Australia (Bye AME. Neonate with benign familial neonatal convulsions: Recorded generalized and focal seizures. Pediatr Neurol March 1994;10:164-165). BFNC is heterogeneous in clinical and EEG features and cannot be distinguished from BIFC on the basis of clinical seizure patterns.

JUVENILE MYOCLONIC EPILEPSY

Video-polygraphic analyses of 302 myoclonic seizures (MS) in 5 patients with juvenile myoclonic epilepsy (JME) are reported from the Department of Pediatrics, Tokyo Women's Medical College, Japan. MS occurred singly or repetitively and corresponded to generalized bilaterally synchronous single or multispike-and-wave complexes at 3-5 Hz. Either distal or proximal muscles were involved, and facial jerks were infrequent. MS were asymmetrical in 4 of 5 patients and 9 to 38% of all seizures. Contraction and postmyoclonic inhibition of proximal muscles with atonia alternated with a flapping tremor during analysis of EMG in outstretched arms; myoclonic EMG potentials were suddenly disrupted when the arms dropped. Four patients fell when MS were intense. (Oguni H, Fukuyama Y et al. Video-polygraphic analysis of myoclonic seizures in juvenile myoclonic epilepsy. Epilepsia March/April 1994;35:307-316). (Reprints: Dr H Oguni, Dept Pediatrics, Tokyo Women's Medical College, 8-1 Kawada-cho, Shinjuku-ku, Tokyo 162, Japan).

COMMENT. A total of eight articles on juvenile myoclonic epilepsy were published in the March/April 1994 issue of Epilepsia. Panayiotopoulos CP et al reported a 5-year prospective study of 66 patents with JME seen at the King Khalid University Hospital, Riyadh, Saudi Arabia (Epilepsia 1994;35:285-296). Prevalence was 10.2% among 672 patients with epilepsies. Inheritance was autosomal recessive with siblings involved in 13 of 41 families.. Diagnosis had been missed before referral in 63 and even after the initial visit in one-third. Age at onset was 10 years (range 5 - 16 years). Absence seizures (in 33%) predated myoclonic jerks (in 97%) by 4 years, and generalized tonic-clonic seizures (in 79%) by 4.4 years. Myoclonic and GTC seizures occurred mainly on awakening. One-third had an essential type tremor. A combination of valproate and clonazepam was the most effective treatment. Relapse occurred in 9 of 11 patients after drug withrawal.

Clinical and EEG asymmetries were reported in 26 of 85 (31%) patients with JME seen at the Department of Neurology, Bowman Gray School of Medicine, Winston-Salem, NC. Fourteen (54%) were initially misdiagnosed as having partial seizures. (Lancman ME et al. Epilepsia 1994;35:302-306).

FELBAMATE IN INTRACTABLE CHILDHOOD EPILEPSY

Of 51 children with intractable seizures treated for two months with add on felbamate (50-75 mg/kg/day) at the Scottish Rite Children's Hospital, Atlanta, GA, 51% responded with improved seizure control, 22% were unchanged, and 28% had increased seizure frequency. Significant insomnia limited the usefulness of felbamate in 39% of children. Other adverse effects included anorexia, hyperactivity, and choreoathetosis. (Trevathan E et al. Febamate: Short-term efficiacy and side effects in 51 children with intractable