

Serologically confirmed St Louis Encephalitis was diagnosed in a 28-year-old man with the syndrome of benign encephalitis, opsoclonus and body tremulousness.<sup>5</sup> Our case gives further evidence for a specific viral aetiology of opsoclonus.

*Opsoclonus in a Confirmed Case of St Louis Encephalitis*

RANDOLPH W EVANS

KWA WELCH

*The Department of Neurology,  
Baylor College of Medicine,  
Texas Medical Center,  
Houston, TX 77030, USA*

#### References

- <sup>1</sup> Cogan DG. Opsoclonus. In: Vinken PJ and Bruyn GW eds: *Handbook of Clinical Neurology*. Vol. 34 Amsterdam, North Holland, 1978;611-7.
- <sup>2</sup> Keane JR, Devereaux MW. Opsoclonus Associated with an Intracranial Tumor. *Arch Ophthalmol* 1974;**92**:443-5.
- <sup>3</sup> Bienfang DC. Opsoclonus in Infancy. *Arch Ophthalmol* 1974;**91**:203-5.
- <sup>4</sup> Zangemeister VH, Muller-Jensen A, Zschocke S. Benign Encephalitis: Electro-Oculographic Analysis of Opsoclonus. *J Neurol* 1979;**222**(2):95-108.
- <sup>5</sup> Estrin WJ. The Serological Diagnosis of St Louis Encephalitis in a Patient with the Syndrome of Opsoclonia, Body Tremulousness, and Benign Encephalitis. *Ann Neurol* 1977;**1**(6):596-8.

## Matters arising

### Asymmetry of the aura and pain in migraine

Sir: I was very interested in the article of RC Peatfield and others on the "Asymmetry of the aura and pain in migraine" (*J Neurol Neurosurg Psychiatry* 1981; **44**:846-8). However, I feel it is crucial to know how the information with regard to location of the headache and the symptoms of paraesthesiae and numbness was collected. In my experience patients' recall for the site of the headache in particular is very poor and the only reliable way to collect this sort of information is to ask the patients to prospectively fill in a form recording the details of their headache actually during or shortly after they have had their episode. If this has been done it would add greatly to the reliability of your most interesting findings.

LIAM BANNAN

*Department of Medicine,  
Dudley Road Hospital,  
Birmingham B18 7OH, UK*

#### F Clifford Rose replies:

Information on the lateralisation of headache in our migraine patients was collected when they first attended the clinic,

but on the lateralisation of the aura symptoms by later questioning. Both were retrospective in the sense that questions were not asked during the acute attack, and so the answers were dependent on the patient's memory. We would re-emphasise that the statistical analysis was based only on those reporting that the majority of their headaches were on the same side. We know of no objective data that casts doubt on the reliability of patients who report headaches almost exclusively on one particular side.

### Multiple Sclerosis and Rheumatoid Arthritis

Sir: During my 21 years in rheumatology at this Unit, I have come across only one example of a combination of multiple sclerosis and rheumatoid arthritis. My colleagues share my impression concerning the infrequency of this association based on no cases being observed over a combined rheumatological experience of over forty years.

I would be interested to hear through your readership if others have noted any particular infrequency of association between these two diseases.

MS DERINI

*Sheffield Centre for Rheumatic Diseases,  
Nether Edge Hospital,  
Sheffield S11 9EL, UK*