

## Editorial Committee

CD MARSDEN (*Editor*)  
CBT ADAMS  
MR BOND  
EH BURROWS  
A CROCKARD  
LW DUCHEN  
P FENWICK  
MJG HARRISON  
RAC HUGHES  
PG JENNER

PL LANTOS  
DL McCLELLAN  
JC MEADOWS  
B NEVILLE  
C PALLIS  
JD PARKES  
J PAYAN  
JMS PEARCE  
J PICKARD

PF PRIOR  
A RICHENS  
JOHN A SIMPSON  
MICHAEL SWASH  
G TEASDALE  
M TRIMBLE  
E WARRINGTON  
EDITOR *British Medical Journal*  
Technical Editor: KENNETH TILL

THE EDITORIAL COMMITTEE welcomes original papers, which should be addressed to the Editor, Journal of Neurology, Neurosurgery, and Psychiatry, BMA House, Tavistock Square, London WC1H 9JR. Papers are accepted on the understanding that the subject matter has not been and will not be published in any other journal. Papers should deal with original matter and the discussion should be closely relevant to this. Manuscripts should be typewritten in double spacing on one side of the paper only. Two copies (including figures and tables) should be submitted of which only one need be a top copy. A summary of about 50 words should appear at the beginning of each paper. The name(s) of the hospital or laboratory should also appear. Full postal address for correspondence and reprints should be supplied. Receipt of manuscripts will be acknowledged.

The Editor will welcome Short Reports or Preliminary Communications limited to about 1000 words and with no more than one figure and one table. Also welcome are Letters to the Editor.

**ETHICS** Ethical considerations will be taken into account in the assessment of papers (see the Medical Research Council's publications on the ethics of human experimentation, and the World Medical Association's code of ethics, known as the Declaration of Helsinki (see *British Medical Journal* 1964;2:177)).

**ABBREVIATIONS** Measurements should be expressed in SI units (see *Journal of Clinical Pathology* 1974;27:590-7; *British Medical Journal* 1974;4:490; *International System of Units* 1972. National Bureau of Standards, Special Publication 330. United States Bureau of Printing: Washington). For recognised abbreviations see *Journal of Neurology, Neurosurgery, and Psychiatry* 1975;38:5; and *Units, Symbols and Abbreviations*, Third Edition 1977, edited by DN Baron, Royal Society of Medicine: London.

**ILLUSTRATIONS** *Photographs* Unmounted photographs on glossy paper should be provided together with magnification scales when appropriate. *Diagrams* will be reduced to 2¾ inches (68 mm) wide, occasionally to 5¾ inches (145 mm). Lettering should be in either Letraset or stencil and care should be taken that lettering and symbols are of comparable size. Illustrations should not be inserted in the text. They should be marked on the back with figure numbers, title of paper, and name of author. All photographs, graphs and diagrams should be referred to as figures and should be numbered consecutively in the text in Arabic numerals. The legends for illustrations should be typed on a separate sheet. *Tables* should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet. The format used

in this issue of the Journal should be noted. Vertical lines will not be printed and usually there are only three horizontal lines in each table.

**REFERENCES** should be in the Vancouver style as in this issue. They should appear in the text by number only in the order in which they occur and should be listed on a separate sheet in the same order. Punctuation must be correct and journal titles should be in full or abbreviated in accordance with the *Index Medicus*. Thus:

Millikan CH, Eaton LH. Clinical evaluation of ACTH and cortisone in myasthenia gravis. *Neurology (Minneapolis)* 1951;1:145-52.

Penn AS. Immunological features of myasthenia gravis. In: Aguayo AJ, Karpatis G, eds. *Topics in Nerve and Muscle Research*. Amsterdam: *Excerpta Medica* 1975:123-32.

Coers C, Woolf AL. *The innervation of muscle. A biopsy study*. Oxford: Blackwell, 1951:16-24.

A reference to unpublished work should not appear in the list but work "in press" may be included provided the name of the journal appears. The author is responsible for the accuracy of references.

