Phenacemide half-life in the adult was 25 hours and was estimated at 25 and 22 hours in two children. A twice-daily dosage regimen seemed appropriate. Therapeutic levels ranged from 16-75 ug/ml (median, 52 ug/ml). (Coker SB, Holmes EW, Egel RT. Phenacemide therapy of complex partial epilepsy in children: Determination of plasma drug concentrations. Neurology 1987; 37:1861-1866).

COMMENT. The authors rationalize their re-evaluation of phenacemide as monotherapy, stating that the majority of phenacemide-related deaths from liver failure or aplastic anemia had occurred in adults receiving polytherapy. After 30 years of dormancy, it is surprising that the drug had not been withdrawn from the market, having regard to its well established toxicity. The efficacy of phenacemide in partial complex (temporal-lobe) seizures has been demonstrated repeatedly in earlier studies and reconfirmed in this re-evaluation. Fortunately, none developed liver failure but one patient taking 4 gm daily had symptoms of nausea and vomiting suggestive of liver involvement and sufficient to warrant phenacemide withdrawal. Another showed a behavior or personality disorder, a common and troublesome side effect in previous trials. Is the reactivation of this drug necessary or advisable?

POST-ICTAL ACTH AND PROLACTIN PLASMA LEVELS

Significant elevations in ACTH and prolactin plasma levels were found within one hour after generalized tonic-clonic seizures in 10 epileptic patients but not in patients with syncopal attacks investigated at the Service de Neurologie, Hopital General 3, rue Faubourg Raines, Dijon, France. The mean ACTH and prolactin levels were 72.6+/- 3.7pg/ml and 13.9+/-1.9 ng/ml at one hour compared to 17.1+/-2.1 pg/ml and 4.1+/-1.2 ng/ml, respectively, at three to five days after seizures; the differences were significant ($p<0.01$) and independent of anti-convulsant effects. Levels of FSH, LH, and TSH were unchanged. The post-ictal rise of ACTH and prolactin levels may be used in the differentiation of epileptic seizures and syncope. (Giroud M et al. Les troubles neuro-endocriniens observes en phase post-critique chez les epileptiques. Rev Neurol (Paris) 1987; 143:620-623).

COMMENT. In the last 10 years, numerous studies have demonstrated the hormonal effects not only of generalized convulsive seizures but also of complex partial seizures and of interictal epileptiform discharges (Molaie M, Culebras A, Miller M. Epilepsia 1986; 27:724). Plasma prolactin elevations are used to differentiate epileptic from pseudo-seizures (Collins WCJ et al. J Neurol Neurosurg Psychiatry 1983; 46:505). It is postulated that persistent elevations of prolactin may contribute to endocrine dysfunctions in epileptic patients.

In the same issue of Rev Neurol (Paris) (1987; 143:559), Landrieu P of the Hospital de Bicetre reviews the recent progress and perspectives in pediatric neurology in France.