analysis software (e.g., Computerized profiling (Long, Fey & Channel, 1999) and CASALA (Blamey, Spain & Serry, 1997)), the data is then printed and must be re-entered into the computerised report-writing software. These steps create additional time, and reduce the effectiveness of the computer as a time-saving tool. In the future it may be possible for the computer, under the guidance of the speech pathologist, to administer and score the test, analyse performance, integrate the results with additional tests and send that data to the report-writing software for final editing and selection of goals. Already we are seeing a reduction in the number of required steps. For example, you can administer a phonology/articulation test on computer using PROPHet (Long & Schroeder, 1999), the results are saved in a file for later analysis by Computerized profiling (Long et al., 1999). The next step would be to take that data from Computerized profiling and have it load straight into a computerised report writer such as CRiSP. This approach leads to a large reduction in the amount of time and arguably better effectiveness. Of course, the other aspect to this automation is: What effect does the use of this further technology have on student learning and understanding of core concepts?

While these innovations are approaching fast or already here, the basic difficulty is that computerised report writing is still not being introduced across the board into clinical programs. CRiSP may now provide the flexibility to the clinical educators and students alike for the implementation of computerised reports into the curriculum.

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ACQ Internet Column

Webwords 5: Facing the world: Craniofacial web resources

Caroline Bowen

How basic is this!

Thoughts about the fundamental importance of having an intact anatomy (**http://www.cid.ch/DAVID/Mainmenu.html**) for speech production have been running around my head (**http://www.med.harvard.edu/AANLIB/home.html**) for weeks. For the themes of this issue of the *ACQ* (the face, teeth, tongue and palate) take us directly to our speech therapy roots, making us think in the most uncomplicated of ways about the organs of speech: how they look and what they do. How basic it is when we meet new clients to start the assessment process by taking a covert but informed squiz at their faces. With a quick flash of the oral torch we invite ourselves to an inside tour of what they keep behind closed lips: you know, the teeth the fairy (**http://www.toothfairy.org/**) hasn't claimed yet, the tongue: thrusting (**http://www.braceface.com/tonguethrust.htm**), tied (**http://web.one.net.au/~tonguetie/**), or just plain big (**http://www.bcm.tmc.edu/oto/grand/52892.html**), and the palate (I'll get to that shortly) ...

But sometimes the oral musculature examination is deferred when we encounter for the first time a client whose facial features, in themselves,

tell us much of what we need to know, and prompt us to reach for the journals to see if there is anything helpful or new for the client and clinician about Stickler Syndrome (**http://www.stickler.org/sip/**), Treacher Collins Syndrome (**http://www.treachercollins.co.uk/**), Velo-Cardio Facial Syndrome (**http://www.crosslink.net/~marchett/vcfs/vcfs.html**), Romberg Syndrome (**http://www.geocities.com/HotSprings/1018/**), Craniosynostosis (**http://www.geocities.com/HotSprings/Villa/3462/index.html**) or the myriad of other conditions and diseases listed in the National Organization for Rare Disorders Inc. (NORD) databases (**http://www.stepstn.com/nord/db/dbsearch/search.htm**). NORD is the only organisation of its kind: a unique federation of more than 140 not-for-profit voluntary health organisations serving people with rare disorders. Its website receives more than five million hits each year and over one million searches of its databases are made annually.

I recognise your face from somewhere...

With faintly satisfied smirks on their famously photogenic faces, veteran BBC interviewer Michael Parkinson (**http://www.bbc.co.uk/antiques/whatson/m_parkinson.shtml**) and singer and song writer Paul McCartney (**http://www.mplcommunications.com/mpl/mccartney/index.htm**) touched upon the topic of being instantly recognisable. Emphasising his connectedness with a Liverpool working-class population, Paul told a well-seasoned story against himself – and a funny one at that! But it is hard to think of a funny anecdote for a person to tell about the times that their face has been instantly identified with a special "craniofacial" population. Funny stories, no... but poignant stories, inspirational stories, brave stories...now you're talking.

