

*Christopher Goetz:* My name is Christopher Goetz, and I am a member of the Archive Committee of The *Movement* Disorder Society. The Archive Committee has, as part of its mission, the hope to obtain a series of videotape recordings on seminal figures in our society and to obtain oral histories of aspects of the society's past and future. And we are here today in Washington as part of the World Parkinson Congress in February 2006, and the society has invited **Dr. Mark Hallett** to be my guest today for this interview. And Mark, welcome, and Mark has been a very important figure to the society from its inception, and my thought today would be to spend a few minutes talking about Mark's recollections of the society's beginnings and its infusion with representation from other societies and other aspects relative to our history. So Mark, welcome.

*Mark Hallett:* And so it's a very good idea to be doing this now because my memory is already beginning to fade.

*Christopher Goetz:* I'll leave that, all right. We're going to take all this as spontaneous history. All right, my first question, Mark and I have worked together to outline some questions that we thought would be of interest for archival documentation, and some additional spontaneous questions may arise during the interview. Mark, my first question was to ask you to tell me about when you first heard about The *Movement* Disorder Society as an organization.

*Mark Hallett:* Right, that actually is an interesting story. It was at the World Federation of Neurology meeting in Hamburg in the fall of 1985, and what transpired at that time is that there were flyers at the very beginning of the meeting that I saw, both announcing the Movement Disorder Society and the International Medical Society of Motor Disturbances. And I saw both of those flyers as I was registering for the meeting, and both of them listed **David Marsden** as being a prominent leader of the group, and it was a bit puzzling to me but exactly why there should be these two different societies which had a very similar name.

*Christopher Goetz:* Very similar.

*Mark Hallett:* So shortly after registering, there was the Opening Ceremony, and there was a reception, and I went into the reception and was walking around. And I ran into **Stan Fahn** and David Marsden that were standing together talking, and I went up to them, and I said – well, I guess I addressed my point to David. I said, “David, what is that about two different societies?” And Stan Fahn said, “Two societies”? And David said, “Oh, yes Stan, I was meaning to tell you about that.” So this is –

*Christopher Goetz:* This sounds very reminiscent – I have a close relationship of –

*Mark Hallett:* (*Laughing*) So this is how these two came about in the beginning, and it appeared, right from the start, that the two societies obviously were both interested in Movement Disorders, but the approach was very different. The *Movement Disorder Society* had plans only for a journal, and the journal would have a videotape with it. And that was basically the plan, so it was a society with a journal. The International Medical Society of Motor Disturbances had a plan only for international conferences. They didn't have an idea about a journal. They only wanted to have meetings, so the general purposes of the two were different, even though the main topic was the same.

There also was another slight set of differences between the two societies. The International Medical Society of Motor Disturbances had a main interest in physiology of Movement Disorders, whereas The *Movement Disorder Society* was a little more on the clinical/chronological side. And in terms of the organizers, I guess both were international, but there was a slight more predominance of Europeans in the International Medical Society of Motor Disturbances and a slight bit of emphasis around North America in relation to The *Movement Disorder Society*.

*Christopher Goetz:* But both societies existed.

*Mark Hallett:* Both societies were, I guess, set up at that point and were announcing that they wanted to have members come in, and pay dues, and register for them there.

*Christopher Goetz:* And did you join both?

*Mark Hallett:* I did, indeed.

*Christopher Goetz:* You did? And do you know that most people interested in seeing that kind of eventual fusion of these two, were they members of both societies, or was this a –

*Mark Hallett:* Well, there was an overlap in membership to be sure, but I think that there did seem to be this particular division that I mentioned, which became clearer as members developed. And that is that the International Medical Society of Motor Disturbances, or the ISMD, tended to be slightly more European and tended to be more physiological, whereas The *Movement Disorder Society* tended to

be more North American, more clinical, and chronological in its orientation.

*Christopher Goetz:* And was that early Movement Disorder Society that was predominantly clinical, predominantly pharmacologic, predominantly North American, was that referred to as MODIS?

*Mark Hallett:* Right, that is referred to as M-O-D-I-S, pronounced “MODIS.”

*Christopher Goetz:* Okay.

*Mark Hallett:* At that time, that was the formal abbreviation of the Movement Disorder Society at that time, and there’s an interesting story of how that changed, but I suppose we’ll get to that.

