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## Notice

We regret that, because of the recent postal strike, this issue is smaller than usual.

 $\label{eq:table 6} \textbf{TABLE 6}$  site of lesion in 20 cases of status epilepticus

Site	No. of patients
Frontal	9
Fronto-temporal	4
Fronto-parieto-temporal	2
Temporal	2
Parietal	3
Total	20

frontal, and 75% involved the frontal lobes as well as other areas.

We therefore conclude that:

1. Confirming earlier findings, symptomatic status

- indicates a frontal lesion. This is both of diagnostic value and of anatomical interest as implying elective pathways of spread of discharge from the frontal lobes.
- 2. The occurrence of lone status epilepticus indicates the probability of a cerebral tumour and should guide further diagnostic search and influence prognosis.
- 3. Status epilepticus—especially symptomatic—is still a serious condition with a high mortality.

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# The February 1971 Issue

### THE FEBRUARY 1971 ISSUE CONTAINS THE FOLLOWING PAPERS

Geniculate hemianopia: incongruous homonymous field defects in two patients with partial lesions of the lateral geniculate nucleus CARL H. GUNDERSON and WILLIAM F. HOYT

Vasopressin test in cases of optic atrophy and optic neuritis P. O. LUNDBERG, P. O. OSTERMAN, and L. WIDE

Treatment of ocular myasthenia with corticotrophin F. B. GIBBERD, F. NAVAB, and C. L. SMITH

L-Dopa in Parkinsonism associated with cerebellar dysfunction (probable olivopontocerebellar degeneration) HAROLD L. KLAWANS, Jr., and EARL ZEITLIN

Transitory procaine-induced Parkinsonism F. GJERRIS

Phosphoribosyl transferase activity in normal subjects, gout patients, and children with mental retardation CHRISTINE EYRE, A. N. DAVISON, and J. T. SCOTT

Linoleate metabolism in multiple sclerosis J. Belin, N. Pettet, A. D. Smith, R. H. S. Thompson, and K. J. Zilkha Urine concentration in depressive illness G. G. Ellis, Alec Coppen, and A. I. M. Glen

A study of a respiratory related variation of muscle tone during the decrement of decerebrate tonicity in ECT P. C. C. TRESISE

Craniopharyngiomas—a summary of 85 cases J. R. BARTLETT

Neuropathy associated with lymphoma J. C. WALSH

Motor paralysis during asphyxial block of the ulnar nerve D. C. SINCLAIR, A. B. MATHESON, and W. G. SKENE

Observations on the responses of muscle to mechanical and electrical stimuli J. C. MEADOWS

Diagnosis and treatment of thoracic intervertebral disc protrusions JAMES CARSON, JOHN GUMPERT, and ANTONY JEFFERSON

Observations on distal intravascular pressure changes and cerebral blood flow after common carotid artery ligation in man A. E. HOLMES, I. M. JAMES, and C. C. WISE

Posterior fossa subdural haematoma associated with anticoagulant therapy T. CAPISTRANT, R. GOLDBERG, H. SHIBASAKI, and D. CASTLE

Reappraisal of alcoholic myopathy AMIN A. FARIS and MARCELINO G. REYES

Familial muscular dystrophy of late onset PAUL A. BACON and BARBARA SMITH

Epilepsy after missile wounds of the head ADELOLA ADELOYE and E. LATUNDE ODEKU

Proceedings of the Society of British Neurological Surgeons

Book reviews

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208 Book reviews

Chapter 8 is statistical and provides proof, if it were ever in doubt, of the ageing of the population in hospitals for the mentally subnormal, and in particular of the longer survival rate of the severely subnormal.

Although this volume has only 254 pages and an index, the lay-out is compact, making it the equivalent of a larger volume. It is printed by photolithography; the type is clear and the many Figures and Tables are well produced. It has a paper cover, but is well bound and is good value for money.

