

European Society for the Study of Tourette Syndrome

ESSTS

TS-school Brussels | training course on Tourette Syndrome

Tuesday 6 June 2023

Royal Museum for Central Africa

Welcome

Andrea Cavanna, MD, PhD, FRCP, FANPA, SFHEA

BSMHFT and University of Birmingham, United Kingdom

University of Milano-Bicocca, Milan, Italy



All clinically relevant topics will be covered, including:

Diagnosis and definition of tic disorders

Nature of tics

Course of TS

Comorbidities

Differential diagnoses

Assessments

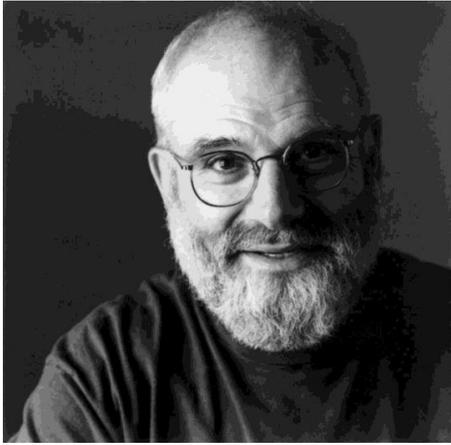
Pathophysiology including genetics

Treatment

view training course programme



13:00-13:25	Welcome	Andrea Cavanna
13:25-14:00	How to answer FAQ from patients and families on etiology and pathophysiology of tic disorders	Davide Martino
14:15-15:00	Comorbidity	Tamara Pringsheim
15:00-15:30	Coffee break	(foyer area)
15:30-16:15	Assessment, including differential diagnoses	Natalia Szejko
16:15-17:15	Treatment: pharmacological treatment, psychological intervention, deep brain stimulation	Kirsten Müller-Vahl & Andreas Hartmann
17:15-18:00	Cases: assessment and treatment	Nanette Mol Debes



Tourette syndrome

“This is truly of a tremendous importance. Any understanding of such a syndrome must vastly broaden our understanding of human nature in general... *[I] know of no other syndrome of comparable interest.*”

Letter from A. Lurija to O. Sacks, 1975

RÉSUMÉ ANALYTIQUE DE NEUF

N ^o D'ORDRE	SEXE AGE État social	LIEU de NAISSANCE et HABITATION	DURÉE de L'OBSERVATION	ANTÉCÉDENTS
1	Femme. 85 ans. Position élevée.	Paris (?).	61 ans : 1807-1868. Décédée.	Inconnus.
2	Homme. 20 ans. Employé de bureau.	Né au Havre qu'il habite.	4 ans : 1880-1884. En cours d'observat.	Une sœur est morte de tuberculose; la mère a des antécédents tuberculeux.
3	Homme. 15 ans. Père armateur.	Né au Havre qu'il n'a quitté que pour se faire soigner à Rouen et à la Salpêtrière.	6 ans : 1878-1884. En cours d'observat.	Etat particulier de la mère pendant la grossesse. — Antécéd. maternels inconnus. — Grande frayeur.
4	Homme. 21 ans. Clerc d'huissier.	Né à Evreux qu'il a quitté pour venir à la Salpêtrière.	16 ans : 1868-1884. En cours d'observat.	Rougeole à 6 ans. Fièvre typhoïde ? à 13 ans.
5	Homme. 14 ans. Père épicier.	Né au Havre qu'il habite.	6 ans : 1878-1884. En cours d'observat.	La mère a été folle.
6	Homme. 11 ans. Père magistrat.	Né en Vendée, habite le Havre.	6 ans : 1878-1884. En cours d'observat.	Grand'mère maternelle migraineuse; mère très nerveuse et très impressionnable; père migrait.
7	Homme. 21 ans. Mécanicien.	Paris.	11 ans : 1870-1881	Grand'tante choréique ? Grande frayeur en 1870; migraineux; sœur atteinte de la même affection.
8	Femme. 15 ans. Futuriste élevée.	Née en Vendée qu'elle habite.	6 ans : 1878-1884.	Le père a un tic non douloureux de la face. Une tante aliénée.
9	Homme. 23 ans.	Né au Havre.	9 ans : 1876-1885.	?

OBSERVATIONS INÉDITES

AGE AU DÉBUT et MODE	SYMPTOMES RÉSUMÉS	OBSERVATIONS	BIBLIOGRAPHIE
7 ans, bras.	Incoordination musculaire, principalement de la face et des bras. — Coprolalie.	Incurabilité, amélioration par l'isolement et une cure de petit-lait.	1 ^{re} partie : <i>Archives de médecine</i> , 1825, t. VIII, p. 403; — 2 ^e partie : Chareot (inédite).
16 ans, bras droit, cris inarticulés peu à peu.	Incor. musculaire du côté dr., puis généralisée. — Echolalie. Inhibition. Coprolalie. Saut.	Amélioration à la suite d'un vif chagrin.	P. Marie et Gilles de la Tourette (inédite).
8 ans, tête et cou.	Incoordination musculaire généralisée. Echolalie. Coprolalie. Saut.	Améliorations par l'isolement.	Gilles de la Tourette (inédite).
8 ans, face ?	Incoordination musculaire généralisée. Echolalie. Saut.	*	Id.
8 ans, face.	Saut.	*	Id.
6 ans, face.	Face. Saut. Cris inarticulés.	Amélioration par l'isolement.	Id.
7 ans, face.	Face et cou. Saut.	Amélioration par l'électricité statique.	Id.
9 ans, membres et face.	Incoordination musculaire généralisée. Echolalie. Coprolalie.	*	Professeur Pitres, de Bordeaux (inédite).
11 ans, membres inférieurs.	Incoordination musculaire généralisée. Coprolalie.	Rémission, amélioration par les toniques.	Dr Ch. Féré. (inédite).



FIG. I. — Tableau résumant les 9 observations originales de Gilles de la Tourette (1885b).

Table summarizing the nine original cases of Gilles de la Tourette (1885b).

RÉSUMÉ ANALYTIQUE DE NEUF					OBSERVATIONS INÉDITES			
N° D'ORDRE	SEXE AGE État social	LIEU de NAISSANCE et HABITATION	DURÉE de l'OBSERVATION	ANTÉCÉDENTS	AGE AU DÉBUT et MODE	SYMPTÔMES RÉSUMÉS	OBSERVATIONS	BIBLIOGRAPHIE
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REVUE NEUROLOGIQUE 176 (2020) 754-762



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History of Neurology

The Marquise de Dampierre identified at last, the first described clinical case of Gilles de la Tourette syndrome



O. Walusinski^{a,*}, J.-C. Féray^b

‘The cursing marquise’