*Christopher Goetz:* Okay, all right, so that we had the MODIS, and we had the International Society, and with similar missions, but in fact doing different activities, and at what point did the concept present itself that we, in fact, could put these two societies and really have an international society that would have congresses, have a journal and truly have international balanced representation.

*Mark Hallett:* Right.

*Christopher Goetz:* What is that story?

*Mark Hallett:* Okay, so the two societies, right from the start, looked like they should merge. I mean, there was a sense already –

*Christopher Goetz:* \_\_\_\_\_.

*Mark Hallett:* – even from the time of the first announcements, that gee, maybe they should get together. But the two societies began on their separate routes. I mean, they did have different purposes, and they went about their activities separately. The ISMD had meetings. There was a meeting in **Lausanne**, a meeting in München, a meeting in Rome, and a number of people who were in the Movement Disorder Society at that time also went to those meetings, and eventually it became clear that that Movement Disorder Society was also interested in having meetings, which is an obvious thing to do. And since there was overlapping membership, it became relatively easy to suggest the idea that perhaps the society should merge, perhaps there should be a joint meeting. And that is what eventually transpired, the idea that there would be a joint meeting of the two societies, and if it went well, then there would be a formal merger of the two societies.

So the way that the ISMD was organized was that the president of the ISMD was also the convener of the congress. And the reason for that is because there was a heavy emphasis on the congress so that was sort of emerged activity, and the prior meetings had all been in Europe, so it was thought it would be sensible to have it in the United States. So I wound up being the president of the ISMD, to have the – this first congress in Washington, which is the one that the MODIS joined. And even though it was – I think it was the fourth meeting of ISMD, it was the first one that was merged between the two of them, even though the societies hadn't merged yet. And so it was called the First International Congress of Movement Disorders, although in fact, it really wasn't the first one. It was probably about the fourth one or something like that, and that meeting took place here in Washington. We could talk more about it, if you'd like, a little bit, but that turned out to be successful. Everyone was very friendly. Of course, there was this great overlap membership anyway, but everyone was very friendly, and then there was the formal decision that there should be a merger, and that's what happened next.

*Christopher Goetz:* So what do you remember of that first meeting? I attended. I remember it. I remember the video sessions, particularly, but what are your recollections of that first meeting in which you were the chair?

*Mark Hallett:* Right, well first of all, it was a much larger meeting than any of the other meetings had been. There was a lot more advertising, a lot more attempt to get more people to be coming. And it was the, as sort of a first meeting of a lot of the people who were interested in the clinical and pharmacological aspects since there hadn't been such a meeting before.

*Christopher Goetz:* Yes.

*Mark Hallett:* So there really was a great deal of enthusiasm for that meeting. The video session that you recall was one of the centerpieces of the meeting, and it was an idea actually that was suggested by **Paul Delwaide**, interestingly. He had suggested that – well, at that time, there had already been these video sessions at the American Academy of Neurology that Stan Vaughn and David Marsden ran called “Unusual Movement Disorder \_\_\_\_\_” that were extremely popular, and people had been coming to those bringing unusual cases. And Paul Delwaide suggested that it might be sensible to show normal cases –

*Christopher Goetz:* (Laughing) Typical, archetypal, right.

*Mark Hallett:* Normal, typical, archetypal cases and then have everybody agree that this was, in fact, the standard archetypal cases.

*Christopher Goetz:* And –

*Mark Hallett:* And so that seemed like a sensible thing to do. So we set up four different sessions there, and see if I remember what they were. Myoclonus was one. Tremor was one.

*Christopher Goetz:* Tourette syndrome was one. Well, there was definitely \_\_\_\_\_ Syndrome because that's completely out of – that is just amazing.

*Mark Hallett:* (Laughing) And I think **Jurgan dis – movement disorders** may have been the other one.

*Christopher Goetz:* Perhaps.

*Mark Hallett:* I think they were the four. Then, it had turned out there was enormous controversy. Almost everything that this brought up, people – even though it was supposed to be the standard, and we invited the audience for heavy participation on this. So there was a lot of discussion about everything that went on, and I think most people do recall that particular set very much. Now, one of the things that happened there, for example, which has been an interesting terminological event, in the session on myoclonus, which I ran, we showed a case of what was then most commonly called palatal myoclonus. And there was a discussion in the group saying that this is not myoclonus –

*Christopher Goetz:* Myoclonus –

*Mark Hallett:* – by its formal definition. It's more like a tremor.

