



Ten children aged 1.5 to 12 years in Athens had their perimembranous ventricular septal defects closed using a catheter-delivered occluder (**Heart Job: 1 Div: ht 02553**). Nine had no residual shunt and the tenth had a very small residual shunt which was no longer present at the 3-month follow up. There were no other complications

In the first 3 years after the death of a child, the risk of unnatural death (from motor vehicle accident, suicide, or other accident or violence) is increased almost fourfold in mothers and by 57% in fathers. This was one of the main findings of a case control study in Denmark (*Lancet* 2003;**361**:363–7) that showed that the rate remained increased in mothers throughout up to 18 years of follow up but did not stay increased in fathers. Deaths from cancer and other natural causes (but not from circulatory or digestive diseases) were increased in mothers after 10 years.

Parents are the strongest influence on children's behaviour, so can parents who smoke teach their children not to smoke? A randomised study in North Carolina (*Tobacco Control* 2003;**12**:52–9) suggests that they might. Six hundred and seventy one 7–8 year old child/smoking parent pairs were randomised to intervention or control groups. Intervention consisted of a 5 module programme designed to teach parents how to teach their children not to smoke that was sent by post every 2 weeks. On assessment after 3 months, parents in the intervention group were more actively educating their children against smoking and their children when assessed after 2 years had more anti-smoking attitudes. The children are to be followed up to see whether, in fact, fewer of them start to smoke.

The Boyd Orr cohort of 1352 families in 16 areas of England and Scotland was established in 1937–39. Intake of fruit, vegetables, energy, vitamin C, vitamin E, carotene, and retinol were assessed. Data about deaths and cancer registrations for 3878 subjects (average age about 8 years at baseline) have been obtained up to July 2000 and related to baseline food intake (*Journal of Epidemiology and Community Health* 2003;**57**:218–25). Childhood consumption of fruit, but not of vegetables or of any

other measured dietary intake, was inversely related to total cancer incidence. Energy intake was directly related to cancer incidence. The most common cancer, breast cancer, was not related to childhood intake of fruit, vegetables, vitamin C, or carotene but high intake of vitamin E was associated with lower breast cancer mortality and high intake of retinol with higher breast cancer incidence.

In contrast to L-lactate, D-lactate is normally undetectable in serum. In patients with short bowel syndrome undigested carbohydrate may be converted to D-lactate by colonic bacteria. In China (*Postgraduate Medical Journal* 2003;**79**:110–12) a 12 year old boy presented with repeated episodes of weakness, ataxia, flapping tremor, slurred speech, severe lethargy, and dehydration. Three years previously he had undergone small bowel resection for intestinal volvulus leaving 20 cm of small bowel. He was found to have D-lactic acidosis (serum D-lactate 5.23 mmol/l, normal <0.2 mmol/l) and was treated with rehydration, intravenous bicarbonate, oral neomycin, and 3 days of total parenteral nutrition followed by a low carbohydrate diet. His symptoms resolved over the course of 5 days.

Drivers may say that they would slow down if they saw children at the roadside but in practice most do not. In Auckland, New Zealand (*Injury Prevention* 2003;**9**:38–41) observations were made on a moderately busy road with a 30 mph (50 kph) speed limit. Car speeds were measured with no children on the footpath, with two children (a 10 year old girl, and a 7 year old boy) playing with a ball on the footpath, and with the children standing waiting to cross the road. In a separate part of the study 100 drivers at a local petrol station were asked to estimate what their driving speeds would be in the various conditions. The mean observed speeds were 35 mph (no children), 34 mph (children playing with ball), and 33 mph (children waiting to cross). The means of the speeds drivers said they would travel at were 35 mph, 24 mph, and 21 mph respectively. Public education about the need to slow down in the presence of children could reduce road traffic injuries.

Keratomalacia due to severe vitamin A deficiency is common in developing countries and is often precipitated by acute infections. In New Delhi (*British Journal of Ophthalmology* 2003;**87**:538–42) 29 children aged 2 months to 5 years with keratomalacia, all from poor families and severely malnourished, were seen in a single ophthalmology centre between June 2000 and June 2001. Only two had received any immunisation and the keratomalacia had been precipitated by measles in 12 children, acute diarrhoea in 11, and pneumonia in 9. The keratomalacia was bilateral in 25 cases. Of the 54 affected eyes seven were unsalvageable at presentation. The results of keratoplasty were poor; the cornea remained clear in only nine of 22 operated eyes and visual acuity after operation was invariably poor.

Blood lead concentrations of children living in and around two Swedish towns have been monitored since 1978 (*Occupational and Environmental Medicine* 2003;**60**:370–2). Up to 1994 blood lead concentrations in urban areas were about 10% higher than in rural areas and they were another 10% higher in children living near a lead smelter. Lead concentrations in petrol were reduced gradually between 1978 and 1994 and since 1994 all petrol sold in Sweden has been lead free. Mean blood lead concentrations in children aged 7–11 years fell from around 60 µg/l in 1978 to around 23 µg/l in 1993 and around 18 µg/l in 2001. There has been no consistent change since 1995 and there is now no significant difference in lead concentrations between rural and urban children, apart from those living near a lead smelter.

A new syndrome of mental retardation and early onset obesity has been reported from Paris (*Journal of Medical Genetics* 2003;**40**:300–3). Two unrelated boys had severe developmental delay, early hypotonia, rapid weight gain from 30 months and 22 months of age, dysmorphic facies (brachycephaly, synophrys, anteverted nostrils, and prognathism), genital abnormalities, sleep disturbances, and behavioural problems. Both had small deletions of the end of the long arm of chromosome 9 (del 9q 34.3) not detected by high resolution chromosome analysis but shown up on specific genotyping and FISH studies. A list of eleven mental retardation and obesity syndromes is included in the paper.