values. The mean CSF levels of substance P in patients with mental retardation, epilepsy, and Guillain-Barre disease were not different from controls without neurologic disease. (Matsuishi T, Nagamitsu S, Yamashita Y et al. Decreased cerebrospinal fluid levels of substance P in patients with Rett syndrome. Ann Neurol Dec 1997;42:978-981). (Respond: Dr Matsuishi, Department of Pediatrics and Child Health, Kurume UIniversity School of Medicine, 67 Asahi-machi, Kurume City, Japan 830).

COMMENT. CSF concentrations of substance P have been shown to reflect brain and spinal cord concentrations. The authors suggest that decreased CSF levels of substance P in patients with RS, if confirmed in other studies, may be useful as a biological marker for the disease.

SPEECH AND LANGUAGE DISORDERS

ACQUIRED CHILDHOOD DYSARTHRIA CLASSIFICATION

Published reports of acquired childhood dysarthria since 1980 were reviewed at University Hospital, Rotterdam; and the Department of Medical Psychology, Ziekenhuis Walcheren, Vlissingen, The Netherlands, and cases were classified on the basis of neuroradiological location of lesion and associated motor disorders. The majority of cases (20) were examples of mutism and subsequent dysarthria (MSD) following resection of cerebellar tumor. Slow articulation, monotony, and hoarse soft voice were the most frequent manifestation of dysarthria, and all patients had severe limb and trunk ataxia. Recovery or improvements in speech and motor disability were dissociated, dysarthria resolving first and almost completely while ataxia often persisted. Cerebellar MSD in children is different from the adult form of ataxic dysarthria, which is characterized by excess and equal stress resulting in scanning speech. Scanning speech was rarely observed in children. In 5 children with basal ganglia lesions and extrapyramidal movement disorders, dysarthria was characterized by hypophonia, stuttering, and difficulty in controlling rate of speech, similar to the hypokinetic dysarthria in adults. Acquired dysarthria in childhood requires a separate classification from that of adults. (van Mourik M, Catsman-Berrevoets CE, Paquier PF, Yousef-Bak E, van Dongen HR. Acquired childhood dysarthria: Review of its clinical presentation. Pediatr Neurol Nov 1997;17:299-307). (Respond: Dr van Mourik, Department of Medical Psychology/Ziekenhuis Walcheren, Postbus 3200, 4380 DD Vlissingen, The Netherlands).

COMMENT. Acquired childhood dysarthria is classified as 1) ataxic type, usually following mutism as a complication of cerebellar tumor resection; and 2) hypokinetic type associated with basal ganglia lesions and extrapyramidal movement disorders.

The syndrome of cerebellar mutism and subsequent dysarthria is covered in Progress in Pediatric Neurology III, PNB Publishers, 1997;pp306-307. A report from University Hospital, Rotterdam cites 36 cases in the literature, including 5 of 15 children operated for cerebellar tumor, mainly medulloblastoma, at that hospital. The mutism was correlated with adherence of the tumor to the floor of the fourth ventricle. The dysarthria that followed lasted for 1 to 5 weeks.

SEIZURE DISORDERS

PREVALENCE OF LENNOX-GASTAUT SYNDROME IN ATLANTA

The prevalence and epidemiology of Lennox-Gastaut syndrome (LGS)