Transient chronic **upgaze** differs from that of the transient variety of tonic downgaze deviation of the eyes in newborns, being more persistent and exacerbated by fatigue or illness (see Progress in Pediatric Neurology Millichap ed. 1991, p. 139).

SHUDDERING ATTACKS

The successful treatment of shuddering attacks with a beta-adrenergic blocker (propranolol) in a 3 year old girl is reported from the Division of Pediatric Neurology, Children's Hospital of Philadelphia, University of Pennsylvania, Philadelphia PA. The girl was admitted with a 3 week history of shaking episodes described as jerking and shivering 5 to 6 times a day. There was no loss of consciousness. The problem was first diagnosed as a tic since eye blinking had also been present for several months. The family history was negative for tremor or other movement disorders. The neurological exam showed episodes of head flexion with adduction and flexion of the arms and knees without loss of consciousness or postural tone. Within 2 weeks of starting propranolol 0.5 mg/kg/d the movements had ceased. When therapy was discontinued 2 months later, the shuddering resumed within a week and responded once again to propranolol therapy at 1/2 the original dose. A second attempt to discontinue therapy resulted in a prompt return of the shuddering attacks and the necessity for further treatment (Barron TF, Younkin DP. Propranolol therapy for shuddering attacks. Neurology Jan 1992; 42:258-259). (Reprints: Dr. Todd F. Barron, Division of Pediatric Neurology, The Milton S. Hershey Medical Center, P.O. Box 850, Hershey, PA 17033.)

COMMENT. It is proposed that the etiology and response to therapy of both essential tremor and shuddering attacks may be mediated by similar mechanisms. This appears to be the first report of successful treatment of shuddering attacks with propranolol. A family history of essential tremor has previously been reported in patients with shuddering spells and some manifested both shuddering and tremor (Vanasse M et al. Neurology 1976; 26:1027). Shuddering attacks have also been related to an intolerance to monosodium glutamate in children (Reif-Leahrer L, Stemmermann MG. N Engl J Med 1975; 293:1204).

BRAIN TUMORS

POST-SURGICAL CEREBELLAR MUTISM

Mutism immediately following removal of a large midline posterior fossa medulluloblastoma and a cerebellar arteriovenous malformation is reported in 2 children from the Department of Neurosurgery, University of Florida, Gainsville, FL. The 7 year old boy with medulluloblastoma showed only a mild dysarthria and truncal ataxia at 3 month follow up and a 15 year old girl with acute posterior fossa bleed and obstructive hydrocephalus was similarly affected by a dysarthria and truncal ataxia when examined at 3 months. A review of the literature disclosed 19 cases of transient mutism after surgical removal of posterior fossa tumors. The more widespread the