terms of both the English and Welsh Act of 1989 and the Scottish Act of 1995. The rest of the book undoubtedly has worldwide relevance, especially with the chapter on parasites, nematodes, and malnutrition.

This text provides the trainee with a valuable reference source that certainly reinforces the suggestion that learning should be integrated. As to the claim of providing all the information a trainee could need, the authors and editors are to be congratulated on producing concrete foundations for paediatric education and learning. You may only need limited desk space after all, just enough room for this book.

G Modgil

Towards MRCPCH Part II theory examination

Edited by Tapabrata Chatterjee. Hodder Arnold, 2005, £12.99 (US\$23 (approx); €20 (approx)), pp 103. ISBN 0340905840

"How many?" I asked. "Oh, at least 3000 multiple-choice questions" said the experienced exam-positive senior registrar. That was the number of multiple-choice questions I should complete to achieve a successful result in my Part I MRCPCH. I never found out whether that meant actual questions or individual stems. Nevertheless, I completed well over this number during revision and did indeed pass. Whether my success had been related to question number or not, I sought to find just how many data interpretation and grey cases one must do in order to pass the next formidable hurdle.

The answer appeared to lie not in quantity but recognising patterns of questioning and developing the art of identifying pertinent information and clues within the questions. The topics chosen by Dr Chatterjee are representative of those that have been asked in the exam over the last five years. Although obviously dependent on candidate recall, the 75 data interpretation questions do appear to be typical of those in the examination. They include the obligatory electrocardiograms, family trees, and audiograms. There is the standard explanation section, which provides crisp answers with few pointers to further study.

The grey case section is superior with a good broad range of 50 cases. Incorporated are the deliberately misleading and irrelevant information typical of grey case questions. The explanations are more detailed, although unlike similar textbooks of its kind it does not include up to date references from textbooks or journal reviews. I particularly liked the tips on how to tackle grey cases and also the identification of the "clue" in many of the explanations.

Overall, the grey cases cover the bulk of the diagnoses encountered in everyday paediatric practice. However, there are few esoteric cases (except case 23 where the poor girl with toxic shock syndrome turns mysteriously into a boy via pronoun misuse) and limited neonatal cases. I was pleased to see a case involving "Munchausen syndrome by proxy", although a little disappointed that the explanation did not support the abandoning

of this term for the recommended description of "factitious illness by proxy".

Revising for the theory examination can be an arduous task. This book is not especially different to any of the other textbooks covering data interpretation and grey cases, however it remains a useful addition.

G Modgil

Get through MRCPCH Part 2: 125 questions on clinical photographs

Edited by Nagi G Barakat, Roger Buchdahl. The Royal Society of Medicine Press, 2005, £19.95 (US\$35 (approx); €30 (approx)) (paperback), pp 196. ISBN 185315685

"One picture is worth ten thousand words" (Frederick R. Barnard, 1921). Current studies of the human memory make a functional division of memory into short-term and long-term memory. Both types store and remember information as "chunks" but there is a distinct

difference in the number of these "chunks" that can be retrieved. Short-term memory can retrieve a limited number at any one time (about seven plus or minus two) while long-term memory is not limited to number of recall.

The capacity for recognition of memory for pictures is limitless. Pictures have a direct route to the long-term memory. Pictures themselves make use of a massive range of cortical skills—colour, form, texture, visual rhythm, line dimensions, and especially imagination.

This book is an excellent compilation of clinical paediatric photographs consisting of 125 cases. The questions revolve around high quality paediatric and neonatal images of clinical cases including radiological and ultrasonographic scans. The question formats include the extended matching and "best of five" styles, which were introduced as part of the new examination in 2002. The explanations are concise and comprehensive, based on standard textbooks, which are referenced.

It was refreshing to see the breadth of cases covered from normal variants (answer: "do nothing") to the expected complex paediatric

syndromes (answer: "refer to specialist"). I was encouraged to see cases covering child protection (both as the answers and as considered differentials) as well as, more unusually, cases touching on the issues of withholding and withdrawing life sustaining treatment in children. Acute APLS type situations are also encompassed. The most striking element of this book is the true to life way that each case is handled in terms of the presenting features, investigations, treatment, and further management. This surely reflects the fact that the images are derived from the authors' wealth of clinical experience and obvious strong desire to teach.

I remain in strong agreement with the comments in the foreword that this book will remain an invaluable reference for those that have already attained the MRCPCH examination as well as those still in training. These pictures are certainly worth far more than ten thousand words.

G Modgil

CORRECTION

N S Crowcroft, R Booy, T Harrison, *et al.* Severe and unrecognised: pertussis in UK infants (*Arch Dis Child* 2003;**88**: 802–6).

In the process of carrying out further analysis of the data from this study and to examine the role of respiratory syncytial virus (RSV) the author uncovered a single data entry error in the date of onset of disease in one contact of a case when looking back at the original questionnaires. Unfortunately this changes the order of cases in one family, which affects table 4 (the corrected table 4 is shown below).

The penultimate and last sentences of the Results section of the Abstract should have read:

Pertussis was confirmed in 21/33 (64%) of those who were first to become ill in the family. For 13/33 children the source of infection was a parent; for 10/33 the source of pertussis was an older fully vaccinated child in the household.

In the third to last paragraph of the Results section the first sentence should read:

Primary cases (the source of infection) included parents and other children in the households (table 4); 64% of primary cases were laboratory confirmed.

The error has no implications for the methods, discussion or conclusions of the paper.

Table 4 Proportion of laboratory confirmed cases amongst primary (first) cases in families of pertussis cases in PICU and wards

Relationship	PICU	Ward	Total
Parent	9/10	2/3	11/13
Sibling	0/7	2/3	2/10
Baby or co-primary	6/8	2/2	8/10
Total	15/25	6/8	21/33

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