

## Abstract Selection

**Increasing prevalence of recurrent otitis media among children in the United States.** Lanphear, B. P., Byrd, R. S., Auinger, P., Hall, C. B. Departments of Pediatrics, University of Rochester School of Medicine and Dentistry, Rochester, New York, USA. *Pediatrics* (1997) March, Vol. 99 (3), P: E1, ISSN: 1098–4275.

**BACKGROUND:** The number of visits for otitis media, the most common diagnosis among preschool children, has increased during the past decade. This study was undertaken to determine whether there has been a concurrent increase in the prevalence of recurrent otitis media among children in the United States and to identify risk factors or demographic changes to explain the increase. **METHODS:** Secondary analyses of cross-sectional data from the Child Health Supplement to the 1981 and 1988 National Health Interview Surveys ( $n = 5189$  (1981) and  $n = 6209$  (1988)) were done to identify temporal changes in the prevalence and any associated risk factors of recurrent otitis media among children <6 years of age. **RESULTS:** Recurrent otitis among preschool children increased from 18.7 per cent in 1981 to 26 per cent in 1988 (odds ratio (OR) = 1.6, 95 per cent confidence interval (CI) = 1.4, 1.7). Although the prevalence of recurrent otitis increased with age, the greatest increase in recurrent otitis media occurred in infants (OR = 1.9, CI = 1.3, 2.9). Factors independently associated with recurrent otitis were any allergic condition (OR = 1.9, CI = 1.7, 2.2); survey year (OR = 1.7, CI = 1.5, 1.9); Black race (OR = .6, CI = .5, .7); Hispanic ethnicity (OR = .8 CI = .6, .9); day care (OR = 1.5, CI = 1.3, 1.7); out-of-home care by an unrelated sitter (OR = 1.3, CI = 1.1, 1.6); and male gender (OR = 1.2, CI = 1.1, 1.3). From 1981 to 1988, there were significant increases in some risk factors associated with recurrent otitis media, including day care (11 per cent vs 21 per cent) and allergic conditions (14 per cent vs 18 per cent). **CONCLUSIONS:** We conclude that there has been a significant increase in the prevalence of recurrent otitis media among children in the United States, particularly in infants. The increased prevalence of recurrent otitis media was associated with an increase in the use of child care and a higher prevalence of allergic conditions among children. Author.

**Localization of a novel gene for nonsyndromic hearing loss (DFNB17) to chromosome region 7q31.** Greinwald, J. H. Jr., Wayne, S., Chen, A. H., Scott, D. A., Zbar, R. I., Kraft, M. L., Prasad, S., Ramesh, A., Coucke, P., Srisailapathy, C. R., Lovett, M., Van-Camp, G., Smith, R. J. Department of Otolaryngology – Head and Neck Surgery, University of Iowa Hospitals and Clinics, Iowa City 52242, USA. *American Journal of Medical Genetics* (1998) June 30, Vol. 78 (2), p. 107–113, ISSN: 0148–7299.

Autosomal recessive nonsyndromic hearing loss (ARNSHL) is the most common form of hereditary hearing impairment (HHI). To date, 16 different loci have been reported, making ARNSHL an extremely heterogeneous disorder. One of these loci, DFNB4, was mapped to a 5-cM interval of 7q31 in a large Middle-Eastern Druze family. This interval also includes the gene for Pendred syndrome. We report on three new families with HHI from the Madras region of southern India that demonstrate linkage to 7q. Their pedigrees are compatible with autosomal recessive inheritance. Furthermore, the largest family identifies a novel locus (DFNB17) telomeric to the DFNB4 and Pendred intervals. A 3-cM region of homozygosity by descent between markers D7S486 and D7S2529 is present in all affected individuals in this family and generates a multipoint LOD score of 4.24. The two other families map to the previously reported DFNB4 region but have insufficient power to attain significant LOD scores. However, mutations in the Pendred syndrome gene are present in one of these families. Author.

