havioural therapy, special education, psychotherapy, dietary drugs may all be complementary rather than rival forms of treatment for this undoubtedly handicapping condition.

References


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Dr Taylor comments:

I am grateful for Dr Franklin’s interest and before replying to his arguments I should emphasise the agreements between our views. We both think that substances in the diet are sometimes capable of altering behaviour; so far as I can tell, we both think that they are not a major cause of hyperactive behaviour and that multiple treatments are needed by those with hyperkinesis. We disagree about the frequency of behavioural reactions to food.

Firstly, Dr Franklin appeals to the weighty authority of Professor Barkley and the American Psychiatric Association, in support of a wide—in my view, an overextended—concept of hyperactivity. This does not seriously affect the argument over the effects of diets; but authority is a dangerously two edged weapon. If one reads further in these cited texts, one will discover that neither has much time for the dietary theories. If Dr Franklin wishes us to accept their authority in the one matter, why not in the other?

Secondly, the evidence of his open trial does not rule out ‘placebo’ and other non-specific effects. Indeed, no uncontrolled trial in this area could plausibly do so. The psychologists who administered serial IQ tests (apparently only to 12 of the 35 children) should have warned him that practice effects, placebo effects, chance fluctuations, and regression to the mean on repeated testing should all make him very hesitant to conclude that individuals’ IQ scores were significantly improved by diet. I should be more interested to know about the clinical features which predicted a good and continuing response to the diet. This might be a clue to the major current puzzle of knowing for whom to recommend a trial.

The other issues seem to be based on misunderstandings rather than substantive disagreements. I am very far from wishing to suggest that hyperactivity is an allergic condition. Dr Franklin may have interpreted my reference to an ‘idiosyncratic’ response to the Feingold diet as if I had meant ‘allergic’. I did not. Diets can contain psychotropic agents (such as caffeine and possibly erythrosine), allergens (such as tartrazine) and substances that are toxic only to the genetically predisposed (as in Feingold’s theory). The annotation referred to all three. Finally, I do indeed share the wish to find the causes of hyperactive behaviour. The search will be better served by critical than by wishful thinking.

Pancuronium bromide induced joint contractures in the newborn

Sir,

We thank Drs Perlman and Greenough for their interest in our paper. We apologise for indicating that maternal paralysis for status epilepticus was associated with joint contractures. Although Older and Harris showed the transplacental passage of maternal d-tubocurarine, the infant had no joint abnormalities. This was an unfortunate oversight.

Dr Perlman should draw no more conclusions from our paper than the association between neuromuscular blockade with pancuronium and joint contractures. Although Older and Harris showed the transplacental passage of maternal d-tubocurarine, the infant had no joint abnormalities. This was an unfortunate oversight.

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Dr Greenough states that no infant paralysed with pancuronium bromide in Cambridge over the past three years developed contractures but we suspect that what she meant to say was contractures were not diagnosed in any infants. The history of neonatal medicine is littered with iatrogenic complications, some of which are subtle and unnoticed for a considerable time until attention has been drawn to them. In our three patients the joint contractures limited full extension by 30° at the most; a small but important disability. Having recognised this condition in one infant we prospectively assessed passive joint movements in subsequent infants and detected contractures that we believe would be missed by less careful examination. It is unwise to assume contractures do not occur in Cam-