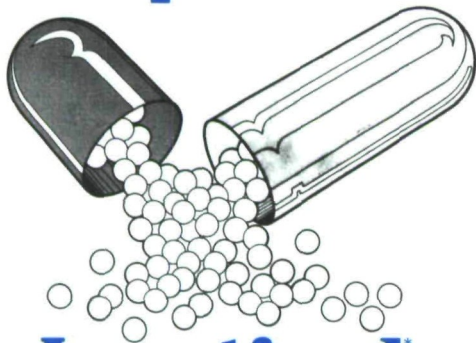


Amitriptyline first choice in treatment of depression



Lentizol
sustained release amitriptyline

**the obvious
choice of
amitriptyline¹**

- for your new patients
- for maintenance treatment of responders to amitriptyline
- Lentizol aids patient compliance by avoiding the need for multiple daily doses

1. Barton, J.L. and Snaith, R.P. *Curr. med. Res. Opin.*, 1, 3, 133, 1972.

 **Lentizol**
sustained release amitriptyline

Further information is available on request
William R. Warner & Co. Ltd.
Usk Road, Pontypool, Gwent NP4 0YH

*Trade mark

6612-UK-DEC 78



The Concepts of Illness, Disease and Morbus

F. KRÄUPL TAYLOR

Dr Taylor's book analyses the disease concept as it developed in medical history and seeks to clarify it with the help of concepts largely derived from logical class theories. A solution is proposed to the problem of how to distinguish between the class of 'patients' and the class of 'healthy persons' which corresponds to the actual diagnostic practices of doctors.

The earliest theories of disease postulated concrete entities which exist independently of the body. The seventeenth-century view was that diagnostically important clinical manifestations were attributes of the disease entity and not of the patient. This view was challenged in the nineteenth century by Virchow for whom a disease entity was a pathologically altered part of the body. The notion of disease entity lost its original ontological connotations and instead its important feature became the possession of a unitary and self-contained character. Dr Taylor describes the modern theories as essentially 'reactive' in character, that is the symptoms of a disease are the bodily reactions to the 'noxae'. After setting the subject into its historical context, Dr Taylor goes on to discuss in detail the notion of the classification of diseases, making extensive use of modern views on the logic of classes. The book will be read by physicians, psychiatrists, historians of medicine and philosophers of science.

£6.50 net

**CAMBRIDGE
UNIVERSITY
PRESS**

anti-depressant anti-anxiety anti-phobic /anti-obsessional **Clomipramine**

ANAFRANIL[®]



Since depression is frequently associated with anxiety and irrational fear Anaftranil provides comprehensive therapeutic cover for the depressed patient in general practice

Indications

Phobic and obsessional disorders
Endogenous depression including manic depressive, periodic and involutional depression
Reactive depression
Neurotic depression

Dosage

Depression 10mg, 25mg and 50mg capsules syrup 25mg/5ml
The dose should be gradually built up to 30-50mg Anaftranil daily for the average depressed patient in general practice. In more severely depressed patients the dose may be increased to 75mg daily or even higher if necessary. Anaftranil may be given traditionally, in divided doses throughout the day or it may be administered as a single dose at bed time. In the latter case the dose should be built up gradually to ensure maximum tolerability. It is advisable in the elderly to initiate treatment with low dosage schedules, and since Anaftranil has a known hypotensive effect, care should be taken in treating patients with cardiovascular instability, and

tolerance should be carefully established.

Phobic and obsessional disorders. The dosage of Anaftranil is generally higher than that used in depression. It is recommended that the dose be built up to 100-150mg Anaftranil daily, according to the severity of the condition. This should be attained gradually over a period of 2 weeks, starting with 1 x 25mg Anaftranil daily. In sensitive and elderly patients a starting dose of 1 x 20mg Anaftranil daily is recommended. After the relief of symptoms has been attained maintenance therapy will be required. This will be determined individually but may need to be prolonged. Discontinuation of therapy should be achieved by a gradual reduction in dose.

Side-effects

The most common side effects are dry mouth, sweating, difficulty with accommodation, constipation, disturbance of micturition and tachycardia. Tremor and ataxia,

hypotension (particularly orthostatic hypotension with associated vertigo) have also been noted. Other effects which have occasionally occurred during Anaftranil therapy are disturbances of appetite, abdominal pain and nausea. Anxiety, agitation, fatigue, drowsiness, confusion, insomnia and headache have rarely been reported. Epileptic convulsions have been experienced in a small number of patients. Symptomless hyperthermia may occur and allergic skin reactions, although extremely rare, have been encountered. Interference with sexual function, particularly ejaculation may be encountered.