*Christopher Goetz:* Yes.

*Mark Hallett:* So the audience voted and said this should be called palatal tremor rather than palatal myoclonus. And then, some people picked up that term. Other people never did. So since that meeting, there's been a lot of confusion. It was meant to improve the situation, but in fact, it perhaps it confused the situation some.

*Christopher Goetz:* Well, I remember – I'm not sure it was the first time that I had seen this strategy of David Marsden of including the audience in a vote,

but it was very compelling to see it at this meeting because I had never thought of the correct diagnosis being democratic. I mean, you either have the diagnosis or you don't. And it may be somewhat hierarchical, but to have the group vote, in this case, with the palatal tremor, I think that since it's an issue of communication, that having a vote was, in fact, very legitimate. I recall, in the Tourette syndrome, that there were people, and well-placed and very expert, but discussing issues of involuntary versus voluntary and willed versus unwilled and all this terminology. And Tourette syndrome's already complex without adding these extra, and this just – it just broke down. And I recall, specifically, that these were supposed to be the archetypal cases. There wasn't supposed to be a lot of discussion. And each and every one of these sessions became really quite enormously interesting, and you think that the visual, the concept as I recall it, the videotaped journal, was that being international, maybe our vocabulary is going to confuse us, but at least the pictures will have an international message. But then, when you saw the pictures and people still can't agree, we have yet another layer of challenge here.

*Mark Hallett:* So there's a footnote to that.

*Christopher Goetz:* Yeah.

*Mark Hallett:* Which is also of some interest in this regard, which follows a similar theme, and that is for those of us that had prepared those videos, which I guess includes you with Tourette syndrome, we had decided that we would publish them in *Movement Disorders*. And so we put them together, submitted them to Stan Fahn who was then the editor of the journal, and Stan never published them, and his argument was it was too controversial. So despite our attempts to try to get past that controversy, even that never in fact succeeded, so those videotapes were never published.

*Christopher Goetz:* And what year are we talking about? The Washington meeting was –

*Mark Hallett:* That was 1990.

*Christopher Goetz:* 1990, so it is conceivable that those archives surely still exist and maybe, at some point in our journal's history, maybe the current editors could take on the charge to look at that and see whether there's anything of interest in them. I remember the controversy about – they were long. And at the time –

Mark Hallett: Yes, they were.

Christopher Goetz: But now, with DVD, see that's not really an issue, and we have the space, so that that's something for us to consider. Well, those are interesting stories. All right, that's – so the merger followed this.

Mark Hallett: Right, so this particular meeting went well. Everybody was very happy, and then it was decided that there should be a formal merger. And the two societies formally got together at a meeting in London. It must have been in 1991. I don't remember exactly when it was. It was during the winter, I think, and it was certainly after the 1990 meeting and prior to the '92 meeting, because by the time we got to '92, which was in Vienna –

Christopher Goetz: Totally merged, yeah.

Mark Hallett: It was, in fact, a merged society. So as I recall that meeting, and I try to remember all of the gory details of it, David Marsden, I believe, chaired the meeting merger, because he had been – he probably was president of both societies at that time. (*Laughing*)

Christopher Goetz: Well-postured to \_\_\_\_\_.

Mark Hallett: Yeah, he was well-postured to be able to actually do that. Well, no I think Stan was the first president of The *Movement* Disorder Society.

Christopher Goetz: I think so, too, yeah.

Mark Hallett: But David was the first president of the ISMD, but I guess David was in line to become the next president of The *Movement* Disorder Society, so –

Christopher Goetz: And they shared the editorship, the journal.

Mark Hallett: Yes, that's right.

Christopher Goetz: Right.

Mark Hallett: So and everyone believed that he had his heart in the right place in terms of putting the two societies together, so he was the chair of it, and then another other of us were there representing one or the other society in this regard. And it's even – I mean, now even thinking about who was there, it's hard to remember who was on what side, because there was a lot of overlap in terms of membership –

Christopher Goetz: \_\_\_\_\_.

