The Editorials in this issue provide context and comment on their accompanying articles. Engel discusses the article by Semah et al. (p. 1256), which reports data indicating that the cause of epilepsy may predict which patients should have early consideration for surgery. Carter and Nutt provide the fourth Editorial in *Neurology's* series on Health Sciences Research, discussing the major implications of the article (p. 1303) on caregiving in progressive supranuclear palsy. DeVivo reviews the importance of pyruvate dehydrogenase deficiency in the context of two articles by Morten et al. (p. 1324 and p. 1331).

Epilepsy

Guerreiro et al. (p. 1263) report that refractory seizures in tuberous sclerosis complex (TSC) can be improved by surgery if a simple focus is identified. Corpus callosotomy also has a place in the palliative treatment of TSC. ♦ Ficker et al. (p. 1270) show that although the risk of sudden unexplained death in epileptics is very low, it is increased 24-fold in comparison with the expected rate. ♦ Chadwick et al. (p. 1282) report that gabapentin monotherapy is effective and safe in partial seizures. The role of gabapentin in comparison with other treatments was not addressed by the study. ♦ Devinsky and Gordon (p. 1293) report four patients in whom conversion (nonelectrical) seizures were temporally related to documented epileptic seizures. This association may account for the frequent occurrence of such nonepileptic seizures in patients who have true seizures. ♦ Cereghino et al. (p. 1274) report that rectal diazepam given out of hospital by nonmedical caregivers was both effective and safe for treatment of seizures in care-

fully preselected patients. ♦ Ho et al. (p. 1502) assessed results of surgical treatment of epilepsy in patients with hippocampal atrophy versus those with both amygdala and hippocampal atrophy. Those with hippocampal atrophy alone had a better outcome.

Movement disorders

Rinne et al. (p. 1309) report that the addition of entacapone to L-dopa treatment improved on-time in patients with PD who had been symptomatic because of diminishing L-dopa benefit. The benefit of adjunctive entacapone persisted even if L-dopa dose was decreased to reduce side effects. ♦ Chen et al. (p. 1494) report an open, long-term study (>1 year) with botulinum toxin type F used in patients who had become resistant to type A. The 14 of 18 who continued to respond to the new type had received a lower cumulative dose than the four who had become resistant to type F.

Stroke

Morgenstern et al. (p. 1359) report a 35-patient randomized trial of surgery versus medical treatment for intracerebral hemorrhage. The study documents the feasibility of such a trial. Surgery was not of benefit. Importantly, the study paves the way for a large randomized trial of new approaches to surgical treatment. ♦ St. Louis et al. (p. 1364) report that cerebellar vermin hematomas and the development of acute hydrocephalus identify patients likely to deteriorate after cerebellar hemorrhages. ♦ Ay et al. (p. 1369) report diffusion-weighted MRI (DWI) in three women with posterior leukoencephalopathy syndrome (PLES). PLES developed after an abrupt but moderate change in blood pressure in all

three patients. PLES could be distinguished from infarction by DWI.

Dementia

Dvorak et al. (p. 1386) report that although physical activity is not associated with improved cognition in AD, it is associated with a lower risk of bone fractures. Their observations suggest that an exercise program would prevent morbidity in AD.

CNS infections

Haanpää et al. (p. 1405) studied 50 immunocompetent patients with herpes zoster. CSF abnormalities were present in the majority and brain MRI abnormalities were common. Patients with MRI abnormalities were more likely to have developed postherpetic neuralgia. ♦ Zerr et al. (p. 1398) report eight patients with molecular evidence for the prion disease, fatal familial insomnia. Patients' initial presentation was with dysautonomia and features of Creutzfeldt-Jakob disease, not the severe insomnia that has been an early feature of some reports.

Neuromuscular disease

Finsterer et al. (p. 1417) report that EMG of cranial nerve-innervated muscles in patients with ALS but no bulbar signs or symptoms frequently demonstrates subclinical denervation. This observation suggests that such EMGs may be of value in diagnosis and prognosis. ♦ Baumgartner et al. (p. 1427) report an infant with hypotonia and other findings suggesting Werdnig-Hoffman disease, including normal mentation. Evaluation excluded the gene lesion of Werdnig-Hoffman disease but showed a distinctive peroxisomal disease.

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