

1994;44:1332-1333). (Reprints: Dr ES Roach, Department of Neurology, University of Texas Southwestern Medical Center, 5323 Harry Hines Blvd, Dallas, TX 75235).

COMMENT. The absence of impaired consciousness, normal EEG, and lack of response to antiepileptic drugs should help to distinguish hemifacial or hemisomatic spasms from partial epilepsy and lead to confirmation of a posterior fossa tumor by MRI.

TOURETTE'S SYNDROME AND STIMULUS-INDUCED TICS

Three patients with Tourette's syndrome (TS) and tic-related behaviors induced by external and internal stimuli are reported from the Department of Psychiatry, University College Medical School, Middlesex Hospital, London. All young adults whose tics began in childhood had developed a variety of obsessive compulsive disorders, sensory tics, reflex motor tics, or exaggerated startle responses, in response to internal (tightness in the chest) and external (people coughing or spitting) stimuli. The term "impulsions" has been used to describe these stimulus-induced behaviors which overlap with reflex tics and sensory tics. (Eapen V, Moriarty J, Robertson MM. Stimulus induced behaviours in Tourette's syndrome. J Neurol Neurosurg Psychiatry July 1994;57:853-855). (Respond: Dr Robertson, Department of Psychiatry, Middlesex Hospital, Mortimer Street, London W1N 8AA, England).

COMMENT. The authors use "reflex tic" to describe those in response to external stimuli (someone coughing), and "sensory tic" for those induced by sensations (tingling) felt in the soma or an internal stimulus (oneself coughing). The overlap between these various induced behaviors makes their separation difficult.

CLOMIPRAMINE FOR COMPULSIVE TICS

Reduction of adventitious movements and compulsions during clomipramine treatment (25 mg - 200 mg daily at bedtime) in five prepubertal, autistic, retarded boys is reported from the Division of Child and Adolescent Psychiatry, Bellevue Hospital and New York University Medical Center, New York. Ratings were conducted before, after 2 and 4 weeks treatment, and every 4 weeks. All three classes of movements responded to medication: general dyskinesia, akathisia, and tics. Medications were administered in a nonblind trial in clinical emergencies to extremely disturbed patients with severe environmental and familial stresses. (Brasic JR et al. Clomipramine ameliorates adventitious movements and compulsions in prepubertal boys with autistic disorder and severe mental retardation. Neurology July 1994;44:1309-1312). (Reprints: Dr James R Brasic, Department of Psychiatry, New York University School of Medicine, 550 First Avenue, New York, NY 10016).

COMMENT. Medicated autistic patients frequently have akathisia and tics. The differentiation of various adventitious movements in a heterogeneous group of patients is difficult, and specificity of response to treatment is limited.

CHOREIFORM MOVEMENTS AND VALPROIC ACID

Three patients, aged 10, 17, and 36 years, who developed chorea during long-term treatment with valproic acid are reported from the Comprehensive Epilepsy Program, Bowman Gray School of Medicine, Winston-Salem, NC. All patients had severe brain damage, one had a vascular lesion in the caudate