the findings indicated that the patient had ongoing toxoplasmosis. It appears most likely that the disease was acquired from the cat which had high serum levels of toxoplasma antibodies. Trimethoprim-sulphafurazole treatment (6 February–15 May) may have contributed to the rather rapid fall in antibody titres.

Acquired toxoplasmosis has occasionally been identified in acute hemiplegia in childhood (Sabin, 1941; Hedenström *et al.*, 1958; Lelong *et al.*, 1960). Isler (1971) reported only one case of toxoplasmosis (a 12-year-old boy with a left-sided parietal lobe syndrome with a complete restitution) among 116 acute hemisyndromes in children.

Acquired toxoplasmosis may thus occasionally be the cause of an acute childhood hemiparesis. A focal encephalitis may not be envisaged on the CAT scan and the diagnosis should accordingly be looked for by serological and microbiological methods.

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Dose of clonidine in alternating hemiplegia

Sir,

My fellow authors and I wish to point out that in our paper (*Archives*, 1978, **53**, 656–659) there is an error (page 658) in the dose of clonidine given to one of the patients. The dose quoted should have read 2.5 µg/kg per day (not milligrams).

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