

reported cerebellar hemorrhage in two 10-year-old children with spongioblastomas of the fourth ventricle. We treated an 8-month-old child with an ependymoma of the fourth ventricle that extended into the vermis and left cerebellar hemisphere and that presented with cerebellar hemorrhage.<sup>3</sup> This child had a subacute 3-week course of torticollis, inspiratory stridor, and irritability. Sudden coma and opisthotonus led to CT, which revealed hydrocephalus, a vermian cerebellar hemorrhage, and an associated mass that enhanced with contrast infusion. Subtotal tumor resection and evacuation of an acute vermian and left cerebellar hematoma was accomplished on an emergency basis. A ventriculoperitoneal shunt was used to control hydrocephalus postoperatively. Radiation therapy was given. The patient made a good recovery, although current studies reveal persistent tumor.

These three cases indicate that cerebellar tumors in children may present as cerebellar hemorrhage. Cerebellar hemorrhage occurring after the newborn period is almost always due to a structural lesion, such as a vascular malformation or tumor.<sup>3,4</sup>

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**Reply from the Authors:** We thank Dr. Young for his comments, and we await the publication of his paper. However, he misinterpreted one of our statements. We did not claim to be reporting the first case of cerebellar hemorrhage in a tumor in childhood; we acknowledge the fact that this indeed has been reported before. We stated "We now describe cerebellar hemorrhage as the initial manifestation of cerebellar astrocytoma, the first reported case of such an occurrence."

In a 1979 review of brain hemorrhage in in-

tracranial tumor, there were no cases in children.<sup>1</sup> One article described an intracerebral hematoma as the initial manifestation of a cerebral astrocytoma in a 2-week-old infant, but the authors did not mention posterior fossa hemorrhage from an astrocytoma.<sup>2</sup> Kneeland,<sup>3</sup> in a review of spontaneous cerebellar hemorrhage in children and adolescents, did not find tumor as a cause; most were caused by a congenital vascular abnormality.

We agree that vigorous diagnostic studies and aggressive treatment are indicated in cases of cerebellar hemorrhage, not only in children, but in patients of all ages.

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## The Nobel Prize and Oldendorf

**To the Editor:** To deny Dr. William Oldendorf the Nobel Prize for his seminal contributions in CT scanning is an egregious error. The January 4, 1980 *Science* editorial insinuates political intrigues, but regardless of motives, justice was not properly served. Sadly, but philosophically, neurologists must identify vicariously with Dr. Oldendorf and take bitter comfort in knowing that one of their own was close indeed to capturing the deserved "Gold Medal" of Medicine.

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## Correction

"Passive transfer of human myasthenia gravis to rats: I. Electrophysiology of the developing neuromuscular block" by James F. Howard, Jr., and Donald B. Sanders, July 1980, p. 763, first line, left column, should read "SEM) was 30% less than in tolerant rats that had..."

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## Correction

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