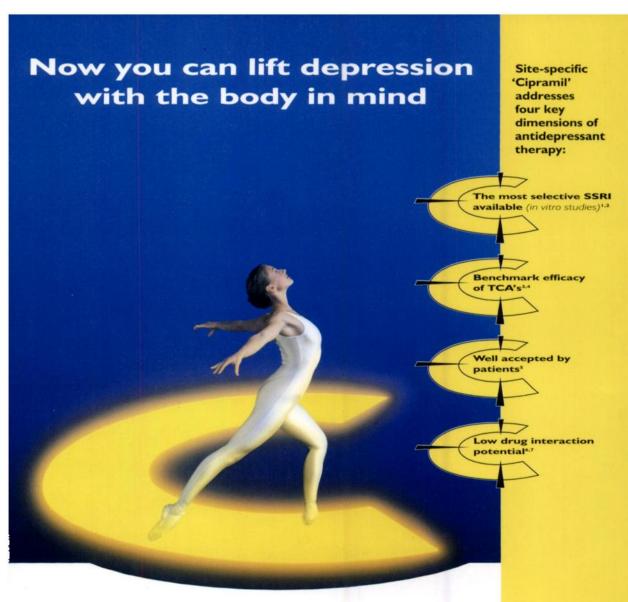


Editorials		Suicides by burning in England and Wales. D	
Drug induced psychosis. R. Poole and		Prosser	175
Brabbins	135	Community attitudes to mental illness. G. Wolff,	
Minor physical anomalies and their relation	ship	S. Pathare, T. Craig and J. Leff	183
to the aetiology of schizophrenia. K. C. Mun	rphy	Community knowledge of mental illness and	
and M. J. Owen	139	reaction to mentally ill people. G. Wolff, S.	
		Pathare, T. Craig and J. Leff	191
Review Article		The impact of education groups for people with	
Childhood emotional abuse. A. E. Thomp	oson	schizophrenia on social functioning and quality	
and C. A. Kaplan	143	of life. J. M. Atkinson, D. A. Coia, W. H.	
		Gilmour and J. P. Harper	199
Papers		Testing the effect of season of birth on familial	
Moclobemide in elderly patients with cogni	itive	risk for schizophrenia and related disorders. J.	
decline and depression. An international dou		M. Hettema, D. Walsh and K. S. Kendler	205
blind, placebo-controlled trial. M. Roth, C	. O.	Quality of life as an evaluative measure in	
Mountjoy, R. Amrein and the Internation		assessing the impact of community care on	
Collaborative Study Group	149	people with long-term psychiatric disorders.	
Psychological markers in the detection of au	tism	M. M. Barry and C. Crosby	210
in infancy in a large population. S. Bas		Continuing clozapine despite neutropenia. M. L.	
Cohen, A. Cox, G. Baird, J. Swettenham		Wesson, D. M. Finnegan and P. I. Clark	217
Nightingale, K. Morgan, A. Drew and		Abnormal movements in never-medicated Indian	
Charman	158	patients with schizophrenia. R. G. McCreadie,	
The treatment of depression: prescribing patt		R. Thara, S. Kamath, R. Padmavathy, S. Latha,	
of antidepressants in primary care in the Ul		N. Mathrubootham and M. S. Menon	221
M. Donoghue and A. Tylee	164	Negative symptoms, neurological signs and	
Social phobia in general health care.	An	neuropsychological impairments in 204 Hong	
unrecognised undertreated disabling disor		Kong Chinese patients with schizophrenia. E.	
E. Weiller, JC Bisserbe, P. Boyer, JP Le		Y. H. Chen, L. C. W. Lam, R. Y. L. Chen and D.	
and Y. Lecrubier	169	G. H. Nguyen	227
		continued	n. ji
		Commen	F