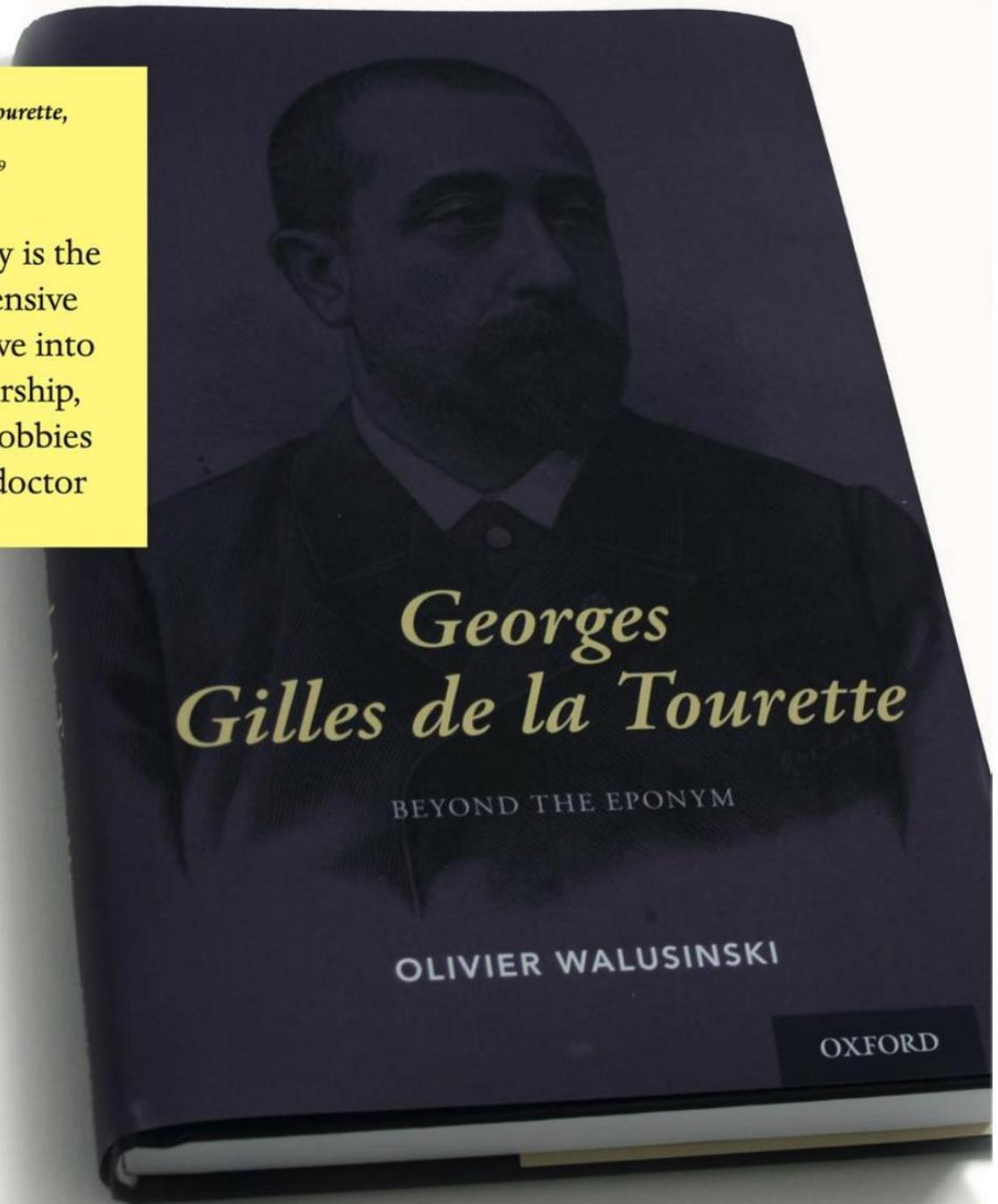
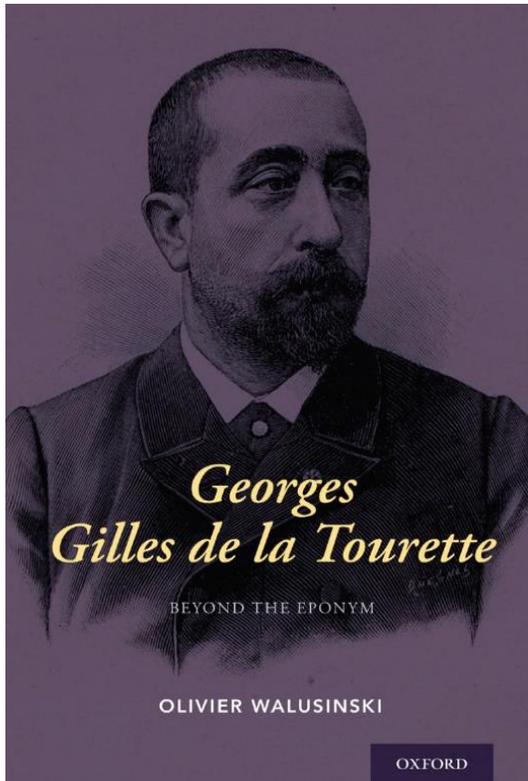
1885

