A small study of women in mid and late pregnancy finds that those who take more aerobic exercise tend to have smaller babies—but only if the women are tall (*Obstetrics and Gynecology* 2007;109:81-7). The investigators speculate that in shorter women fetal growth is already constrained by maternal size, so physical activity during pregnancy has less opportunity to influence how the baby develops.

Follow-up of the 1970 British birth cohort finds that those who scored highly when their IQ was tested at the age of 10 were more likely to eat a healthy diet and take vigorous exercise when they became adults (*Pediatrics* 2007;119:38-45). Although this may not be surprising, the authors suggest that advice about diet and exercise should be made simpler, so that it is more accessible to people of lower cognitive ability.

Governments, educators, and schools invest large amounts of money, time, and effort in trying to prevent bullying. But what works? A systematic review reckons that there is no quick fix (*Archives of Pediatrics and Adolescent Medicine* 2007;161:78-88). Interventions that try to change the ethos of the whole school are generally more effective than curriculum changes in the classroom or interventions targeted at improving the social skills of the bullies or the bullied.

GP surgeries need to keep up to date with how to manage hazardous waste, and the legislation about this changes often. To help understand the personal and business risks associated with non-compliance, take a look at www.BeCompliant.co.uk, which offers useful information for small and medium sized businesses. You can register as a free member to glean information about environmental legislation around health and safety, chemical storage, labelling, transport, and emergency planning.

In a pilot study of 100 patients with glandular fever and bacterial tonsillitis, the ratio of lymphocytes to total white cell count was significantly different in the two groups. The glandular fever group had a mean ratio of 0.54 compared with 0.35 in the bacterial tonsillitis group. Researchers report that a ratio >0.35 had a specificity of 100% and a sensitivity of 90% for detecting glandular fever. Minerva can't help wondering if it would be more efficient

A 52 year old man who has sex with men presented with proctalgia, constipation, and rectal bleeding. Results of HIV testing were negative. Colonoscopy showed florid proctitis compatible with inflammatory bowel disease, but empirical treatment with prednisolone and mesalazine failed to resolve his symptoms. Nucleic acid amplification of the rectal biopsy specimen showed *Chlamydia trachomatis* infection. A diagnosis of lymphogranuloma venereum was made, and the patient recovered after treatment with oral doxycycline. Since an outbreak in Rotterdam in 2004, lymphogranuloma venereum has been described as a cause of proctitis in HIV-positive men. The diagnosis should also be considered in immunocompetent patients.

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simply to do a mononucleosis spot test to make the diagnosis (*Archives of Otolaryngology* 2007;133:61-4).

Doctors could be on the verge of extinction, if one vision of the future proves true (*Medical Hypotheses* 2007;68:245-9). Gone will be the days of waiting rooms and white coats; computerised history taking, pharmacogenetic profiles, personal genome scans, and a host of imaging studies will have replaced the physical examination. Computerised algorithms will outdo human beings at making diagnoses. The only aspect of medicine not yet replaceable is the emotional relationship we have with our patients.

Another once futuristic development which is proving popular and useful is the "personal digital assistant" or PDA. Despite initial doubts, PDAs outperform pen and paper for collecting patients' reports of outcomes. In nine studies analysed in a systematic review in the *Journal of Clinical Epidemiology* (2007;60:8-17), the PDA performed better than pen and paper for most of the selected outcomes, proved more popular among users, and was more likely to

lead to compliance with protocols. The chief disadvantage is technical malfunction.

Why do African migrants in Britain present later than anyone else with HIV? Despite high awareness of HIV, there seems to be poor perception of individual risk, influenced greatly by the experience in their home countries. Men are slower than women to seek help, perhaps because women have much more of a "front door" to health services. Other factors include the inability of many GPs to deal with HIV effectively, poor appreciation of the effectiveness of treatment, and the failure to normalise the HIV testing process (*AIDS Care* 2007;19:102-8).

Healthy non-Mediterranean European men who don't usually indulge in a Mediterranean diet enjoy lower systolic blood pressures when they consume olive oil in moderate amounts—but lipid profiles didn't change in either Mediterranean or non-Mediterranean men. To lower their lipids, consumption of saturated fats needs to be reduced (*Journal of Nutrition* 2007;137:84-7).