examined a relatively elementary aspect of attention, electrophysiological indices of

reaction time (MCCabe, 1969). In an effort to deal with this difficult problem, we have

of primary, secondary, and tertiary processes (Kruschke, 1971; Tversky, 1972). Thus any
discrimination between normal and abnormal attention by abnormal performance of

(normal attention) for numerous reasons, including perceptual deficits.

(normal attention). However, brain-damaged subjects may fail to show

(Kruschke, 1971). Moreover, brain-damaged subjects may fail to show

the processing of information, it has been reasoned that selective impairment of

Because a number of transmissions of stimuli into the CNS and


have been made (Luna, 1966; McCune, 1969; Plibman & MacKintosh, 1973;

a variety of tasks, but each application to brain-damaged populations is

In Zwaan & House, 1963). In

Kruschke, 1971; Tversky, 1972; Zwaan & House, 1973; Sihra, 1972; McCune,

in humans (p. 665-676), Hillisdale, NJ:

In H.D. Kimel (Ed.), The orienting reflex

damage.

humans with cortical or subcortical brain

Electrodermal measures of arousal in

METHOD

Specific CNS structures of systems.

TABLE 4.21

<table>
<thead>
<tr>
<th>Group</th>
<th>Subjects Tested in This Study</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>15</td>
</tr>
<tr>
<td>Females</td>
<td>10</td>
</tr>
<tr>
<td>Total</td>
<td>25</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Gender</th>
<th>Mean</th>
<th>Range</th>
</tr>
</thead>
<tbody>
<tr>
<td>Males</td>
<td>24</td>
<td>19-45</td>
</tr>
<tr>
<td>Females</td>
<td>27</td>
<td>16-40</td>
</tr>
</tbody>
</table>

Comparison of the Five Groups of Subjects Tested in the Experiment (see Table 4.1). The upper limits of the duration of illness are 20 years. For each group, the mean and range of subjects are shown, along with the mean and range of the education level. The subjects were divided into five groups based on age, gender, and education level. The groups ranged in age from 19 to 45 years, with an average of 24 years for males and 27 years for females. The duration of illness ranged from 16 to 40 years, with a mean of 20 years for both genders. The education level ranged from 15 to 30 years, with a mean of 20 years for both genders.
RESULTS

Procedure

Conclusions
The repeated measures ANOVA revealed significant differences in response rates between the groups. The MANOVA results indicated that the groups differed significantly on the dependent variables. The findings suggest that the manipulation had an impact on the response rates, with the experimental group showing a greater response rate compared to the control group. The MANOVA results are further supported by the significant differences observed in the post-hoc comparisons.

The results also suggest that the manipulation had a significant impact on the response rates, with the experimental group showing a greater response rate compared to the control group. The MANOVA results are further supported by the significant differences observed in the post-hoc comparisons.

From the post-hoc comparisons, it was found that the response rates were significantly higher in the experimental group compared to the control group. This suggests that the manipulation had a significant impact on the response rates.

The results of the study highlight the importance of considering the manipulation in response rate studies. The MANOVA results suggest that the manipulation had a significant impact on the response rates, with the experimental group showing a greater response rate compared to the control group. The post-hoc comparisons further support these findings.

In conclusion, the results of the study provide evidence for the impact of the manipulation on response rates. The MANOVA and post-hoc comparisons suggest that the manipulation had a significant impact on the response rates, with the experimental group showing a greater response rate compared to the control group. These findings have implications for future research in this area.
Discussion

The OR data from two normal subjects and the HAB data from one were not included.

**Table 42.6**

<table>
<thead>
<tr>
<th>Condition</th>
<th>Normal</th>
<th>Aphatics</th>
<th>Parkinsons</th>
<th>Huntington's</th>
</tr>
</thead>
<tbody>
<tr>
<td>OR</td>
<td>HAB</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>OR (21)</td>
<td><strong>3.18</strong></td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
<tr>
<td>OR (22)</td>
<td>NS</td>
<td>NS</td>
<td></td>
<td></td>
</tr>
<tr>
<td>HAB (21)</td>
<td>NS</td>
<td>NS</td>
<td><strong>2.60</strong></td>
<td>NS</td>
</tr>
<tr>
<td>HAB (22)</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
<td>NS</td>
</tr>
</tbody>
</table>

Note: 
- **p < 0.05**
- NS: Not significant

Results of the present study show consistent physiological responses with previous findings on psychophysiological measures with brain-damaged patients.
ACKNOWLEDGMENTS

The continuous development of new ideas of cerebral cortex activity requires the contributions of others in related fields and for this purpose it is necessary for the scientific profession to be presented with continued scientific information from many sources. The continuing support of this research was provided through USPHS Grant NS-00737, NIMH 18, and the National Science Foundation. The contributions of others in related fields are gratefully acknowledged.

REFERENCES

