

COMMENT: In 1966, Rett described a progressive dementia in girls with onset in early childhood and associated with autistic behaviour, apraxia of gait, and stereotyped use of the hands. The cause of Rett's syndrome is unknown. I have seen several atypical cases that fit the description except for the absence of so-called pathognomonic hand wringing movements and hyperventilation, and some were boys. Is Rett's syndrome a specific disorder or nonspecific, with more than one etiology? For a review of Rett syndrome, refer to Ann J Med Genet 1986 (suppl).

### DYSLEXIA AND LEARNING DISABILITIES

#### GENETICS AND READING DISABILITIES

Psychologists and psychiatrists at the University of Surrey, Guildford, Surrey, and the Hospital for Sick Children, Great Ormond Street, London, UK studied the reading skills of 285 pairs of 13 year-old twins using standardized measures of intelligence, reading and spelling ability and correlations in monozygotic and same-sex dizygotic twins. Genetic factors played only a moderate role in general reading backwardness and specific reading retardation whereas strong genetic influences for spelling disability were found. (Stevenson J, Graham P, Fredman G, McLoughlin V. A twin study of genetic influences on reading and spelling ability and disability. J Child Psychol Psychiat. 1987; 28:229-247)

COMMENT: Of a total of 96 twin pairs reported in the literature, 36 (88%) monozygotic twins and only 16 (29%) dizygotic twins were concordant for dyslexia (Dyslexia: as the Neurologist and Educator read it. Charles C Thomas, Springfield, Illinois, USA, 1986). Between 25 and 50% of children with reading disability demonstrate transmission within families. Hallgren (1950) concluded that his data best fitted an autosomal dominant genetic mechanism and others have proposed alternative genetic models: autosomal dominant with reduced penetrance in females, and sex-linked recessive. These studies are at variance with the present authors' conclusions that emphasise the complexity of genetic influences on literacy skills and the importance of changes that occur with development in our understanding of the causation of reading difficulties.

#### ADDITIVES AND HYPERKINETIC BEHAVIOUR

The authors studied 39 children with hyperkinetic and learning disorders in a summer camp setting. The behaviour was monitored by videotape for 4-minute intervals at mealtimes. The Feingold diet was administered for 1 week followed by a diet containing additives and preservatives for 1 week. Three observers who were blind to the respective diet periods rated the behaviour for motor restlessness, disorganised behaviour, and misbehaviour. No significant differences were found in behaviour during weeks 1 and 2. The authors conclude that the Feingold Diet has no beneficial effect on most children with learning and hyperkinetic disorders. (Gross MD, Tofanelli RA, Butzirus SM, Snodgrass EW. J Amer Acad Child Adol Psychiat. 1987; 26:53-55)

COMMENT: This study adds one more negative report regarding the Feingold Diet theory. The National Institutes of Health Consensus Development Panel on "Defined Diets in Childhood Hyperactivity" (1982) concluded that the Feingold diet may be helpful for a small number of children with hyperkinesis but these decreases in hyperactivity were not observed consistently.

The interest in the Feingold hypothesis, although waning in the US, is flourishing in England where consciousness about ecology and pure foods is growing.

### HEADACHE

#### SELF-HYPNOSIS CONTROL OF MIGRAINE

In a prospective study at the Minneapolis Children's Medical Center 28 children with classic migraine were treated with propranolol (3 mg/kg/d) or placebo for 3 months, using a cross over design, followed by an equal period of self-hypnosis. The mean number of headaches per child during placebo and propranolol periods were similar (13.3 and 14.9 respectively) and was significantly reduced (5.8) with self-hypnosis ( $P=.045$ ), a standard progressive relaxation exercise. (Olness K, Macdonald JT, Uden DL. Pediatrics 1987; 79:593-597)

COMMENT: Non-pharmacological methods (biofeedback, self-hypnosis, dietary) of treatment of juvenile migraine are displacing the previously popular pharmacologic options eg propranolol and phenytoin. Phenytoin prophylactic treatment is attended by potential adverse toxicity and propranolol in controlled studies has been found ineffective (Forsythe WI et al. Develop Med Child Neurol 1984; 26:737-741). At the Hospital for Sick Children, Great Ormond Street, London, an oligoantigenic dietary regime is preferred (Wilson J, Brett E. personal communication and Lancet 1983; ii:86)

### INFECTIONS OF THE NERVOUS SYSTEM

#### SUBACUTE SCLEROSING PANENCEPHALITIS (SSPE)

In England and Wales, unlike the United States, SSPE is a persisting problem. The number of new notifications of SSPE in a 6 year period (1980 - 86) was 60 (10 cases per year). There were 62 deaths from SSPE in the same period! Immunisation against measles increased from 50 to 68% between 1980 and 1986. Of those children who developed SSPE, less than 5% had been immunised (Drs Miller and Barnes, personal communications). Intraventricular Interferon, an arduous and poorly tolerated therapy, is under investigation, but prevention by the wider application of measles immunisation is the most obvious solution to this generally fatal disorder. Having seen 6 cases of SSPE in the past 6 months, I can attest to the distress to child, family, nurses, social workers and physicians involved.