of a large long nose, thick lips, broad mouth, deep-set eyes and long eyelashes. Growth hormone stimulation, somatomedin-C levels, thyroid, karyotype, and dermatoglyphics were normal. (Robinson P et al. A unique association of short stature, dysmorphic features, and speech impairment (Floating-Harbor syndrome). J. Pediat Oct 1988;113:703-706).

COMMENT. This unique syndrome was named after the hospitals where the first 2 patients were recognized (Pelletier and Feingold and Leisti et al. In: Bergsma D. ed. Syndrome identification: Vol 1, No 1 and Vol 2, No. 1. White Plains, NY:Nat Foundation-March of Dimes,1973-74). The differential diagnosis includes the Rubinstein-Taybi syndrome, Russell-Silver syndrome, Williams and Noonan syndromes, and Dubowitz and Seckel syndromes.

AUTISTIC SPECTRUM DISORDER

In the second part of an excellent review of disorders of higher cerebral function, Dr. Isabelle Rapin, at the Albert Einstein College of Med, Bronx, NY, outlines the evaluation and management of preschool children with autism and inadequate communication skills. The core symptoms of the autistic spectrum disorder are listed as follows: 1) impaired socialization, 2) inadequately modulated affect, 3) language disorder always affecting communicative skills and comprehension, and 4) abnormal play with a narrow range of interests. There is a spectrum of autistic disorders, ranging from mute, withdrawn individuals with motor stereotypes to highly verbose persons with perseveration, insistence of routines and sameness, and overspecialized interests such as dictionaries, train schedules, and calendars. Autism usually denotes a static condition. The most efficient way to evaluate communication skills is to observe the child at play, to talk to him, and to ask questions about his play. Children who manipulate toys rather than play with them, who talk to themselves, or who are echolalic or perseverative are almost certainly abnormal. Hearing tests, speech and language evaluation, neuropsychological tests, and consultations with child neurologist and psychiatrist may be required before referral to a preschool specialized program. (Rapin 1. Disorders of higher cerebral function in preschool children. AJDC Nov 1988;142:1178-1182).

COMMENT. Cerebellar hypoplasia and autism is discussed in the correspondence section of N Engl J Med Oct 27, 1988;319:1152-54). Patients with autism, mean age 20 yr, were reported to have a decrease in the size of cerebellar vermal lobules VI and VII on MRI scans. These findings were not confirmed in one study of 15 patients with autism (mean age 11.5 years) compared to 15 normal matched controls, but they were replicated in a study of men with fragile X syndrome, a condition sometimes associated with autism. Investigations that include children as well as adults would help to specify whether the observed cerebellar changes or MRI are actually hypoplasia on atrophy occurring postnatally.