**Clinical and antiinflammatory effects of intranasal budesonide aqueous pump spray in the treatment of perennial allergic rhinitis.** Meltzer, E. O. *Annals of Allergy, Asthma Immunology* (1998) August, Vol. 81 (2), p. 128–34, ISSN: 1981–1206.

**BACKGROUND:** Intranasal corticosteroids are among the most effective treatments for perennial allergic rhinitis (PAR). Some individuals unable to tolerate aerosols may prefer an aqueous nasal spray. **OBJECTIVE:** To determine the efficacy, safety, and antiinflammatory effects of an intranasal aqueous pump spray formulation of budesonide. **METHODS:** Four hundred seventy-eight patients (257 adults, 221 children (6 to 17 years)) with PAR were randomized to budesonide aqueous pump spray (Rhinocort Aqua) 32, 64, 128, or 256 microg, or placebo once daily for 6 weeks. Patients recorded nasal/ocular symptom severity daily. Nasal cytology was evaluated at baseline and end of treatment. The study was powered only to evaluate the overall population for significance. **RESULTS:** Following 6 weeks of treatment, significant differences from baseline in nasal index score (NIS)—sum of blocked nose, runny nose, and sneezing scores—were observed in the 32-, 64-, and 256-microg aqueous budesonide groups compared with placebo ( $p < \text{or} = .031$ ). No dose response was found for changes in NIS. Significant reductions from baseline NIS were observed with 256-microg aqueous budesonide compared with placebo in the first 24 hours following treatment ( $p = .004$ ). Aqueous budesonide also significantly reduced individual nasal symptoms in two or more of the active treatment groups ( $p < \text{or} = .035$ ). Patients' overall treatment efficacy assessments showed significantly greater symptom control with aqueous budesonide ( $p < \text{or} = .006$ ), and overall quality of life improved. Significantly greater decreases in eosinophils and basophils were found in aqueous budesonide-treated groups ( $p < \text{or} = .007$ ). The frequency of adverse events was similar among all treatments. **CONCLUSIONS:** Once daily aqueous budesonide is well tolerated and effective in relieving nasal symptoms and inflammation associated with PAR. Author.

**Does inhaled pollen enter the sinus cavities?** Adkins, T. N., Goodgold, H. M., Hendershott, L., Slavin, R. G. Department of Internal Medicine, Saint Louis University Health Sciences Center, Missouri, USA. *Annals of Allergy, Asthma Immunology* (1998) August, Vol. 81 (2), p. 181–4, ISSN: 1081–1206.

**BACKGROUND:** While there is evidence of an increased incidence of sinusitis in patients with allergic rhinitis, it is unclear whether an allergic process occurs in the sinus tissues per se. **OBJECTIVE:** The purpose of this study was to determine whether inhaled pollen reaches the sinus mucosa. **METHODS:** Tc99m labelled ragweed pollen was inhaled by five non-atopic adults. Imaging studies of the sinuses were performed with a tomographic rotating gamma camera. To determine the sensitivity of the technique, the nose and the maxillary sinuses of cadaver heads were painted with varying amounts of Tc99m and then similarly scanned. **RESULTS:** Scans of the cadaver heads showed clear resolution between the nasal cavity and the maxillary sinus. It was determined that 20 microci was the smallest amount of Tc99m that could be resolved to be in the sinuses. Scans of subjects showed intense activity in the nasal cavity but none in the paranasal sinuses despite the delivery of a supraphysiologic dose of Tc99m ragweed pollen. **CONCLUSION:** Inhaled ragweed pollen does not appear to enter the paranasal sinuses. It is unlikely that an inhaled antigen-IgE antibody reaction occurs in the sinus mucosa. Author.

**The AEP T-complex to synthesised musical tones: left-right asymmetry in relation to handedness and hemisphere dominance.** Jones, S. J., Byrne, C. Department of Clinical Neurophysiology,

The National Hospital for Neurology and Neurosurgery, London, UK. [sjones@ion.ucl.ac.uk](mailto:sjones@ion.ucl.ac.uk). *Electroencephalography and Clinical Neurophysiology* (1998) July, Vol. 108 (4), p. 355–60, ISSN: 0013-4694.

