phytol and phytanic acid.(Progress in Pediatric Neurology, Chicago, PNB Publ, 1991, p 480).

CEREBELLAR ATAXIA AND MULTIPLE SCLEROSIS

Clinical manifestations and MRI findings in four Japanese children with multiple sclerosis are reported from the Department of Pediatrics, Sapporo Medical University, Japan. Three presented with gait ataxia and one developed cerebellar intention tremor within 2 months of an onset with weakness of the right arm and speech impairment. The age of onset of symptoms was at 7-12 years. All had optic neuritis. MRI showed multiple white matter lesions and demyelinating plaques in cerebral hemispheres, cerebellum and brain stem. CT abnormalities were indefinite or absent.(Wakai S et al. Childhood multiple sclerosis: MR images and clinical variations in four Japanese cases. Brain Dev 1994;16:52-56). (Respond: Dr S Wakai, Dept of Pediatrics, School of Medicine, Sapporo Medical University, South 1 West 16, Chuo-ku, Sapporo 060, Japan).

COMMENT. MRI was more sensitive than CT in diagnosis of demyelination in these patients. One of the 4 children had presented with Devic disease and 2 years later developed chronic inflammatory demyelinating polyradiculoneuropathy. A survey of 55 pediatric patients with MS in Japan by Prof Y Fukuyama and associates (1991) had found peripheral nerve involvement in 10 (17%).

TOXIC DISORDERS

COCAINE EXPOSURE IN CHILDHOOD: NEUROLOGIC SIGNS

Neurologic manifestations of cocaine exposure in 19 (46%) of 41 children, ages 2 months to 18 years, found to have cocaine-positive urine screening tests during a 1-year period (Jan - Dec 1990), are reported from the Children's National Medical Center, Washington, DC. Seizures were the most common symptom of neurotoxicity, occurring in 7 children in the age range 1-8 years. Obtundation occurred in 6 (ages 5 mos-18 yrs); delirium in 4 (ages 16-19 yrs); dizziness 1 and drooling 2 (ages 16-18 yrs). Seizure patterns were focal with secondary generalization in 3, generalized in 4, and were associated with fever in 2. Passive intoxication in a closet where "crack" was smoked was the most likely cause of exposure in young children. An additional 14 adolescent patients with positive urine screens had neurologic complications of head injuries, and cocaine-related symptoms could not be evaluated. (Mott SH et al. Neurologic manifestations of cocaine exposure in childhood. Pediatrics April 1994;93:557-560). (Reprints: Dr Stephen H Mott, Neurology Dept, Children's National Medical Center, 111 Michigan Ave, NW, Washington, DC 20010).

COMMENT. Seizures were the commonest manifestation of cocaine exposure and neurotoxicity in young children. Adolescents suffered from alterations in mental status. Urine screen for possible cocaine exposure is recommended in children with first-time seizures, afebrile or febrile.

A study of the relationship between maternal cocaine dependency and child maltreatment at Yale University School of Medicine showed that 47 infants cocaine-exposed in utero were at