incidence of 1 in 70-180,000 patients treated. Stevens-Johnson syndrome occurred in 30, erythema multiforme in 8, exfoliative dermatitis in 7, and toxic epidermal necrolysis (Lyell's syndrome) in 5. I recently treated a 12 year old girl who developed Stevens-Johnson syndrome after two weeks' treatment with carbamazepine which was substituted for valproate therapy found ineffective in the control of generalized tonic-clonic seizures. Despite immediate withdrawal of both anticonvulsant drugs within 6 hours of the appearance of the rash the patient developed fever and a generalized rash with extensive blistering which was not prevented by the early introduction of oral prednisone treatment. (Millichap JG. Unpublished case report). Seizures of an absence pattern with generalized atypical spike wave in the EEG developed when prednisone was withdrawn and both tonic-clonic and absence attacks have been completely controlled by clonazepam without adverse effects or skin rash recurrence. The value of steroids in the treatment of Stevens-Johnson syndrome is debated; most dermatologists advocate steroid use in early cases when caused by adverse drug reaction. The increased risk of superimposed infection might contraindicate the use of steroids in some cases.

TEMPORAL LOBECTOMY FOR COMPLEX PARTIAL SEIZURES

The outcome of 11 children who had undergone temporal lobectomy for the treatment of intractable complex partial seizures is reported from the Royal Children's Hospital, Melbourne, Australia. The average age at the time of surgery was 5 years 6 months (range, 1 to 9 years). The interval between onset of epilepsy and surgery averaged 3½ years. The cause of the epilepsy was mesial temporal sclerosis in 4, glioma in 5, dysplasia in 1, and chronic progressive encephalitis in 1. Four patients had had febrile convulsions lasting more than 15 minutes. Seven patients had behavior disorders preoperatively, including hyperactivity, rage reactions, and destructive aggressive tendencies. At 2 to 7 years follow-up after surgery eight patients were seizure-free, two had seizures reduced in frequency, and only one with encephalitis had not benefitted. Behavior was significantly improved in four of seven patients evaluated. Postoperative sequelae, including visual field defects and minor hemiparesis, occurred in four. (Hopkins IJ, Klug GL. Temporal lobectomy for the treatment of intractable complex partial seizures of temporal lobe origin in early childhood. Dev Med Child Neurol Jan 1991; 33:26-31).

COMMENT. These results are encouraging and should lead to more frequent referral of children with refractory epilepsies to our neurosurgical colleagues. The occurrence of febrile convulsions as antecedents of the complex partial seizures in 36% of this group of children invalidates reports that stress the benign nature of the febrile seizure and are opposed to prophylactic therapy.