Auditory evoked potentials were recorded to onset and offset of synthesised instrumental tones in 40 normal subjects, 20 right-handed for writing and 20 left-handed. The majority of both groups showed a T-complex which was larger at the right temporal electrode (T4) than the left (T3). In the T4-T3 difference waveforms, the mean potential between latencies of 130 and 165 ms was negative in all right-handed subjects except two for whom the waveforms were marginally positive-going. Amongst the left-handers, however, this converse asymmetry was seen in seven subjects, five of them more than two standard deviations from the mean of the right-handed group. The degree of asymmetry was not significantly correlated with the degree of left-handedness according to the Edinburgh Handedness Inventory. Asymmetry of the T-complex to instrumental tones appears to reflect the lateralisation of auditory 'musical' processing in the temporal cortex, confirming evidence from other sources including PET that this is predominantly right-sided in the majority of individuals. The proportion of left-handers showing the converse laterality is roughly in accordance with those likely to be right-hemisphere-dominant for language. If linguistic and 'musical' processes are consistently located in opposite hemispheres, AEPs to complex tones may prove a useful tool in establishing functional lateralisation. Author.

**Cervical lymph-node metastasis from cutaneous melanoma of the head and neck: a search for prognostic factors.** Jonk, A., Strobbe, L. J., Kroon, B. B., Mooi, W. J., Hart, A. A., Nieweg, O. E., Balm, A. J. Department of Surgery, The Netherlands Cancer Institute, Amsterdam, The Netherlands. *European Journal of Surgery Oncology* (1998) August, Vol. 24 (4), p. 298–302, ISSN: 0748-7983. AIMS: To identify prognostic factors determining overall survival in patients with surgically treated neck node metastases of cutaneous melanoma. METHODS: A retrospective study was carried out in 70 patients who were surgically treated with curative intent for cervical lymph-node metastasis from cutaneous head and neck melanoma at our institution between 1960 and 1986. RESULTS: Median follow-up of the 14 patients still alive was 10 years. Of the 70 patients, 64 underwent a radical neck dissection, four a modified radical neck dissection and two a postero-lateral neck dissection. In 63 patients, the node dissection was for palpable involved nodes and in seven for microscopic disease. Survivals after five and 10 years were 23 per cent (SE five per cent) and 20 per cent (SE five per cent), respectively. Five-year survival was 62 per cent (SE 17 per cent) for patients with a melanoma less than 1.5 mm thick and 16 per cent for lesions thicker than 1.5 mm. A regional recurrence in the neck occurred in 16 (23 per cent) patients, of whom 14 were found also to have distant metastases. All patients with regional recurrence died from disease. CONCLUSIONS: Of the 15 patient- and treatment-related factors tested, only the Breslow thickness of the primary lesion carried prognostic significance for survival (Bonferroni corrected  $p$ -value: 0.026). Author.

**Pharyngoglottal closure reflex: identification and characterization in a feline model.** Shaker, R., Medda, B. K., Ren, J., Jaradeh, S., Xie, P., Lang, I. M. Medical College of Wisconsin Dysphagia Institute, Medical College of Wisconsin and Zablocki Veterans Affairs Medical Center, Milwaukee, WI 53226, USA. *American Journal of Physiology* (1998) September, Vol. 275 (3 Pt 1), p. G521–5, ISSN: 0002-9513.

Earlier studies in humans have shown that pharyngeal stimulation by water at a threshold volume induces a brief vocal cord adduction, i. e., pharyngoglottal closure reflex. The present study was undertaken to 1) develop a suitable animal model for physiological studies of this reflex and 2) delineate its neural pathway and effector organs. Studies were done in cats by concurrent videoendoscopy and manometry followed by electromyographic studies. At a threshold volume ( $0.3 \pm 0.06$  ml), injection of water into the pharynx resulted in a brief closure of the vocal folds, closing the introitus to the trachea. Duration of this closure averaged  $1.1 \pm 0.1$  s. Bilateral transection of the glossopharyngeal nerve completely abolished this reflex but not swallows induced by pharyngeal water stimulation. The pharyngoglottal closure reflex is present in the cats. The glossopharyngeal

nerve is the afferent pathway of this reflex, and the interarytenoid and lateral cricoarytenoid muscles are among its target organs. Author.

