this and other studies does not contraindicate a diagnosis of migraine. Migraine-epilepsy syndromes are reviewed by Andermann F. Boston: Butterworths 1987; 407-8. These include epileptic seizures induced by a classic migraine aura and seen more often in children than in adults.

MIGRAINE AND EPILEPSY: INFANTILE ONSET

The coexistence of classical migraine, visual phenomena and seizures and occipital spike-wave complexes in the EEG are reported in 14 children from the Department of Neurological Sciences, University La Sapienza, Rome, Italy. The age of onset was 3 to 9 years (mean age 5.4 years) and the clinical and EEG follow-up ranged from 4 to 16 years (mean 11.2 years). Visual phenomena were described as bright rings, bands, red-colored disks, in both visual fields or in the visual hemifield opposite the spike-wave localization. Amaurosis followed the appearance of the phosphenes. In some patients the migraine with aura and epilepsy were chronologically related phenomena; migraine might occur immediately before or after seizures; migraine may act as a triggering factor for epilepsy. In others, visual phenomena either preceded migraine with aura or occurred as an isolated event or even preceded epileptic seizures (De Romanis F et al. Migraine and epilepsy with infantile onset and electroencephalographic findings of occipital spike-wave complexes. Headache June 1991; 31:378-383).

COMMENT. In 50% of the patients in this study, migraine with aura, with phosphenes and amaurosis as prodromal symptoms, replaces epileptic seizures when they disappear or improve following antiepileptic treatment. Ergot alkaloids or pizotifen were of little or no benefit whereas migraine with aura responded to anti-epileptic treatment. Occipital epilepsy in childhood in this study was not benign and seizures were controlled by anti-epileptic treatment in only 2 subjects.

Migraine and pregnancy is reviewed by Uknis A and Silberstein SD in the same issue of Headache 1991; 31:372-374. A first attack of migraine with unilateral parasthesias and blurred vision occurred in a 27-year-old woman during the first trimester and led to the diagnosis of her pregnancy. Pre-existing migraine usually improves with pregnancy, whereas relapse frequently occurs in the post-partum period. Children born to migraineurs have no increased incidence of birth defects.

SEIZURE DISORDERS

PROGNOSIS OF NEONATAL SEIZURES

The neurologic outcome of 40 infants with EEG documented seizures of diverse etiologies was examined retrospectively at the Division of Neurology, The Children's Hospital of Philadelphia, PA. Neurologic follow-up of 27 survivors performed at a mean age of 31 months (range 5 to 56