

*"The floppy infant"**To the Editor:*

In an attempt to accelerate the motor development of the "floppy child" I have been using large doses of neostigmine. I am personally convinced of its effectiveness. But predicting future progress of such a child on the basis of past accomplishment is difficult and in many instances unreliable. There are too few of these children and their state so variable that a double-blind study is impractical. Therefore, if multiple investigators were to use the same method, the sum of their opinions would be of great value. Perhaps others would try this method; I would be most interested in their results.

The children, who in my experience respond to neostigmine, are those described as having "benign congenital hypotonia." The criteria I have used for this syndrome are:

1. Failure of normal motor developmental performance, but apparent normal intellect.
2. Hypotonia, hyperextensibility of all joints, absence of palpable muscle mass in the extremities.
3. Presence of tendon reflexes.
4. Involvement of musculature of the alimentary system causing dysphagia and intractable constipation.

The dosage schedule of neostigmine which I

have used is: 15 mg. 3 times a day with meals, then 22 mg., and finally 30 mg. with each meal. Each step is made at weekly intervals. The medication must be given with meals. If diarrhea occurs, the dose is reduced for a week and then advanced again. Medication is continued at 90 mg. a day for 3 months and then stopped abruptly. If the child reverts to his previous state when the medication is stopped, another 3 months' course is given. There are no side effects from this therapy when given to the child with "benign congenital hypotonia." Care must be exercised, however, when neostigmine is given to a child with a convulsive disorder.

I would be very interested in hearing the comments of anyone who would try this method and will supply any additional information I have, if desired.

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**Editor's note:**

The difficulties in evaluating therapeutic procedures in hypotonic infants should be appreciated and especially so when the presumed effects may be apparent only after a relatively long period of time. The need for real objectivity in attributing any improvement in the child to the therapy should be obvious.

W. E. N.