**Adolescent growth patterns of the bony and cartilaginous framework of the nose: a cephalometric study.** Akguner, M., Barutcu, A., Karaca, C. Dokuz Eylul University, Faculty of Medicine, Department of Plastic and Reconstructive Surgery, Izmir, Turkey. *Annals of Plastic Surgery* (1998) July, Vol. 41 (1), p. 66–9, ISSN: 0148-7043.

Adolescent growth changes in the nose were studied for 140 female and 140 male subjects between the ages of 11 and 17 years who had class 1 skeletal and dental patterns. Age-related growth changes in the bony and cartilaginous framework of the nose were evaluated. Nasal height and nasal bridge length became fully mature in males at 15 years and fully mature in females at 12 years. The upper nasal dorsum, lower nasal dorsum, anterior nasal depth, and posterior nasal depth exhibited continuous growth up to 14 years in males and two years earlier in females. Nasal tip protrusion approached its mature size in males at 15 years and at 13 years in females. Although the lower dorsum rotated forward slightly, rotation of the upper dorsum was not significant during adolescence. Knowledge of these age-related growth changes of the nose may be useful in planning the time of aesthetic or reconstructive nose surgery. Author.

**Odontogenic keratocyst of the mandible: an unusual cause of a parotid mass.** Righi, P. D., Wells, W. A., Wagner, J. D., Kim, S. A., Anderson, M. W., Longardner, N. R. Department of Otolaryngology – Head and Neck Surgery, Indiana University Medical Center, Indianapolis, USA. *Annals of Plastic Surgery* (1998) July, Vol. 41 (1), p. 89–93, ISSN: 0148-7043 22 Refs.

Odontogenic keratocyst (OKC) of the mandible refers to an uncommon benign lesion of the jaw that originates from dental primordia. Clinically an OKC is characterized by aggressive, local growth. The likelihood of local recurrence following initial treatment is high. The diagnosis of a mandibular OKC may be suspected based on physical examination and plain film radiographic findings. However, histopathological confirmation is required to make the diagnosis with certainty. Complete surgical removal is the preferred treatment. In the current report, we describe the management of a patient with a larger mandibular OKC that produced an apparent mass in the parotid gland. In addition, the diagnosis, management, and long-term results of treatment of mandibular OKCs are reviewed. Author.

**Are amoxicillin and folate inhibitors as effective as other antibiotic for acute sinusitis? A meta-analysis.** de-Ferranti, S. D., Ioannidis, J. P., Lau, J., Anninger, W. V., Barza, M. Division of Clinical Care Research, Department of Medicine, New England Medical Center, 750 Washington Street, Boston, MA 02111, USA. *British Medical Journal* (1998) September 5, Vol. 317 (7159), p. 632–7, ISSN: 0959-8138.

OBJECTIVES: To examine whether antibiotics are indicated in treating uncomplicated acute sinusitis and, if so, whether newer and more expensive antibiotics with broad spectra of antimicrobial activity are more effective than amoxicillin or folate inhibitors. DESIGN: Meta-analysis of randomized trials. SETTING: Out-patient clinics. SUBJECTS: 2717 patients with acute sinusitis or acute exacerbation of chronic sinusitis from 27 trials. INTERVENTIONS: Any antibiotic versus placebo; amoxicillin or folate inhibitors versus newer, more expensive antibiotics. MAIN OUTCOME MEASUREMENTS: Clinical failures and cures. RESULTS: Compared with placebo, antibiotics decreased the incidence of clinical failures by half (risk ratio 0.54 (95 per cent confidence interval 0.37 to 0.79)). Risk of clinical failure among 1553 randomized patients was not meaningfully decreased with more expensive antibiotics as compared with amoxicillin (risk ratio 0.86 (0.62 to 1.19); risk difference 0.9 fewer failures per 100 patients (1.4 more failures to 3.1 fewer failures per 100 patients)). The results were similar for other antibiotics versus folate inhibitors (risk ratio 1.01 (0.52 to 1.97)), but data were sparse ( $n = 410$ ) and of low quality. CONCLUSIONS: Amoxicillin and folate inhibitors are essentially as effective as more expensive antibiotics for the initial treatment of uncomplicated acute sinusitis. Small differences in efficacy may exist, but are unlikely to be clinically important. Author.

