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The World Health Assembly resolved in 1988 to eradicate poliomyelitis worldwide by the year 2000. The last reported case in the Americas occurred in Peru in 1991. Now China has gone a long way towards eliminating the disease (*Pediatric Infectious Disease Journal* 1995; **14:** 308–14). Efforts have centred on national immunisation days when oral polio vaccine was given to all young children in two doses four to eight weeks apart. After such campaigns in the winters of 1991–2 and 1992–3 wild poliovirus has not been detected for 21 months in 22 adjacent provinces in central and northern China. Only seven sparsely populated provinces in the south and west of the country contained wild poliovirus in 1993 and the elimination of poliomyelitis from the whole country seems imminent. Other Asian countries are set to follow suit.

*For almost as long as Lucina can remember people have been looking for a reliable rapid test for sepsis especially in the newborn. Measurements of acute phase proteins and various white cell analyses have attracted cyclical interest. A better approach may well be provided by polymerase chain reaction (PCR) DNA technology (*Pediatrics *1995; **95:** 165–9). Using a single primer pair for highly conserved (present in all bacteria) regions of bacterial DNA, PCR is able to amplify bacterial DNA while not amplifying human DNA. Testing is likely to be rapid, sensitive, and cost effective in identifying sepsis without identifying specific bacteria.*

When you are tempted to make a diagnosis of nocturnal pseudoseizures think of frontal lobe epilepsy which in some people may be an autosomal dominant condition (*Brain* 1995; **118:** 61–73). The onset of the inherited disorder is usually in childhood. Interictal EEGs and neuroimaging are usually normal and combined video-EEG recording is the best way to confirm the diagnosis. Response to carbamazepine is usually good. The condition has features in common with the benign partial epilepsies of childhood but there is no spontaneous remission of the epilepsy and treatment probably needs to be lifelong.

Despite the fact that the sexual exploitation of children was condemned by both the UN Convention on the Rights of the Child (1989) and the UN Commission on Human Rights (1992) child prostitution still flourishes in several countries which were signatories to these documents (National Children's Bureau. Highlight number 135, March 1995). There is inadequate information about the extent of the problem in Britain. Young people who have run away, often from residential care, seem to be particularly at risk. One study found that most ran away before the age of 16 and about one in seven of such runaways admitted having provided sex for money. Poverty, family conflict, homelessness, and abuse are all important factors. Social workers are trying to develop better ways of reaching and helping these children. The risk of HIV infection clearly looms large and education through peer groups about health and 'safe sex' is important.

Pelvic fracture in children is uncommon and usually results from car injuries to pedestrians.

Sixty eight children with such fractures were admitted to a children's hospital in Dublin over a period of 12 years (*Injury* 1995; **26:** 327–9). Stable fractures were found in 50 children and they did better than the 18 with unstable fractures. Other bony and non-bony injuries were common, especially genitourinary tract injury which occurred with both stable and unstable fractures. There were no deaths in this series and long term sequelae, such as leg shortening, femoral head avascular necrosis, paraplegia, and foot drop, were confined to those with unstable fractures. Non-operative management was employed in all cases.

In a paper from Glasgow in the BMJ *in 1990 it was suggested that all children found to have a skull fracture after a recent head injury should have computed tomography. The thought of such a policy would cause Lucina's radiology department to have a collective syncopal attack. In Edinburgh (Injury 1995; **26:** 333–4) 140 children were admitted to hospital over a period of seven years having fallen and sustained a skull fracture. All 127 children with normal conscious level recovered uneventfully. Computed tomography was done in nine of the 13 children with impaired consciousness and seven of these scans showed significant abnormality. All of these children had fallen from a height.*

The authors conclude that all children with impaired consciousness should have an urgent scan but those with a normal conscious level should just be admitted for neuro-observation. Children who injure their heads by tripping up rarely come to any great harm.

Causes of ventricular tachycardia in children include prolonged QT syndromes, heart surgery, myocarditis, cardiomyopathies, and hyperkalaemia. Idiopathic ventricular tachycardia appears to have a good prognosis. It may be discovered because of an irregular heart beat found on routine examination of an asymptomatic child. Doctors in Hanover describe four such children aged 2, 7, 9, and 57 months (*European Journal of Pediatrics* 1995; **154:** 513–7). They had otherwise normal hearts. One child was never given antiarrhythmic drug treatment, two had it initially but soon stopped it, and one has remained on propranalol. Children not treated are closely supervised.

*It was an outbreak of diethylene glycol poisoning which prompted the United States Food, Drugs, and Cosmetics Act of 1938. Now at least 51 and probably well over 200 children have died in Bangladesh because they were given paracetamol which contained diethylene glycol instead of propylene glycol (*BMJ *1995; **311:** 88–91). They presented with acute renal failure with hepatomegaly, oedema, and hypertension. Political interference, administrative obstruction, lack of analytical resources, and multiple, poorly regulated manufacturers and suppliers are all part of the background to the disaster. Similar tragedies have occurred in South Africa, the Netherlands, India, and Nigeria.*

Few people routinely prescribe anticonvulsant drugs after a first fit. Avoidance of precipitating factors may be a better approach. Thirty patients in Germany (including 13 under the age of 20) were advised to avoid sleep disturbance or excess alcohol (*Seizure* 1995; **4:** 87–94). Other precipitating factors such as stress, flashing lights, television, or hunger, were to be avoided if the clinical history suggested it. The one year recurrence for 23 patients followed up was 17·4%, much less than expected. Anticonvulsant drug treatment (which may have been inadequate) did not influence the recurrence rate.

*Diabetes in children is becoming more common. Increases in incidence have been reported from the Netherlands, Poland, Sardinia, the Sudan, Libya, and now Kuwait where the incidence rose from 4·0/100 000 in 1980–1 to 15·4/100 000 in 1992–3 (*Diabetes Care *1995; **18:** 923–7). The reason is not known.*