

the calcarine cortex, astrocytic proliferation, and spongy degeneration also involving the thalamus, basal ganglia, and brainstem. Hippocampal sclerosis and cerebellar infarcts resembled epileptic anoxic changes in some patients. (Egger J, Harding BN, Boyd SG, Wilson J, Erdohazi M. Clinical Pediatrics 1987; 26:167-173).

COMMENT: The syndrome of diffuse progressive degeneration of the cerebral gray matter was first described by Alpers in 1931. Ford (1951) differentiated infantile and juvenile types and reported familial cases. Huttenlocher et al (1976) emphasized a coincident hepatic cirrhosis. The cause is unknown. The cerebral pathology resembles anoxic encephalopathy secondary to status epilepticus in some reported cases and the liver disease might be the result of anticonvulsant toxicity, notably sodium valproate. In the author's cases, however, these causative factors were not generally accepted as primary, and a genetically determined metabolic explanation was preferred.

HEADACHE AND RELATED DISORDERS

DIET AND MIGRAINE

A team of investigators at the Department of Paediatrics, Rotherham District General Hospital, and Sheffield Children's Hospital, have carried out a controlled study in 39 children to assess the effects of exclusion of dietary vasoactive amines in migraine. The children were allocated at random to either a high fibre diet low in these substances or a regular high fibre diet for an 8 week period. Foods excluded were chocolate, cheese, yogurt, citrus fruits, bananas, pineapple, raspberries, plums, peas, beans, yeast, shellfish, smoked pickled fish, game, tea, coffee, and cola drinks containing caffeine.

Both test and control groups showed a significant decrease in the number of headaches and there was no significant difference between the two groups. A placebo effect was considered a probable explanation for the improvement in many. (Salfield SAW et al. Arch. Dis. Child. 1987; 62:458-460).

COMMENT: The relation of tyramine and other amine-rich foods to the occurrence of headaches in certain migraineurs is a theory frequently proposed (Hanington E. In Clinical Reaction to Food. New York, Wiley, 1983). The authors of the present study admit that their group was small and an idiosyncrasy to amines in occasional patients with migraine could not be ruled out.

An allergic mechanism for dietary migraine is an alternative theory investigated by use of a so-called "oligoantigenic diet", a diet that eliminates all but a few sensitizing food antigens. Cow's milk, egg, and wheat cereals were the most frequent offenders (Egger J et al. Lancet 1983; 2:865). To strictly avoid all foods listed as possible migraine precipitants is usually unnecessary and possibly hazardous to the child's health. If the possible benefits of an elimination diet are to be confirmed, however, the use of a control diet would be essential to exclude a placebo effect.

SOMNAMBULISM AND MIGRAINE

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