Published by The Royal College of Psychiatrists

ISSN 0007-1250





Specifically treating depression

Abbreviated Prescribing Information

Abbreviated Prescribing Information
Presentation: 'Cipramil' tablets. Pl. 0458/0058, each containing 20mg of citalopram as the hydrobromide. 28 (OP) 20mg tablets £21.28.
Indications: Treatment of depressive illness in the initial phase and as maintenance against relapse/recurrence. Dosage: Adults. 20mg a day. Depending upon individual patient response, this may be increased in 20mg increments to a maximum of 60mg. Tablets should not be chewed, and should be taken as a single oral daily dose, in the morning or evening without regard for food. Elderly, 20mg a day increasing to a maximum of 40mg dependent upon individual patient response. Children. Not recommended. Restrict dosage to lower end of range in hepatic impairment. Dosage adjustment not necessary in cases of mild/moderate renal impairment. No information available in severe renal impairment (creatinine clearance < 20ml/min). Contra-indications: Combined use of 5-HT agonists. Hypersensitivity to citalopram. **Pregnancy and Lactation:** Safety during human pregnancy and lactation has not been established. Use only if potential benefit outweighs possible risk. **Precautions:** Driving and operating machinery. History of mania. Caution in patients at risk of cardiac arrhythmias. Do not use with or within 14 days of MAO inhibitors: leave a seven day gap before starting MAO inhibitor treatment. **Drug** Interactions: MAO inhibitors (see Precautions). Use lithium and

tryptophan with caution. Routine monitoring of lithium levels need not be adjusted. Alcohol is not advised. Adverse Events: Most commonly nausea, sweating, tremor, somnolence and dry mouth. Overdosage: Symptoms have included somnolence, coma, sinus tachycardia, occasional nodal rhythm, episode of grand mal convulsion, nausea, vomiting, sweating and hyperventilation. No specific antidote. Treatment is symptomatic and supportive. Early gastric lavage suggested. **Legal Category:** POM 24.1.95. Further information available upon request. Product licence holder: Lundbeck Ltd, Sunningdale House, Caldecotte Lake Business Park, Caldecotte, Milton Keynes, MK7 8LF. 'Cipramil' is a trademark. © 1995 Lundbeck Ltd.

Date of preparation: May 1995

- References

 1. Hyttel J. XXII Nordiske Psykiater-Kongres, Reykjavik, 11 August, 1988: 11-21.

 2. Eison AS et al, Psychopharmacology Bull 1990; 26 (3): 311-315.

 3. Rosenberg C et al, Int Clin Psychopharmacol 1994; 9 (Suppl 1): 41-48.

 4. Shaw DM et al, Br J Psychiatry 1986; 149: 515-517.

 5. Bech P and Caldella P, Int Clin Psychopharmacol 1992; 6 (Suppl 5): 45-54.

 6. Sindrup SH et al, Ther Drug Monit 1993; 15: 11-17.

 7. Van Harten J. Clin Pharmacokinet 1993; 24 (3): 203-220.

0495/CIP/501/019

Research for a

better life

The British Journal of Psychiatry

February 1996

Volume 168

No. 2

Editor Greg Wilkinson

Liverpool

Senior Associate Editor

Alan Kerr Newcastle upon Tyne

Associate Editors

Sidney Crown London
Julian Leff London
Sir Martin Roth Cambridge
Sir Michael Rutter London
Peter Tyrer London

Editorial Advisers

Herschel Prins Leicester Sir John Wood Sheffield Kathleen Jones York

Assistant Editors

Mohammed Abou-Saleh Al-Ain
Louis Appleby Manchester
German Berrios Cambridge
Alistair Burns Manchester
Patricia Casey Dublin
John Cookson London
David Cottrell Leeds
Nigel Eastman London
Tom Fahy London
Anne Farmer Cardiff
Michael Farrell London
Nicol Ferrier Newcastle upon Tyne
William Fraser Cardiff
Richard Harrington Manchester
Sheila Hollins London

Jeremy Holmes Barnstaple Alexander Kellam Cardiff Peter Kennedy York Michael King London Alan Lee Nottingham Shôn Lewis Manchester Robin McCreadie Dumfries Ian McKeith Newcastle upon Tyne Roy McClelland Belfast Stuart Montgomery London David Owens Leeds Ian Pullen Edinburgh Rosalind Ramsay London Henry Rollin London Jan Scott Newcastle upon Tyne Mike Shooter Cardiff Andrew Sims Leeds Jeanette Smith Bristol George Stein London David Tait Perth

Corresponding Editors

Sidney Bloch Australia
Patrice Boyer France
J.M. Caldas de Almeida Portugal
Andrew Cheng Taiwan
Andrei Cristian Romania
E. L. Edelstein Israel
Václav Filip Czech Republic
Heinz Katschnig Austria
Kenneth Kendler USA

Toshi Kitamura Japan
Arthur Kleinman USA
F. Lieh Mak Hong Kong
Jair Mari Brazil
Harold Merskey Canada
Paul Mullen Australia
Ahmed Okasha Egypt
Volodymer Poltavetz Ukraine
Michele Tansella Italy
Toma Tomov Bulgaria
John Tsiantis Greece
J. L. Vázquez-Barquero Spain
Richard Warner USA

