recommended that, in elderly patients at least, it would be prudent to perform an ECG prior to starting carbamazepine therapy.[31]

All nine cases described so far, have been elderly and only one patient has had epilepsy. No fatalities have been reported, and in the two detailed post-mortem studies on sudden death in epileptics,[8 9] only one was taking carbamazepine, but not in the therapeutic dosage.[8] We suggest, however, that carbamazepine was responsible both for the syncopal attacks and the death of our young epileptic probably by causing ventricular asystole.

The lesson to be drawn would seem to be that any patient on carbamazepine, for whatever reason, who complains of syncope or a change in seizure type, should be admitted for investigation of this atrio-ventricular conduction system.

The differentiation of cardiac and epileptic loss of consciousness can often be difficult and the temptation to increase the dose of carbamazepine in an epileptic who complains of loss of consciousness should be resisted until assessment of their cardiovascular status is complete. If in doubt, it is probably best to stop the drug and substitute an alternative. It may be prudent to perform an ECG in the elderly, before commencing treatment with carbamazepine but, in the absence of further data on death related to the drug, no further precautions can be justified.

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**Correction**

In the paper "Acute dysautomia associated with Hodgkin's disease" (J Neurol Neurosurg Psychiatry 1986;**49**:830–2) reference 13 was incomplete. It should have read: Ref 13. Wesseling KH, Wit B de, Settels J, Klauwer WH, Arntzenius AC. On the indirect registration of finger blood pressure after Penaz. *Funkt Biol Med* 1982;**1**:245–50.

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