reaction to phenytoin in neonates appears to be a rare occurrence. Although slow iv injection of undiluted phenytoin parenteral solution (1-3 mg/kg/min) is recommended by some, most neonatologists and neurologists advocate dilution with normal saline prior to iv injection, infusion at a rate of no more than 0.75 mg/kg/min (Ramsay RE. Epilepsia 1993;34 (Suppl 1):S71), and followed by a normal saline flush. Avoidance of the hand and an in-line filter are additional precautions cited in the literature. Phenytoin should not be mixed in glucose solutions since the drug precipitates out in microcrystals.(Ramsay RE, 1993). Intramuscular injection of PHT should be avoided because of local discomfort, muscle necrosis, and slow and erratic absorption.

HEADACHE DISORDERS

HEMICRANIA CONTINUA

Ten new patients and 24 previous reports of hemicrania continua are reviewed from the Albert Einstein College of Medicine, and the Montefiore Medical Center, Bronx, NY. A 20-year-old man presented with an 8-year history of unilateral, right-sided headaches occurring in discrete bouts of continuous pain each lasting 6 months, approximately once yearly. The pain was constant and moderate in severity, with superimposed exacerbations of more severe pain, recurring two to three times daily, and associated with ipsilateral conjunctival injection, ptosis, lacrimation, and rhinorrhea. The patient would rock in a chair, pace, or hit his head against a wall in an effort to allay the pain. Treatments with carbamazepine, propanolol, verapamil, and lithium were of no benefit, whereas indomethacin 25 mg TID resulted in immediate and complete relief. Headaches recurred within 2 days on two occasions when treatment was discontinued during the 6-month pain cycle. Most patients were adults, but the onset was at 12 years of age in one and 18 years in one other. (Newman LC, Lipton RB, Solomon S. Hemicrania continua: Ten new cases and a review of the literature. Neurology Nov 1994;44:2111-2114). (Reprints: Dr Lawrence C Newman, Department of Neurology, Montefiore Medical Center, 111 East 210th Street, Bronx, NY 10467).

> COMMENT. Hemicrania continua (HC) is distinguished from cluster headache by the continuous, moderate background pain, and when present, the relatively mild autonomic features. The authors described three types of HC: 1) a remitting or noncontinuous form (15%); 2) an unremitting form evolved from the remitting form (32%); and 3) an unremitting form with continuous headache lasting for years (53%). The majority (85%) have typically continuous, unremitting attacks. The diagnosis is important because of the remarkable response to indomethacin.

SEASON'S GREETINGS
AND
A HEADACHE-FREE 1995