

using HTML, the first of which is that you do not need to buy any special software in order to use it; one can write Web pages in HTML using almost any text editor. (Still, most people prefer to use a visual HTML editor, and there are a number of inexpensive or free HTML editors available, as discussed earlier in this series.) Table I lists some of the more common design pitfalls to avoid in Web page design when using HTML.

However, despite the many good properties of HTML, there are a number of drawbacks to using it as the only type of Web page language. The first is its limited interactivity. One way of providing extra interactivity by using a concept referred to as "Dynamic HTML" (or DHTML), which supports features such as Cascading Style Sheets, a capability which allows one to provide page layout features (for example, font type, font size, font color, etc.) to be attached to the structural portions of your HTML document (e.g., headings, subheadings, paragraphs, unvisited links, etc.). A number of other inexpensive or free interactivity tools are listed in Table II.

Web-based interactivity can be implemented in various ways. For instance, a section of a Web page may ask the student a question, and offer four possible answers the student may click on. Depending on the student's response, the Web page can provide a different commentary. Other forms of Web-based interactivity may involve the use of discussion forums or online surveys and polls. Providing e-mail addresses (and "mailto" links) for authors or instructors can also help make material more interactive. Advanced interactivity may also be achieved using JavaScript, a popular and relatively easy to learn programming language for Web pages that will be discussed later in this series.

D. John Doyle MD PhD FRCPC
Cleveland, Ohio

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Erratum

In the article entitled: "Prevention: intraoperative neuraxial blockade reduces some postoperative complications" – Regional anesthesia and pain – Best evidence in anesthetic practice, published in the November 2001 issue, *Can J Anesth* 2001; 48: 990-2, the article appraised should have read: "*Rodgers A, Walker N, Schug S, et al*. Reduction of postoperative mortality and morbidity with epidural or spinal anaesthesia: results from overview of randomised trials. *BMJ* 2000; 321: 1493-7.