Statistical Adviser

Pak Sham London

Staff

Publications Manager
Dave Jago
Scientific Editor
Lesley Bennun
Deputy Scientific Editor
Aliki Buhayer
Assistant Scientific Editor
Dinah Alam
Editorial Assistants
Judy Ashworth
Julia Burnside
Marketing Assistant
Dominic Bentham

Past Editors

Eliot Slater 1961-72 Edward H. Hare 1973-77 John L. Crammer 1978-83 Hugh L. Freeman 1984-93 Founded by J. C. Bucknill in 1853 as the Asylum Journal and known as the Journal of Mental Science from 1858 to 1963

Published by the Royal College of Psychiatrists

Contents continued from front cover

Mixed-handedness in patients with functional	
psychosis. R. R. Malesu, M. Cannon, P. B.	
Jones, K. McKenzie, K. Gilvarry, L. Rifkin, B.	
K. Toone and R. M. Murray	234
Acute frontal lobe syndrome and dyscontrol	
associated with bilateral caudate nucleus	
infarctions. R. G. Petty, D. Bonner, V.	
Mouratoglou and M. Silverman	237
Negative interaction between lithium and electroconvulsive therapy. A case—control study.	
A. K. Jha, G. S. Stein and P. Fenwick	241
A case—control study of Alzheimer's disease and	
aluminium occupation. E. Salib and V. Hillier	244

The British Journal of Psychiatry is published monthly by the Royal College of Psychiatrists (a registered charity, registration number 228636). The BJP publishes original work in all fields of psychiatry. All communications, including manuscripts for publication, should be sent to the Editor, British Journal of Psychiatry, 17 Belgrave Square, London SW1X 8PG.

Full instructions to authors are given at the beginning of the January and July issues.

Subscriptions

Non-members of the College should contact the Publications Subscription Department, Royal Society of Medicine Press Limited, PO Box 9002, London W1A OZA (tel. 0171 290 2928; fax 0171 290 2929). Annual subscription rates for 1996 (12 issues post free) are as follows:

Europe (& UK): institutions £160, individuals £140 US: institutions \$310, individuals \$230 Elsewhere: institutions £190, individuals £150 Full airmail is £36/US\$64 extra. Single copies of the Journal are £14, \$25 (post free).

Payment should be made out to the British Journal of Psychiatry.

Queries from non-members about missing or faulty copies should be addressed within six months to the same address; similar queries from College members should be addressed to the Registration Subscription Department, The Royal College of Psychiatrists, 17 Belgrave Square, London SW1X 8PG.

Columns

Correspondence	250
Corrigendum	254
A hundred years ago	254
Book reviews	255
American Journal of Psychiatry (contents)	257

Next month in the BJP

Emotional disorder in chronic illness: psychotherapeutic interventions. E. Guthrie
The reliability and characteristics of the brief syntactic analysis. P. Thomas, G. Kearney, E. Napier, E. Ellis, I. Leudar and M. Johnston

Back issues

Back issues published before 1995 may be purchased from William Dawson & Sons Ltd, Cannon House, Folkestone, Kent (tel. 01303 850 101).

Advertising

Correspondence and copy should be addressed to Peter T. Mell, Advertising Manager, PTM Publishers Ltd, 282 High Street, Sutton, Surrey SM1 1PQ (tel. 0181 642 0162; fax 0181 643 2275).

US Mailing Information

The British Journal of Psychiatry is published monthly by the Royal College of Psychiatrists. Subscription price is \$295. Second class postage paid at Rahway, NJ. Postmaster send address corrections to the British Journal of Psychiatry, c/o Mercury Airfreight International Ltd Inc., 2323 Randolph Avenue, Avenel, New Jersey 07001.

©TM The paper used in this publication meets the minimum requirements of American National Standard for Information Sciences – Permanence of Paper for Printed Library Materials. ANSI Z39.48-1984.

Typeset by Dobbie Typesetting Ltd, Tavistock, and Henry Ling Ltd.

Printed by Henry Ling Ltd, The Dorset Press, 23 High East Street, Dorchester, Dorset DT1 1HD.

© 1996 The Royal College of Psychiatrists. Unless so stated, material in the *British Journal of Psychiatry* does not necessarily reflect the views of the Editor or the Royal College of Psychiatrists. The publishers are not responsible for any error of omission or fact.

