benefit and a highly significant increase in muscle strength in 16 patients treated. The drug was useful when given alone or in combination with anticholinesterase medication (Palace J et al. 3,4-diaminopryidine in the treatment of congenital (hereditary) myasthenia. J Neurol Neursurg Psychiatry Dec 1991; 54:1069-1072).

MOVEMENT DISORDERS

DYSKINETIC AND DYSTONIC CEREBRAL PALSY

The records of 794 cases of congenital cerebral palsy (CP) seen between 1955 and 1986 in the Cheyne Centre for Children with Cerebral Palsy, Chelsea, London were analyzed. Of 219 cases with dyskinetic or dystonic CP 57 had kernicterus and these were excluded from the analysis. Of the remaining 162 patients birth weight was below the expected mean in two-thirds. The frequency of abnormal births was similar in those born before 37 weeks (32%) and those born at term (30%). Abnormal birth was more common in dyskinetic CP (38%) than in dystonic CP (19%). In kernicterus cases the birth was abnormal in 3.6%. There was a clear positive relationship between abnormal birth and reported asphyxia. A severe outcome was as common in those with an abnormal birth, abnormal neonatal history, or respiratory problems as in those without these complications. The authors concluded that 1) there was no relationship between birth weight or abnormal birth or asphyxia and the ultimate clinical severity of the children and 2) abnormal birth and asphyxia are not direct causes of cerebral damage, but expressions of a preexisting condition resulting in susceptibility to the stress of birth (Foley J. Dyskinetic and dystonic cerebral palsy and birth. Acta Paediatr Jan 1992; 81:57-60). (Correspondence: Dr. John Foley, The Old House, 54 Ashacre Lane, Worthing, W. Sussex BN13 2DE, UK.)

COMMENT. In contrast to the conclusions drawn by Dr. Foley, Hagberg B and Hagberg G in their invited commentary of this paper suggest that in the majority of cases of dyskinetic and dystonic CP negative birth events and birth asphyxia in particular, are the direct cause with several predisposing factors. They allude to the value of MRI studies in the timing of basal ganglia pathology in these cases (see also Ped Neur Briefs Jan 1992; 6:3-4).

HORMONAL INFLUENCES ON TOURETTE SYNDROME

A survey of 47 women with Tourette syndrome reported from the Section of Pediatric Neurology, Children's Hospital of Wisconsin, Milwaukee, WI had an increase in tics beginning at menarche and recurring premenstrually. A comparable number of patients had a decreased tic frequency during the postmenstrual period. The average age of symptom onset was 8 years and the average age of diagnosis was 13.8 years. No significant relationship was found between a change in tic frequency and other non-menstrual cycle-related female hormonal states such as premenstrual syndrome, oral contraceptive use, pregnancy and menopause (Schwabe MJ,