parents had migraine. (Andermann E et al. Benign familial nocturnal alternating hemiplegia of childhood. Neurology Oct 1994;44:1812-1814). (Respond: Dr Eva Andermann, Division of Neurogenetics, Montreal Neurological Hospital, 3801 University Street, Montreal, PQ, Canada H3A 2B4).

COMMENT. This apparently benign, familial form of alternating hemiplegia adds one more variety to the growing list of alternating hemiplegias of childhood. It is distinguished from the more common sporadic, classic form of AHC with a poor prognosis.

SEIZURE DISORDERS

EPIDEMIOLOGY OF INFANTILE SPASMS IN ICELAND

Incidence, etiology, development, EEG, response to ACTH, and follow-up of all cases of infantile spasms diagnosed in Iceland during a 10-year period are reported from the National University Hospital, Reykjavik, Iceland, and Columbia University, New York. In the period 1981 - 1990, 13 cases were identified and the cumulative incidence was 3 in 10,000 live births. Six were cryptogenic and seven were symptomatic in etiology. All had hypsarrhythmia, and all responded initially to ACTH or prednisolone. At follow-up, all in the cryptogenic group are seizure-free and of normal IQ. Those in the symptomatic group are mentally retarded, and 5 have persistent seizures. (Luovigsson P, Hauser WA et al. Epidemiologic features of infantile spasms in Iceland. Epilepsia July/Aug 1994;35:802-805). (Reprints: Dr W Allen Hauser, 630 W 168th St, New York, NY 10032).

COMMENT. The proportion of patients with a favorable outcome is relatively high compared to some studies. The dosage of ACTH was not stated, but the interval from onset of spasms to treatment was short, generally <1 - 3 weeks.

An unusual variant of West syndrome, with focal spasms in clusters and focal delayed myelination, is reported from Nagoya University School of Medicine, Japan (Watanabe K et al. Pediatr Neurol 1994;11:47-49). Seizures were controlled with ACTH, and development was normal at 3 yr 5 mos.

Of seventeen infants with visual abnormalities and occipital EEG discharges studied at Tohoku University School of Medicine, Sendai, Miyagi, Japan, two thirds developed West syndrome with hypsarrhythmia at follow-up. (Iinuma K et al. Epilepsia 1994;35:806-809). This study confirms previous reports of visual inattention as an early manifestation of West syndrome (see Ped Neur Briefs Sept 1993).

MORTALITY FROM EPILEPSY

Standard mortality ratios (SMRs) of patients with newly diagnosed epilepsy were determined in a prospective national population-based study at the Epilepsy Research Group, National Hospital, London; Chalfont Centre for Epilepsy; and the Institute of Public Health, Cambridge, UK. Of 1091 patients attending one of 275 UK general practices from 1984-1987, 564 were classified as definite epilepsy, 228 as possible epilepsy, 220 as febrile seizures, and 79 as not epilepsy after 6 months follow-up. Over a median follow-up of 6.9 years,