Take, for example, the sites in the Craniofacial Anomalies WebRing (**http://www.arhinia-craniofacial.org/craniowebring/**), masterminded by Kristi Branstetter, an expert on arhinia (**http://www.arhinia-craniofacial.org/me/diagnosis/**). She writes:

I was born with congenital total arhinia (complete absence of the nose). I look at life like this: Things could be worse...I feel good about myself most of the time... I prefer to be around people with positive attitudes so I can maintain my own positive attitude... some people are intimidated by my appearance...most people are accepting. Those who reject me just don't become a part of my life and do not to get to know me as a person...

WebRings and searches

WebRings (**http://www.webring.org/#ringworld**) are groups of five or more sites that embrace common topics or interests. A well-administered WebRing with sites included according to clearly specified criteria can be an effective helpful way to publicise a site and connect with others. WebRings that cover craniofacial topics include the Circle of Smiles Ring, the Cornelia de Lange Syndrome Ring, The Speech Ring and the Treacher Collins Ring. Within these rings, information abounds on Pierre Robin Syndrome (**http://www.pierrerobin.org/**), cleft palate (**http://www.cleft.net/**), plastic surgery (**http://www.face-doctor.com/cleft.htm**), orthodontics (**http://www.angleorthodontist.org/index.html**) and support groups, such as the Stickler Syndrome Support Group (**http://www.stickler.org.uk/index.html**) and Wide Smiles (**http://www.widesmiles.org/**).

Caroline Bowen

Web searches uncover a variety of useful resources including the embryology of the face (**http://www.biomed.man.ac.uk/ugrad/ambi/embryol.html**), the American Cleft Palate – Craniofacial Association (**http://www.cleft.com/**), the Australian Cranio-Facial Unit (**http://www.wch.sa.gov.au/acfu/**), the Children's Craniofacial Association (**http://www.masterlink.com/children/**), and Peter Flipsen Jr's Cranio-Facial Anomalies links (**http://cahn.mankato.msus.edu/flip-craniolinks.html**).

Tongue in cheek

With several copy deadlines looming, the temptation to drift off into (irrelevant) cyberspace was easy to resist while assembling these links. However, my attention deficit did click in for a second when I spotted *The Tooth Fairy: A Sceptical Analysis* (**http://www.abarnett.demon.co.uk/atheism/tooth.html**) by Adrian Barnett. I mean, who could resist Adrian's bio that included the news that not only is he an atheist, sceptic, and owner of three cats and a thousand fleas, but also the world's two-billionth greatest lover?

Tongue tie

Someone else with a fascinating profile that I've met on my Internet travels is Evelyn Jain (**http://www.cal.shaw.wave.ca/~ejain/examples.html**), a family physician and lactation specialist in Calgary, Canada. Evelyn was already the mother of three daughters when she started medical school "later in life", to use her expression. She has been in family practice for a decade and has a busy breastfeeding clinic. Finding that there were babies who could not latch well even with the best of maternal and professional efforts, she started clipping tight frenula in 1990, documenting excellent results. Dr Jain describes this surgery as a simple and safe procedure that is necessary when tongue movements in, out and upwards are limited. As a Clinical Assistant Professor at the Faculty of Medicine, she was instrumental in getting lactation established as part of the regular academic and clinical curriculum at the University of Calgary. In 1998 she won a National Award of Excellence in Family Practice for her innovative work in breastfeeding, particularly regarding infant tongue tie.

Evelyn is looking forward to addressing the Australian Lactation Consultants Association (**http://www.sapmea.asn.au/towards_2001.htm**) conference in Melbourne in October 2000 on the topics of tongue tie and breast reduction surgery and their management in the breastfeeding period. She is also eagerly anticipating seeing her daughter Kamini compete in the kayak races at the Sydney Olympics as a member of the Canadian National Team.

Guess what

Finally, here's a challenge that stumped everyone, including me. In 12 words or less: what are the most obvious unifying characteristics of the tongue, salivary glands and diaphragm? The answer can be found on Gordon Roble's site (**http://www.sccs.swarthmore.edu/~gordon/oboe.html**) or on page 72 of this issue of the *ACQ*.