were continued. (Uthman BM et al. Outcome for West Syndrome following surgical treatment. Epilepsia Sept/Oct 1991; 32:668-671).

COMMENT. This report indicates that infantile spasms and hypsarrhythmia of a diffuse pattern may be associated with a focal cerebral lesion amenable to surgery. Infantile spasms associated with COFS syndrome (cerebro-oculo-facial-skeletal syndrome) in a 3-month-old child is reported from the Department of Neurology, New York Medical College, New York, NY (Harden CL et al. Pediatr Neurol July/Aug 1991; 7:302-304). COFS syndrome is a rare autosomal recessive condition characterized by microcephaly, microphthalmia and/or cataracts, neurogenic arthrogryposis and multiple congenital anomalies. The infantile spasms and hypsarrhythmia resolved during ACTH therapy.

DIAGNOSIS OF JUVENILE MYOCLONIC EPILEPSY

Factors contributing to the misdiagnosis of juvenile myoclonic epilepsy (JME) in an epilepsy clinic have been examined in 70 patients at the Division of Neurology, King Khalid University Hospital, Riyadh, Saudi Arabia. More than 90% were undiagnosed on referral and 33% were not recognized initially in the epilepsy clinic. The delay in diagnosis was 8 years from onset and 17 months from the first evaluation in the clinic. Factors responsible for the delayed diagnosis include the following: myoclonic jerks rarely reported by patients; generalized tonic-clonic seizures may be nocturnal without circadian relation to awakening from sleep; unilateral jerks may suggest simple partial seizures; absence seizures may antedate jerks and GTCS seizures by 4.5 years and are frequently unrecognized. The EEG was significant in confirming the diagnosis in 63% of patients. Valproate is considered the treatment of choice and clonazepam is used as an adjunctive treatment. (Panayiotopoulos CP et al. Juvenile myoclonic epilepsy: factors of error involved in the diagnosis and treatment. Epilepsia Sept/Oct 1991; 32:672-676).

COMMENT. Failure to recognize JME may result in improper choice of anticonvulsant therapy, resultant status epilepticus, and failure to provide appropriate genetic counseling. This study reemphasizes the atypical history in some cases and the frequency of occurrence of absence seizures as the initial manifestation.

MEMORY AND LEARNING DISABILITIES

ANATOMY OF MEMORY

Studies of the anatomy and function of the brain system for memory in humans and animal models are reviewed from the Veterans Affairs Medical Center, San Diego and the Department of Psychiatry, University of California, San Diego, La Jolla, CA. Patients who underwent temporal lobe surgery developed memory impairment only when the removal extended far enough posteriorly to include the hippocampus and the parahippocampal gyrus. Horel