New Brief Pulse ECT with Computer-Assisted Easy Seizure Monitoring



Somatics Thymatron™ DGx

- Automatically monitors your choice of EEG-EEG, EEG-ECG, or EEG-EMG and determines EEG and motor seizure lengths.
- Computer-measured seizure quality, including postictal EEG suppression, seizure energy index.
- Up to 8 seconds stimulus duration; pulsewidth as short as 0.5 ms.
- Single dial sets stimulus charge by age; high-dose option available.
- FlexDial[™] adjusts pulsewidth and frequency without altering dose.

Distributed in the U.K. by: Distributed in Australia by: Distributed in New Zealand by: **DANTEC Electronics, Ltd. MEECO Holdings Pty. Ltd.** WATSON VICTOR, Ltd. Garonor Way 10 Seville St. 4 Adelaide Rd. Royal Portbury North Parramatta NSW 2151 Wellington, New Zealand Bristol BS20 9XE Australia TEL (64) 4-385-7699 TEL (44) 1275-375333 TEL (61) 2630-7755 FAX (64) 4-384-4651 FAX (44) 1275-375336 FAX (61) 2630-7365

Distributed in India by: Distributed in Pakistan by: Distributed in South Africa by:

DIAGNO.SYS IQBAL & CO. DELTA SURGICAL New Delhi Islamabad Craighall

TEL (91) 11-644-0546 TEL (92) 51-291078 TEL (27) 11-792-6120 FAX (91) 11-622-9229 FAX (92) 51-281623 FAX (27) 11-792-6926

Distributed in U.S.A. and Canada by:

SOMATICS, INC., 910 Sherwood Drive # 17, Lake Bluff, IL, 60044, U.S.A. Fax: (847) 234-6763; Tel: (847) 234-6761

-EFEXOR-

THE WORLD'S FIRST

$S \cdot N \cdot R \cdot I$

SEROTONIN NORADRENALINE REUPTAKE INHIBITOR



Span plengraphs provided control of National Aeronautis and Spain Administration. NASA

The result of original Wyeth research and development, Efevor venlafavine is the first of a new class of antidepressants, the SNRIs.

I fevor is a serotonin and noradrenaline reuptake inhibitor and increases the availability of both of the key neurotransmitters involved in depression. This is in line with current thinking on the pathophysiology of depression, which stresses the importance of interactions between serotonin and noradrenaline.

Extensive clinical trials of Efevor in over 2500 depressed patients have confirmed the success of this approach. Efevor has been shown to be at least as effective and better tolerated than standard trievelic and related antidepressants such as dothiepin, impramine and trazodone.

Lifevor has also been shown to compare favourably with the SSRI fluovetine in inpatient and outpatient studies. Furthermore, Lifevor demonstrates a significant dose response curve which allows flexibility of treatment in a wide range of patients.

For many depressed patients, the world's first SNRI could make a world of difference.



EFFECTIVE IN A WIDE RANGE OF DEPRESSED PATIENTS

PRESCRIBING INFORMATION PRESENTATION Tablets containing 375mg, 50mg or 75mg venializance (as hydrochloride), USE Treatment of depressive filness: DOSAGE; Usually 75mg/day (375mg bd) with food, increasing to 150mg/day (75mg bd) if necessary. In more severely depressed patients: 150mg/day (75mg bd) increasing every 2 or 3 days in up to 75mg/day increments to a maximum of 375mg/day, then reducing to usual dose consistent with patient response. Discontinue gradually, Elderly, use normal adult dose. Doses should be reduced by 50% for moderate renal or moderate hepatic impairment. CONTRA-INDICATIONS: Pregnancy, lactation, concomitant use with MADIs, hypercensitivity to venializance or other components, patients aged below 18 years. PRECAUTIONS: Use with cauthon in patients with impocardial infaction, unstable-heart disease, renal or hepatic impairment, or wyeth + history of epilepsy (discontinue in event of secure). Patients should not drive or operate machinery if their ability to do so is

impared. Possibility of the high two margers are of even, Women of child-terminal methal invasions of based on recovering smallest quantity traded as entered to an observation shape the marger throughout the body of the control of

Lau dilaten Vertiding Itemino paraesthema laborima elandation of a thorotopic Typertension, papidation, west 15 participation del realed Deburge in temesta per one i per training properties in the respect to the end of t

/270m - 29