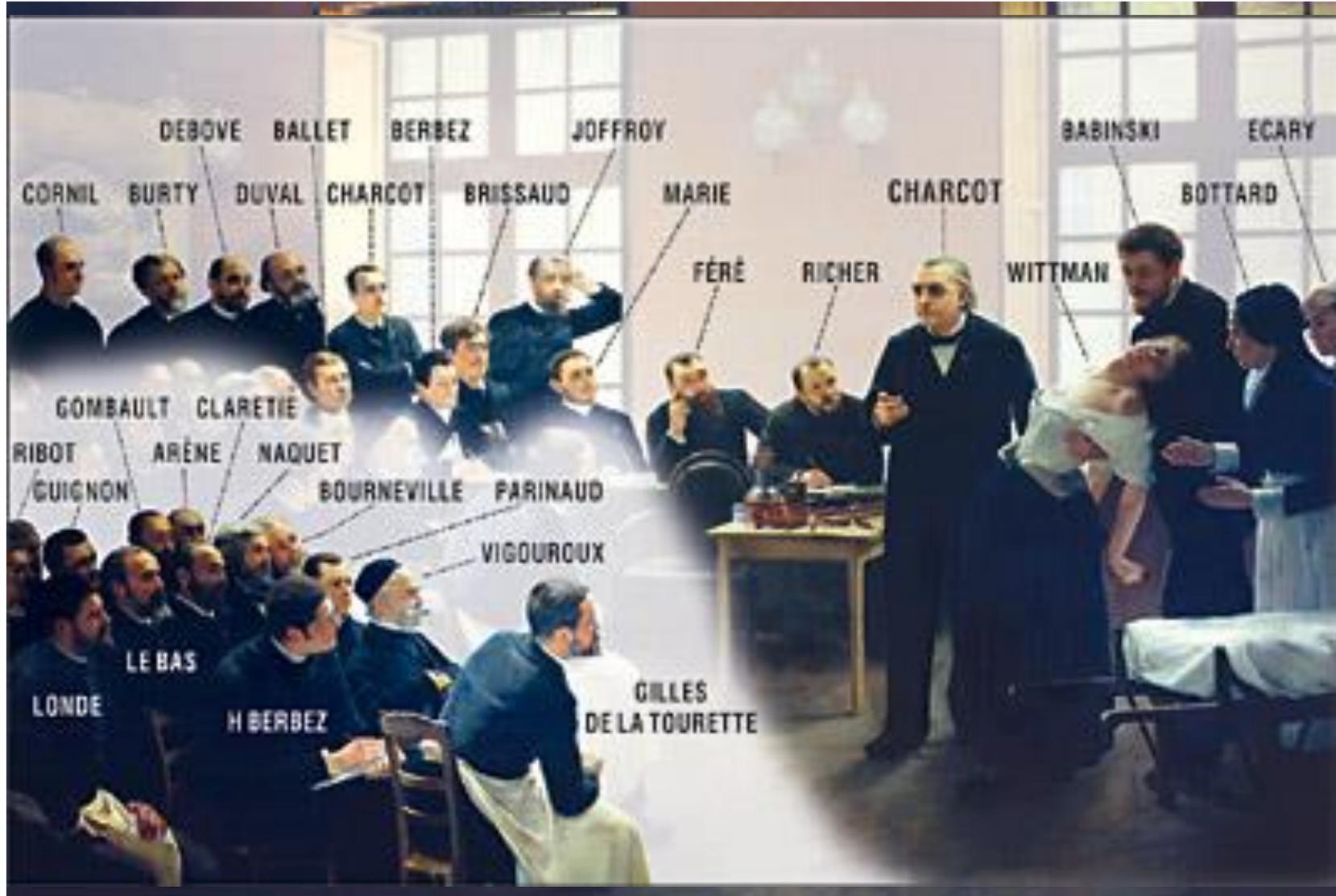


*Georges Gilles de la Tourette,
beyond the Eponym*

Oxford University Press, 2019
by Oliver Walusinski

This biography is the first comprehensive volume to delve into the life, scholarship, writing, and hobbies of the famed doctor





A. Brouillet, *Une Leçon Clinique à la Salpêtrière* (1887)

Georges GILLES DE LA TOURETTE (1857-1904)



Journal of
Psychosomatic
Research

Journal of Psychosomatic Research 67 (2009) 469–474

Original articles

Gilles de la Tourette: The man behind the syndrome

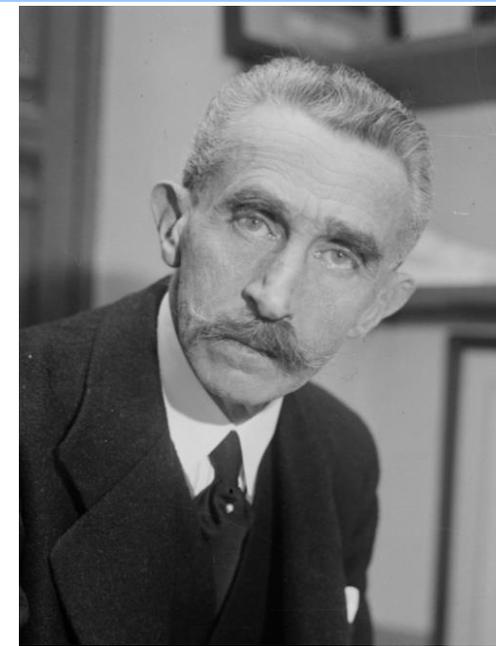
Hugh Rickards^{a,*}, Andrea Eugenio Cavanna^{a,b}

TICS AND THEIR TREATMENT

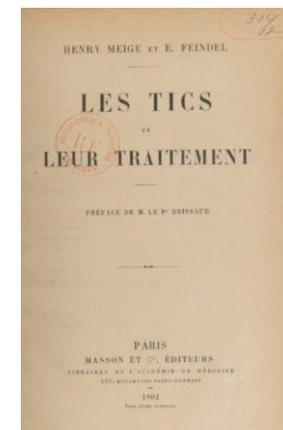
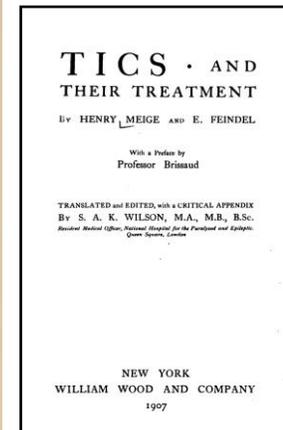
CHAPTER I

THE CONFESSIONS OF A VICTIM TO TIC

AT the time when the plan of our book was being sketched we decided to introduce the subject with several characteristic clinical documents, since it appeared to us indispensable to preface our definitions with an illustration of the type of affection and of patient that we had in view. The choice was rather bewildering at first; but towards the close of 1901 one of us was put into communication with an individual who is a perfect compendium of almost all the varieties of tic, and whose story, remarkable alike for its lucidity and its educative value, forms the most natural prelude to our study. The history is neither a fable nor an allegory, but an authenticated and impartial clinical picture, whose worth is enhanced by no less genuine facts of self-observation.



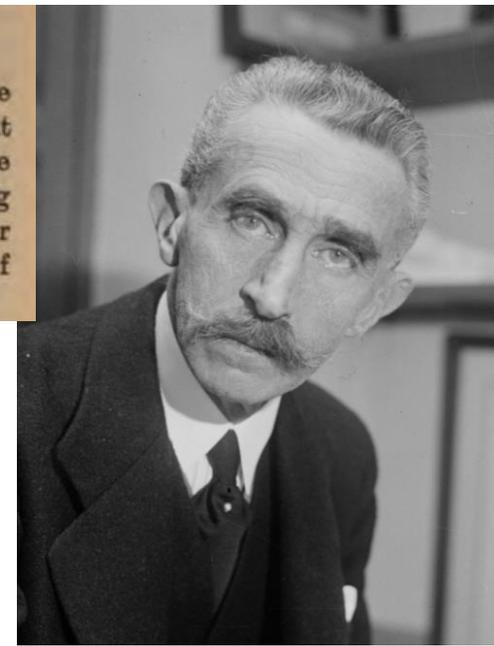
**Henry Meige
(1866-1940)**



1902

TICS AND HYSTERIA

Our response to the question whether tics are hysterical in origin is a direct negative. Without attaching pathognomonic significance to stigmata, we may remark how seldom they are encountered among those who suffer from tic, and how rarely the latter exhibit any of the paroxysmal manifestations of hysteria.



