- 11 Papos M, Varkonyi A, Lang J, *et al.* HMPAO labeled leukocyte scintigraphy in pediatric patients with inflammatory bowel disease. *J Pediatr Gastroenterol Nutr* 1996;23:547–52.
- 12 Jewell FM, Davies A, Sandhu B, *et al.* Technetium 99m HMPAO labeled leukocytes in the detection and monitoring of inflammatory bowel disease in children. *Br J Radiol* 1996;69:508–14.
- 13 Stahlberg D, Mare K, Granqvist S, *et al.* Instant technetium 99m hexamethyl propylenamine oxime-labeled leukocyte scan compared with colonoscopy in early assessment of disease extent and activity in acute colitis. *Dis Colon Rectum* 1996;39:1146–52.
- 14 Arndt JW, Grootsholten MI, van Hogezaand RA, *et al.* Inflammatory bowel disease activity assessment using technetium-99m-HMPAO leukocytes. *Dig Dis Sci* 1997;42:387–93.
- 15 Stahlberg D, Veress B, Mare K, *et al.* Leukocyte migration in acute colonic inflammatory bowel disease: comparison of histological assessment and Tc-99m-HMPAO labeled leukocyte scan. *Am J Gastroenterol* 1997;92:283–8.
- 16 Charron M, del Rosario JF, Kocoshis S. Use of technetium-tagged white blood cells in patients with Crohn's disease and ulcerative colitis: is differential diagnosis possible? *Pediatr Radiol* 1998;28:871–7.
- 17 Charron M, Di Lorenzo C, Kocoshis S. Gastric and small bowel Crohn's disease assessed with leukocytes-Tc(99m) scintigraphy. *Pediatr Surg Int* 1999;15:500–4.
- 18 Charron M, Del Rosario F, Kocoshis S. Assessment of terminal ileal and colonic inflammation in Crohn's disease with 99mTc-WBC. *Acta Paediatr* 1999;88:193–8.
- 19 Cucchiara S, Celentano L, de Magistris TM, *et al.* Colonoscopy and technetium-99m white cell scan in children with suspected inflammatory bowel disease. *J Pediatr* 1999;135:727–32.
- 20 Shields RA, Lawson RS. Effective done equivalent: editorial. *Nucl Med Commun* 1988;9:449–63.
- 21 Murphy MS. Sedation for invasive procedures in paediatrics. *Arch Dis Child* 1997;77:281–3.
- 22 Administration of Radioactive Substances Advisory Committee. *Notes for guidance on the clinical administration of radiopharmaceuticals and use of sealed radioactive sources.* Oxford: ARSAC Support Unit, 1988.
- 23 Haggitt RC, Meissner WA. Crohn's disease of the upper gastrointestinal tract. *Am J Clin Pathol* 1973;59:613–22.
- 24 Griffiths AM, Alemayehu E, Sherman P. Clinical features of gastroduodenal Crohn's disease in adolescents. *J Pediatr Gastroenterol Nutr* 1989;8:166–71.
- 25 Halligan S, Nicholls S, Bartram CI, *et al.* The distribution of small bowel Crohn's disease in children compared to adults. *Clin Radiol* 1994;49:314–16.
- 26 Oberhuber G, Püspök A, Oesterreicher C, *et al.* Locally enhanced gastritis: a frequent type of gastritis in patients with Crohn's disease. *Gastroenterology* 1997;112:698–706.

EUROPE CALLING

World wide wasting?

Whether we like it or not, the world wide web has entered our professional and private lives. Electronic access to literature search tools such as MEDLINE, online availability of journals (like this one), sending and receiving documents, booking trains or flights—to mention just a few examples—have made our lives so much easier. However, there is another side of the coin. More and more parents confront us with information obtained from obscure sites on the internet, where potentially harmful recommendations are published without professional review. Already, case reports have been published of parents who have refused to immunise their child after websites have suggested that it was safer not to do so. You will not be surprised to hear that intemperate use of computers and the internet is now under discussion as a psychiatric disorder. Whether internet addiction really is an illness by itself or is symptomatic of other primary disorders remains to be seen.

Paediatricians and other providers of medical care for children should be prepared to deal with the “internet-(ed)ucated” parent today, and even more tomorrow. We may encounter new forms of child neglect, as the following case illustrates. A 6 month old infant was recently sent to our hospital for a diagnostic check up because of failure to

thrive. He was the first child of a young, well educated couple. The mother had been on maternity leave since delivery, the child's father was fully employed. The family had internet access at home. Although the child was healthy and had developed normally during the first 3 months of life, weight gain was insufficient thereafter. A careful history by the admitting house officer revealed that the infant had been breast fed for 3 months, but his mother then became increasingly impatient with the child, mainly because caring for him took away the time which she used to spend surfing the internet. She didn't react to her son's natural demands and ignored his hungry cries. During his stay in hospital, the boy quickly put on weight with formula and no other plausible cause for his malnutrition was found. Psychiatric help was offered to the mother which she accepted. Currently, a household helper has been engaged and the boy is making encouraging developmental progress.

Obviously, one more entity needs to be added to the already long list of possible causes for failure to thrive: parental Morbus Internet! Sad but true.

ULRICH HEININGER
European editor