Contraindications and precautions

Anaftranil is contraindicated in conjunction with or within 14 days of treatment with monoamine oxidase inhibitors in patients with existing liver damage in patients with cardiac or circulatory failure or recent myocardial infarction

and should be used with caution in patients with known ischaemic heart disease. Caution is necessary in conditions where an atropine-like drug is contra-indicated e.g. glaucoma and retention of urine. Since convulsions have been reported in patients taking Anaftranil great caution should be exercised in treating epileptic patients. Patients with a known 'succidal' diet should, if possible, be treated in hospital. Otherwise they should be placed under the care of a responsible person who should also take charge of the feeding and administration of drugs. Care should be taken in administering Anaftranil to patients already receiving treatment with desibrasquin, bethandine, guanethidine and methyl dopa since the antihypertensive effect of these agents may be antagonised. The administration of Anaftranil during the first trimester of pregnancy, as with other drugs, is advised only if there are compelling reasons. Anaftranil

given concurrently with noradrenaline or adrenaline may potentiate the cardiovascular effect of these substances.

Availability

Anaftranil, clomipramine hydrochloride is available as
Capsules 10mg 0001/0037
Capsules 25mg 0001/0000
Capsules 50mg 0001/0068
Syrup 25mg/5ml 0001/0001

Product cost
30mg daily (ex 500 x 10mg pack) 9p

75 mg daily (ex 500 x 25mg pack) 17 7p

Anaftranil should only be supplied on a prescription. Full prescribing information is available.

Geigy Pharmaceuticals
Macclesfield, Cheshire SK10 2LJ

Two Essential Journals

*Send for a free
examination copy!*

Journal of Behavioral Medicine

editor: **W. Doyle Gentry, Ph.D.**
Duke University Medical Center

This broadly conceived interdisciplinary publication furthers our understanding of physical health and illness through the knowledge and techniques of behavioral science. Application of this knowledge to prevention, treatment, and rehabilitation is also a major function of the *Journal*, which includes papers from all disciplines engaged in behavioral medicine research.

Subscription: Volume 2, 1979 (4 issues)
\$18.00 (\$22.00 outside the U.S.)

Institutional rate
\$36.00 (\$42.00 outside the U.S.)

Behavior Genetics An International Journal Devoted to Research in the Inheritance of Behavior in Animals and Man

executive editor: **Jan H. Bruell**
University of Texas

Published in cooperation with the Behavior Genetics Association, this journal deals with the inheritance and evolution of behavioral characters in man and other species. Papers focus on the application of the various perspectives of genetics to the study of behavioral characters and with the influence of behavioral differences on the genetic structure of populations. In addition to papers reporting original studies, this journal publishes critical reviews and theoretical papers relevant to behavior genetics.

Subscription: Volume 9, 1979 (6 issues)
\$79.00 (\$90.00 outside the U.S.)



227 West 17th Street, N.Y., N.Y. 10011
In United Kingdom: Black Arrow House
2 Chandos Road, London NW10 6NR,
England

NOTES FOR CONTRIBUTORS

PAPERS Papers for publication should be addressed to the Editor, Professor Michael Shepherd, Institute of Psychiatry, De Crespigny Park, Denmark Hill, London SE5 8AF. Contributors should send at least three copies of the text, tables, and figures. Copies other than the first may be xeroxed. The S.I. system should be adopted for text and figures. A short synopsis of about 50 words should be provided at the beginning of each article. Foreign quotations and phrases should be followed by a translation. Submission of a paper will be held to imply that it contains original work that has not been previously published and that it is not being submitted for publication elsewhere.

In addition to longer articles, the Editor is prepared to accept preliminary communications of between 1500 and 2000 words.

Manuscripts must be typewritten on one side of the paper in double-spacing with wide margins. The following information must be given on a single separate sheet: (1) title and short title for running head (not more than 100 characters); (2) authors' names, and (3) department in which work was done. Footnotes on the same sheet should list: (i) the authors' present addresses if different from departments in which work was done; (ii) name and address of the author to whom correspondence should be addressed; (iii) receipt of grants. Authors who would like a reprint address to be printed should include this on their manuscript.

