2 1/2 year-old boy who developed acute paraparesis after a fall, a 17-year-old girl who developed hemianesthesia, nystagmus, dysarthria, and tongue deviation 1 week after chiropractic manipulations, and acquired torticollis after endotracheal anesthesia for tonsillectomy. All cases were found to have Chiari I malformation; only one had an associated syringomyelia. The diagnosis of Chiari I malformation has been facilitated by the use of MRI and asymptomatic cases are being uncovered by this imaging technique.

ATAXIA-OCULOMOTOR APRAXIA SYNDROME

A new spinocerebellar degenerative syndrome has been described in 14 patients from 10 families and reported from the Hopital des Enfants Malades, Paris, France; Montreal Neurological Institute, Canada; Rashid Hospital, Dubai, UAE; Tokyo Women's Medical College, Japan; and University of Colorado Medical School, Boulder, CO. Six of the cases had been reported previously in the Japanese literature and in abstracts. The clinical features included onset between 2 and 7 years of age, ataxia, ocular motor apraxia, choreoathetosis, depressed or absent deep tendon reflexes, dysarthria, masklike facies, intention tremor, and mildly subnormal intellectual function in one half the patients. CT was normal in 6 and showed mild vermal atrophy in 1. None had conjunctival telangiectasia or abnormal immunoglobulins and a diagnosis of ataxia telangiectasia was considered unlikely. The syndrome was probably genetically determined with an autosomal mode of inheritance; it involved both sexes with consanguinity in 6 of 10 sibships. (Aicardi J, Barbosa C, Andermann E and F, Morcos R, Ghanem Q, Fukuyama Y, Awaya Y, Moe P. Ataxia - ocular motor apraxia; a syndrome mimicking ataxia - telangiectasia. Ann Neurol Oct 1988;24:497-502).

COMMENT. The differential diagnosis includes Cogan's ocular motor apraxia and ataxia telangiectasia. The authors, of whom 4 are already distinguished by eponymous syndromes (Aicardi J, Andermann E and F, and Fukuyama Y), report a specific neurodegenerative syndrome of genetic origin with patients originating from widely separate geographical areas and from different ethnic backgrounds. Ataxia, areflexia, and ocular muscle paralyses are also featured in the Fisher syndrome.

SEIZURES AND DIET

OLIGOANTIGENIC DIET FOR EPILEPSY AND MIGRAINE

A diet low in antigenic items was used to treat 63 children with epilepsy refractory to medication at the Depts of Neurology, Immunology, and Dietetics, The Hospital for Sick Children, Great Ormond Street, and the Institute of Child Health, London, England. The authors had previously reported beneficial effects of the "oligoantigenic" diet in the treatment of migraine (Lancet 1983;2:865) and the hyperkinetic syndrome (Lancet 1985;1:940). The diet consisted of 2 meats (lamb and