

provides much more information than is required by candidates preparing for their paediatric membership exams.

The editor, Dr Victoria Vetter, has an impressive career history, having worked with several famous names in paediatric cardiology. These include Jacqueline Noonan, Helen Taussig and William Rashkind. The aim of the text is to provide practical information for all those associated with the care of children with congenital heart disease.

The more common congenital and acquired conditions encountered in paediatric cardiology are considered. The content is suitable for those with a very basic level of knowledge of paediatric cardiology. From this basic level, more complex aspects of the topic are explained in a simple and logical manner. Diagrams, tables, angiograms and echocardiographic images are used well. These break up what would otherwise be large blocks of monotonous grey text. Some of the tables contain information particularly useful for quick reference. Examples include tables of normal values for electrocardiographic tracings and blood pressure centile charts. Practical advice is provided on the differential diagnosis and investigation of patients presenting with common cardiological symptoms. There is useful discussion of controversial areas in paediatric cardiology—for example, pregnancy and exercise recommendations for adolescents and adults with congenital heart disease.

Although this is a textbook of paediatric cardiology, the authors also discuss the general paediatric challenges faced by a patient with congenital heart disease. For example, the multisystem problems faced by the patient with congenital heart disease in the setting of a genetic syndrome are considered in chapter eight. All chapters have a “major points” section to highlight the most important topics discussed. The reference section at the conclusion of each chapter provides a useful starting point for readers who wish to engage in a more in-depth study of the subject.

Varied aspects of paediatric cardiology are explored, including chapters on pharmacological treatment of congenital heart disease, cardiac catheterisation and cardiac surgery. The book displays the wide spectrum of patients managed by paediatric cardiologists, with basic introductions to fetal cardiology and adult congenital heart disease issues. Disappointingly, there is very little discussion of morphological principles despite many of the chapters containing morphological terminology. An awareness of morphological principles is essential to understand and describe complex congenital heart disease.

Overall, I would recommend this textbook as an affordable, enjoyable introduction to the specialty of paediatric cardiology.

A McBrien

## CD ROM REVIEW

### Clinical assessment of children with disabilities: a practical guide and interactive CD Rom

Edited by Catherine Hill, Hannah Buckley, Simon Burch, Fenella Kirkham. Published by University of Southampton, Southampton, 2006, £10.

This interactive CD Rom is a wonderful idea conceived and coordinated by Dr Catherine

Hill and her team. There is plenty of paper-based material on this subject, but a teaching package with a multimedia format can only improve learning. This CD Rom is a joint effort of the Universities of Southampton and Aberdeen.

When inserted into the CD Rom drive, the title appears and displays a prominent “click to start” button that allows web browsers entry into the learning package. Clear instructions on the inside of the CD Rom cover state that this resource makes use of www technology. The cover is well designed and tries to show disability in a positive light.

The beginning on the index page mentions that this is a practical guide. The index is subdivided into six sections: Introduction, History Taking Tutorial, Examination Tutorial, Case Histories, Glossary and Credits. These divisions are hypertext marked and when clicked it takes the browser into that section.

*Introduction:* Hovering over this with a cursor gives an idea about what to expect in the section. The learning objectives are set out. A cautionary note appears that the CD Rom should be worked through in order, but not necessarily in a single sitting. The learning objectives are indexed on the index page to avoid confusion. There are clear instructions on how the package should be used. Various methods of link activation include mouse over/mouse click (video)/mouse click (information) and use of icons. The arrows are prominent, though not very arty. The package could have been improved by illustrations especially of a fun variety, but this is compensated for to some extent by having the videos.

*History-taking tutorial:* The target audience has not been clearly defined apart from the obvious—students who want to learn about the assessment of children with disabilities. It is clearly stated that communication skills are not covered; I think it would have been helpful to do so as communication is an integral part of any clinical assessment. Link functions are beneficial as they reduce clutter and encourage the central key themes to continue to be emphasised. The format is standard and covers all key areas of paediatric history taking, with a specific focus on neurodevelopment. However, it is not possible to jump to a subsection if it is in an indexed section—for example, the history-taking tutorial. I assume this is a safeguard to allow the package to be worked through systematically.

*Examination tutorial:* Some “ground rules” are elaborated at the beginning, which would have been more appropriately called “helpful tips”. The importance of observation is emphasised. The tutorial takes the reader through subsections such as general examination, neurodevelopmental examination, neurological examination, developmental examination, general systems examination and growth, and once again follows a familial paediatric format with a specific focus on neurodevelopment.

*Case histories:* This is an extremely useful way of applying the knowledge gained in history taking and examination. It is a helpful prelude to actually using the clinical assessment tool in practice. When video clips are being viewed, it is difficult to go back to the case histories unless there is some trick to do this, which I have not yet mastered. There

are encouraging remarks when the correct answers are ticked, which makes it feel as if the package is talking to you. In some places the text overlaps, and this is clearly a technical glitch which should be easy to rectify. Some aspects of the question boxes are not seen clearly and are cut off, making reading difficult. One point worth mentioning is that the plotting on the growth charts should be with a dot and not a cross to prevent confusion. The question and answer format in the case histories is clearly designed to make the student think about the subsection carefully, and seems to be an effective learning tool.

In summary, I believe the CD Rom is a welcome edition to any library or department in an organisation that caters for children with disabilities. Children with disabilities need a specific focused clinical approach, which is dealt with very well in this CD Rom. It would have been even better if communication with children with disabilities could have been incorporated into the package. To order, contact C.M.Hill@soton.ac.uk

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## CORRECTION

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D Stevens. Pride, prejudice, and paediatrics (women paediatricians in England before 1950). *Arch Dis Child* 2006;**91**:866–70. Owing to an editorial error the wrong abstract was published for this article, which had the unfortunate effect of distorting the structure and meaning of the first two paragraphs. The corrected abstract is given below.

The early women doctors who won the right to qualify in medicine are compared with the early women paediatricians in 20th century England. Both groups had to find their occupations in a male dominated profession by taking up work that was not met by men. Early women doctors founded their own hospitals and clinics and a similar pattern can be seen with women paediatricians who were in many parts of England, pioneers in the newly emerging speciality of paediatrics, neonatology and other disciplines within paediatrics. Barred from training at Great Ormond Street and in medicine in the major hospitals, women came to paediatrics through more varied routes than men. Their careers could not be planned but depended on chance, sacrifice, and often the opportunities that came through the wartime shortage of manpower. Male paediatricians were slow to accept women as equals and barred them from membership of the British Paediatric Association until 1945. Unlike the early women doctors the early women paediatricians were not as a group as politically active but the presence of a woman consultant paediatrician was itself a political statement and the work of women paediatricians gave a message to the wider world of medicine that was instrumental in destroying the male myth that women could not excel in medicine.