visual field defects in young children. Homonymous hemianopia is a common accompaniment of infantile hemiplegia, affecting approximately 25% of cases, and occurs more frequently when the condition is acquired after birth.

Young children often strongly resist occlusion of one eye, so that testing for uniocular visual field defects is very difficult. Homonymous field defects can, however, be assessed with both eyes open simultaneously and are thus much more readily noted in young children provided that the examiner remembers to employ eye, so that testing for uniocular birth.

or simultaneously towards one side only target fields of the upper part of the face, or cross the midline into the seeing side, or a target introduced into both temporal peripheries. The upper field is more commonly found with right hemiplegia, and may be introduced from the right side into the left visual field or vice versa.

Of the second and third months. Evidence for folate depletion other than megaloblastic change was found in two infants with haemolytic anaemia.

The average daily folate intake of megaloblastic infants was probably less than 20 \( \mu g \) but a full haematological response and rise in red cell folate required 120 to 480 \( \mu g \) of intramuscular folic acid a day.

Maternal folate deficiency was associated with low infant red cell folate levels from birth until 5 to 10 weeks, but maternal folic acid treatment was associated with normal infant levels. Tissue folate stores of the smallest infants, even if augmented by supplementary folic acid during pregnancy, would be unlikely to meet their requirements beyond 1 to 2 months.

Infants below 2.0 kg at birth probably need additional folic acid from 2 to 4 months and a daily oral dose of 50 to 100 \( \mu g \) may be appropriate.

J. A. FORD (W. B. McIntosh and M. G. Dunnigan) introduced by I. D. Riley. Glasgow. 'Aetiology of Asian rickets and osteomalacia in the United Kingdom.' Recent evidence suggests that late rickets and osteomalacia in Indian and Pakistani immigrants is due to a high intake of dietary phytate combined with a suboptimal intake of vitamin D. 10 Pakistani subjects with