COMMENT. The authors concluded that despite a relatively small risk of ischemic stroke, smoking and the use of oral contraceptives should be discouraged or limited in young women with migraine. It was not known whether the increased risk of stroke related to all young migrainous women or only to a subgroup that remains to be defined.

HEADACHE AND GINSENG-RELATED CERBRAL ARTERITIS

A 28-year-old woman who had a severe headache after ingesting a large quantity of ethanol-extracted ginseng was diagnosed with cerebral arteritis in the Department of Neurology, Chang Gung Memorial Hospital, Keelung, Taiwan. Ginseng root 25 gm stewed in rice wine was taken for fatigue associated with sore throat. An explosive headache with nausea and vomiting developed 8 hours later and was temporarily relieved by acetaminophen. Smaller quantities of ginseng had never caused headache. CT showed increased density over the falx, suggestive of subarachnoid hemorrhage. Cerebral angiograms revealed multiple areas of alternating focal constriction and dilatation (beading) in anterior and posterior cerebral arteries and superior cerebellar artery, consistent with arteritis. The headache gradually resolved within 10 days. (Ryu S-J, Chien Y-Y. Ginseng-associated cerebral arteritis. Neurology April 1995;45:829-830). (Reprints: Dr Shan-Jin Ryu, Department of Neurology, Chang Gung Memorial Hospital, 199, Tung Hwa North Road, Taipei 105, Taiwan).

COMMENT. The temporal association between the ingestion of the ethanolic ginseng extract and the onset of a severe headache was strongly suggestive of a causal relationship. The use of cocaine, amphetamine, phenylpropanolamine, and other sympathomimetic drugs was denied. Most ginseng users are not medically supervised, and adolescents and adults may be experimenting with doses larger than those generally recommended in Chinese practice (0.5 to 2 gm). The expected benefits are listed as prevention of aging or tiredness, improved stamina or concentration, and increased resistance to stress or disease.

FEBRILE SEIZURES

IBUPROFEN AND ACETAMINOPHEN ANTIPYRETIC EFFICACY

The antipyretic efficacies of ibuprofen (5 mg/kg dose) and acetaminophen (10 mg/kg dose) were compared in 70 outpatients (mean age, 2.1 years) with a history of febrile seizures by a randomized, multiple dose, double-blind clinical study conducted at the University Hospital, Sophia Children's Hospital, and Erasmus University, Rotterdam, the Netherlands. Doses were given every 6 hours for 1 to 3 days, and rectal temperatures were recorded at 0, 2, 4, 6, 12, and 24 hours after the first dose. Ibuprofen reduced fever 0.5 degree C more than acetaminophen at 4 hours. The mean temperature was 0.26 degrees lower during ibuprofen treatment, and the highest temperature was 0.3 degrees lower. In a crossover trial and analysis, these differences in temperature were 0.66 and 0.36, respectively, in favor of ibuprofen. (Van Esch A et al. Antipyretic efficacy of ibuprofen and acetaminophen in children with febrile seizures. Arch Pediatr Adolesc Med June 1995;149:632-637). (Reprints: Dr Van Esch, Department of Public Health, Room Ee2091, Erasmus University, PO Box 1738, 3000 DR Rotterdam, the Netherlands).

COMMENT. The risk of recurrence of febrile seizures might be reduced by early administration of antipyretic drugs. Ibuprofen appears to be superior to acetominophen in antipyretic efficacy, but an anticonvulsant effect remains to be determined.

In laboratory studies of antipyretic agents, aspirin and acetophenetidin failed to retard the rate of temperature rise induced by radiotherm diathermy in animals, and aspirin in doses of 600 mg/kg lowered the threshold convulsive temperature and exacerbated the febrile seizure. Antipyretics in small doses may facilitate heat loss and relieve discomfort attending fever, but large doses may possibly exacerbate the tendency to febrile seizures. (Millichap JG. Febrile Convulsions, New York, Macmillan, 1968).

SERUM SODIUM AND FEBRILE CONVULSIONS

Serum sodium determinations were studied prospectively in 69 children with febrile convulsions followed in the Department of Paediatrics, Zuiderziekenhuis, Rotterdam, the Netherlands. Levels <135 mmol/l were found in 52%, and the mean level (134.4 mmol/l) was significantly lower compared to a group of children without fever (140.6 mmol/l) and a group with fever but no convulsions (137.6 mmol/l). Febrile seizure recurrence appeared to be correlated with a lowered serum sodium. (Hugen CAC et al. Serum sodium levels and probability of recurrent febrile convulsions. Eur J Pediatr May 1995;154:403-405). (Respond: Dr CAC Hugen, Department of Paediatrics, Zuiderziekenhuis, Groene Hilledijk 315. NL-3075 EA Rotterdam, the Netherlands).

COMMENT. The authors acknowledge previous demonstration of a lowered threshold to febrile convulsions in animals with hyponatremia (Millichap JG. Neurology 1960;10:312-321), but overlook the previous clinical report of hyponatremia (130 mEg/l or lower) in 4 (24%) of 17 children with febrile seizures, and serum sodium of 131 - 138 mEq/l in the remaining 13 patients examined. (Millichap JG et al. Studies in febrile seizures. V. Clinical and EEG study in unselected patients. Neurology 1960;10:643-653; *idem.* Febrile Convulsions, New York, Macmillan, 1968). Serum sodium determination is important in a child with a febrile convulsion.

ATTENTION-DEFICIT DISORDERS

BUPROPION v. METHYLPHENIDATE IN ADHD

The efficacy of bupropion and methylphenidate in the treatment of ADHD was compared in a double-blind, crossover study of 15 patients (7 to 17 years of age) at the University of Iowa, Iowa City. Methylphenidate titrated from 0.4 to 1.3 mg/kg per day (mean 0.7 mg/kg/d) and bupropion 1.4 to 5.7 mg/kg/d (mean 3.3 mg/kg/d) over a 6 week period were followed by a 2 week wash out period. Both drugs were effective in the treatment of ADHD, but rating scales trended in favor of methylphenidate. (Barrickman LL, Perry PJ et al. Bupropion versus methylphenidate in the treatment of attention-deficit hyperactivity disorder. J Am Acad Child Adolesc Psychiatry May 1995;34:649-657). (Reprints: Dr Perry, 2271 Quadrangle, University of Iowa, Iowa City, IA 52242).

COMMENT. Side effects were minor with either drug in this study.