as preschoolers, high achievers, and their mothers were employed outside the home. The stomache-ache alone group had an earlier onset of symptoms than those with headache, they were well-adapted emotionally, and their mothers were less educated. Childhood emotional problems and low maternal emotional support differentiated the co-occurrence group from the headache and stomach-ache only groups. School factors were not associated with the cooccurrence syndrome. (Borge AIH, Nordhagen R. Development of stomachache and headache during middle childhood: co-occurrence and psychosocial risk factors. <u>Acta Paediatr</u> July 1995;84:795-802). (Respond: Dr AIH Borge, National Institute of Public Health, Geitmyrseien 75, 0462 Oslo, Norway).

COMMENT. The co-occurrence of headache and stomach-ache in young children appears to constitute a distinct syndrome with psychosocial implications that may need to be addressed early to prevent later childhood incapacity. In the absence of central nervous or abdominal pathology, an interactive pediatric and psychological approach involving the mother and child is advised.

The absence of increased psychological or psychosocial disability in children with recurrent abdominal pain or in their families compared to controls, noted in the above study, is also alluded to in a letter to the editor (Feldman W. Recurrent abdominal pain in childhood. <u>Acta Paediatr</u> July 1995;84:834).

A study of esophogeal, gastric and duodenal biopsies in 31 children with migraine found twenty nine with an underlying inflammatory lesion of the gastrointestinal tract that could explain the associated symptoms of nausea (93% of patients), vomiting (42%), and abdominal pain (55%). The authors suggest that the findings support a causal link between recurrent abdominal pain and migraine. (Mavromichalis I et al. Migraine of gastrointestinal origin. Eur J Pediatr May 1995;154:406-410).

SEIZURE DISORDERS

AUTONOMIC EPILEPSY REVIEWED

In addition to gastointestinal manifestations of epilepsy, a review of autonomic epilepsies from the Deaconess and Beth Israel Hospitals and Harvard Medical School, Boston, MA, included cardiovascular manifestations, sudden cardiac death, neurogenic pulmonary edema and other respiratory manifestations, diencephalic epilepsy, cutaneous manifestations, and urogenital manifestations. Gastrointestinal symptoms of epilepsy present as auras in adult patients with complex partial seizures, but ictal autonomic symptoms may be limited to visceral sensations, called abdominal epilepsy, especially in children. EEG abnormalities associated with ictal vomiting usually lateralize to the right or nondominant temporal lobe. (Freeman R, Schachter SC. Autonomic epilepsy. <u>Seminars in Neurology</u> June 1995;15:158-166). (Reprints: Dr Freeman, Division of Neurology, Deaconess Hospital, Suite 7H, 110 Francis Street, Boston, MA 02215).

COMMENT. "Ictus emeticus and the nondominant temporal lobe" is discussed in <u>Ped Neur Briefs</u> June 1995;9:55. Some anticonvulsants have autonomic side-effects. (Millichap JG, Ortiz WR. Nitrazepam in myoclonic epilepsies. <u>Am I Dis Child</u> 1966;112:242-248).