**Understanding the culture of prescribing: qualitative study of general practitioners' and patients' perceptions of antibiotics for sore throats.** Butler, C. C., Rollnick, S., Pill, R., Maggs-Rapport, F., Stott, N. Department of General Practice, University of Wales College of Medicine, Llanedeyrn Health Centre, Maelfa, Cardiff CF3 7PN. *British Medical Journal* (1998) September 5, Vol. 317 (7159), p. 637–42, ISSN: 0959–8138.

**OBJECTIVES:** To better understand reasons for antibiotics being prescribed for sore throats despite well known evidence that they are generally of little help. **DESIGN:** Qualitative study with semi-structured interviews. **SETTING:** General practices in South Wales. **SUBJECTS:** 21 general practitioners and 17 of their patients who had recently consulted for a sore throat or upper respiratory tract infection. **MAIN OUTCOME MEASURES:** Subjects' experience of management of the illness, patients' expectations, beliefs about antibiotic treatment for sore throats, and ideas for reducing prescribing. **RESULTS:** Doctors knew of the evidence for marginal effectiveness yet often prescribed for good relationships with patients. Possible patient benefit outweighed theoretical community risk from resistant bacteria. Most doctors found prescribing 'against the evidence' uncomfortable and realized this probably increased workload. Explanations of the distinction between virus and bacterium often led to perceived confusion. Clinicians were divided on the value of leaflets and national campaigns, but several favoured patient empowerment for self care by other members of the primary care team. Patient expectations were seldom made explicit, and many were not met. A third of patients had a clear expectation for antibiotics, and mothers were more likely to accept non-antibiotic treatment for their children than for themselves. Satisfaction was not necessarily related to receiving antibiotics, with many seeking reassurance, further information, and pain relief. **CONCLUSIONS:** This prescribing decision is greatly influenced by considerations of the doctor-patient relationship. Consulting strategies that make patient expectations explicit without damaging relationships might reduce unwanted antibiotics. Repeating evidence for lack of effectiveness is unlikely to change doctors' prescribing, but information about risk to individual patients might. Emphasizing positive aspects of non-antibiotic treatment and lack of efficacy in general might be helpful. Author.

**Avoidable late diagnosis of significant sensorineural hearing loss: implications for practice.** O'Hare, A. E., Green, D., Grigor, J. Community Child Health, Edinburgh. *British Journal of Audiology* (1998) February, Vol. 32 (1), p. 19–25, ISSN: 0300–5364.

The records for all children from a five-year birth cohort in the geographically defined area of Lothian who were referred by their health visitor to a centralized second tier audiology service after they failed their 7–9 month infant distraction hearing screen were reviewed. The sensitivities, specificities, positive predictive values and yield of this screen for the detection of significant sensorineural hearing loss  $> = 40$  dBA requiring aiding and for a conductive loss persisting beyond one month over 30 dBA were determined. In addition, the records were studied for the same five-year birth cohort for children presenting to the centralized multidisciplinary third tier clinic with a significant sensorineural hearing loss requiring aiding, and the reasons for late diagnosis were determined. If high risk neonatal screening had been available for this population then potentially 67.5 per cent (27 out of 40) of cases could have been identified by an appropriate age. Elimination of health visitor distraction screen false negatives for cases with losses over 60 dBA would potentially increase the case identification by the appropriate age to 45 per cent (18 out of 40). Thus, there is greater scope for improving our present results with the introduction of high risk neonatal screening than by improvements in the health visitor screen. Author.

