

Aura phenomena during syncope were studied in 60 patients, mainly adults, with cardiac and 40 with vasovagal syncopes at the University Clinic, Innsbruck, Austria (Benke Th, Hochleitner M, Bauer G. Eur Neurol Jan 1997). Auras in 93% were mostly epigastric, vertiginous, visual, or somatosensory experiences, more detailed in the vasovagal group. Syncope-related auras were distinguished from epileptic phenomena by their lack of symptoms such as tastes, smells, and *deja vu*.

EPILEPSY AND AUTISM

The relationship of epilepsy and epileptiform EEG abnormalities to language and behavioral regression in children with pervasive developmental disorders or autism was studied in 585 patients at the Miami Children's Hospital, Florida. Regression had occurred in 30%, and 11% had a history of epilepsy. EEGs were epileptiform in 59% of 66 epileptic, and 8% of 335 nonepileptic children. Regression occurred equally in nonepileptic and epileptic children; and was associated with an epileptiform EEG in 14% of those without epilepsy. Language regression was correlated 1) with an epileptiform EEG in children without epilepsy, and 2) with more severe cognitive dysfunction. (Tuchman RF, Rapin I. Regression in pervasive developmental disorders: seizures and epileptiform electroencephalogram correlates. Pediatrics April 1997;99:560-566). (Reprints: Roberto F Tuchman MD, Department of Neurology, Miami Children's Hospital, Solomon Klein Pavilion, 3200 SW 60 Court, Suite 302, Miami, FL 33155).

COMMENT. The occurrence of language regression in children with autism is not closely associated with a history of epilepsy but does show a link with epileptiform EEGs in those without clinical epilepsy. The prevalence of epilepsy in young children with autism is relatively low (11%) but may reach more than 30% in adult life. Sleep EEGs are important to uncover epileptiform discharges in autistic children without epilepsy; language and social skills may improve after treatment with valproic acid. (see Progress in Pediatric Neurology III, PNB Publ, 1997; Ped Neur Briefs March 1994;8:20).

LEARNING DISABILITIES

THE ANATOMY OF MUSIC PERCEPTION

The cerebral functional anatomy of music appreciation in six young healthy, musically naive, right handed French subjects was determined, using a high resolution PET scanner and oxygen-15 labelled water, at the University of Caen, France, and the Wellcome Department of Cognitive Neurology, Institute of Neurology, London, UK. Four activation tasks on the same auditory material, consisting of 30 sequences of notes on tape, were used: 1) identification/familiarity with tunes; 2) attention to pitch task; 3) timbre task; 4) rhythm task. Based on the neuropsychological literature concerning music perception in brain-damaged subjects, the timbre and pitch tasks were expected to activate the right hemisphere, and rhythm and familiarity tasks to involve the left hemisphere. In agreement with the literature, *familiarity* and recognition of tunes, and the *rhythm* task caused activation mainly in the left hemisphere; the *timbre* task activated the right hemisphere. In contrast to previous studies, *pitch* processing caused activation in the left hemisphere, specifically the left cuneus/precuneus, in proximity to primary visual areas, and reflecting a visual mental imagery. (Platel H, Price C, Baron J-C, Wise R,