Pediatrics and Neonatal Medicine, Royal Postgraduate Medical School, Hammersmith Hospital, London, 1982-86, were investigated by ultrasonography or CT brain scans between 1 day and 2 months of age. The infants presented with generalized hypotonia, facial diplegia, and respiratory and feeding difficulties, and the diagnosis was confirmed by demonstrating maternal myotonia.

Cerebral ventricular dilation was demonstrated in 8 (80%) infants, and 3 were scanned on the first day of life. Neonatal asphyia occurred in 7, associated with intraventricular hemorrhage (IVH) in 2. One had subarachnoid hemorrhage and one showed infarcts in the white matter. The pathogenesis of ventricular dilation in congenital myotonic dystrophy was probably IVH in 2, but a developmental anomaly during fetal life was the more likely explanation in the remainder. The authors note that mental retardation in 70% of cases can be related to the ventricular dilation which may be progressive and require surgical treatment. (Regev R, Dubovitz V et al. Cerebral ventricular dilation in congenital myotonic dystrophy. J Pediatr 1987;111:372-6).

COMMENT: It may be impolite to shake hands with a lady! But a handshake for a mother of a floppy baby with respiratory distress may be diagnostic of myotonia and is good clinical practice. Dr. Koh of Hope Hosp, Salford, England, asks the question "Do you shake hands with mothers of floppy babies?" as the title to his article on congenital myotonic dystrophy (Br Med J 1984;289:485).

BEHAVIOR AND LEARNING DISABILITIES

SERUM FATTY ACIDS AND HYPERACTIVITY

Serum essential fatty acids (EFA) levels were measured in 44 hyperactive children and 45 age-and-sex-matched controls at the Dept. of Pediatrics and Psychiatry and Behavioral Science, Univ. of Auckland, New Zealand. Docasahexaenoic, dihomogrammalmolenic, and arachidonic acid levels were significantly lower in hyperactive children than controls. The hyperactive group of children had significantly lower birth weights than controls (3,058 and 3,410 g respectively; $p < 0.01$), a greater incidence of learning difficulties and dyslexia, but no increase in asthma, eczema, or other allergies. In a double-blind, placebo controlled, crossover study of evening primose oil in 31 hyperactive children, effects on behavior were modest and equivocal. (Mitchell EA et al. Clinical characteristics and serum essential fatty acid levels in hyperactive children. Clin Pediat 1987;26:406-411).

COMMENT: The search for dietary related causes and treatments for hyperactive behavior continues and now involves fats in addition to food allergies, additives, preservatives, sugar and megavitamins. In support of fats, a beneficial effect of the ketogenic diet on the behavior of the epileptic child often complements its anticonvulsant properties in my experience. The present paper did not confirm previous reports of a high prevalence of allergy among hyperactive children and tends to minimize the possible importance of food allergy as an etiologic factor.