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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20 McKee RJ, Smout JS, Tremble MR. Effect of vigabatrin on cognitive function and mood when used as an add-on therapy in patients with intractable epilepsy Epilepsia 1991;32:128-34.

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.

J CASTILLO
F MARTINEZ
A GONZALEZ-JUENTELA
M NOYA
Servico de Neurologia, Hospital General de Galicia-Clinico Universitario, Santiago de Compostela, Spain

Correspondence to: Professor J Castillo, Servicio de Neurologia, Hospital General de Galicia-Clinico Universitario, Santiago de Compostela, Spain.