Mark Hallett: – in that regard. There were a number of interesting compromises in that discussion. In the end, it wasn't that difficult for us to get them together, because there was overlapping representation. The societies had different activities. And it turned out the other thing that made it relatively easy is that, from a financial point of view, the two societies had roughly equal amount of money in the bank. So –

Christopher Goetz: That helps.

Mark Hallett: – which actually did, but I mean, it was clear that it was a merger of relative equals that had an interest in the common theme but had different activities. So it really fit together very well, but there were a number of feelings that this should be a new society. It should not be one society going into the other one, that this should be a clearly distinct new society with a new constitution and a new set of officers, and then you say, "Well, but the name of it turned out to be the same as one of the old ones." And thereby, hangs a very interesting tale, because everyone, or most people, thought that it should have a different name. But it was very difficult to come out with a third name because they – you know, it was – The *Movement Disorder Society* was a reasonably good name.

Christopher Goetz: It's short.

Mark Hallett: It's short.

Christopher Goetz: It's clear.

Mark Hallett: It's clear \_\_\_\_\_, so a lot of discussion transpired about what the name of the society should be, Stan Fahn, who was the president of the Movement Disorder Society, the founder of The *Movement Disorder Society*, advocated very strongly to maintain the name The *Movement Disorder Society*, and it was really a sensible thing to do. However, there was a lot of objection to that from the ISMD side, because it sounded like it might seem like the old society was continuing. And so that's where the abbreviation changed, so to make it clear that this was not the same Movement Disorder Society as the old one, it was considered inappropriate to continue to call it MODIS, and it should be called MDS instead.

Christopher Goetz: Which is easier anyway. (*Laughing*) I don't know how they came up with MODIS. That's the \_\_\_\_\_.



- Mark Hallett:* Well, I think is MODIS is – M-O for “movement,” and –
- Christopher Goetz:* Well, yeah, right.
- Mark Hallett:* And DIS for “disorder.”
- Christopher Goetz:* I can figure it out. I mean, it’s not self-evident when you say Movement Disorder Society. MDS seems to be.
- Mark Hallett:* Right, well, you know, so it was decided that MDS should be the proper abbreviation, and so that was part of that compromise. There were other compromises that went along with it. The ISMD had a logo –
- Christopher Goetz:* Let me show this logo.
- Mark Hallett:* Right.
- Christopher Goetz:* Do you recognize this?
- Mark Hallett:* Yes, indeed, that’s our –
- Christopher Goetz:* I show it to the group that would be watching the archival film. Tell me about this –
- Mark Hallett:* Of course, you can look at my lapel pin there, too, which is the same – one, which is The *Movement* Disorder Society at the moment. So this was the logo of the ISMD, and fortunately, MODIS didn’t have a logo. So as part of this merger, it again, became relatively easy to \_\_\_\_\_ –
- Christopher Goetz:* You didn’t have to give anything up.
- Mark Hallett:* Right, the old Movement Disorder Society didn’t have to give anything up. So this particular logo was drawn by **Reiner Benecke’s** wife. Reiner Benecke was one of the main founders of the ISMD. It probably actually was his idea –
- Christopher Goetz:* \_\_\_\_\_.
- Mark Hallett:* – to a large extent and his wife made up this particular logo. I didn’t realize that until a few years ago when I asked him myself where this came about, and he said, “Oh yes, it was my wife that drew this.” So that was again, part of the feeling about how the merger should take place.

*Christopher Goetz:* That's great. That's great. So there – and as you said, the financial issues were not major because the coffers were relatively balanced.

*Mark Hallett:* Were relatively balanced and relatively good for the two societies. Both of the societies were in the black. I don't remember how much money there was in the bank. I suppose it's relatively small compared to what we now think is necessary for running societies, but it was relatively equal.

*Christopher Goetz:* I can remember sitting on the International Executive Committee in the early years of – we did spend a lot of time accounting for money, though, and there was a – I think working through the trust of this merger, documenting the dollars spent and making sure that is was balanced was a very important part of building the trust as we moved into this new society.

*Mark Hallett:* So one of the things that sort of confused the finances in the beginning was the fact of who we had for the secretariat.

*Christopher Goetz:* Yes.

