

movements of the tongue and jaw, grimacing, and mild choreic movements in the upper limbs. Extensive biochemical, neuropsychological and imaging work-up was negative. A diagnosis of drug-induced tardive dyskinesia was thus made, other causes of dyskinesia excluded and therapy with vitamin E, lorazepam and tiapride initiated.

In this case, the tardive dyskinesia was most likely a result of olanzapine administration. The age of the patient may have favoured the early appearance of involuntary movements after initiation of the therapy, even though olanzapine has been claimed to carry a low risk for tardive dyskinesia and other extrapyramidal symptoms (Beasley *et al*, 1999).

As olanzapine is increasingly being used in elderly subjects for behavioural disturbances and/or insomnia in the absence of psychosis, our report underlines the need for a careful assessment for tardive dyskinesia and other movement disorders in patients (and in particular elderly patients) taking this atypical neuroleptic.

American Psychiatric Association (1994) *Diagnostic and Statistical Manual of Mental Disorders* (4th edn) (DSM-IV). Washington, DC: APA.

Ananth, J. & Kenan, J. (1999) Tardive dyskinesia associated with olanzapine monotherapy (letter). *Journal of Clinical Psychiatry*, **60**, 870.

Beasley, C. M., Dellva, M. A., Tamura, R. N., et al (1999) Randomised double-blind comparison of the incidence of tardive dyskinesia in patients with

schizophrenia during long-term treatment with olanzapine or haloperidol. *British Journal of Psychiatry*, **174**, 23–30.

Dunayevich, E. & Strakowski, S. M. (1999) Olanzapine-induced tardive dystonia (letter). *American Journal of Psychiatry*, **156**, 1662.

Jaffe, M. E. & Simpson, G. M. (1999) Reduction of tardive dyskinesia with olanzapine (letter). *American Journal of Psychiatry*, **156**, 2016.

Littrell, K. H., Johnson, C. G., Littrell, S., et al (1998) Marked reduction of tardive dyskinesia with olanzapine. *Archives of General Psychiatry*, **55**, 279–280.

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One hundred years ago

The unconscious mind. To the Editors of The Lancet

SIRS,—In a short account of Sir F. Treves's address at Liverpool I observe that the two principal points mentioned both refer to a subject that is coming more to the front every day. I allude to the power of the mind over the body. He speaks with the greatest appreciation of the value of symptoms, pointing out that in diseases generally (specially naming appendicitis) they are nature's effort to cure the disease. In short, he fully recognises the value of the *vis medicatrix naturae*, or as "nature" in this

connexion is a pure fiction, we may say the unconscious purposive action of the organism or more briefly, and more accurately, "the unconscious mind." The second point alluded to is that in a hospital patients should not know where the operating theatre is or when they are to be operated on. This is because of the depressing effect the conscious mind, dwelling on these points, has on the body, influencing, indeed, to some extent the operation itself. This address therefore gives two capital illustrations of the effect of the unconscious mind and conscious mind on the body in disease—a subject I am most anxious to

see developed scientifically by the profession and no longer left to be exploited by quacks.

I am, Sirs, yours faithfully,
A. T. SCHOFIELD, M.D. Brux.
Harley-street, W., Oct 13th, 1902

REFERENCE

Lancet, 18 October 1902, p. 1078.

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