extensive localizations and those with normal CTs often had areas of hypo or hyperperfusion. The pattern seen on SPECT was related to the clinical course and prognosis: extensive metabolic impairment on SPECT correlated with frequent seizure recurrence and mental retardation whereas all children with a normal SPECT had less than 2 seizures per year and normal neurological and intellectual development. (Denays R et al. Arch Dis Child Oct 1988;63:1184).

INVOLUNTARY MOVEMENT DISORDERS

TRANSIENT TICS AND TOURETTE'S SYNDROME

The relation of transient tic disorder (TTD - motor or vocal tics lasting less than 1 year) to Tourette's syndrome (TS-multiple motor and vocal tics lasting longer than 1 year) has been evaluated in two Canadian Mennonite families at the Dept of Neurology, Univ of Rochester Sch of Med, NY. One girl aged 9 yrs experienced frequent repetitive throat clearing and eye blinking episodes that resolved after several months (TTD). Her father and brother had TS and 2 siblings had chronic tic disorder (CTC-motor or vocal tics, but not both, with duration more than 1 year). A boy aged 12 yrs had frequent head jerks resolving over several months (TTD). His father had TS and sibling had CTD. In adulthood, the patient had 3 chldren, one with TS, (Kurlan R et al. Transient tic disorder and the spectrum of Tourette's syndrome. Arch Neurol Nov 1988;45:1200-1201).

COMMENT. Transient tic disorder may be an expression of the TS gene that may be transmitted to offspring as an autosomal dominant. The frequency of transient tics in childhood is quoted at 4-16%. The observations in this study suggest that TS and related tic disorders are more prevalent than generally appreciated.

DYSTONIA AND HYPOPARATHYROIDISM

Recurrent attacks of flexion of the right hand and arm and bowing of the head initiated by sudden movement were associated with idiopathic hypoparathyroidism in a 12 yr old boy seen at the Children's Hospital of Philadelphia, PA. An EEG showed a right frontal spike wave focus, and attacks were initially controlled by phenytoin. The boy later developed massive myoclonic spasms of the legs. CT scan revealed calcification of the basal ganglia, frontal lobes, and the right cerebellar hemisphere. The serum calcium was 5.6 and phosphorus 11 mg/dl. The spasms responded to ergocalciferol, 25000 units twice daily, and calcium lactate. The authors propose this association of "paroxysmal dystonic choreoathetosis and hypoparathyroidism" as a syndrome distinct from "familial paroxysmal choreoathetosis without hypocalcemia" and "movement reflex epilepsy". They cite 2 similar cases in the literature. (Barabas G. Tucker SM. Idiopathic hypoparathyroidism and paroxysmal dystonic choreoathetosis. Ann Neurol Oct 1988;24:585).