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.

References


M. KYLLERMAN
Department of Pediatrics II,
Östra Sjukhuset,
S-416 85 Gothenburg, Sweden
O. STRANNEGÅRD
Department of Microbiology,
Sahlgren’s Hospital,
S-413 46 Gothenburg, Sweden

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).

GWILYM HOSKING
The Ryegate Centre,
(The Children’s Hospital),
Sheffield S10 5DD