Could wheezing during upper respiratory tract infections in toddlers be prevented by putting steroid into their noses? This seemingly odd suggestion arose, apparently, because of recent evidence of “cross talk” between noses and lungs. (We know there are bugs in these noses.) In Leicester (Thorax 2003;58:431–4) 50 children aged 12–54 months who were prone to wheeze with colds were randomised to fluticasone aqueous nasal spray (50 μg into each nostril twice a day) or placebo spray for 12 weeks. The treated group did not cough or wheeze significantly less than the placebo group when they had colds.

Lucina was sad to read of the death, at the age of 88 years, of the Boston paediatrician Sydney Gellis on 6th December 2002 (Obituary. Yearbook of Pedi atrics and Adolescent Medicine 2003;157:218). He was recognised as a great teacher of paediatrics and, although Lucina never met him, she was greatly entertained for many a year by his forthright comments in the Yearbook of Paediatrics. 

Exclusive breast feeding for four months reduces the risk of hospital admission for lower respiratory tract infection or asthma among healthy infants in affluent populations by around 72%. This conclusion is the result of a meta-analysis of nine studies reported between 1980 and 2001 (Archives of Pediatrics and Adolescent Medicine 2003;157:237–43).

It must be a rare healthy child who is not fairly frequently hit by a ball. Some of them are injured by it (British Journal of Sports Medicine 2003;37:351–3). The Accident and Emergency Department of the Royal Aberdeen Children’s Hospital serves a population that includes around 84 000 children under the age of 14 years. A retrospective study for 2001 revealed 187 children (125 boys) aged 6–13 years who attended because of injuries to hand, wrist, or finger caused by a ball (about 1.6% of all injured children attending). The most frequent missile was a football and goalkeepers were particularly at risk. Almost all (174) of the children had an x-ray; 67 had fractures and there were two dislocated thumbs. Eighty-two injuries (44%) and 41 fractures (61% of the fractures) occurred away from school. The author of this report suggests that providing lighter balls for younger children and dividing children into weight categories for games might reduce this kind of injury but whether these restrictions would be applied outside school seems questionable.

A new enzyme immunoassay (EIA) for detecting Helicobacter pylori antigen in stool has been tested in Munich, Amsterdam, and Paris and found to be accurate (Gut 2003;52:804–6). A total of 302 children aged 6 months to 18 years undergoing upper gastrointestinal endoscopy for abdominal symptoms had biopsies taken for histology and culture for H pylori. The rapid urease test was performed on an antral biopsy specimen from 222 children and 274 children had a 13C urea breath test. The EIA using mouse monoclonal anti-H pylori antibody proved 98% sensitive, 99% specific, and had positive and negative predictive values of 98% and 99% when assessed against the other diagnostic methods (most commonly culture). Because relatively few children aged 6 years were infected these authors call for more assessment of the test in young children.

Debate continues about the effects on health caused by incinerators and crematoria. They release potential toxins such as dioxins, lead, cadmium, and mercury and have been blamed for delayed sexual maturity and low testicular volume in boys. In Cumbria during 1956–93 (Journal of Epidemiology and Community Health 2003;57:456–61) mothers who lived near a crematorium had a significantly increased risk of stillbirth (by 4%) and anencephaly (by 5%). Around incinerators there was significantly increased risk of any lethal congenital anomaly (by 10%), any neural tube defect (by 13%), spina bifida (by 17%), and heart defects (by 12%). These risks were not increased in the same areas before the incinerators opened in 1977.

In a randomised placebo-controlled trial in the Netherlands (Thorax 2003;58:383–7) dexamethasone did not improve outcome for babies on mechanical ventilation because of respiratory syncytial virus pneumonia. In babies ventilated because of RSV bronchiolitis, however, dexamethasone reduced the time on a ventilator from 9 days to 5 days and the duration of supplemental oxygen from 11 days to 8 days.

Strict allergen avoidance from birth to 9 months may reduce respiratory symptoms and skin test reactivity at the age of 8 years. On the Isle of Wight (Thorax 2003;58:489–93) 120 children at high risk of atopy were randomised to extensive allergen avoidance or control groups. Allergen avoidance consisted of exclusion of dairy products, eggs, wheat, nuts, fish, and soya from the infant’s diet (and from the mother's diet if breast feeding), feeding on a hydrolysed hypoallergenic formula if not breastfed, and anti-house-dust-mite measures. At age 8 current wheeze was reported for 14% (intervention) v 27% (control) and nocturnal cough for 14 v 32%. Skin test reactivity to house dust mite, any allergen, and any aeroallergen was less prevalent in the intervention group.

Myopia has been blamed on near reading in childhood and on genetic factors. In 1999 American researchers reported a strong association between myopia and use of a night light or room light while asleep at night during the first 2 years of life. Now a study of university students in Cardiff (British Journal of Ophthalmology 2003;87:580–2) has not confirmed the association. The prevalence of myopia was 51/73 (70%) among students whose parents reported that they had slept in darkness in their first 2 years and 27/49 (55%) among students whose bedrooms had been lit.

In 1999 both the Department of Health and the Royal College of Paediatrics and Child Health issued guidelines about child protection and standards of practice in emergency departments that receive children. Practice following these guidelines has been assessed by telephone interview of the senior nurse in charge at the 37 emergency departments in England that care for more than 18000 children a year (Emerg Med J 2003;20:222–4). Many of the guidelines were adhered to in many hospitals but there were shortcomings. Four departments were isolated from the paediatrician, less than a third had a paediatric-trained emergency medical consultant and only half always had a registered children’s nurse on duty. About a quarter of the respondents did not know the details of a named child protection doctor or nurse. Most, but not all, departments provided training in the detection of child abuse for doctors and nurses. A third of departments did not have direct access to the child protection register and responsibility for checking the register was delegated widely. Notification of a child’s attendance was usually sent to general practitioners and often to health visitors, but less reliably to school nurses.