Henri Meige (1866–1940)

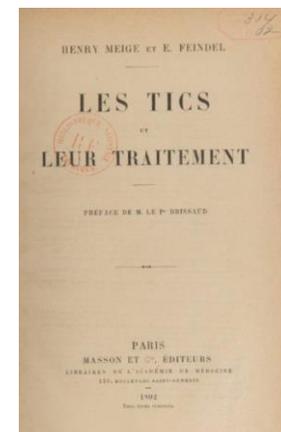
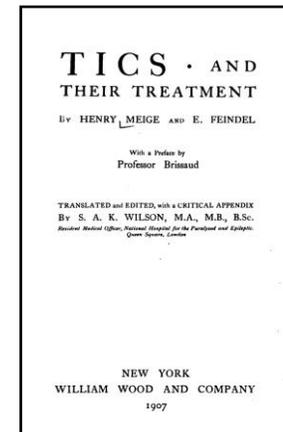
Michał K. Owecki¹ · Halina Bogusz¹ · Anita Magowska¹

Meige:

The psychogenic origin of tics is not Freud's hysteria, but 'hereditary weakness of the will' (akrasia)

In 1902, Meige presented his conceptions on tic pathogenesis, symptomatology and treatment in a monumental monograph entitled "Les tics et leur traitement" [6]. The book, which was translated into English in 1907 by a famous British neurologist, Kinnier Wilson, became a fundamental source of knowledge for the next half century and the basis for theoretical assumptions about convulsive vocal and motor tics. Meige considered tics to be a psychological pathology that developed in people who inherited susceptibility. According to Meige, poor will and weak self-control resulted in the conversion of bad habits formed during childhood into persistent convulsive tics. Tics were initially performed to gain a kind of somatic or emotional relief, but with time and repetition became habitual in a psychologically predisposed individual, even if the provoking stimulation ceased. Thus, Meige claimed, a congenital degenerative psychological disorder presenting with "hereditary weakness of the will" played a crucial role in the development of convulsive behavior. An ability to suppress tics temporarily, accompanied by personality changes, served as undeniable proof of their psychogenic origin [6].

Henry Meige (1866-1940)



1902



International Journal of Psycho-Analysis

(Vol. II, No. 1, 1921)

1. FERENCZI, S. Psycho-analytical Observations in Tic. 1-31.
2. BERKELEY-HILL, O. Short Study of the Life and Character of Mohammed. 31-54.
3. MOXON, C. Psycho-analytic Study of Christian Creed. 54.
4. Communications. EISLER, M. J. Womb and Birth Saving Phantasies in Dreams, 65; DALY, C. D. Numbers in Dreams, 68; BRYAN, D. Blindness and Castration, 71; HERMANN, J. Anxiety Dream and Oedipus Phantasy.
5. Collective Abstracts: REIK. The Unconscious: The Science of Religion; SACHS, H. Aesthetics and Psychology of Artists; REIK, T. Mythology; RANK, O. Dream Interpretation.

1. FERENCZI: *Tics*.—Ferenczi here deals with purely psychogenic tics. Tics due to other causes are recognized. The literature, he says, is still scanty. He refers to earlier work of his own in which the tic seemed to represent a stereotyped expression of an onanistic equivalent. Freud has previously spoken of somatic (organic) factors in tics and Ferenczi believes in close analysis of his case that such a view was correct.

Margaret Mahler (1897-1985) ESSTS

Many Central European psychoanalysts fled in the wake of Nazism to the United States, where they joined forces with an increasing number of native-born American psychoanalysts. Among this group of emigré psychoanalysts was Hungarian-born pediatrician Margaret Schoenberger Mahler, who worked in New York and **refined the psychoanalytic view of tics**, updating Ferenczi's explanations for a new generation of psychiatrists.



THE PSYCHOANALYTIC QUARTERLY

(1945). Psychoanalytic Quarterly, 14():267

A Psychosomatic Study of Maladie Des Tics (Gilles De La Tourette's Disease): Margaret Schoenberger Mahler and Leo Rangell. Psychiatric Quarterly, XVII,

His symptoms—involuntary tics, echolalia, echokinesia and uncontrollable inarticulate expressions of dysfunction of the system of expressional motility—developed at the age of seven. **Mental coprolalia reflected the patient's conflict between sadistic impulses and their repression.** Thirty months of intensive psychotherapy have ameliorated the patient's condition without fundamentally changing it. **The authors assume that the organic basis of this 'incontinence of emotions' makes the condition only partly accessible to psychotherapy.**

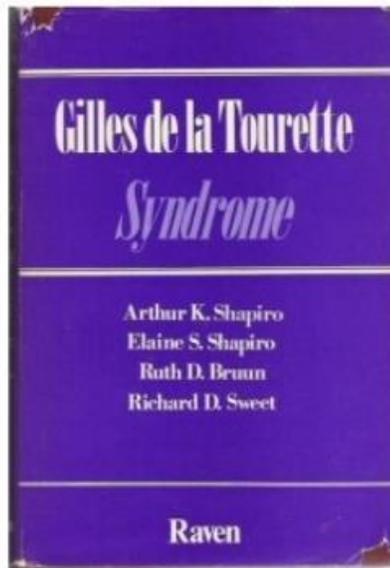
**Arthur Shapiro (1923-1995) and
Elaine Shapiro (1925-2014)**

ESSTS

Brit. J. Psychiat. (1968), 114, 345-350

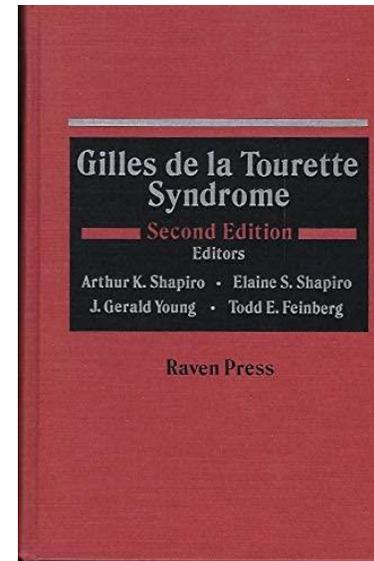
Treatment of Gilles de la Tourette's Syndrome with Haloperidol*

By ARTHUR K. SHAPIRO and ELAINE SHAPIRO



1978

In 1968, Arthur K. Shapiro and his wife, Elaine, treated a patient with haloperidol. Seeing the effects the medication had on the patient, the Shapiros argued that Tourette's was a neurological rather than a psychological disorder.



1988



Neurodevelopmental Disorders

Intellectual Disabilities

- Intellectual Disability (Intellectual Developmental Disorder)
- Global Developmental Delay
- Unspecified Intellectual Disability (Intellectual Developmental Disorder)

Communication Disorders

- Language Disorder
- Speech Sound Disorder (previously Phonological Disorder)
- Childhood-Onset Fluency Disorder (Stuttering)
- Social (Pragmatic) Communication Disorder
- Unspecified Communication Disorder

Autism Spectrum Disorder

- Autism Spectrum Disorder

Attention-Deficit/Hyperactivity Disorder

- Attention-Deficit/Hyperactivity Disorder
- Other Specified Attention-Deficit/Hyperactivity Disorder
- Unspecified Attention-Deficit/Hyperactivity Disorder

Specific Learning Disorder

- Specific Learning Disorder

Motor Disorders

Developmental Coordination Disorder

Stereotypic Movement Disorder

Tic Disorders :

- Tourette's Disorder
- Persistent (Chronic) Motor or Vocal Tic Disorder
- Provisional Tic Disorder
- Other Specified Tic Disorder
- Unspecified Tic Disorder

Other Neurodevelopmental Disorders

- Other Specified Neurodevelopmental Disorder
- Unspecified Neurodevelopmental Disorder



