of the gastrointestinal tract are often abnormal.[2] The pathological findings vary: smooth muscle atrophy and degeneration can be seen on a full thickness biopsy; degeneration of the plexus myentericus is described in other patients; however, normal small bowel histology under light and electron microscopical examination is possible.[2]

Severe villous atrophy is well known in the syndrome. It is probably secondary to intraluminal factors—such as bacterial overgrowth and toxic bacterial metabolites.[3]

We therefore suggest that Dossetor's patient had a primary abnormality of motility with secondary bacterial overgrowth and villous atrophy.

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Dr Dossetor comments:

Whether one labels the primary abnormality of motility with secondary bacterial overgrowth as 'stagnant loop syndrome' or 'intestinal pseudo-obstruction' is to some extent semantic, but since my patient presented with steatorrhoea and failure to thrive and did not have any 'nausea vomiting and cramping abdominal pain'[4] I preferred the former term. The suggestion that the villous atrophy was secondary to intraluminal factors might be right in that although the illness started in early infancy, the first biopsy showing severe villous atrophy was obtained at 29 months, and the recent biopsy from the same level as the previous abnormal one has shown substantial improvement. However, the atrophic mucosa showed no increased cellularity which is usually a feature of villous atrophy caused by luminal toxins, and appears to be a feature of the villous atrophy of the intestinal pseudo-obstruction syndrome.[3] For this reason I thought it more likely that the villous atrophy was congenital, together with the motility disorder.

Fifth day fits

Sir,

The paper by Pryor *et al.*[1] was interesting because it described similar observations to those we published in 1977[2]; since then the reality of this syndrome has become more convincing. In our neonatal intensive care unit we see this type of convulsion, with identical features, between 5 and 15 times a year (47 cases between 1974 and 1980), and authors in France[3 4] and Australia (J I Manson, 1977, personal communication) have identified it.

We should like to make the following comments on the work of Pryor *et al.*:

(1) EEG recordings at the time of the seizures show true electroclinical status epilepticus lasting 12 to 36 hours, with a special inter-ictal tracing that we call 'sharp alternant theta'.[2] This special tracing is useful for the diagnosis of the syndrome since it is found in 80% of the cases even though it is not specific.

(2) Anticonvulsive therapy seems to be ineffective in stopping the fits and it prolongs post-ictal alterations of the baby's tone and consciousness. Currently we use this kind of treatment only occasionally and then limit the prescription to one or two intravenous injections of diazepam, or to one dose of phenobarbitone.

(3) We have never prescribed maintenance anti-convulsive therapy. Long-term prognosis seems good. Among 37 infants followed up for longer than one year (six aged between 1 and 2 years, seven between 2 and 3, six between 3 and 4, four between 4 and 5, six between 5 and 6, and eight between 6 and 7) one had febrile convulsions at age 17 months (he is well at 6 years) and one had fits without fever at age 3 years (he is now 5½ years old and doing well on phenobarbitone treatment).

We think that it is easy to differentiate between fifth day fits and other types of neonatal convulsions using the following criteria: term newborn, no perinatal asphyxia, no pathological event in the first 4 to 5 days, electroclinical seizures with inter-ictal tracing, 'sharp alternant theta' lasting about 24 hours, spontaneous favourable outcome, negative aetiological investigations. The long-term prognosis of such a syndrome appears to be favourable but needs confirmation. The main question is still the aetiological background: in common with Pryor *et al.* our metabolic, toxicological, and virological investigations remain negative. It would be helpful if other teams with new concepts and different techniques could tackle the problem.

References

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