**A review of tonsillectomy for recurrent throat infection.** Marshall, T. Northamptonshire Health Authority, Northampton. tom@lacehouse.demon.co.uk. *British Journal of General Practitioners* (1998) June, Vol. 48 (431), p. 1331–5, ISSN: 0960–1643 15 Refs.

Tonsillectomy is most frequently carried out for recurrent throat infection, but there is uncertainty about its effectiveness. This paper reviews the evidence of its effectiveness obtained from a search of the Cochrane database and MEDLINE for randomized controlled trials comparing tonsillectomy with non-surgical management of recurrent throat infection. The results show that the effectiveness of a procedure such as tonsillectomy, needs to be

considered in the light of its adverse effects. Attempts should be made to inform patients about the uncertainty surrounding the procedure. Author.

**Balance in children with otitis media with effusion.** Cohen, H., Friedman, E. M., Lai, D., Pellicer, M., Duncan, N., Sulek, M., Bobby, R. Alford Department of Otorhinolaryngology and Communicative Sciences, Baylor College of Medicine, Houston, TX 77030, USA. *International Journal of Pediatrics Otorhinolaryngology* (1997) December 10, Vol. 42 (2), p. 107–15, ISSN: 0165–5876.

To determine the presence of balance disorders in young children who had otitis media with effusion (OME), 25 subjects, aged 13–57 months, diagnosed by pediatric otolaryngologists, were tested on the gross motor subtest of the Peabody Developmental Motor Scales, a standardized test of motor development with established norms. Parents also filled out questionnaires about their children's balance skills. Subjects with unilateral disease did not differ significantly from normals. Subjects with bilateral disease, however, were significantly impaired compared to normals on balance, locomotion and total score and they were significantly impaired compared to unilateral subjects on all scores. Parental perceptions of their children's balance correlated poorly with the test results. These data suggest that young children with bilateral otitis media with effusion are delayed in developing motor skills that require dynamic balance. Therefore, in spite of a negative history for balance problems physicians should consider balance performance when developing a treatment plan. Children with balance impairments might benefit from more aggressive intervention. Author.

**Management of infantile subglottic hemangioma: laser vaporization, submucous resection, intubation, or intralesional steroids?** Hoeve, L. J., Koppers, G. L., Verwoerd, C. D. Department of Otorhinolaryngology, University Hospital Rotterdam-Sophia Children's Hospital, The Netherlands. *International Journal of Pediatric Otorhinolaryngology* (1997) December 10, Vol. 42 (2), p. 179–86, ISSN: 0165–6876.

The infantile subglottic hemangioma can be treated in various ways. The results of the treatment used in the Sophia Children's Hospital, intralesional steroids and intubation (IS + I), are discussed and compared with the results of other current treatment methods: CO<sub>2</sub> laser vaporization, submucous resection and intubation alone. A total of 18 infants were treated for subglottic hemangioma in our hospital: ten with IS + I alone, five were first treated with systemic therapy and later with IS + I alone and three with various therapies. IS + I was effective in 14 of the 15 patients, one patient was lost from follow up. The remaining three infants were treated with (combinations of) various therapies, because IS + I failed or was not tried. Two patients were finally cured, one still has a tracheotomy. Of other current therapies, CO<sub>2</sub> laser vaporization is reported to be effective. In all 30 per cent of the infants treated in Boston Children's Hospital with CO<sub>2</sub> laser needed a tracheotomy. Moreover subglottic stenosis is a serious complication. Submucous resection is often successful. It may be complicated by subglottic stenosis and in some cases, depending on the localization of the hemangioma, it may be contraindicated. Intubation alone is less effective than intubation combined with intralesional steroids. Management of subglottic hemangioma in Sophia Children's Hospital is primarily intralesional steroids and intubation and secondarily submucous resection or tracheotomy. CO<sub>2</sub> laser vaporization is seldom applied because of the risk of subglottic stenosis. Author.

**Effect of fluticasone propionate aqueous nasal spray versus oral prednisone on the hypothalamic-pituitary-adrenal axis.** Vargas, R., Dockhorn, R. J., Findlay, S. R., Korenblat, P. E., Field, E. A., Kral, K. M. Clinical Research Center, New Orleans, LA 70112, USA. *Journal of Allergy and Clinical Immunology* (1998) August, Vol. 102 (2), p. 191–7, ISSN: 0091–6749.

