COMMENT: Thyrotropin-releasing hormone (TRH) therapy has been used in several neurologic disorders, including spinocerebellar degeneration, amyotrophic lateral sclerosis, and infantile spasms with hypsarrhythmia (see Ped. Neur. Briefs June 1987; 1:3). The present patient had an acute cerebellar ataxia following an infection of unknown origin and persisting for 18 months before treatment with TRH was begun.

CEREBELLAR ATAXIA BENEFITTED BY 5-HYDROXYTRYPTOPHAN

Levorotatory 5-hydroxytryptophan (10 mg/kg/day) was found to benefit patients with various inherited or acquired cerebellar ataxias in a long-term randomized, double-blind study at the Hopital Neurologique, Alexis Carrel Faculty of Medicine, Lyon, France. Of 30 patients in test and placebo groups, 2 had Friedreich's ataxia, 8 had postsurgical ataxia, 6 multiple sclerosis, 2 brain stem infarction, and 12 cerebellar cortical atrophy. The majority were adults, and the degree of ataxia was measured by four semiquantitative subtests. The treatment continued initially for four months, was extended in five patients without controls for a further eight months. Levo-5-hydroxytryptophan significantly improved the ataxia score and modified the time of standing upright, the speed of walking, speaking, and writing. The process appears to be serotonin-dependent and provides benefit particularly in static cerebellar disturbances and speech dysarthria caused by lesions of the anterior vermis. (Trouillas P et al. Improvement of cerebellar ataxia with levorotatory form of 5-hydroxytryptophan. A double-blind study with quantified data processing. Arch Neurol Nov 1988; 45:1217-1222).

COMMENT. The rationale for this treatment was the discovery of serotoninergic nerve terminals in the cortex of the cerebellum, and the induction of cerebellar tremor by the experimental depletion of serotonin. The treatment was well tolerated and should be considered for trial in children with Friedreich's ataxia and in static, postsurgical or post-viral cerebellar syndromes.

HEADACHE

EEG AND DIET RELATED MIGRAINE

Thirty-eight patients with a history of diet induced migraine were studied with recording of clinical responses and electroencephalography at the Departments of Neurology and Biometry, Kansas University Medical Center, Kansas City, Kansas. The subjects consisted of 30 females and 8 males aged from 17 to 38 years, all having a history of migraine attacks consistently provoked by either chocolate, cheese, or alcohol. With the exception of one patient with a febrile seizure at age 2, none had a seizure history. There was a family history of migraine in first degree relatives in 22 patients (58%). Tests were carried out on an initial baseline day and on a second day, after challenge with chocolate, red wine, cheese, and fasting. Migraine headache occurred in 16 (42%), four with scintillating scotomata. Electroencephalograms were abnormal in 12 subjects (32%) most abnormalities being nonspecific slow waves. In three cases there were paroxysmal