Neurosurgery, Children's Memorial Hospital, Chicago, Illinois. Seizures were generalized in 64% and focal in 28%. They occurred within 24 hours after injury in 95% and within 7 days in 98%. The injury was caused by a fall in 60%. Children with a severe head injury (Glasgow Coma Scale $\leq$ 8) had a 7 times higher incidence of seizures than those with minor trauma. Those with CT evidence of diffuse cerebral edema or subdural hematoma had the highest incidence of seizures. Prophylactic use of anticonvulsants was recommended in children with diffuse cerebral edema, subdural hematoma, open depressed skull fracture, or severe head injuries. (Hahn YS et al. Factors influencing post-traumatic seizures in children. Neurosurgery May 1988;22:864-867).

COMMENT. Unfortunately, the duration of prophylactic anticonvulsant therapy was not addressed in this report, although the follow-up period was 7 months to 6 years. In a previous study at the Mayo Clinic involving 2747 patients of all ages with head injury, early seizures occurred in 2.1%. The risks of post-traumatic seizures after severe injury were 7.1% within 1 year and 11.5% in 5 years, after moderate injury 0.7% and 1.6%, and after mild injury 0.1% and 0.6%. Children were at a greater risk for early seizures after severe trauma than adults, but late seizures in children were less frequent and had no relation to the occurrence of early seizures. Mild head trauma in both children and adults did not cause epilepsy. (Annegers JF et al. Neurology 1980;30:683).

ABSTINENCE-ASSOCIATED NEONATAL SEIZURES (AANS)

The neurodevelopment of 14 infants with AANS was assessed during the first year of life in the Division of Neonatology (Dr Kandall), Beth Israel Medical Center, First Ave at 16th St, New York, NY. Bayley developmental scores remained normal and most early EEG and neurological abnormalities, including hypertonia, hyperreflexia, tremors and irritability, became normal during follow-up. Seizures, mainly myoclonic, were controlled initially with phenobarbital I.V. and then oral phenobarb or paregoric. Medications were gradually discontinued if EEG's reverted to normal. Of 9 original abnormal EEG's, 4 were normal by 8 weeks of age and only one remained abnormal at 6 months. Clinical improvement paralleled EEG improvement. Prognosis for AANS was good and different from that of neonatal seizures due to other causes. (Doberczak TM et al. One-year follow-up of infants with abstinence-associated seizures. Arch Neurol June 1988;45:649-653).

COMMENT. Infants born to methadone and heroin-dependent mothers have a reported risk of 20% and 4%, respectively, of developing seizures. Fortunately, these neonatal seizures appear to be transient and unassociated with persistent neurological deficits, whereas infants with neonatal seizures from other causes have a mortality rate of 35% and two-thirds of survivors suffer from cerebral palsy, epilepsy or retardation. (Holden KR et al. Pediatrics 1982;70:165).

EPILEPSY IN AUTISM

Epilepsy occurred in 27% (14/52) of children with autism under 10 years of age in a population-based study in the Dept of Child and Adolescent Psychiatry and Pediatrics, University of Goteborg, Sweden.