cardiac rhabdomyomata and fetal hydrops in a premature infant with tuberous sclerosis. *J Paediatr Child Health* 1992;**28**:260–2.
16 Sauter R, Hummler H, Klemm I. Neonatal heart tumor. Early symptom of tuberous sclerosis. *Monatsschr Kinderheilkd* 1992;**140**:21–3.
17 Birnbaum SE, McGahan JP, Janos GG, Meyers M. Fetal tachycardia and intramyocardial tumors. *J Am Coll Cardiol* 1985;**6**:1358–61.
18 Platt LD, Devore GR, Horenstein J, Pavlova Z, Kovacs B, Falk RE. Prenatal diagnosis of tuberous sclerosis: the use of fetal echocardiography. *Prenat Diagn* 1987;7:407–11.
19 Crawford DC, Garret C, Tynan M, Neville BG, Allan LD. Cardiac rhabdomyomata as a marker for the antenatal detection of tuberous sclerosis. *J Med Genet* 1983;**20**: 303–12.
20 Riikonen R, Simell O. Tuberous sclerosis and infantile spasms. *Dev Med Child Neurol* 1990;**32**:203–9.
21 Manetti A, De Simone L, Favilli S, *et al.* Echocardiographic study of heart rhabdomyoma in tuberous sclerosis. *G Ital Cardiol* 1989;**19**:319–23.
22 Konkol RJ, Walsh EP, Power T, Bresnan MJ. Cerebral embolization resulting from an intracardiac tumor in tuberous sclerosis. *Pediatr Neurol* 1986;**2**:108–10.
23 Gomez MR. Strokes in tuberous sclerosis: are rhabdomyomas a cause? *Brain Dev* 1989;**11**:14–9.
24 Farooki ZQ, Ross RD, Paridon SM, Humes RA, Karpawich PP, Pinsky WW. Spontaneous regression of cardiac rhabdomyoma. *Am J Cardiol* 1991;**67**:897–900.
25 Alkalay AL, Ferry DA, Lin B, Fink BW, Pomerance JJ. Spontaneous regression of cardiac rhabdomyoma in tuberous sclerosis. *Clin Pediatr* 1987;**26**:532–5.
26 Houser S, Forbes N, Stewart S. Rhabdomyoma of the heart: a diagnostic and therapeutic challenge. *Ann Thorac Surg* 1980;**29**:373–7.
27 Pesonen E, Leijala M, Järvenpää AL, Teramo K. Cardiac rhabdomyomas in a newborn baby. *Acta Paediatr Scand* 1985;74:824–7.

CORRECTION

Comparative ability of dobutamine and exercise stress in inducing myocardial ischaemia in active patients. *T H Marwick, A M D'Hondt, G H Mairesse, T Baudhuin, W Wijns, J M Detry, J A Melin.*

The authors of this article miscalculated some percentages in tables 2 and 6 (*Br Heart J* 1994;72:31–8). Their corrected versions of these tables appear alongside.

Table 2 Electrocardiographic responses during maximal (P value) and submaximal exercise and dobutamine stress testing

	All patients	*Maximal*	*Submaximal*	*Maximal vs submaximal*
		Exercise		
Sensitivity	43/56 (77%)	39/44 (89%)	4/12 (33%)	0·0003
Specificity	13/30 (43%)	4/19 (21%)	9/11 (82%)	0·002
Accuracy	56/86 (65%)	43/63 (68%)	13/23 (57%)	NS
		Dobutamine		
Sensitivity	18/56 (32%)	13/22 (59%)	5/34 (15%)	<0·001
Specificity	19/30 (63%)	7/13 (54%)	12/17 (71%)	NS
Accuracy	37/86 (43%)	20/35 (57%)	17/51 (33%)	0·02

Table 6 Perfusion abnormalities on scintigraphy during maximal and submaximal exercise and dobutamine stress testing

	All patients	*Maximal*	*Submaximal*	*Maximal vs submaximal*
		Exercise		
Sensitivity				
Overall	41/56 (73%)	33/44 (75%)	8/12 (67%)	NS
Single vessel disease	14/22 (64%)	12/18 (67%)	2/4 (50%)	NS
Multivessel disease	27/34 (79%)	21/26 (81%)	6/8 (75%)	NS
Specificity	21/30 (70%)	13/19 (68%)	8/11 (73%)	NS
Accuracy	62/86 (72%)	46/63 (73%)	16/23 (70%)	NS
		Dobutamine		
Sensitivity				
Overall	35/54 (65%)	16/21 (76%)	19/33 (58%)	NS
Single vessel disease	15/22 (68%)	8/10 (80%)	7/12 (58%)	NS
Multivessel disease	20/32 (63%)	8/11 (73%)	12/21 (57%)	NS
Specificity	19/28 (68%)	7/11 (64%)	12/17 (71%)	NS
Accuracy	54/82 (66%)	23/32 (72%)	31/50 (62%)	NS