migraine was associated in 25% cases. Dystonia, included in some previous studies, was not encountered. Inheritance was autosomal dominant and penetrance was complete by age 65. (Bain PG, Marsden CD et al. A study of hereditary essential tremor. Brain 1994;117:805-824). (Respond: Dr PG Bain, MRC Human Movement and Balance Unit, Institute of Neurology, Queen Square, London WC1N 3BG, UK).

> COMMENT. The diagnosis should be considered in older children described as tremulous or having a mild symmetrical postural tremor of the upper limbs. Genetic counselling is pertinent in a parent with tremor and a currently unaffected child. The authors' data show that at birth, the risk of ever developing essential tremor is 46%, and the risk of being affected by 20 years is 30%. In an unaffected child of 15 years of age, the risk of tremor by 20 years is 8%, and by 40 years, 20%.

MIGRAINE AND RELATED DISORDERS

ASPARTAME-INDUCED HEADACHE

A double-blind crossover study in 32 subjects with self-identified aspartame-induced headache is reported from the University of Washington School of Medicine, Seattle, WA. Volunteers were randomized to receive aspartame (30 mg/kg/d) and placebo in a 2-treatment, 4-period crossover design. Each period was 7 days. Subjects reported significantly more headaches during aspartame treatment (on 33% of the days) compared with placebo (24%). Headache triggered by aspartame was particularly frequent [$p < 0.001$] in subjects who were "very sure" that aspartame had caused them headaches previously. One-fourth of the subjects withdrew from the study, complaining of too frequent or severe headaches or sleep disturbance. A number of individuals had declined inclusion in the study because of the severity of their reaction to aspartame. (Van Den Eeden SK et al. Aspartame ingestion and headaches: A randomized crossover trial. Neurology Oct 1994;44:1787-1793). (Dr SK Van Den Eeden, Division of Research, Kaiser Permanente Medical Care Program, 3505 Broadway, Oakland, CA 94611).

> COMMENT. The authors conclude that aspartame causes headaches in a subset of adults with self-identified aspartame-induced headaches. An underestimation of the adverse effect of aspartame in some studies may reflect differences in subject susceptibility, exclusion of specific responders, and concomitant ingestion of other food or drink. Children with migraine may be more responsive to dietary triggers than adults. (Progress in Pediatric Neurology I & II, Chicago, PNB Publ, 1991, 1994).

BENIGN NOCTURNAL ALTERNATING HEMIPLEGIA

Two brothers who developed recurrent attacks of alternating hemiplegia arising out of sleep, distinguishable from classical alternating hemiplegia of childhood (AHC), are reported from Montreal Neurological and Children's Hospitals, and Children's Hospital of Western Ontario, London, ON, Canada. Both infants awoke screaming 1 1/2 hrs after falling asleep and were paralyzed on one side. After returning to sleep and awakening in the morning, they had recovered. Similar episodes recurred with increasing frequency. Features such as hypotonia, dystonia, and eye movements, characteristic of AHC, were absent. Development remained normal. Both