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

Neurologists in the EEG laboratory of the Hôpital d'Enfants,

Dijon, France, have continued their interests and research concerning the association of somnambulism and migraine in childhood. Among 25 children with migraine developing between 8 and 15 years of age, 7(28%) had a history of somnambulism beginning at age 5 to 10 years (mean 7 years). In normal controls and in children with epilepsy, the incidence of somnambulism was only 5 and 6%, respectively. A history of somnambulism may be a useful aid in the diagnosis of migraine in a child with headaches. (Giroud M, Nivelon JL, Dumas R. Arch Fr Pediatr 1987; 44:263-5).

COMMENT: The early differentiation of migraine from nonmigraine headache is important (1) to expedite relief by appropriate treatment and (2) to spare the child unnecessary radiological and other extensive testing. This study confirms that of Barabas G et al (Neurology 1983; 33; 948) that showed an incidence of sleep walking of 30% in migraineurs compared to 5 to 6% with learning disabilities. Additional childhood precursors of migraine include cyclic vomiting, abdominal pain, motion sickness, and paroxysmal vertigo.

TOLOSA-HUNT SYNDROME

The authors report a case in a 10.5 year old girl admitted to the Centre hospitalier Guy-de-Chauliac, Montpellier, France, with a left painful ophthalmoplegia. She had a convulsion with fever and a left facial palsy at 6 years of age and since then complained of headaches. Four years later she had diplopia, left-sided ocular pain and ptosis. On admission, there was a complete III nerve and a VI nerve paralysis on the left. CT, EEG, evoked potentials, spinal tap, blood and immunologic tests were normal. Steroid therapy resulted in a rapid remission. The authors point out that the diagnosis is by exclusion of local and systemic disease and that the syndrome is difficult to differentiate from ophthalmoplegic migraine. (Rapin, F, Echenne B. Arch Fr Pediatr 1987; 44: 299-301).

COMMENT: Tolosa, in 1954, described this syndrome as a periarteritic lesion of the carotid syphon with the clinical features of a carotid infraclinoidal aneurysm. Hunt et al, in 1961, invoked an indolent inflammation of the cavernous sinus and described the beneficial response to steroids.

Ophthalmoplegic migraine , in the differential diagnosis, has been reported in infants (Pediatrics 1978; 61;886) and usually presents early in childhood. The III nerve palsy develops 24 hours or more after the onset of the migraine headache and coincides with the stage of vasodilation; presumably it is due to a localized pressure effect of the carotid artery.

INFECTIONS OF THE NERVOUS SYSTEM

NEW ENGLAND LYME DISEASE IN ENGLAND

A 6 year old boy seen this month after recovery from severe neurological complications of Lyme disease prompts this report to alert pediatricians and neurologists to the increase in incidence of this seasonal infectious disease, especially among campers in the United States, Europe, and Australia.

The patient whose case was reported from St. Helier Hospital, Carshalton, Surrey, presented 6 months ago with headache, drowsiness, vomiting, photophobia, and neck stiffness. He was afebrile and had