borderline IQ. Development was normal in 2 of 3 patients without neuroblastoma and in only 1 of 8 whose opsoclonus-myoclonus was associated with neuroblastoma. (Hammer MS, Larsen MB, Stack CV. Outcome of children with opsoclonus-myoclonus regardless of etiology. Pediatr Neurol July 1995;13:21-24). (Respond: Dr Hammer, Division of Pediatric Neurology, Children's Memorial Hospital, 2300 Children's Plaza, #51, Chicago, IL 60614).

COMMENT. Other terms for this syndrome include myoclonic encephalopathy of infancy (MEI), dancing eyes syndrome, and infantile polymyoclonia. The majority of children with opsoclonus-myoclonus in this study were found to have significant developmental delay. Others report that about 50% are left with intellectual deficits. (Boltshauser E et al. Helv Pediatr Acta 1979;34:119). The criteria for diagnosis were 1) marked motor incapacity from myoclonic jerking and/or cerebellar ataxia, 2) opsoclonus, 3) acute or subacute onset, and 4) absence of central nervous system infection. All 3 children with MEI without neuroblastoma had a viral illness 1-2 weeks before symptoms began. The pathogenesis is multiple and is usually viral in origin, notably poliovirus, Coxsackie virus B3, and St Louis encephalitis virus. An autoimmune mechanism and DDT intoxication have also been invoked. (Menkes JH. Textbook of Child Neurology. 3rd ed. Philadelphia, Lea & Febiger, 1985). In treatment, some advocate ACTH for the acute stage followed by predisone for several months. (see Progress in Pediatric Neurology I, 1991, Chicago, PNB Publishers, p 486).

HIV INFECTION AND NEURODEVELOPMENT

The mental and motor development of 24 children with vertically transmitted human immunodeficiency virus (HIV) infection in the first 30 months of life was compared to 27 HIV exposed but uninfected children at the Boston City Hospital and Boston University Medical Center, MA. Bayley Scales of Infant Development, assessed at 4-16 months and at 17-30 months of age, showed that motor development in the infected group was delayed compared to the uninfected seroreverter group in both age periods. Mental development was similar in the two groups at 4-17 months, but was delayed in the HIV infected children at 17-30 months of age. (Chase C et al. Early neurodevelopmental growth in children with vertically transmitted human immunodeficiency virus infection. Arch Pediatr Adolesc Med August 1995;149:850-855). (Reprints: Dr Chase, Department of Pediatrics, D4S, Boston City Hospital, 818 Harrison Ave, Boston, MA 02118).

COMMENT. Neurodevelopmental outcome in children with HIV infection is variable, but early delay in motor development and late infantile deceleration in mental development can be expected in HIV infected children.

TOXIC DISORDERS

LEAD EXPOSURE IN DAY CARE CENTERS

The risk of lead poisoning among 155 of 234 eligible children (mean age, 4.8 years) enrolled in university affiliated day care centers with elevated environmental lead sources was determined at the Department of Pediatrics and University Hygienic Laboratory, The University of Iowa, Iowa City.