

## Notices

### Amended regulations for Upjohn Prize for Neurosurgical Research of the European Association of Neurological Societies

A prize of \$3,000 is offered by the Upjohn Company and awarded annually by the EANS. Those eligible for the prize should be neurosurgeons under the age of 40 at the time of submission, who are fully trained or still in the course of their training. Applicants should be either a member of one of the national societies of the EANS or should be supported by such a member. The basis of the manuscripts submitted should be previously unpublished research work, either clinical or experimental or both, of relevance in the field of neuroscience. There are no specific regulations for the format or type of manuscript. Thirteen copies of the submitted manuscript together with a brief curriculum vitae should be sent to the Chairman of the EANS Research Committee before 1st April 1990. The prize will normally be presented during the EANS training course of 1990 and the winner will be invited to attend that meeting and to present their work. The Chairman of the EANS Research Committee is: Professor J Pickard, Wessex Neurological Centre, Southampton General Hospital, Southampton SO9 4XY.

International Symposium on Thrombolytic Therapy in Acute Ischaemic Stroke. May 8–9, 1990. This will be held in Heidelberg. Information may be obtained from Dr Matthias Hirschberg, Department of Neurology, University of Heidelberg, Im Neuenheimer Feld 400, D-6900 Heidelberg, Federal German Republic.

### Historical observations on drug induced involuntary movements of the face

#### Part II

In the early 1950's a new class of drugs capable of producing involuntary movements was introduced and the terms "neuroleptic" and "tranquilizer" were added to common medical usage. Jean Delay and colleagues in 1959 described some of the negative effects of sulfamido-phenothiazine medication.<sup>1</sup> These included an akinetic syndrome without hypertonicity (similar to the condition following epidemic encephalitis described by Lhermitte in 1923<sup>2</sup> and the hypertonic akinetic Parkinsonian syndrome. In addition, they reported local and generalised tremor plus a hyperkinetic-hypertonic state including akathisia and tasikinesia. All of these states were reversible when the drug was withdrawn and the signs were frequently more noticeable on one side and when predominantly unilateral always more evident in the upper limbs. They also reported a syndrome of complete indifference, as well as a reversal of the normal sleep cycle.

More recently Hunter, Earl and Thornicroft<sup>3</sup> surveyed a group of 450 chronic, mental hospital patients. Two hundred of these were men and none showed a movement disorder. Of the 250 women, 13 had persistent distressing grotesque abnormal movements of the face, mouth, tongue and jaw. Common features in all patients were older age, brain damage and phenothiazine drugs. The latter had produced Parkinsonism which had been treated. These authors observed that, once established this syndrome appears to be permanent. Great caution should therefore be used in the prolonged use of phenothiazines in this particular patient group.

RT ROSS

#### References

- 1 Delay J, Deniker P, Robert R, Beek H, Barande R, Eurieult M. Syndromes Neurologiques experimentaux et therapeutique psychiatrique. *La Presse Medicale* 1959;67:123–8 and 67:201–203.
- 2 Lhermitte J. Les formes prolongees de l'encephalite epidemique. Forme akinetique, forme akineto-hypertonique, formes psychiatrique prolongees. *Le Journal Medical Francais* 1923;12:143–53.
- 3 Hunter R, Earl CJ, Thornicroft S. An apparently irreversible syndrome of abnormal movements following phenothiazine medication. *Proc Royal Soc Med* 1964;57:758–62.