connected to the gloves by flexible leads which can be concealed beneath coat sleeves (see Figure). A battery charger is also provided so the battery pack may be recharged overnight. They are available from Medmek (PO Box 18, Romsey, Hampshire, S05 9ZY) and may be prescribed for children on an NHS appliance form by a consultant. Electrically heated socks are also available and were used with benefit in case 2.

Parents of both children thought that definite, symptomatic improvement had been achieved. After four months' use (case 1) and 9 months' use (case 2) no difficulties or complications had been encountered. The waist belt and battery were thought to be a little heavy by both children but this had not deterred them from using the gloves.

In the absence of any effective treatment at present for severe Raynaud's phenomenon it would seem that heated gloves have some value and may be used in children.

References

- Heslop J, Coggon D, Acheson ED. The prevalence of intermittent digital ischaemia (Raynaud's phenomenon) in a general practice. *J R Coll Gen Pract* 1983;33:85-9.
- Halperin JL, Coffman JD. Pathophysiology of Raynaud's disease. *Arch Intern Med* 1979;139:89-92.
- Johnston ENM, Summerly R, Birsting LM. Prognosis in Raynaud's phenomenon after sympathectomy. *Br Med J* 1965;i:962-4.
- Talpos G, Horrocks M, White JM, Cotton LT. Plasmapheresis in Raynaud's disease. *Lancet* 1978;i:416-7.
- Jacomson AM, Manshreck TC, Silverbeg E. Behavioural treatment for Raynaud's disease: a comparative study with long-term follow up. *Am J Psychiatry* 1979;136:844-6.
- Kempson GE, Coggon D, Acheson ED. Electrically heated gloves for intermittent digital ischaemia. *Br Med J* 1983;286:268.

M P WHITE AND K M GOEL
Royal Hospital for Sick Children,
Yorkhill,
Glasgow G3 8SJ

The 'bright thalamus'

Sir,

I read with interest the paper by Skeffington and Pearse.¹ They showed a new neonatal cerebral ultrasound appearance of high amplitude echoes that arise diffusely throughout the brain. We report an additional finding—the 'bright thalamus'.

In normal brain sonography the thalamus appears as areas of medium level echo density.²⁻⁴ A term, Chinese baby who suffered perinatal asphyxia lasting about 15 minutes and neonatal seizure was scanned at age 17 days with the Aloka SSD-720 sector scanner. Bilateral high amplitude echoes were noted in the thalamus (Fig. 1). Follow up brain ultrasound scan at 3 months of age showed dilatation of lateral ventricles and unchanged, hyperdense thalamus (Fig. 2). The baby has clinical evidence of microcephaly and generalised hypotonia.

Fig. 1 Brain ultrasound scan at age 17 days showing hyperdense thalamus bilaterally.

Fig. 2 Brain ultrasound scan at age 3 months.

References

- Skeffington FS, Pearse RG. The 'bright brain'. *Arch Dis Child* 1983;58:509-11.
- Kossoff G, Garrett WJ, Radavanovich. Ultrasonic atlas of normal brain of infant. *Ultrasound Med Biol* 1974;1:259-66.
- Pigadas A, Thompson JR, Grube GL. Normal infant brain anatomy: correlated real-time sonograms and brain specimens. *AJR* 1979;137:815-20.
- Shuman WP, Rogers JV, Mack LA, Alvord EC, Jr, Christie DP. Real-time sonographic sector scanning of the neonatal cranium: technique and normal anatomy. *AJR* 1979;137:821-8.

E-Y SHEN
Mackay Memorial Hospital,
92, Sec. 2, Chung San N. Road,
Taipei, Taiwan