*Mark Hallett:* And one of the elements of the merger, again, there was a secretariat for the – for MODIS. There was a secretariat for ISMD, and it was decided that the secretariat should be the ISMD secretariat that was part of the merger at that time, at least at the onset, that that's what it should be and see how it went. And it turned out that that secretariat had very poor records of who the members actually were and who was paying dues and wasn't paying dues, and it turned out to be extraordinarily confusing at the beginning. And that's one of the reasons that the secretariat, in fact, was altered after a couple of years, I guess.

*Christopher Goetz:* Maybe more than a couple \_\_\_\_\_.

*Mark Hallett:* I don't remember exactly what it was, but after awhile, it was in fact changed. Well, it went through a couple of changes before we came to our current secretary.

*Christopher Goetz:* Right, right. Other reflections on those early – the very beginnings of this society? Can I show you a picture?

*Mark Hallett:* Yeah, sure.

*Christopher Goetz:* I have a picture here that I would like the camera staff to get a close-up of because it will – and if you would take the – if you recognize it, what it represents and who's in it. To me, it's a charmer and –

*Mark Hallett:* No, this is a photograph from 1985, and this is the gang of five that developed the idea for MODIS at that time. So there's David Marsden, and Joseph Jankovic, and Andrew Lees, Eduardo Tolosa, and Stan Fahn. They are the ones that came up with the idea of MODIS, and I supposed to be balanced in relation to ISMD, there's no similar picture that I know of –

*Christopher Goetz:* I don't know, right.

*Mark Hallett:* – for that, but I believe that it was basically Reiner Benecke idea. At that time, he was doing a post-doc fellowship with David Marsden, and I guess it was Reiner who was talking to David and perhaps some of the other people that were there or had been there around that time that came up with the idea of having meetings.

*Christopher Goetz:* So if there had been a comparable picture, it would have David –

*Mark Hallett:* Yes, David, yes he would be the only joint one. He forgot to tell Stan that – (*Laughing*)

*Christopher Goetz:* Oh by the way, there's something I wanted to share with you. I think this is a charming picture because it's of course many years ago, and people looked younger, but there's a camaraderie and friendship and a warmth that I think is still evoked in the society. Let's talk a little bit about the journal, since that was one of the key features of the MODIS, and it was certainly something that the MODIS brought to the merger of the society. Recollections about the inception of the journal and its very early phases.

*Mark Hallett:* Sure, I think that the journal really helped define the field of Movement Disorders, and in particular, define the idea that video tapes were an important part of it and that that was the way that people should talk with each other, communicate with each other with these videotapes. And that was Stan's idea, along with David, in order to do that. The early days of Movement Disorders were, to a certain extent, undefined by what was covered in the meanings and what was in the journal. And there's an interesting story in that regard, too, in terms of defining what are Movement Disorders and how you say what Movement Disorders are. And actually, in the beginning, there was a strong sense of many of the people who were involved that Movement Disorders were basal ganglia

disorders. The whole thing had started, to a certain extent, with Parkinson's disease and other disorders that were basal ganglia disorders were also sort of added on. And in fact, in the early days, there were things called basal ganglia clones, and they –

*Christopher Goetz:* Was this \_\_\_\_\_ –

*Mark Hallett:* \_\_\_\_\_ to some extent basal ganglia clones just sort of indicate, and that was the same thing as sort of as Movement Disorders. Now, I was on the editorial board relatively early on, and I remember one of the first meetings – well, it wasn't the first meeting, it was probably the second or third meeting of the editorial board. There had been a proposal to include as a supplement proceedings of a meeting on spasticity, and this came up for discussion at the meeting. And the common discussion began, "Well, spasticity is not Movement Disorders. It has nothing to do with Movement Disorders." And I remember arguing that, "Well, spasticity is due to a lesion of the cortical spinal tract or some sort of descending tract," that turns out not to be cortical spinal tract actually, but some –

*Christopher Goetz:* At the time, right.

