SUMMARY AND CONCLUSION

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1. In this work, we had studied 25-children with various clinical disorders and having in common a small head circumference which is below the third percentile for age and sex.

Th ough clinical examination and straight radiograms were taken and the following aetiological varieties were encountered:
11 cases: true microcephaly, 2 cases: cretinism, 2 cases: mongolism, 1 case malnutrition (marasmus), 1 case: craniostenosis and 8 cases: cerebral palsy.

2. Cases of true microcephaly showed disproportion between the head circumference and body weight and height except one case (case no 7). Also, mental retardation was prominent in all the cases except that case (case no 7) and this may be due to the young age of the infant (4½ months).

All cases showed early closure or marked reduction in the size of the anterior fontanel except one case (case no 18) in which the anterior fontanel was nearly 3.5 cm. wide.

In this case, bilateral cataract was detected which suggests that the microcephaly might be due to congenital rubella syndrome.

Fundus examination showed bilateral primary optic atrophy in 2 cases and normal fundi in the remaining cases but the fundus could not be visualized in case no 18.

Convulsions were present in 6 out of the 11 cases whereas the general incidence of convulsions in cases of true microcephaly is $\frac{1}{3}$. This difference may be accounted for by the limited number of cases.

3. All cases of cerebral palsy were of the spastic quadriplegic type except one case (case no.23) which presented with left sided hemiplegia and convulsions. The actiology of this hemiplegic case was probably neonatal meningitis.

In this group, the skull circumference was disproportionally small relative to the body development except one case (case no 21).

Mental retardation was marked in all these cases. All cases showed closed or reduced size of the anterior fontanel.

Convulsions were present in half of the cases.

4. Malnutrition was probably responsible for retarded brain development in one of our cases(case no.9). The two cases of malnutrition were discussed in detail.

5.In our two cases of cretinism, theskull circumference ,though small, was proportionate to the body develoment whereas in the two cases of mongolism,skull cicumference was disproportionally small to the body development.

The significance of the difference between the two groups was discussed

Distinction is made between"Disproportionate microcephaly" in which the head size is small relative to the body size and"Proportionate microcephaly" with a compatable,though small, head size.

The significance of the types of microcephaly is discussed and the term microcrania is suggesyive for the proportionate variety.