**BACKGROUND:** Fluticasone propionate is a glucocorticoid with negligible oral bioavailability and very low intranasal bioavailability that is used as an intranasal spray for the treatment of rhinitis. **OBJECTIVE:** The purpose of this study was to evaluate the hypothalamic-pituitary-adrenal (HPA) axis effects of fluticasone propionate aqueous nasal spray (FP ANS) compared with oral prednisone and placebo by using a six-hour cosyntropin infusion test. **METHODS:** In a four-week, randomized, double-



blind, double-dummy, placebo-controlled parallel-group study, 105 adult patients with allergic rhinitis were randomly assigned to receive FP ANS 200 microg once daily, FP ANS 400 microg twice daily, oral prednisone 7.5 mg once daily, oral prednisone 15 mg once daily, or placebo. HPA-axis function was assessed at the screening visit and after 4 weeks of treatment by measuring morning plasma cortisol concentrations and poststimulation concentrations of plasma and urinary cortisol. **RESULTS:** There was no evidence of altered HPA-axis response to cosyntropin by the end of treatment with FP ANS 200 microg once daily or FP ANS 400 microg twice daily when compared with placebo. In contrast, four weeks of treatment with oral prednisone 7.5 or 15 mg once daily was associated with significant ( $p < 0.05$  vs placebo) reduction in HPA-axis function, as evidenced by lower plasma cortisol concentrations (area under the plasma concentration-time curve and peak concentrations) after cosyntropin stimulation and reduced mean 24-hour urinary cortisol excretion. FP ANS 400 microg twice daily and both prednisone regimens were associated with a significant ( $p < 0.05$  vs placebo) reduction in mean morning plasma cortisol concentrations. **CONCLUSION:** These results indicate that a four-week course of FP ANS at four times the recommended dose does not suppress adrenal function in response to a six-hour cosyntropin stimulation test. Author.

**Agreement between clinical examination and parental morbidity histories for children in Nepal.** Katz, J., West, K. P. Jr., LeClerq, S. C., Thapa, M. D., Khatri, S. K., Shrestha, S. R., Pradhan, E. K., Pokhrel, R. P. Department of International Health, Johns Hopkins School of Hygiene and Public Health, Baltimore, MD 21205-2103,

USA. *Journal of Tropical Paediatrics* (1998) August, Vol. 44 (4), p. 225-9, ISSN: 0142-6338.

Parental histories are often used to estimate the prevalence and the impact of interventions on child morbidity, but few studies have examined the agreement between parental histories and clinical examination. We compared clinical findings with a same-day parental morbidity history for pre-school age children in rural Nepal. A 15 per cent sample of children from 40 wards in Sarlahi district, Nepal, was selected for participation and 814 same-day morbidity histories were obtained from parents. A clinician, masked to the parent's history, visited the household 2-4 h later and examined the child for signs of morbidity symptoms about which the parent had previously been questioned. Signs included measurement of temperature, respiratory rate, examination of stools, ear discharge, and presence of persistent cough. Agreement between the history and clinical examination was excellent for ear infection ( $\kappa = 0.75$ ) and history of measles rash ( $\kappa = 0.74$ ), moderate to poor for diarrhoea ( $\kappa = 0.21$ ) and fever ( $\kappa = 0.31$ ), and there was no evidence of agreement for dysentery ( $\kappa = -0.01$ ), rapid breathing ( $\kappa = 0.06$ ), and cough ( $\kappa = 0.09$ ). The prevalence of dysentery, fever, cough, and rapid breathing was lower if clinical signs rather than histories were used. The prevalence of diarrhoea was higher if the presence of a loose stool in a cup rather than a history was used. The prevalence of ear infections and measles was comparable with both methods. The agreement between histories and clinical examination varies by morbidity type, as does the prevalence of morbidity estimated by one or other method. Author.