ESSTS
TIC

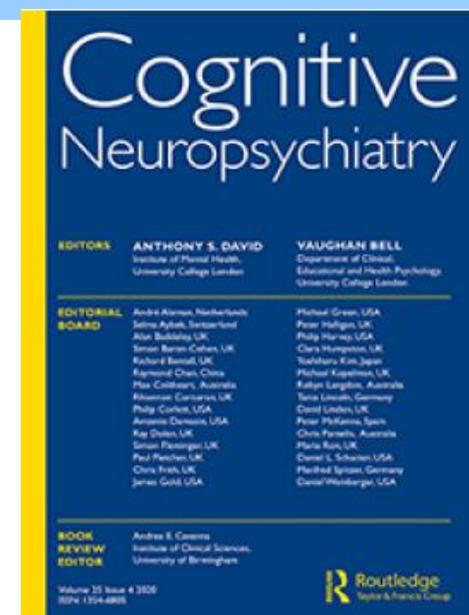


The cognitive neuropsychiatry of Tourette syndrome

Andrea E. Cavanna^{a,b,c}, Christos Ganos^d, Andreas Hartmann^{e,f,g}, Davide Martino^h,
 Tamara Pringsheimⁱ and Stefano Seri^c

Table 2. Examples of commonly reported motor and vocal tics.

Tics	Examples
Simple motor tics	abdominal contractions eye blinking facial grimacing mouth opening neck stretching shoulder shrugging
Simple vocal tics	coughing grunting humming sniffing snorting throat clearing
Complex motor tics	copropraxia echopraxia forced touching hitting jumping palipraxia
Complex vocal tics	barely audible muttering coprolalia echolalia palilalia random words talking to self



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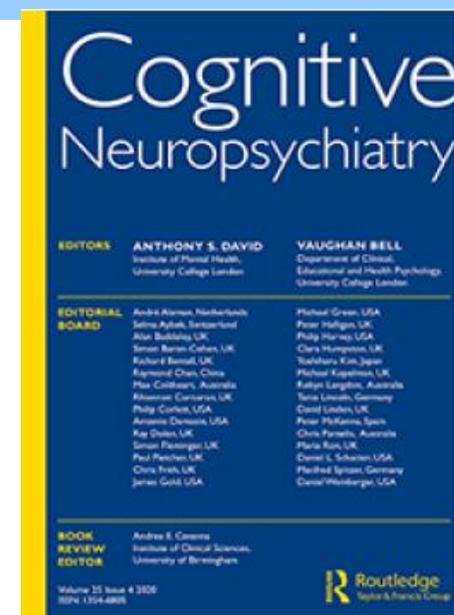


Table 3. Summary of key diagnostic features of the main tic disorders (onset before 18 years).

Tic disorder	Number of motor tics	Number of vocal tics	Chronic tics	Co-morbid ADHD or OCD*
Tourette syndrome	2+	1+	yes	very frequent (72%)
Persistent vocal tic disorder	0	1+	yes	Frequent (37%)
Persistent motor tic disorder	1+	0	yes	Occasional (12%)
Provisional tic disorder**	0/1+	0/1+	no	Rare (4%)

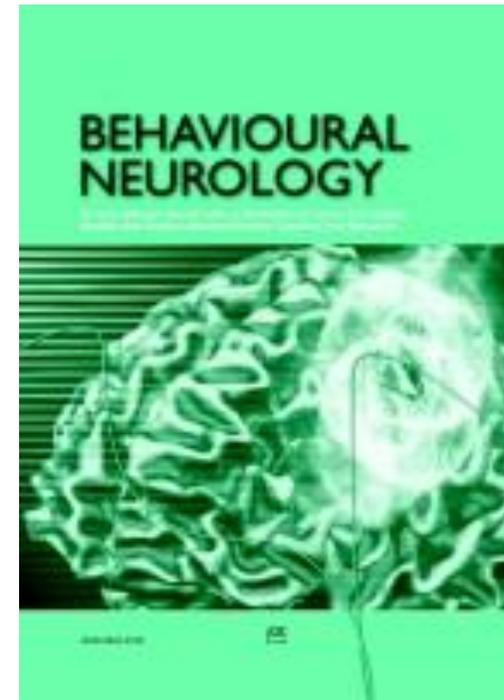
*Community data (school-age children) from Khalifa and von Knorring (2006).

**Patients with provisional tic disorder present with at least one motor and/or vocal tic.

Abbreviations: ADHD, attention-deficit and hyperactivity disorder; OCD, obsessive-compulsive disorder.

ESSTS | Budapest, Hungary, 22 August 2009

ESSTS Meetings | 2nd European Conference on Tourette Syndrome & Tic Disorders, Budapest, Hungary, 22 August 2009.



Editorial

Researching Tourette syndrome in Europe

Andrea Eugenio Cavanna^{a,b,*}



CLINICAL PRACTICE

Tics and TikTok: Functional Tics Spread Through Social Media

Mariam Hull, MD* and Mered Parnes, MD

CLINICAL PRACTICE

TikTok Tics: A Pandemic Within a Pandemic

Caroline Olvera, MD,* Glenn T. Stebbins, PhD, Christopher G. Goetz, MD, and Katie Kompoliti, MD



ESSTS

Danish girls troop up to the hospital with mysterious tics. **They have watched the same videos online**

Is it Tourette syndrome? Or just the internet?

Danske piger tropper op på hospitalet med mystiske tics. De har set de samme videoer online

Er det Tourettes syndrom? Eller bare internettet?



healthcare

Healthcare 2023, 11, 1481

Article

Clarifying the Differences between Patients with Organic Tics and Functional Tic-Like Behaviors

Kaja Andersen ^{1,2,*}, Ida Jensen ^{1,2}, Kirstine Birkebæk Okkels ¹, Liselotte Skov ¹ and Nanette Mol Debes ^{1,2}



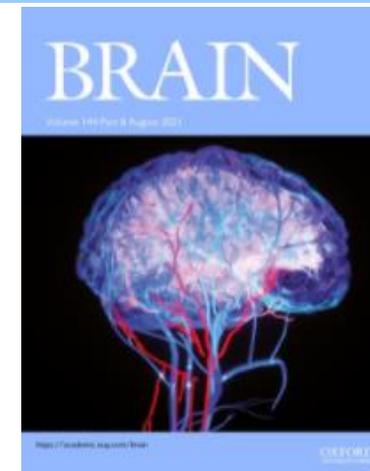
Stop that! It's not Tourette's but a new type of mass sociogenic illness

Kirsten R Müller-Vahl , Anna Pisarenko, Ewgeni Jakubovski, Carolin Fremer

Brain, awab316, <https://doi.org/10.1093/brain/awab316>

Published: 23 August 2021 **Article history** ▼

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Abstract

We report the first outbreak of a new type of mass sociogenic illness (MSI) that in contrast to all previously reported episodes is spread solely via social media. Accordingly, we suggest the more specific term “mass social media-induced illness” (MSMI).

