What is already known on this topic

Numerous studies of methods for measuring temperature in children and young people have been carried out

Although the methods and results of the studies vary, there are concerns about the agreement between temperature measured at the axilla and temperature measured at the rectum

What this study adds

In children and young people temperature measured at the axilla does not agree sufficiently with temperature measured at the rectum to be relied on in clinical situations where accurate measurement is important

Variability in results was related to the age of the child and duration of placement time of the measuring device

Research is needed to identify whether sufficient accuracy can be achieved for measurement of temperature at the axilla in neonates

Future studies of temperature measurement in children should be more methodologically rigorous

Conclusions

We have shown that in children and young people the agreement between temperature measured at the axilla and temperature measured at the rectum is relatively low. This may prevent low grade fever from being detected and has important implications when body temperature needs to be measured with precision. Further research is needed to establish whether sufficient accuracy can be achieved by measuring temperature at the axilla in neonates. We identified several methodological weaknesses in the included studies, which may have affected the results.

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the study, the meta-analysis, and revising the final paper. GAL participated in the data extraction and data checking. Catherine Lees assisted in assessment of study inclusion and study quality. RLS conceived the idea, helped design the study, and assisted in drafting and revising the final paper. All authors commented on drafts of the paper.

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A memorable interview

The odd man out

I arrived at the psychiatric hospital's information desk. They directed me to the waiting room for the interview. In the room was a range of applicants, all coping in their own ways with the stress of waiting. Some were making stilted conversation, others were reading papers or journals. I buried my head in a journal. The tension in the room noticeably increased when the news came in that only one post was available. One applicant took this extremely badly. The young woman from the former Eastern Europe really started to panic. She said that she would never get the job as she had no experience in psychiatry and would never be chosen in preference to English applicants. She said she might as well go to the desk and tell them she no longer wanted to do the interview and go home instead. We said to her that she should not give up as interviews are hard to predict. I probably wasn't the

only one who thought deep down that there was some truth in what she said. One man, older than the rest of us, looked up from his paper and told the woman that he completely agreed with everything she said; he thought she should give up and go home. After this, despite our protestations, she left. I looked at the man behind the newspaper with a mixture of disbelief and hatred. How could anyone stoop so low to get one over a fellow applicant? Gradually the tension in the room settled again. A messenger arrived to apologise for the delay and tell us that the interviews would begin soon. At this point the man with the newspaper folded it up, wished us all good luck, left the room, and returned to his ward.

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