infection of the peripheral trochlear nerve presenting itself as cranial mononeuropathies in this age group, ipsilateral fronto-temporal headache and browache may be associated. Invariably, spontaneous recovery of double vision occurs in intracavernous meningiomas. In young patients with congenital trochlear palsy with decompen-
sation should be ruled out by carefully measur-
ing vertical fusional amplitudes in primary gaze. Ocular myasthenia may simulate any pupil sparing, painless ophthalmoplegia and should be investigated with intravenous edrophonium testing when suspected. Only rare cases of solitary fourth nerve palsy due to compression causes or a tumor have been reported. In one such instance,¹ a fourth nerve palsy in a 51 year old was seen to progress over a 2 year period. Investigation revealed an intracavernous meningioma the cause.¹ Nuclear magnetic resonance (NMR) should be reserved for those cases of fourth nerve palsy which are not truly isolated, which do not improve after several months of observa-
tion, or are shown to be progressive in nature. Carotid angiography shows warrantied only in those rare situations in which an associated subarachnoid haemorrhage (such as due to basilar artery aneurysm) has been shown by lumbar puncture or computed tomography. Nerve neuro-
al palsy are often large and easily demonstrable on CT or MRI. Pain is often associated and remission of symptoms and signs is unusual.¹ Invariably the oculomotor nerve is involved although an isolated aducens nerve palsy may have been seen. As stated by Maurice-Williams and Harvey, only one case of intracavernous aneurysm producing solitary palsy has been reported¹ and in that case cranial nerves III and VI were later involved. Based on the existing data, I feel therefore that the fourth nerve palsy in their case was most likely ischaemic in origin and that the small aneurysm seen on angiography was probably coincidental. This interpretation would be more consistent with the spontaneous remis-
son which occurred.

MICHAEL L SLAVIN
Division of Neuro-ophthalmology,
Department of Ophthalmology,
Long Island Jewish Medical Center,
New Hyde Park, NY 11042,
United States

⁴ Trobe JD, Glaser JS, Post JD. Meningiomas and aneurysms of the cavernous sinus. Neuro-