In Germany, current outbreak of MSMI is initiated by a “virtual” index case, who is the second most successful YouTube creator in Germany and enjoys enormous popularity among young people. Affected teenagers present with similar or identical functional “Tourette-like” behaviours, which can be clearly differentiated from tics in Tourette syndrome.

Functional “Tourette-like” symptoms can be regarded as the “modern” form of the well-known motor variant of MSI. Moreover, they can be viewed as the 21st century expression of a culture-bound stress reaction of our post-modern society emphasizing the uniqueness of individuals and valuing their alleged exceptionalism, thus promoting attention-seeking behaviours and aggravating the permanent identity crisis of modern man. We wish to raise awareness of the current global “Tourette-like” MSMI outbreak. A large number of young people across different countries are affected, with considerable impact on health care systems and society as a whole, since spread via social media is no longer restricted to specific locations such as local communities or school

environments. spread via social media is no longer restricted to specific locations such as schools or towns.

CLINICAL **NEURO** SCIENCES

GRAND ROUNDS

Neurology, Neurosurgery, Physical Medicine and Rehabilitation, Translational Neuroscience

ZOOM ONLY 08:00-09:00 Case Presentations 09:00-10:00 Guest Speaker

Friday, May 14th, 2021

"Acute onset of tic-like behaviours in young people during the COVID-19 pandemic:
What is it and what can be done to mitigate it?"



**Tamara
Pringsheim**
MD, FRCPC, FAAN

Associate Professor
Departments of Clinical Neurosciences,
Psychiatry, Pediatrics and Community
Health Sciences
Program Lead, Tourette and Pediatric
Movement Disorders

**Davide
Martino**
MD, PhD

Associate Professor
Department of
Clinical Neurosciences
Director of the Movement
Disorders Program



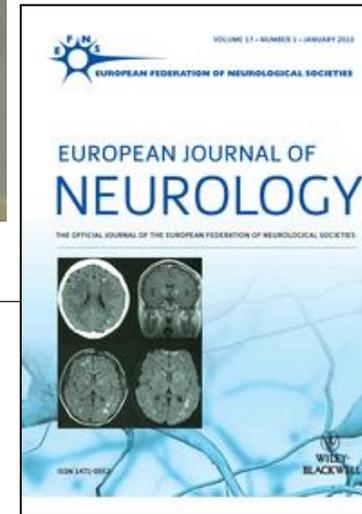


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DOI: 10.1111/ene.15672

ORIGINAL ARTICLE



European journal
of neurology
the official journal of the European Academy of Neurology

European Society for the Study of Tourette Syndrome 2022 criteria for clinical diagnosis of functional tic-like behaviours: International consensus from experts in tic disorders

Tamara Pringsheim¹  | Christos Ganos² | Christelle Nilles¹ | Andrea E. Cavanna^{3,4,5} |
Donald L. Gilbert^{6,7} | Erica Greenberg⁸  | Andreas Hartmann⁹ | Tammy Hedderly¹⁰ |
Isobel Heyman¹¹ | Holan Liang¹¹ | Irene Malaty¹² | Osman Malik¹³ | Nanette
Mol Debes^{14,15} | Kirsten Muller Vahl¹⁶ | Alexander Munchau¹⁷ | Tara Murphy¹¹ |
Peter Nagy¹⁸ | Tamsin Owen¹⁰ | Renata Rizzo¹⁹ | Liselotte Skov²⁰ | Jeremy Stern²¹ |
Natalia Szejko²²  | Yulia Worbe²³ | Davide Martino¹ 



Review article

Famous people with Gilles de la Tourette syndrome?

Francesco Monaco^a, Serena Servo^a, Andrea Eugenio Cavanna^{b,c,*}

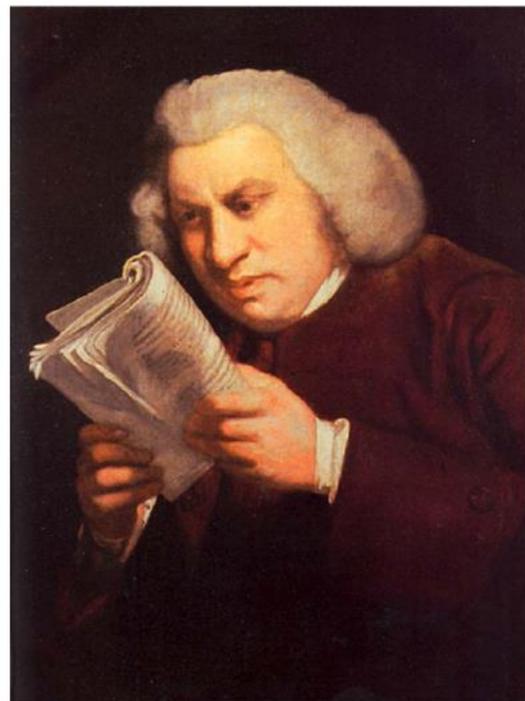


Fig. 1. Samuel Johnson (1709–1784).



Fig. 2. Wolfgang Amadeus Mozart (1756–1791).

DID MOZART HAVE TOURETTE SYNDROME?

Mozart's scatological disorder

Benjamin Simkin

TABLE I—*Distribution of scatological letters in the Mozart family's correspondence*

	No of letters	No (%) scatological
Wolfgang Amadeus Mozart	371	39 (10.5)
Maria Anna Mozart (mother)	40	1 (2.5)
Nannerl Mozart (sister)	15	1 (6.7)
Leopold Mozart (father)	319	1 (0.3)

TABLE II—*Features suggestive of Tourette's syndrome in Wolfgang Amadeus Mozart's letters. Figures are numbers (percentages)*

	No (%) of letters (n=371)
Features suggesting Tourette's syndrome	63 (17.0)
Buttocks and defecation	45 (12.1)
Scatology	39 (10.5)
Shit	21
Arse	19
Muck	7
Piddle or piss	6
Fart	4
Arse holes	3
Fondling and kissing, sexual fetish	4
Palilalia, echolalia, or word games	23 (6.2)



Review article

Famous people with Gilles de la Tourette syndrome?