*Mark Hallett:* – some sort of descending tract that's going down into the spinal cord, which is still really not completely defined, but certainly the problem is that of movement, and it seemed like a clear Movement Disorder to me. And I began arguing that we should include this because it's part of Movement Disorders, and nobody defended that point of view. No one agreed with me. I felt very badly that this had happened, and in the end, the supplement was turned down. It was turned down for a bogus reason. I don't remember exactly what the reason turned out to be that was formerly given, at least I got that far in the discussion to be able to say that the – to have the formal reason wasn't that spasticity wasn't Movement Disorders. The formal reason was something else. I don't remember what it was, but it was bogus. The real reason was that it wasn't considered a Movement Disorder. And actually, it's very interesting. About ten years later, I was talking to **Donald Calne**, who was also there and was one of the vocal people saying that Movement Disorders is only basal ganglia disorders. We were walking along talking, and he said, "You know, Mark, I was wrong." I said, "What are you talking about"? (*Laughing*)

*Christopher Goetz:* \_\_\_\_\_ (*Laughing*)

*Mark Hallett:* He went back to that conversation, which has been, you know, many years before, to indicate that he, at that point – of course, the field had clearly surely progressed at that point, and it was more encompassing. But he remembered that conversation, as did I, and to indicate that yes, movement disorders does involve all the disorders of movement, and it isn't only basal ganglia disorders, but that was how the field sort of began to \_\_\_\_\_.

*Christopher Goetz:* Well, like I had a similar experience, not with spasticity, but with ataxia, of where who should own ataxia. Is this something that should be part of Movement Disorders, and I can remember vehement arguments that, oh no, that's cerebellum, and that's – and saying, "Wait a minute. Wait a minute. This is a chance for us." And now, with the genetics and all of the spinal cerebella atrophies that are really our arena, I'm very glad that the history of the spasticity allowed people to then take ataxia and to have a more wide vision and not be limited to our typical basal ganglia structures et cetera. Well, that's the – what other kinds of issues did the early editorial board have to wrestle with?

*Mark Hallett:* Well, I guess in the very beginning, there was the issue of whether there would be enough submissions, and the editorial board was strongly suggested to write articles and to send them in to make sure that there would be things that would be publishable, and to make sure that there were good videotapes with those. At the beginning, of course, the journal was not in Med Line. A journal has to be published for few years to show that it's doing well before it can get into Med Line, so there was a clear attempt to have the early issues to be very good so that it could get into Med Line relatively quickly. So that was one of the things that \_\_\_\_\_.

*Christopher Goetz:* I have another visual –

*Mark Hallett:* Another visual.

*Christopher Goetz:* – that I would like to just share. This is the facsimile of the first issue of our journal, and Mark is accurate that at the time to get it going, key players in the society were really solicited to send good material to get the first issues to be of high quality. I'm proud to say I have an article in the first issue, but \_\_\_\_\_.  
(*Laughing*)

*Mark Hallett:* \_\_\_\_\_ over there. (*Laughing*)

*Christopher Goetz:* But in fact, there was. Now, as the editor of the journal, where we have so many that we have to reject, there are so many submissions. But at our very beginning, this was a challenge to make this successful, to have very high quality materials that people would read and that would not be so obscure that clinicians wouldn't pick it up and that the videotapes would be really quite convincing and quite interesting to look at.

*Mark Hallett:* There was a section in the very beginning called, "What is it"—

*Christopher Goetz:* Yes.

*Mark Hallett:* — in which there would be a short history and videotape that was given to an expert, and that person had to comment as to what he or she thought that the case might be, and then there was supposed to be an answer.

*Christopher Goetz:* Sort of a clinical pathological conference type of a format, yeah.

*Mark Hallett:* And that was part of the early journal. I don't remember when that stopped, but it —

*Christopher Goetz:* I think it stopped when we didn't have sufficient submissions, and I have tried to sort of rekindle this. Andrew Lees runs a conference like this at Queen's Square, and I had suggested that he send some of those. A junior colleague could do the write-ups and sort of put the whole thing together, but it has not taken off, but it's something that I think the readership in fact did like, and — other things that you remember from the early journal that —

*Mark Hallett:* Well, the only other thing that comes to my mind at the moment is not something that was from the very early journal, but happened maybe six or seven, eight years ago, and that was the question of the evolution of the way the videotapes would be sent out to people. From the very beginning, they were on tape, VHS tape, and but people could also get it on PAL or C-CAM if they wanted it, and then there became the question, is this the right medium to be continuing. There was a lot of discussion about should it go to CD? Should it go to DVD? At that times, people weren't even sure what DVDs were and/or how many people had them and — but there was a discussion about moving it there and a discussion about how you could make them present on the web. So that evolution was — or has been and is still continuing, I'm sure, as the technology moves of how to properly have all these videotapes.