**REPRINTS** Twenty-five reprints will be supplied free of charge. Additional reprints are available at cost if they are ordered when the proof is returned.

**CORRECTIONS** other than printer's errors may be charged to the author.

**COPYRIGHT** © 1984 by JOURNAL OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY. All rights reserved. No part of this publication may be reproduced, stored in a retrieval system, or transmitted in any form or by any means—electronic, mechanical, photocopying, recording, or otherwise—without the prior permission of the Journal of Neurology, Neurosurgery, and Psychiatry.

**NOTICE TO ADVERTISERS** Applications for advertisement space and rates should be addressed to the Advertisement Manager, JOURNAL OF NEUROLOGY, NEUROSURGERY, AND PSYCHIATRY, BMA House, Tavistock Square, London WC1H 9JR.

**NOTICE TO SUBSCRIBERS** The Journal is published monthly. The annual subscription rates are available on request to the Subscription Manager, Journal of Neurology, Neurosurgery & Psychiatry, BMA House, Tavistock Square, London WC1H 9JR. Orders can also be placed locally through any leading subscription agent or bookseller. (For the convenience of readers in the USA subscription orders, with or without payment, can also be sent to: British Medical Journal, Box 560B, Kennebunkport, Maine 04046, USA. All enquiries, however, must be addressed to the Publisher in London).

During the course of a one month stay, he learnt and used spontaneously the names of two staff members, and learnt about half of the geography of the unit. His behaviour was frequently disrupted by three things: his memory disorder, his obsessional rituals (dominated by his need to record in his "diary" every little event "before I forget"), and explosive outbursts, mostly but not exclusively in response to frustration.

On admission, chlorpromazine was stopped, carbamazepine was increased to 400 mg bd, and epilim stopped. He was also given clobazam 20 mg on. During his first week, his behaviour was actively uncooperative, aggressive and "depressed" (as was his wont at home, he frequently asked for "suicide pills"). All episodes of outburst behaviour led contingently to five-minute periods of "time out" (in a Time Out Room). Interruption of sessions by ritual was prevented. All inappropriate utterances ("suicide pill", and also "All I need is a driving licence") were timed on the spot (in other words, ignored).

During the remaining three weeks, all of his behaviours improved, and his apparent mood became one of cheerfulness for the most part, with evidence of his enjoying many activities. He could be argumentative at times, but only briefly, and responded to prompting. He was generally very active, and his physically perfect state was exemplified by his extreme skill in swimming. To be more specific on the behavioural side, explosive outbursts occurred with the following frequencies during the four weeks:

37, 4, 1, 0.

(These weekly figures obscure an initial increase over the first few days, and a brief upsurge of three in one day at the end of the second week, and the daily graph is very typical for an extinction process.) Although actual counts were not made, there was not one single request for "suicide pills" during the second two weeks, and only one mention of "driving licence" (on the direct question "What problems do you see yourself having?")

Certainly, this patient has shown solid evidence of good response to behaviour modification. A one-month period is extremely unlikely to be sufficient for these behaviour changes to endure. Nevertheless, the exercise makes it virtually certain that sufficiently prolonged treatment would lead to lasting improvements in behaviour control. The fact that the changes took place in a setting in which he was under

very considerable pressure to co-operate in rehabilitative therapies demonstrates, we believe, that "attempts at rehabilitating him further *need not be* frustrated by uncontrollable outbursts of rage and aggression".

PETER EAMES,  
The Kemsley Unit,  
St. Andrew's Hospital,  
Northampton NN1 5DG, UK

Greenwood replies:

Dr Eames' comments regarding a good response to behaviour modification in our case 1 (JBR) are well taken. If these techniques are as successful as is claimed there lack of general availability to patients with more or less diffuse brain injury is unfortunate.

## Notice

### World Society for Stereotactic and Functional Neurosurgery

The Ninth meeting will be held 4-7 July, 1985 in Toronto, Canada. Further information may be received from:

Dr. R. R. Taskar,  
EN 7-221,  
Toronto General Hospital,  
101 College Street,  
Toronto, Ontario,  
Canada M5G 1L7