It is a little known fact that if you remove the pineal gland from newborn chickens they develop a spinal deformity similar to that of human adolescent idiopathic scoliosis. So could pineal insufficiency be a cause of idiopathic scoliosis? Unfortunately for the theory, a Viennese study (Journal of Bone and Joint Surgery 2000;82-B:399–403) has shown no difference in circadian serum concentrations of melatonin between adolescents with idiopathic scoliosis and controls.

Data from the 1946 Medical Research Council British birth cohort study have been used in an attempt to define the childhood antecedents of medically unexplained symptoms in adults (British Journal of Psychiatry 2000;176:273–80). The risk of hospital admission for such symptoms was increased if the father was reported to be in poor health during the patient’s childhood. Maternal ill health had no such effect. Recurrent abdominal pain in childhood increased the risk of admission for unexplained symptoms as an adult more than fourfold but the increase in risk was less for admission with unexplained abdominal pain (threelfold) than for other unexplained symptoms (fivefold).

In a study in Brazil, Canada, and South Africa (British Journal of Dermatology 2000;142:965–8) 60 of 61 children with tinea capitis were cured, both clinically and mycologically, with weekly fluconazole in a dose of 8 mg/kg. Most were cured with eight weeks of treatment. Recurrent abdomi nal pain in childhood increased the risk of admission for unexplained symptoms as an adult more than fourfold but the increase in risk was less for admission with unexplained abdominal pain (threelfold) than for other unexplained symptoms (fivefold).

Stem cell transplantation from HLA-identical siblings using umbilical cord blood is associated with a reduced risk of acute or chronic graft versus host disease, slower rates of engraftment, and similar mortality compared with bone marrow transplantation from such donors (New England Journal of Medicine 2000;342:1846–54). As such umbilical cord blood is uncommonly available, comparable data are needed about transplantations from unrelated donors.

In San Diego, California (Journal of the American Medical Association 2000;283:2680–5) enterovirus-specific polymerase chain reaction testing of cerebrospinal fluid from 267 children with suspected aseptic meningitis was positive in half of them. A positive test meant that fewer other tests were done, antibiotic treatment was delayed earlier, and the child sent home sooner.

Fungal infection of the nails does occur in children although the diagnosis may often be missed. In Chicago (Archives of Pediatrics and Adolescent Medicine 2000;154:614–18), 17 children aged 3–14 years were given itraconazole oral pulsed treatment (once or twice daily for one week of each month for three to five months). All patients but one were cured and there were no relapses after cure on follow up for between one and four years. There were no clinical adverse reactions.

Children with enterohaemorrhagic E. coli infection should not be given antibiotics. In a prospective series in four states in the northwest of the USA (New England Journal of Medicine 2000;342:1930–6; see also editorial, Ibid: 1990–1), nine of 71 children with E. coli 0157:H7-associated diarrhoea were given antibiotics. The incidence of haemolytic-uraemic syndrome was 5/9 (56%) in those given an antibiotic and 5/60 (8%) in those not given an antibiotic. Of those who developed the syndrome after antibiotic treatment, three had received a cephalosporin and two cotrimoxazole. Antibiotics may increase the release of verotoxin from the organisms.

In the USA it is recommended that adult seat belts in cars should not be used for children until the age of about 9 years. A study in 15 states (Pediatrics 2000;105:1179–83) has shown that 2–5 year old children in seat belts are more than three times more likely to suffer significant injury, and more than four times more likely to suffer significant head injury in a crash than children in child restraint systems.

Seventeen years ago a team in Birmingham showed that the two year outcome in children with severe vesicoureteric reflux was the same whether they were treated medically or surgically. Now analysis of records in Australia and New Zealand (Pediatrics 2000;105:1236–41) has shown no evidence that treatment of vesicoureteric reflux since the early 1960s has resulted in a reduction in incidence of end stage renal disease due to reflux nephropathy. A randomised trial comparing treatment with no treatment is suggested.

A study of 123 children in Nigeria with pyogenic meningitis (Developmental Medicine and Child Neurology 2000;42:462–4) has emphasised the potential danger of cerebral herniation. In 99 patients who had a lumbar puncture, death or neurological sequelae occurred in 21/81 (26%) of those with no clinical evidence of herniation and in 16/18 (92%) of those with such evidence either before or after lumbar puncture (or both before and after). (Patients with clinical evidence of cerebral herniation on presentation were treated with intravenous mannitol before lumbar puncture.) More severely ill patients had a much higher risk of herniation at presentation. These workers conclude that a selective policy for lumbar puncture might improve the outcome of pyogenic meningitis in developing countries.