*Christopher Goetz:* I mean, this remains a challenge because for the current journal, we now are able, by and large, to send to the videos out electronically, so we don't have to actually send hard copies to the reviewers. When things are accepted, we can put a one minute video on the website of the journal, so it's up there very quickly, and then the DVD comes out every six months. But this is a continually evolving system, and hopefully will remain responsive to the technology, but also to the readership, because if we have technology that people can't use, and this was an early concern I think of the society, especially international when there are two different video systems. Can you speak a bit about the relationship of the society and the evolution of its sort of mission, relative to government, relative to pharmaceutical firms, relative to regulatory agencies? Has there been any – you've been part of this society at the administrative level for, really, since its inception. Have you seen any changes, things that might influence our interpretation of our history?

*Mark Hallett:* Well, in relation to government and regulatory, there's not really been a large amount of interaction there. There was a question in the beginning as to what sort of interaction there might be with respect to government, and in fact, there was a – I've forgotten what it was called now. It may have been a government liaison committee or something like that. But it was soon decided that that would be very difficult in an international society because it wasn't one government that one would be dealing with, but a large number of governments and regulatory societies, regulatory groups, so that it was a very difficult matter. I know that there was one area which I remember well. It's a personal anecdote, but I was trying to remember the details of this. I think may have been the time that the **Udall Centers** were being considered.

*Christopher Goetz:* Okay.

*Mark Hallett:* And Joe Jankovic was the president of The *Movement Disorder Society* at that time and as president, he wrote a letter to Congress supporting the idea of having the Udall Center. Subsequently, I became president, or maybe it was when I was applying to NIH to allow me to become president, and I remember getting a letter saying could I be actually president of a group that was lobbying –

*Christopher Goetz:* Soliciting, yeah.

*Mark Hallett:* – Congress. This is one of the things that, as a government employee, I certainly can't do. So that was probably the only interaction or one of the only interactions that ever happened, and

that government committee became disbanded and didn't do anything. The other time that I remember a discussion in relation to regulatory matters was when Tolcapone had the liver toxicity. There was some question as to whether it was safe enough and a good enough drug that it should be continued. And I believe that the pharmaceutical company approached The *Movement Disorder Society* asking whether we would issue a white paper of some sort, saying that it was a good drug.

*Christopher Goetz:* Wow.

*Mark Hallett:* Even though it had some toxicity, that it was a useful drug for the patients and that that might go to the European regulatory group. That was voted down. That never happened. So I think that interactions with government and regulatory agencies have certainly been relatively minimal, except perhaps for a few anecdotes from time to time. Now, in relation to pharmaceutical companies, there's been a very close relationship all along, and it's the typical love-hate relationship that almost all societies have with pharmaceutical companies. I think that it is clear that societies depend upon pharmaceutical companies but have to be – well, I shouldn't have said "hate." It isn't a – it's just sort of a conflict of interest issue that is there that needs to be taken into account, and I think that the conflict of interest versus the dependency is something that has always been an issue in terms of how do deal with that problem. It's a continuing issue. It's an issue for all societies that have this interaction with pharmaceutical companies. But that's been there from the very beginning, but we have clearly been dependent upon pharmaceutical companies in order to have sufficient funds to have our organization survive.

*Christopher Goetz:* I can remember from the very early – well, we have wrestled with these issues from the society's inception. I would agree with that, and I think that, you know, one has to be agile because the climate changes. The laws change, and I think that the society, from my view, has continued to wrestle with this and will continue because of its budgetary issues and its mission. I have a few more questions, not many, but since the original European society was predominantly European, with some North American members, and the original North American society was predominantly North American, how have we – what kind of checks and balances has the society consciously put into effect to really maintain that recognition of a balance between Eastern Hemisphere and Western Hemisphere? Give me some examples of how.



*Mark Hallett:* Okay, so it was actually written into the first constitution that there would be a formal decision that the congresses would alternate between Europe and North America for the first, I don't know, six cycles or something like that, and then it could be free to rotate out of Europe or North America. But for the beginning, it was mandated that it alternate. There was also a sense that the presidency should alternate between Europe and North America or – and I think that, to a certain extent, that has also happened. I've forgotten the details of how much that had been formally written in or how much that was sort of assumed that should take place –

*Christopher Goetz:* But there is a consciousness about that.

