not contraindicate a cautious trial of stimulant medication. If methylphenidate improves a child's performance in school and lessens stressful situations, it may also result in a reduction in chorea and improved motor abilities.

SEIZURE DISORDERS

EARLY SEIZURES AND HIPPOCAMPAL PATHOLOGY

The relation of childhood seizures to hippocampal neuron loss, mossy fiber synaptic reorganization, and eventual hippocampal sclerosis was investigated at the Brain Research Institute, University of California, Los Angeles, and the Cleveland Clinic Foundation, OH. Surgical epilepsy cases had generalized seizures and extra-hippocampal prenatal cortical dysplasia or postnatal ischemic and encephalitic lesions, or complex partial hippocampal epilepsy. Extra-hippocampal childhood seizures of prenatal or postnatal etiology were associated with moderate fascia dentata and minimal Ammon's horn neuron losses and signs of aberrant mossy fiber sprouting. Children with mesial temporal epilepsy showed patterns of neuron loss and mossy fiber sprouting, typical of adult form hippocampal sclerosis, whereas repeated extra-hippocampal generalized seizures were not associated with progressive hippocampal damage and sclerosis. (Mathern GW, Babb TL, Mischel PS et al. Childhood generalized and mesial temporal epilepsies demonstrate different amounts and patterns of hippocampal neuron loss and mossy fibre synaptic reorganization. Brain June 1996;119:965-987). (Respond: Gary W Mathern MD, Division of Neurosurgery, Reed Neurological Research Center, UCLA Medical Center, Los Angeles, CA 90095).

COMMENT. The authors conclude that childhood seizures can damage postnatal development of hippocampal granule cells, contributing to chronic hippocampal complex partial epilepsy. Generalized seizures are not a cause of hippocampal sclerosis.

HEMIFACIAL SEIZURES AND CEREBELLAR GANGLIOGLIOMA

A female infant with cerebellar ganglioglioma who developed hemifacial seizures from the first day of life is reported from the Miami Children's Hospital, FL. When investigated at 6 months of age there were daily episodes of left hemifacial contraction, resistant to medication, head and eye deviation to the right, nystagmoid jerks to the right, autonomic dysfunction, while consciousness was retained. MRI at 2 months showed a mass in the left cerebellar hemisphere. The scalp EEG recordings were normal, while interictal and ictal intracranial EEGs revealed focal spikes, confirming seizures arising in the region of the left cerebellar mass. Partial resection of a ganglioglioma at 3 months was accompanied by remission of seizures. Six previous reports of infants with hemifacial spasms and cerebellar mass lesions are cited in the literature and reviewed, 3 having gangliogliomas. (Harvey AS, Jayakar P, Duchowny M, Resnick T, Renfroe JB et al. Hemifacial seizures and cerebellar ganglioglioma: an epilepsy syndrome of infancy with seizures of cerebellar origin. Ann Neurol July 1996;40:91-98). (Respond: Dr Jayakar, Neuroscience Center, Miami Children's Hospital, 3100 SW 62nd Ave, Miami, FL 33155).

COMMENT. The authors describe a syndrome of infantile focal facial seizures associated with cerebellar ganglioglioma. Seizures associated with cerebellar tumors in infants and children have been described previously.