D. A. A. PRIMROSE

BEHAVIOR THERAPY By Aubrey J. Yates. (Pp. xi + 445; illustrated; £6.25.) Wiley: New York, 1970. Like most new forms of treatment, behaviour therapy has gone through a predictable developmental course. Its infancy was characterized by temper tantrums against existing forms of psychotherapy, the outbursts of its supporters (mainly psychologists) being met by its critics (mainly psychiatrists) with a mixture of indifference and wrath. (Not, incidentally, a good way to get the behaviour to extinguish, as any reinforcement theorist will tell you.) The behaviour therapy movement is now entering a new phase of maturity, in which reasoned argument is beginning to replace polemic. A sign of this maturity is the recent appearance of a number of books which set out to provide an overview of the extensive literature that has accumulated on the subject. Dr. Yates's book achieves that aim very competently. Yates starts by tracing the historical development of behaviour therapy and by discussing some of its basic concepts. He then gives a comprehensive account of the various behaviour therapy techniques that have been developed, including their use in the treatment of psychotic end-states and of behaviour disorders in children, as well as their more familiar applications to adult neurosis. Characteristically, at every point he critically evaluates the theoretical basis and practical efficacy of all of the techniques he describes. This gives the book a solidly academic air which may daunt those not familiar with psychology textbooks but with which anyone wishing to talk sensibly about behaviour therapy must come to terms.

It is only when Dr. Yates decides to climb on his pet hobby-horse that his objectivity and his logic seem to falter. As a Maudsley-trained psychologist, he is clearly a fervent (and worthy) disciple of M. B. Shapiro and therefore of the latter's methodological approach to clinical psychology—namely, the intensive experimental investigation of the single case. Yates is so carried away by his enthusiasm for the method that he hammers home his message ad nauseam. Sometimes the message is selfevident, sometimes it just seems to be wrong. For example, at one point Yates chastizes Gelder and his colleagues for not really understanding the essential nature of behaviour therapy. He then goes on to dismiss their excellent comparative study of behaviour therapy and standard psychotherapy; doing so on the grounds that it is irrelevant to the assessment of whether or not behaviour therapy is a valid form of treatment. Yates's argument seems to be that, because each patient presents a new problem and must be considered the subject of experimental investigation in his own right, it is in-

appropriate to test the validity of behaviour therapy using conventional group designs where individuals showing similar abnormalities are assigned to different treatments which are then compared for their effectiveness. Furthermore, Yates argues, 'the validity of behaviour therapy is not a function of whether he (the patient) improves. deteriorates, or remains the same in relation to some arbitrary external criterion.' While few would deny that each patient is different, or that single case studies provide a valuable alternative approach, behaviour therapy can hardly plead that it should be excused from scrutiny by more conventional experimental methods. As for Yates's view that the validity of behaviour therapy has little to do with judged improvement of the patient, I wonder whether he really believes that as fervently as it appears (the italics are his). If he is right, behaviour therapy is due for an early retirement. And it will not be professional opposition that brings it about. The subject of experimental manipulation (patient to you) will see to

GORDON S. CLARIDGE

BANCROFT'S INTRODUCTION TO BIOSTATISTICS By Johannes Ipsen and Polly Feigl. 2nd edn. (Pp. x + 216; 19 figures; \$9.50.) Harper and Row: New York. 1970.

The second edition of the late Dr. Huldah Bancroft's

The second edition of the late Dr. Huldah Bancroft's book is improved for the medical user by the increased information on small samples statistics. The wider availability of electronic data processing is recognized. The book is an introductory course intended for medical students. The mathematics are kept to a minimum. This makes it easy to acquire a working familiarity with selected formulae but it is less certain how much understanding will be gained. This is a minor criticism, as the interested reader will be encouraged to consult more advanced texts. This one is very basic and one would commend the advice on construction of Tables for a journal. A particularly useful chapter covers the analysis of follow-up studies in which there are large individual variations in the time of follow-up.

This is an attractive book, well suited for its intended readership of medical students and physicians. Perhaps the next edition could cover ranking methods.

J. A. SIMPSON

### NOTICES

INTERNATIONAL SYMPOSIUM OF STEREOENCEPHALOTOMY 4-6 July 1971, Bratislava, Czechoslovakia, organized by the Neurosurgical Society of Czechoslovak Medical Society J. E. Purkyně, in conjunction with 4th European Congress of Neurosurgery, Prague (27 June-2 July). Details from Dr. Miron Šramka, Department of Neurosurgery, Bratislava, Kramáre, ČSSR.

NEW YORK STATE PSYCHIATRIC INSTITUTE, 75TH ANNIVERSARY CELEBRATION 21-23 November 1971: symposium on 'Seventy-five Years of Progress in Psychiatric Research and Teaching'. Details from Dr. Lawrence C. Kolb, Director, Department of Mental Hygiene, New York State Psychiatric Institute, 722 West 168th Street, New York, N.Y.10032, U.S.A.