this number, 14% occurred in the group treated early and 41% in the group with the longest period of delay in treatment. (Oller-Daurella L, Oller L F-V. Influence of the "lost time" on the outcome of epilepsy. Eur Neurol May/June 1991; 31:175-177).

COMMENT. The sooner the correct diagnosis of epilepsy is made and treatment is begun, the fewer seizures a patient will suffer, and the greater the likelihood of successful antiepileptic control and subsequent withdrawal of antiepileptic drugs. Gowers, in 1881, pointed out that seizures beget seizures, and the greater the number of epileptic seizures the greater the likelihood of their continued reoccurrence. The results of this study should caution those who advocate delays in the initiation of anticonvulsant therapy and should encourage a more vigorous attempt to prevent seizure recurrences after the first epileptic seizure.

TONIC UPGAZE OF CHILDHOOD

A child with intermittent upward deviation of the eyes is reported from the Neuropediatric Unit CHUV, Lausanne, Switzerland. The boy was normal until nine months of age when brief intermittent upward eye deviation was noted and one month later these movements occurred for very long periods. At 14 months, vertical jerking of the eyes was associated with difficulty in downward gaze. He walked late at 16 months and fell often. When first examined at 21 months, the intermittent tonic upgaze lasted hours or days and was associated with a compensatory posture of the head, tilted with chin down. A downbeat nystagmus occurred when attempting to look down. His gait was wide-based and unsteady. The EEG, CT scan, NMR, and CSF exams were normal. The symptoms fluctuated and increased with fatigue and intercurrent illness. They were less marked in the morning on awakening from sleep. Treatment with acetazolamide was without effect. When last seen at 39 months of age the abnormal eye movements and head posture had almost resolved and the ataxia was mild. Since age 18 months he had had episodes of cyanosis, loss of contact, hypotonia, and falling, sometimes triggered by an emotional situation and resembling breathholding spells. (Deonna T et al. Benign paroxysmal tonic upgaze of childhood - a new syndrome. Neuropediatrics Nov 1990; 21:213-214).

COMMENT. This syndrome was first described by Ouvrier RA and Billson MD (J Child Neurol 1988; 3:177-180). These authors reported four cases. Ahn and Hoyt reported three infants with a similar syndrome (See Ped Neur Briefs Jan 1989). The eye movements are not seizures and improvement following levodopa therapy in one child suggests a closer analogy with dopa-sensitive dystonia.

CNS NEOPLASMS

COGNITIVE DEFICITS IN BRAIN TUMOR SURVIVORS

The results of studies of cognitive deficits in long-term survivors of childhood brain tumors are summarized from 31 published