most obviously, embarrassment and shame. However, less obvious psychosocial stimuli are also examined. For example, dramaturgical study and interviewing of actors (chapter 10) suggests that a blush occurs when a shy person's shyness is exposed, a problem that can be readily evident in actors. Also, simply being the center of attention or under scrutiny, even if not negative (i.e., when "Happy Birthday" is sung to an individual by a group of friends), can elicit a blush (chapter 9).

Some books that consist of chapters written by many different authors can seem like a gathering of unrelated or overlapping independent essays. But this book forms a cohesive and comprehensive progression. The foreword, by Peter de Waal, and the opening chapter by the editors, Crozier and de Jong, set the stage and clearly define the central questions that will be addressed. Then, in the final chapter, the two editors summarize findings, citing specific chapters in turn and identifying conceptual links between them. This book is impressively free of redundancy, save for the fact that several chapters open with Darwin's quote, "Blushing is the most peculiar of all human expressions," which is endearing rather than tiresome. The quote seems to serve as a "call to arms" for these blush scholars and researchers. The prose style is consistent from one chapter to the next, despite the fact that the authors hail from several different countries, which is a tribute to the editorial skill of Crozier and de Jong.

Weaknesses were difficult to identify. The fact that much of the data presented were from the 1990s and 2000s, as opposed to more recent data, is less a weakness of the book than a shortfall of resources being allocated to blush research. However, data as recent as 2012 were reported in some chapters.

This comprehensive and impressively constructed presentation of the state of blush research is a fascinating and useful volume for evolutionary scientists, psychologists, psychiatrists, and neuroscientists. However, because of the quality of the prose, it is also appropriate for lay readers curious about this uniquely human phenomenon.

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Corrections

The authors of the article "Does Fetal Exposure to SSRIs or Maternal Depression Impact Infant Growth?" (Am J Psychiatry 2013, 170:485–493) discovered two errors that did not substantially affect any of the results or conclusions: 1) Two cases were misclassified as being exposed to SSRI; therefore the number of women in the SSRI exposure group during pregnancy was reduced from 46 to 44. This affects some of the values in Tables 1 and 2 and the SSRI data in Figure 1. 2) When the data were passed into the packaged programs for calculating the percentiles according to the CDC, the percentiles for sex were switched (1=female in our data; in CDC program 1=male) in Figure 2. Revised Tables 1 and 2 and Figures 1 and 2 accompany this correction notice in the online edition.

The only results that change meaningfully (but do not affect the conclusions) and are not covered by the tables are presented here:

"The values observed in our study group were compared with the population statistics from the Centers for Disease Control and Prevention (www.cdc.gov/growthcharts/clinical_charts.htm) (Figure 2). The median length and weight measurements in all exposure groups were within the interquartile range (25th to 75th percentiles) of the general population of infants; therefore, the study group is reasonably similar to the general population. The median head circumferences were within the interquartile range for all exposure groups with two exceptions: infants with no exposure or exposure to MDD exceeded the 75th percentile at 52 weeks of age."

and

"No significant association between prenatal SSRI or depression exposure and growth in weight, length, or head circumference was observed. The unadjusted analysis revealed no association of prenatal exposure to weight (p=0.84), length (p=0.40), or head circumference (p=0.16). After we controlled for the characteristics that differed between exposure groups (race, education, employment, marital status, parity, presence of lifetime anxiety disorder, infant sex, and preterm birth) and included presence of depression at each postpartum time point, no significant association of exposure with weight (p=0.40), length (p=0.76), or head circumference (p=0.72) was observed. In addition, because maternal body weight affects aspects of infant growth, we evaluated the interaction of group and prepregnancy BMI, which was also nonsignificant, and no synergistic effect was identified for weight (p=0.79), length (p=0.81), or head circumference (p=0.97)."

When the article "Oxytocin and Reduction of Social Threat Hypersensitivity in Women With Borderline Personality Disorder," by Katja Bertsch et al., was published online on August 28, 2013, the vertical axis labels in Figure 2 were incorrect. The values along the vertical axes should be 0 to 70. The values were corrected for the article's appearance in the October 2013 issue and for its online posting as part of that issue.

In the article "The Cost of Assisted Outpatient Treatment: Can It Save States Money?," by Jeffrey W. Swanson, Ph.D., et al., published online on July 30, 2013, the abstract and Discussion section reported incorrect percentage decreases associated with the assisted outpatient treatment program. The percentages were corrected for the article's online reposting on September 5, 2013, as well as for the article's print appearance in the December 2013 issue and for its online posting as part of that issue.