1. **A coincidence?**

A girl who at the time was 6 or 7 was diagnosed as an atypical form of cerebral palsy with ataxia and diplegia. Investigations were in process to look for an underlying cause when the family emigrated to Australia and I didn’t really hear much more about them.

About 2 years later I had a letter from a colleague of mine in Israel saying that a cousin of my patient had come under his care in Israel. She was a young woman of 20 years who had a progressive ataxia, which turned out to be Dopa-sensitive dystonia—a progressive difficulty in coordination which can be remarkably cured by giving the substance L-Dopa (the same drug as given in Parkinson’s). It has a remarkable effect on people even with long-standing difficulties and can transform an ataxic and paralysed person to one who functions very well within a very short period of time. I tried to contact the family in Australia but failed to do so.

About a year later I had a telephone call from the operator at the front desk saying that the mother of a former patient was there and wanted to see me—I told her to come up and she joined us on the round and told us the following story. Her daughter (who had been my patient) had gone to Australia where her cerebral palsy with ataxia had become worse. She had been around to many Centres in Australia trying to get help when she met a colleague of mine Dr. Lloyd Shield who said “Look, I don’t know but it might be worth trying this substance called L-Dopa which sometimes works in atypical cerebral palsy”.

The girl at the time was about 14 and had been in a wheelchair for about 4 years. That afternoon the family were due to go to the Beach and she told me that she told the older brother (who was 18) to get the transit van out as they were going to take her daughter Janet in the chair to the Beach. He said “Mom, there is no need to get the chair out as Janet is already in the car waiting to go”. She told me she was shocked and told her son not to be so silly as her daughter had not walked for years and she was amazed to find that her daughter was actually waiting in the car. This was, she said, less than 24 h after starting the new medication.

Then she remembered that her ex-husband (an Egyptian Jew) had a sister in Israel who had a daughter who would have been about the right age for the patient described. The story was almost identical in both of them.

About three years later I was talking to a lady in her early seventies—a remarkable character called Mrs. L—who does alterations to dresses, suits, etc., and has been a seamstress all her life. I always thought of her as Rumanian but she was actually born in Egypt. Always gossiping and joking, asking questions—however abstruse they were about all members of the family and she suddenly said to me (out of the blue) “My cousin’s daughter in Australia used to have cerebral palsy but now she is better. How could that occur?” I suddenly had a flash of remembrance and said to her—out of the blue and not knowing who this girl was—“Which city she lived in; what age she was; was her name Janet?” and she said “Yes”. It was the same patient! She said “I knew you would know”.

**Comment**

Nowadays, it is unlikely that such striking and rapid recovery with L-Dopa will ever be seen by young paediatric neurologists—but they really occurred! It is now known that dopa-sensitive dystonias may “hide” as atypical cerebral palsies and a trial of—L-Dopa is given when there is a hint that this might be the case. Note also that this story would not have existed if the lady calling unexpectedly from the front desk during rounds had not even been invited to join, which many of us would not have done.

2. **The eyes have it**

A 7-year-old boy was referred to me because of abnormal eye movements. He had episodes where his eyes appeared to move to one side, then to the other. It was thought to be some odd form of nystagmus. He was seen by a competent ophthalmologist who found no ophthalmic or neuro-ophthalmic findings.

His mother told me that his eyes moved to one side and then to the other side in episodes. These episodes could occur 4, 5 or 6 times a day. Each episode lasted about 5 min. His eyes flicked to one side and then to the other, and then it would stop. I asked her if there was any form of change in him in any other way during the attacks, such as staring or blanking or...
unawareness or jerking and she said, “No”. After a moment or two however she said, “Well he sometimes speaks during the attack”.

I asked her if he said anything special or just called out and she said, “No, he talked about sharing”. At this particular juncture I asked the mother to leave the room, and said to the boy “Tell me about this sharing”. He then said to me “Well, it’s like this. If one eye bought a boat”, I hesitated then said “You mean a boat that goes on the river” and he said “Yes. If one eye bought a boat, the other eye would have to buy a boat” and I said “Why is that?” “Because one has to share. My mother always tells me that you have to share things. It isn’t fair otherwise”. So I said, “Your eyes have to share?” “That’s right” he replied. I then said, “Do the eyes just go to one side on their own, and then go to the other side?” He said, “Well, as long as you don’t tell anybody I will tell you”. I paused for a little while. “So what in fact happens? Do the eyes move by themselves or do you move them?” He then said to me, “Well as long as you don’t tell anybody—I help them a little bit”. He as in fact playing with his eyes.

This boy had seen three or four different consultants and teams, he had been investigated as possible epilepsy or having a complex sort of eye movement, he had had various scans, a blood test and lumber punctures and this all turned out to be an eye tic or habit spasm. The episodes stopped spontaneously and he was well but about 2 years later he came back with an odd limp!

Thierry Deonna
Département Medicochirurgical de Pédiatrie,
Unité de Neuropédiatrie 1011, CHUV, Lausanne, Switzerland
E-mail address: Thierry.Deonna@chuv.ch

John Stephenson
Fraser of Allander Neurosciences Unit,
Royal Hospital for Sick Children, Yorkhill,
Glasgow, Scotland G3 8SJ, UK
Tel.: +44 141 7765589
E-mail address: john@jbpstephenson.com

This boy had seen three or four different consultants and teams, he had been investigated as possible epilepsy or having a complex sort of eye movement, he had had various scans, a blood test and lumber punctures and this all turned out to be an eye tic or habit spasm. The episodes stopped spontaneously and he was well but about 2 years later he came back with an odd limp!