induced deterioration in functioning. It seems most likely, however, that the major factor responsible for the improvement was better seizure control.

In conclusion, the results of the short term part of the study suggest that treatment with vigabatrin did not produce significant cognitive impairment. Patients reported early sedation, but this had disappeared by the 12th week of treatment. Longer term follow up allowed the identification of a further small improvement in overall performance. The sustained reduction in seizure frequency may have contributed to its development. From the practical viewpoint, phased introduction of vigabatrin seems a prudent policy to permit tolerance to subjective sedation during early treatment.

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Although this description probably also includes patients with writer’s cramp, the mention of absence of uncomfortable or painful sensations and male predominance refers, undoubtedly, to primary writer’s tremor.

Historical description of primary writer’s tremor

Tremor elicited by writing may be a feature of several neurological diseases. In rare occasions it presents as a unique symptom, and its independent nosological identity is frequently discussed. In other patients it is combined with essential tremor or focal dystonia. The modern description of this entity corresponds to Rothwell, Traub and Marsden. However, we have encountered a description by Grisolle in 1848 that exactly resembles writer’s tremor: “The affection consists of a particular tremor of the right hand fingers only observed when writing, and absent in all other circumstances. The patient is able to cut the pen and hold it with his fingers a long while, as if he were to write; he is able to touch himself, shave and play piano without difficulty. But as soon as he begins to write he is affected by tremor. When writing is interrupted, tremor ceases. On many occasions patients do not experience discomfort or pain. In others, these do exist.”

“This affection seems to develop slowly, until now it has only been observed in males and all were above the age of 30.”

“Alcohol spirits, moral affections and seminal losses are all believed to increase the tremor. The symptoms have never been ascribed to a certain disease; therefore, it has been compared with chorea.”
