than did older and larger children. The design was not adequate to pinpoint the amount of sugar that may cause deleterious effects. 2. The prior dietary history of the subjects was unknown, and those accustomed to consuming large amounts of sugar may have reacted differently from children who usually ate low sugar meals. 3. The assumption that aspartame used as a control is innocuous may not be correct (see Ped Neur Briefs Nov 1987;1:45). Further work on possible behavioral effects of sucrose is clearly indicated. The only proven contraindication to excess sugar in a child's diet is that emphasized by the dental profession.

LANGUAGE DEVELOPMENT AND OTITIS MEDIA

The effects of otitis media on early language development assessed at 1 year of age in 46 high-risk and low birthweight infants and 19 healthy full-term babies were examined in the R.F. Kennedy Center's Clinical Research Center for Communicative Disorders, Albert Einstein College of Medicine, Bronx, N.Y. Patients were largely of Hispanic background but subjects were recruited from English speaking families. By pneumatic otoscopy examination, 15 were otitis free and 12 were bilaterally otitis positive. The Bayley Scales of Infant Development and the Sequenced Inventory of Communication Development (SICD) Receptive scale showed no significant differences in the 2 groups, but the SICD expressive language scores were significantly lower in the otitis positive group. Full-term infants with frequent episodes of bilateral otitis media performed no better than high risk infants with otitis media (Wallace IF et al. Otitis media and language development at 1 year of age. J Speech and Hearing Disorders Aug 1988;53:245-251).

COMMENT. Infants who suffer repeated episodes of bilateral otitis media during the first year of life are at risk for expressive language difficulties. These findings are important in the evaluation of infants who have experienced perinatal insults such as asphyxia and are late in acquiring expressive language. The delay may be caused by peripheral factors as much as damage to cerebral language centers.

Disorders of higher cerebral function including developmental language are reviewed by Dr. Isabelle Rapin at the Albert Einstein College of Medicine, Bronx, N.Y. (AJDC Oct1988; 142:1119-1124). Included under the differential diagnosis of language delay are the following: hearing loss, mental deficiency, dysphasia, autism, mutism, dysarthria and structural respiratory tract abnormalities. No meaningful words by age 18 months or no meaningful phrases by age 24 months should be cause for concern and the use of language intervention programs.