Controlled trial of cooling for fever in the neurologic intensive care unit
Mayer et al. (p. 292) address an issue of major impact in the neurologic intensive care unit (NICU)—hyperthermia. They randomized 220 febrile (T > 101°F) patients to receive either acetaminophen alone or with a cooling-air blanket. The air blanket was not of greater benefit than acetaminophen alone. ◆ The accompanying editorial by Diringer (p. 286) considers the importance and challenges of assessing treatments of NICU patients and notes that the Mayer et al. study is a first step in evaluating the use of hypothermia and the better treatment of fever in critically ill patients with neurologic disease.

How to position a patient during seizures
DeToledo and Lowe (Views & Reviews, p. 290) note that aspiration pneumonia was infrequent in their series of adults with intractable generalized seizures (2/733) whereas shoulder dislocation occurred in 5/806 patients. Video recordings suggested that the dislocation could have been the consequence of vigorous positioning efforts. Because aspiration is more frequent in the postictal phase of seizures, and because secretions during seizures can be dealt with by suctioning, DeToledo and Lowe question the wisdom of the time-honored maneuver of forcefully turning patients on their side while they are actually seizing.

Predicting progression of MS
Filippi et al. (p. 304) found that diffusion tensor MRI identified lesions in normal-appearing white matter in patients with MS and that the extent of these lesions correlated with clinical progression in secondary progressive MS. ◆ Chapman et al. (p. 312) found that APOE ϵ4 allele frequency in patients with MS did not differ from that in healthy controls, but in patients with MS with the ϵ4 allele, progression of disease was markedly accelerated.

SCA-12: Clinical picture and frequency
Two articles consider one of the new autosomal dominant SCA—SCA-12. The accompanying editorial by Subramony and Filla (p. 287) places SCA-12 in the context of the now 14 (and growing) SCA, noting their clinical features and genetic causes. ◆ O'Hearn et al. (p. 299) describe the clinical features of 10 cases in the index family with SCA-12 fourth-decade onset of action tremor (10/10) with hyperreflexia and ataxia in the majority. Imaging showed cerebral and cerebellar atrophy. ◆ Worth et al. (p. 419) screened 392 patients from the United Kingdom for the SCA-12 CAG repeat expansion. None were affected. SCA-12 is therefore rare.

Prednisone/IV immunoglobulin in inclusion body myositis
Dalakas et al. (p. 323) followed up on their previous negative IV immunoglobulin (IVIg) trial in inclusion body myositis (IBM) with a randomized, controlled trial of prednisone (for 3 months) followed by IVIg or placebo. No benefit was noted. There remains no treatment for the weakness of IBM.

Why isn't the incidence of myotonic dystrophy 1 decreasing?
Intergenerational expansion of CTG repeats, which causes increasingly severe symptoms and earlier disease onset in successive generations within families with myotonic dystrophy 1 (DM1), should eventually lead to extinction of existing families with DM1. Then why isn't the prevalence of DM1 decreasing? Martorell et al. (p. 328) addressed this intriguing question and found that premutation and even normal-length CTG alleles are liable to expand, especially when transmitted by a male. Therefore, new DM1 must arise from normal-sized alleles.

Frequency of stroke after age 65
The Longstreth et al. (p. 368) prospective study of approximately 6000 subjects older than 65 years found a 7.7% incidence of stroke in 7 years of follow-up (1.1%/year). Predictors of death from ischemic stroke included African American race and impaired walking.

Gluten sensitivity causing headache and an abnormal MRI?
Hadjivassiliou et al. (p. 385) describe 10 patients with headache and MRI abnormalities in whom laboratory data supported gluten sensitivity (antigliadin antibodies). A gluten-free diet was associated with improved headache in 9 of 10 patients. Gastrointestinal complaints were not present in 6 of 10 patients, and results of duodenal biopsies could also be normal.

Myoclonus suppression with levetiracem
Krauss et al. (p. 411) report major improvement with the new antiepileptic drug levetiracem in three cases of myoclonus—two posthypoxic and one postencephalitic.

IV immunoglobulin/ corticosteroids in Eastern equine encephalitis
Golomb et al. (p. 420) report a 69-year-old man with severe, serologically proven Eastern equine encephalitis and diffusion-weighted imaging abnormalities in whom IV immunoglobulin treatment was associated with rapid improvement and eventual full recovery from his initially comatose, spastic quadriparetic state.

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