Francesco Monaco^a, Serena Servo^a, Andrea Eugenio Cavanna^{b,c,*}

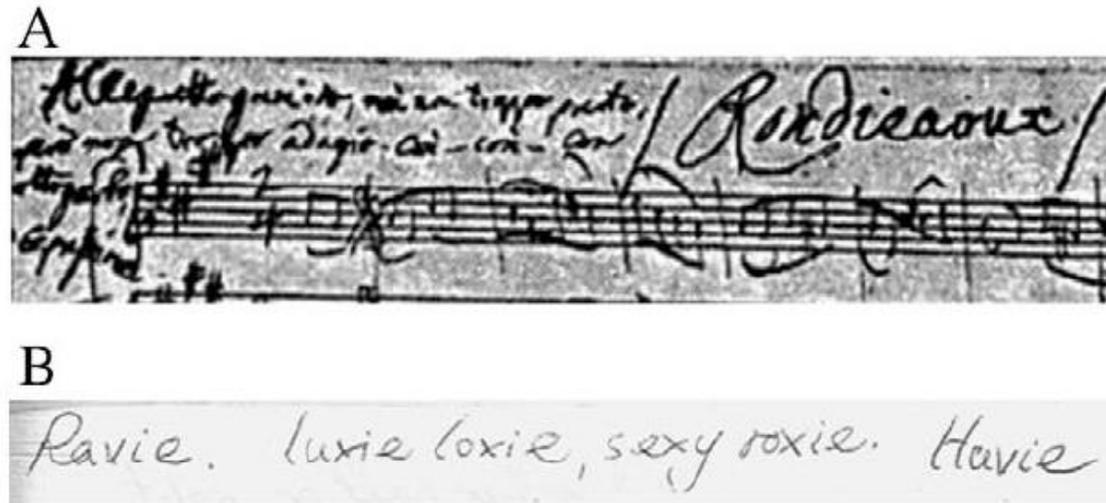


Fig. 3. Mozart's autograph instructions to performers of his Flute Quartet in A ("Allegretto grazioso, ma non troppo presto, però non troppo adagio. Così-così con molto garbo et espressione") (A) are qualitatively different from the (rare) written jocularities displayed by patients with Gilles de la Tourette syndrome (B). Courtesy of Dr. Hugh Rickards.



Review article

Famous people with Gilles de la Tourette syndrome?

Francesco Monaco^a, Serena Servo^a, Andrea Eugenio Cavanna^{b,c,*}

	Samuel Johnson	Wolfgang Amadeus Mozart
Motor tics	+	-
Vocal tic(s)	+	-
Echo-phenomena	+	+
Pali-phenomena	+	+
Copro-phenomena	-	+
NOSI	-	+
SIB	+	-
AD-H symptoms	-	-
OC symptoms	+	-

NOSI, non-obscene socially inappropriate behaviors; SIB, self-injurious behaviors; AD-H, attention deficit and hyperactivity; OC, obsessive–compulsive.

Samuel Johnson's Tics and Gesticulations

LAWRENCE C. McHENRY, JR.*

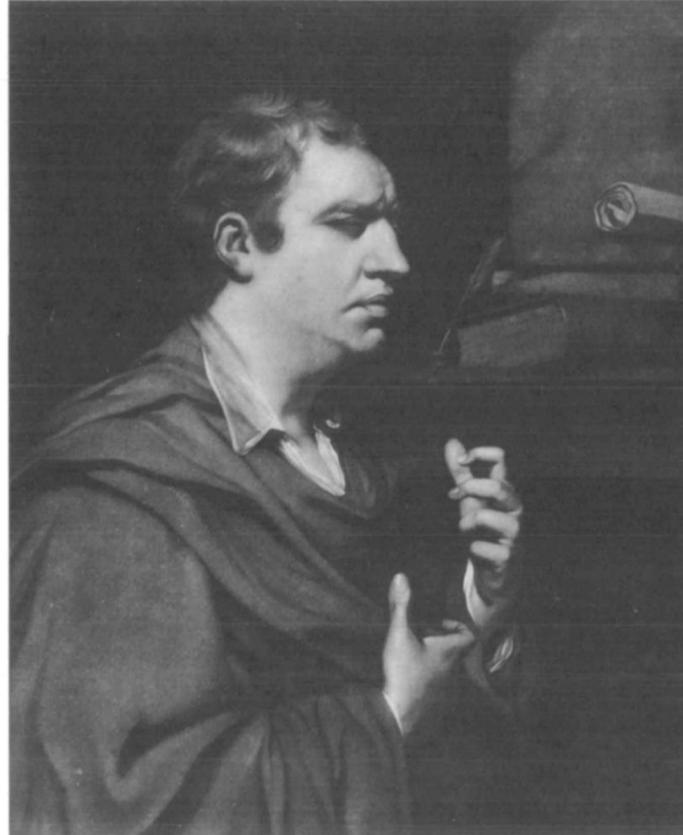
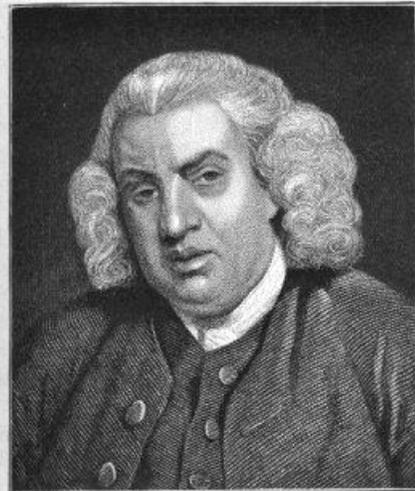
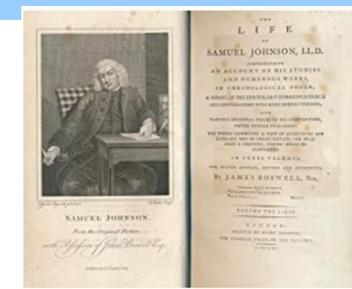


Fig. 3. Samuel Johnson. Mezzotint engraved by James Watson in 1770, after the portrait painted from the life by Sir Joshua Reynolds in 1769, which shows Johnson squinting and also "the nervous habit to which he was addicted, when unemployed, of moving his hands up and down before him with fingers bent." (Courtesy of Mr. Herman W. Liebert.)

BOSWELL'S *LIFE OF SAMUEL JOHNSON*



From the painting by Sir Joshua Reynolds.

Sam. Johnson

“In the intervals of articulating he made various **sounds with his mouth**, sometimes as if **ruminating**, or what is called **chewing the cud**, sometimes giving a half **whistle**, sometimes making his tongue play backwards from the roof of his mouth, as if **clucking like a hen...**”

James Boswell, *Life of Samuel Johnson* (1791)



Fig. 1. Samuel Johnson (1709–1784).

Gilles de la Tourette Syndrome, edited by
Arnold J. Friedhoff and Thomas N. Chase.
Raven Press, New York © 1982.

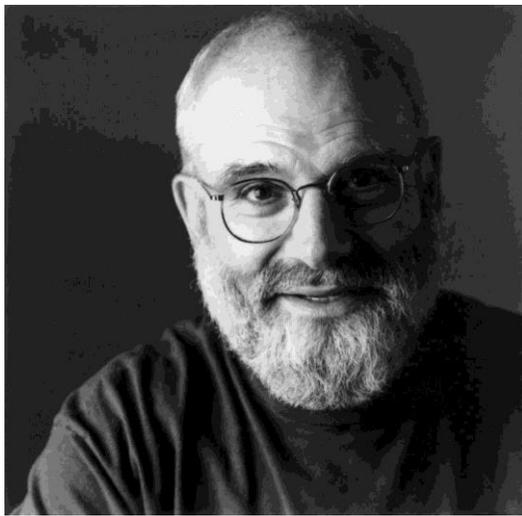
Doctor Samuel Johnson's Abnormal Movements

*T. J. Murray

Doctor Samuel Johnson: 'the Great Convulsionary' a victim of Gilles de la Tourette's syndrome

J M S Pearce MD FRCP *304 Beverley Road, Anlaby, Hull HU10 7BG, UK*

It is not without interest that periodic boundless mental energy, imaginative outbursts of inventiveness and creativity, are, characteristic of certain Tourette patients³⁰. It may be thought that without this illness Dr Johnson's remarkable literary achievements³¹, the great dictionary, his philosophical deliberations and his conversations may never have happened; and Boswell, the author of the greatest of biographies would have been unknown.



