

Prof. Hamilton very kindly undertook the statistical handling of the rating scale scores. Analysis of variances showed that the effect of drugs was not significant, neither was interaction between drug and treatment. There was no significant difference between the four groups before treatment or after treatment had finished (immediately post-treatment and two months later). However, after four treatments both the raw scores ($P < 0.01$) and the improvement in scores ($P < 0.005$) were significantly better in the patients treated with flurothyl.

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REFERENCE

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A CASE OF SCHIZOPHRENIA TREATED WITH FLUPENTHIXOL (DEPIXOL) INJECTIONS

DEAR SIR,

We would like to report a case of schizophrenia treated, successfully and safely with flupenthixol (Depixol) injections in what we consider to be exceptionally high doses.

The patient was a 21-year-old male who presented in an aggressive and severely disturbed schizophrenic state. He had been treated at another hospital two years previously for a similar episode, but had stopped taking his medication approximately seven months before his admission to this Unit.

His initial treatment with flupenthixol consisted of a 40 mg. injection followed after two days by another 20 mg. and by a further 40 mg. at the end of the first week. This medication, however, proved insufficient to control his symptoms, and it became necessary to give him haloperidol. This controlled the aggressive episodes, but his thought disorder, delusions and hallucinations continued.

He was now given flupenthixol injections in a dose of 40 mg. daily, and his schizophrenic symptoms showed marked improvement. This treatment was continued for eight days, and thereafter the dose was reduced gradually. However, this led to the re-appearance of schizophrenic disturbance, and so the dose was again increased to 40 mg. daily for a week. Subsequently a gradual reduction in the dose was accomplished with no return of symptoms. Thus, in a period of approximately seven weeks, he was given more than 1 gram of flupenthixol by injection.

As induration around the injection sites is apparently to be expected when frequent intramuscular administration is necessary, a change to the oral form of flupenthixol (Fluanxol) was now made, the dose being steadily increased up to 2 mg. three times a day. On this medication, together with appropriate anti-parkinsonian agents, he was finally discharged.

Finally, we should mention that throughout the period of treatment with such large doses of flupenthixol no ill-effects were either reported by the patient or observed by any member of staff. Routine investigations, which had been carried out on admission (haemoglobin, white cell count, erythrocyte sedimentation rate and blood urea), were all repeated shortly before discharge and showed no significant changes.

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BEHAVIOUR MODIFICATION IN ONE PSYCHIATRIC HOSPITAL

DEAR SIR,

Despite the impressive number of journal articles and books concerned with behaviour modification, surprisingly little is known of the extent to which this type of treatment is practised. To this end, we have kept records of the referrals made for possible treatment, and the behaviour modification techniques used in the clinical psychology department of one hospital group. The information was gathered over a twelve-month period from October 1971 to September 1972. Treatment was undertaken by a team of four clinical psychologists.

Results

During the twelve months, 115 referrals were received for possible treatment by behaviour modification methods. These were 85 women, mean age 35.52 years, S.D. 13.29, and 30 men, mean age 32.20 years, S.D. 11.24 (total 115, mean age 34.65 years, S.D. 12.99). Seventy-three per cent of those referred were out-patients and 27 per cent in-patients.

Since behaviour modification evokes varying reactions among psychiatrists at the present time, information was collected at the time of referral as to why this form of treatment had been considered. Forty-eight per cent of the referrals were from psychiatrists who considered this the treatment of first choice, but 37 per cent were made on the basis of other treatments having failed. A further 12 per

cent were referred with the intention that behaviour modification might be useful in conjunction with other treatments. The reasons for referral in 3 per cent of cases was unclear.

For each patient the main psychiatric diagnosis was obtained from the medical notes at the time of referral. These diagnoses are rank-ordered in the Table.

Main psychiatric diagnosis of 115 patients referred for behaviour modification

Diagnosis	N	Diagnosis	N
Anxiety state	37 (32%)	Alcoholism	3 (3%)
Agoraphobia	15 (13%)	Behaviour disorders	3 (3%)
Other phobias	14 (12%)	Hysteria	3 (3%)
Sexual problems	13 (11%)	Schizophrenia	2 (2%)
Personality disorders	12 (10%)	Depression	2 (2%)
Obsessional states	6 (5%)	Other	5 (4%)

Full desensitization or relaxation alone (Goldfried, 1971) formed 80 per cent of all the treatments, with operant conditioning technique and aversion therapy accounting for only 4 per cent and 2 per cent, respectively. For 12 per cent of their referrals the clinical psychologists considered that either psychotherapy or counselling (admittedly not clearly distinguishable) was a major part of the treatment.

We kept records of the amount of time taken up by treatment. Six months after the end of the survey 96 of the 115 patients had completed treatment. These 96 had an average of 11 treatment sessions each with 87 per cent of the sessions lasting one hour. A minority of patients (15) were seen for over 20 sessions.

Discussion

Generalizations from one hospital group are clearly unwarranted, but if the one studied here is at all representative behaviour modification would seem to have established itself, albeit modestly, as one of the possible range of treatments offered within the National Health Service.

In this survey it appears that the patients referred by the psychiatrists as potentially able to benefit from behaviour modification mainly have problems of the kind treated by Wolpe (1958) in his original work. The predominance of desensitization and relaxation techniques is obviously related to the kinds of patients referred, but one cannot be certain of cause and effect here since it is quite possible that psychiatrists, knowing that certain techniques are frequently used by clinical psychologists, will refer patients who they think will benefit from those

techniques. We have the impression that since our survey was completed a wider variety of techniques. If this is so it reflects the widening variety of problems tackled by behaviour modification techniques which are reported in journal articles at the present time.

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BRITISH ACADEMY OF PSYCHOPHARMACOLOGY

DEAR SIR,

I have just learned of the proposal, by an eminent group of neuropsychopharmacologists in the United Kingdom, to form a British Academy of Psychopharmacology (*Journal*, **124**, 1974, 508). Such a proposal has much merit, as anyone who has followed this field closely is well aware of the great contributions made by British investigators. The United Kingdom has more than enough highly qualified persons to constitute such a group.

The American College of Neuropsychopharmacology, now in existence for fourteen years, has provided a common meeting-ground for the exchange of ideas among the many disciplines which this field embraces. Our membership is limited to 185 Fellows and 35 Members and Scientific Associates. Our small membership, deliberately kept so as to keep the meetings relatively informal, has limited the privileges of membership to residents of North America. The formation of a British Academy of Psychopharmacology would provide a formal channel of communication between English-speaking neuropsychopharmacologists on both sides of the Atlantic. Many of us, but by no means all, are also members of the Collegium Internationale Neuropsychopharmacologicum, whose biennial meetings provide only a limited exchange of information between workers in North American countries and those in the United Kingdom.

So we welcome the formation of the British Academy of Psychopharmacology and fully expect it to thrive.

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