

COMMENT. Radiation-induced tumors of the central nervous system are recognized as a consequence of combined treatments for leukemia chemotherapy and irradiation to the head. Therapeutic doses of radiation for childhood leukemia are higher than those used for the patients with tinea capitis in Israel and the relative risks are undetermined.

BEHAVIOR AND LEARNING DISABILITIES

ATTENTION DEFICIT DISORDER

The go-no-go paradigm was used in the evaluation of children with attention deficit disorder (ADD) at the Dept of Pediatrics, Division of Neurology and Evaluation Center for Learning, Northwestern Univ Medical School, Evanston Hospital, Evanston, IL. The paradigm consisted of the taped presentation of 2 trials of 10 stimuli; 5 go signals (1 tap) to which the children were expected to respond by raising and lowering their index finger, and 5 no-go signals to which they should not respond. Commission errors suggest impulsivity and omission errors suggest inattention. Children with ADD (44 boys) made more total errors than did 32 control subjects ($p < .03$). Nonhyperactive (ADDnoH) subjects made more commission errors than controls initially but improved with practice. Hyperactive ADD subjects (ADDH) made the same number of early commission errors as controls but failed to improve with practice. Omission errors were highest in the ADDH group. The paradigm provided an objective measure of inattention and impulsivity and a distinction between hyperactive and nonhyperactive children with ADD.: (Trommer Bl et al. The go-no-go paradigm in attention deficit disorder. Ann Neurol Nov 1988;24:610-614).

COMMENT. Errors of commission are more common than errors of omission in children with ADD which suggests that impulsivity is more easily demonstrated than inattention. The DSM-III "impulsivity" criteria include inability to wait in turn at games, calling out in class, and shifting activities. The go-no-go paradigm offers a test for impulsivity at a cognitive level, the inability to give the most correct answer in a multiple choice setting, and supplements reports of behavioral manifestations of ADD.

FLOATING-HARBOR SYNDROME

Six unrelated children with a unique association of short stature, dysmorphic features, and speech delay are reported from the Harbor/Univ of California at Los Angeles Med Center, the Kennedy Memorial Hospital, Boston, the Beilinson Med Center, the District General Hospital, Stanford, England, and the Cedars-Sinai Med Cntr, Univ of California, LA. Two were French-Canadian, 2 British, 1 Iranian, and 1 Israeli ancestry. All had growth retardation during the first year, delayed bone age, severe speech delay and normal or only mildly retarded intelligence. The strikingly similar facial features consisted