The patients were divided into three groups: 1) Those with attention deficit disorder with hyperactivity; 2) Attention deficit disorder without hyperactivity; and 3) Control group with internalizing disorders. The verbal and full scale IQ scores on the WISC-R were lower for both attention deficit disorder groups when compared with the control group. The groups did not differ significantly on any of the Nebraska clinical scales which include motor skills, tactile, visual, speech, language, writing, reading, arithmetic, memory and intelligence. Attention deficit disorder either with or without hyperactivity was not associated with neuropsychological dysfunction as measured by the Luria-Nebraska battery. (Schaughency EA et al, Neuropsychological test performance and the attention deficit disorders: Clinical utility of the Luria-Nebraska Neuropsychological Battery - Children's Revision. J Consult Clin Psychol 1989; 57:112-116).

COMMENT: The authors admit that although these results failed to support the association of neuropsychological dysfunction with attention deficit disorders, a more focused assessment of frontal lobe development by alternative methods may have yielded different results. A neurological examination with attention to the occurrence of soft or subtle signs may have demonstrated differences in the groups tested and evidence of neurological dysfunction in the attention deficit hyperactivity disorder patients. (See Ped Neur Briefs May 1990; 4:40)

NEONATAL NEUROLOGY

WHITE MATTER NECROSIS IN NEONATES

The neuropathologic and ultrasonographic findings in 22 very low birth weight infants surviving at least 6 days are described from Michigan State University, East Lansing, MI., St. Luke's Roosevelt Medical Center and New York Hospital Cornell Medical Center, NY. White matter necrosis was found in 15 of the 22 subjects and affected hemispheric white matter in ten. The classic features of periventricular leukomalacia were absent from 7 of the 15 infants with necrosis. Intraventricular hemorrhage had occurred in 17. Increased parenchymal echogenicity and ventricular enlargement were present in 67% of infants with white matter necrosis. (Paneth N et al. White matter necrosis in very low birth weight infants; neuropathologic and ultrasonographic findings in infants surviving six days or longer. J Pediatr June 1990; 116:975-984).

COMMENT White matter necrosis need not be restricted to the periventricular regions and ultrasonographic scanning should include more peripheral areas of the brain.