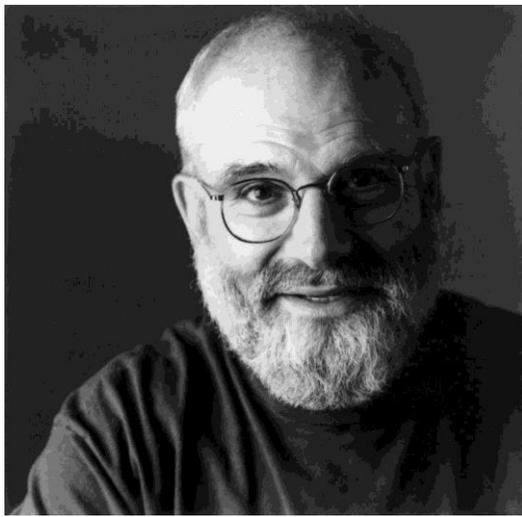
BMJ

SATURDAY 19-26 DECEMBER 1992

Tourette's syndrome and creativity

Exploiting the ticcy witticisms and witty ticcicisms



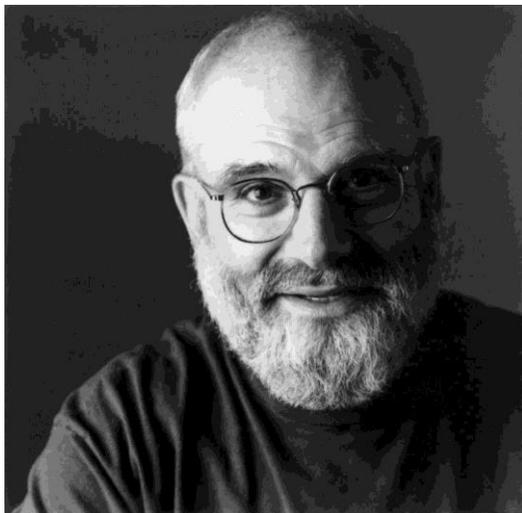


BMJ

SATURDAY 19-26 DECEMBER 1992



The case for Mozart's having Tourette's syndrome does not strike me as entirely convincing. But the case for Samuel Johnson having the syndrome, though also circumstantial, is extremely strong and, to my mind, entirely convincing. Johnson was observed to have innumerable strange rituals and compulsions, tics, gesticulations, and a great range of involuntary ejaculations and mimicries. One cannot avoid thinking that his enormous spontaneity, antics, and lightning quick wit had an organic connection with his accelerated motor impulsive state.³



THE MAD GUY POEM

Once upon a time
 A guy spent a dime
 He went to a shop
 With a humongous hop
 He saw a army man
 With a hand made fan
 He bought a water gun
 And had so much fun

He jumped
 And bumped
 His head
 on a Bed
 Hanging from the ceiling
 he had a bad feeling
 He froze in mid air
 And saw an awesome fair
 He jumped out of the air
 Like a bundle of hair

He rushed
 With no trust
 And bump
 he had a big lump
 It was card board
 He pulled a cord
 Went to court and
 And thought
 Am I dead
 "No" im in bed

aged 9

23/05/2011

THE END

BMJ

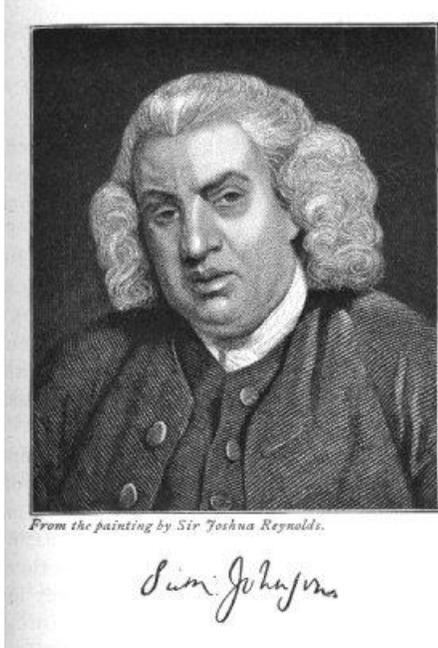
SATURDAY 19-26 DECEMBER 1992



Artists and writers may use their Tourette's. For one gifted Tourettic artist of my acquaintance the half convulsive excitement of Tourette's continually stimulates his perceptions and imagination, producing a ceaseless stream of extraordinary images. Some of these are trivial, some absurd, but many have a deep creative force and lend his art a range, intensity, exuberance, and surreal or dreamlike quality which one feels, he feels, it might not otherwise have. And I know of one Tourettic writer with two strikingly different modes of writing. In one he is at pains to resist his Tourette's and writes short, sober, rather formal essays and reviews; in the other he lets himself go and, at great speed, writes huge, meandering, fantastical (and often coprolalic) novels, in which he gives his Tourettic fancies full rein.

Pavlov speaks of "the blind force of the subcortex": Tourette's syndrome is such a force—blind, impersonal—but one that erupts within the particularity of the individual.

SAMUEL JOHNSON'S *UNIVERSAL REGISTER*



“I was lately considering, among other objects of speculation, the new attempt of an **universal register** [...] in which every man may lodge an account of his superfluities and wants, of whatever he desires to purchase or to sell [...] A place where every exuberance may be discharged, and every deficiency supplied; **where every lawful passion may find its gratifications, and every honest curiosity receive satisfaction; where the stock of a nation, pecuniary and intellectual, may be brought together,** and where all conditions of humanity may hope to find relief, pleasure, and accommodation; must equally deserve the attention of the merchant and philosopher, of him who mingles in the tumult of business, and him who only lives to amuse himself with the various employments and pursuits of others [...] **Of every art there were a hundred professors for a single pupil...**”

Samuel Johnson, *The Rambler* (1751)

All clinically relevant topics will be covered, including:

Diagnosis and definition of tic disorders

Nature of tics

Course of TS

Comorbidities

Differential diagnoses

Assessments

Pathophysiology including genetics

Treatment

[view training course programme](#)



13:00-13:25 Welcome

Andrea Cavanna

13:25-14:00 How to answer FAQ from patients and families on etiology and pathophysiology of tic disorders

Davide Martino



14:15-15:00 Comorbidity

Tamara Pringsheim

15:00-15:30 Coffee break

(foyer area)



15:30-16:15 Assessment, including differential diagnoses

Natalia Szejko

16:15-17:15 Treatment: pharmacological treatment, psychological intervention, deep brain stimulation

Kirsten Müller-Vahl & Andreas Hartmann



17:15-18:00 Cases: assessment and treatment

Nanette Mol Debes

