COMMENT. The term Leopard is a mnemonic acronym for the features of the syndrome which may include: L - lentigines, E - EKG abnormalities, O - ocular hypertelorism, P - pulmonary stenosis, A - abnormal genitalia, R - retardation of growth, D - deafness. Mild mental retardation has been reported in patients with Leopard syndrome. Perhaps the "A" in the mnemonic should stand for acalculia in place of "abnormal genitalia". Some neuroradiologists would report the mild asymmetry of ventricles on the CT as a variant of normal and, in the absence of abnormalities of the white and gray matter, the diagnosis of parietal lobe atrophy may be questionable. As the author suggests, Gerstmann syndrome in children may be more common than indicated in the literature. In my experience this syndrome is not infrequent in children presenting with attention deficit disorders and normal CT scans are not unusual. It is possible that the MRI may be more revealing of associated cortical defects.

NEUROFIBROMATOSIS AND THE MRI

The MRI was abnormal in seven of ten children with clinically proved neurofibromatosis reported from the Department of Radiology, the Oregon Health Sciences University, Portland, and the Departments of Neurology, Pediatrics and Radiology, University of Miami School of Medicine. Clinical diagnosis was based on six or more cafe-au-lait spots at least 1.5 cm in size. MRI was indicated because of mental retardation (5 patients), bilateral optic nerve tumors (1), shunt malfunction (1), learning disability (1), and possible brain tumor (2). The MRIs showed increased signal intensity on the T2-weighted images in the globus pallidus, brain stem, and cerebellum. The abnormalities most likely represented hamartomas. (Goldstein SM et al. A new sign of neurofibromatosis on magnetic resonance imaging of children. Arch Neurol November 1989; 46:1222-1224).

COMMENT. The MRI in this study was more revealing than the CT scan which was normal in all except one of the patients studied. The neurologic and developmental examinations showed no correlation with the MRI findings.

MOVEMENT DISORDERS

TOURETTE SYNDROME

The current concepts of Tourette syndrome, including research diagnostic criteria formulated by a workshop sponsored by the Tourette Syndrome Association, are reviewed from the Department of Neurology, University of Rochester School of Medicine, Rochester, NY. The author concludes that Tourette syndrome is a common, hereditary, neurobehavioral disorder with heterogeneous clinical manifestations. Chronic multiple motor or phonic tic disorder and transient tic disorder represent milder variants of the same illness. Behavioral