*Mark Hallett:* But there was a definite consciousness that that should go back and forth, so that from the point of view of geography, both the presidency and the meeting site were formally discussed as being something that should go back and forth. There was also a sense that there should be a balance between physiology clinical pharmacology. That also was some sort of a sense from the very beginning as well. I think that as the society has grown and matured, a number of these boundaries are now beginning to fall down. For the first time, we have a meeting planned for Japan.

*Christopher Goetz:* Great.

*Mark Hallett:* And I think that we're now letting natural evolution take over, but in the very beginning, there was a strong sense that there needed to be a very good deal of attention paid to those issues.

*Christopher Goetz:* And I think the journal, as well, with the editorship.

*Mark Hallett:* Right, right, the editorship being two editors, one from the Eastern Hemisphere and one from the Western Hemisphere, and that's still the case.

*Christopher Goetz:* And that's still the case, and I can say it's a good system. It's a good system. Otherwise, it's a lot of work for one person for one thing. All right, final question that I'd like, unless there are other things that you would like to share with the listeners, has to do with the mission of the society and its appreciation of recruiting young members, how we take a responsibility to the next generation. And have you seen an evolution in that, or has there been always been a consciousness of that? Speak to this issue of young membership.

*Mark Hallett:* Right, I don't think that that was something that was recognized at the very beginning.

*Christopher Goetz:* Really?

*Mark Hallett:* That was not anything that was a major idea. The field was too new. There was the idea of having meetings and having the journal. I think the academics was the critical thing at that point, education, quality of medical care, those were the principle issues.

*Christopher Goetz:* Yeah.

*Mark Hallett:* I think that it probably was the result of the first strategic planning committee meeting of the group, which Eduardo Tolosa organized –

*Christopher Goetz:* **Aubrey Latta** –

*Mark Hallett:* **Aubrey Brava**, north of Barcelona –

*Christopher Goetz:* Uh-huh, okay.

*Mark Hallett:* Which was made up of all the officers, the IEC at that time, and it was at that meeting where there was a good deal of attention paid to well, what is the organization all about? Where is going? What is it going to do? And it was there, particularly, that that issue came up, that it clearly was important that we deal with the issues of young people and it was at least from that point forward that that issue became one that the society has focused on, but it wasn't an idea from the very beginning.

*Christopher Goetz:* Okay, that's interesting because – and in terms of a balance between clinicians and scientists, was that early or that sense of – in terms of the journal, wanting to get articles that are both basic science and clinical, getting people to the meetings that are basic science and clinical, is that – these are early or late developments \_\_\_\_\_?

*Mark Hallett:* Well, no the idea of basic science, I think, was in there from the beginning.

*Christopher Goetz:* From early, okay.

*Mark Hallett:* That was there from the very beginning. I think that there had been, and there still is, a group called the International Basal Ganglia Society –

*Christopher Goetz:* Yes, yes.

*Mark Hallett:* And there was some little sense that that group might even merge with our other mergers, and that group representing the basal scientists, yeah.

*Christopher Goetz:* Truly scientists, yeah.

*Mark Hallett:* However, that merger never took place, but there always was a sense that basic science was important and that should be incorporated into this.

*Christopher Goetz:* Any other final thoughts before we close this interview? Anything that recollections about the society, about the journal, or anything you would like to share since –

*Mark Hallett:* Well, I think we've gone over much of the interesting aspects, at least as far as I can remember of these early days. I think that one of the things which is clear is that a lot of the original organizers of both of the two societies have rotated through positions of leadership in the new society and have been playing a very prominent part, both in the officers and the journal and things of that sort. And I think now, with the going on of years, that there is now an evolution, and we're beginning to see younger people moving into the group that weren't really a part of it and perhaps don't even know some of these –

*Christopher Goetz:* Well, that's why we're doing this.

*Mark Hallett:* \_\_\_\_\_. (*Laughing*) So that it is, in fact, interesting to sort of see that.

*Christopher Goetz:* I think that that's – having that consciousness at this point in our society's history is the very reason for the Archives Committee feeling that these are important documents that will perhaps be accessed intermittently, will not become a best-seller video, but nonetheless, I think, are important and otherwise would not be, in fact, collected as part of a historical record. Thank you.

*Mark Hallett:* Thank you, sir.

*Christopher Goetz:* Well –

[*End of Audio*]