REFERENCES (1) In the text these should follow the Harvard system – that is, name followed by date: Brown (1970). If there are more than two authors the first author's name followed by *et al.* should be used, even the first time that the reference appears. (2) The list of references should be typed in alphabetical order on a separate sheet and should appear as follows: Brown, J., Williams, E. & Wright, H. (1970). Treatment of heroin addiction. *Psychological Medicine* 1, 134–136. Journal titles should be given in full.

Books should be cited as follows: Brown, J. (1970). *Psychiatric Research*. Smith: Glasgow.

ILLUSTRATIONS Only essential figures and tables should be included. *Photographs* Unmounted photographs on glossy paper should be provided. Magnification scales, if necessary, should be lettered on these. Where possible, prints should be trimmed to column width (i.e. 70 mm). *Diagrams* These will usually be reduced to 70 mm wide. 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* Tables should be numbered consecutively in the text in Arabic numerals and each typed on a separate sheet.

PROOFS AND OFFPRINTS Page proofs will be sent to the senior author. Corrections other than printer's errors may be charged to the author. Fifty offprints of each paper are supplied free; additional offprints are available according to a scale of charges if they are ordered when the proof is returned.

Psychological Medicine

Volume 9 Number 3 August 1979

CONTENTS

EDITORIALS	
The scientific status of electro-convulsive therapy	page 401
The epistemology of normality	409
Residential care of the elderly in Britain today	417
SCULL, A. T.	
Moral treatment reconsidered: some sociological comments on an episode in the history of British psychiatry	421
RUSSELL, G. F. M.	
Bulimia nervosa: an ominous variant of anorexia nervosa	429
SWIGAR, M. E., KOLAKOWSKA, T. AND QUINLAN, D. M.	
Plasma cortisol levels in depression and other psychiatric disorders: a study of newly admitted psychiatric patients	449
CURZON, G., KANTAMANENI, B. D., LADER, M. H. AND GREENWOOD, M. H.	
Tryptophan disposition in psychiatric patients before and after stress	457
WOOD, R. L. AND COOK, M.	
Attentional deficit in the siblings of schizophrenics	465
KREITMAN, N. AND SCHREIBER, M.	
Parasuicide in young Edinburgh women, 1968-75	469
GOODHEAD, D. G., HUSSAIN, M. F. AND SEAGER, C. P.	
Influence of experience and nationality on assessment and outcome of parasuicide	481
TURNER, R. J. AND MORGAN, H. G.	
Patterns of health care in non-fatal deliberate self-harm	487
NEWSON-SMITH, J. G. B. AND HIRSCH, S. R.	
Psychiatric symptoms in self-poisoning patients	493
URWIN, P. AND GIBBONS, J. L.	
Psychiatric diagnosis in self-poisoning patients	501
FARMER, C. J., SNOWDEN, S. A. AND PARSONS, V.	
The prevalence of psychiatric illness among patients on home haemodialysis	509
FARMER, C. J., BEWICK, M., PARSONS, V. AND SNOWDEN, S. A.	
Survival on home haemodialysis: its relationship with physical symptomatology, psychosocial background and psychiatric morbidity	515
TENNANT, C., SMITH, A., BEBBINGTON, P. AND HURRY, J.	
The contextual threat of life events: the concept and its reliability	525
WATT, D. C. AND SZULECKA, T. K.	
The effect of sex, marriage and age at first admission on the hospitalization of schizophrenics during 2 years following discharge	529
TANTAM, D. AND BURNS, B. J.	
An international comparison of two systems of community health care	541
WEEKE, A., KASTRUP, M. AND DUPONT, A.	
Long-stay patients in Danish psychiatric hospitals	551
FRYERS, T.	
Accumulating long-stay in-patients in Salford: monitoring further progress	567
SHEPHERD, G. AND RICHARDSON, A.	
Organization and interaction in psychiatric day centres	573
BRIEF COMMUNICATION	
Interactions in contingency tables: a brief discussion of alternative definitions	
B. S. EVERITT AND A. M. R. SMITH	581
PRELIMINARY COMMUNICATION	
The extent of mental and physical ill-health of clients referred to social workers in a local authority department and a general attachment scheme R. H. CORNEY	585
BOOK REVIEWS	591

© Cambridge University Press 1979

CAMBRIDGE UNIVERSITY PRESS

The Pitt Building, Trumpington Street, Cambridge CB2 1RP

32 East 57th Street, New York, N.Y. 10022

Printed in Great Britain at the University Press, Cambridge