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The service as a whole is integrated with the alcohol and drug abuse treatment service and this is in the process of setting up a team of specialised staff who will assume responsibility for some of such problems in the correctional service but remain closely associated with the treatment, assessment and advisory service. The medical staff within the service are supported by psychologists and nursing staff.

QUALIFICATIONS: To be a fellow or member of the Royal Australian and New Zealand College of Psychiatrists or to possess other recognised equivalent post-graduate qualifications in psychiatry and be eligible for registration as a legal qualified medical practitioner in the State of Victoria.

SALARY: From \$36,442 to \$48,474 (commencing salary will be within the above range according to experience. Re-location assistance available).

Applications should include name, date and place of birth and nationality; address for communication and telephone number; details of medical education including special qualifications; details of previous employment, and names and addresses of three referees and should be forwarded to:

**Recruitment Officer,
Health Commission of Victoria,
555 Collins Street,
MELBOURNE, VIC. 3000
AUSTRALIA.**

ENQUIRIES TO: **DR. A. KESSELL,
Deputy Director,
Mental Health Division,
555 Collins Street,
MELBOURNE, VIC. 3000
AUSTRALIA
Tel. No: (03) 616 7977**

ACADEMIC PRESS



THE INFLUENCE OF PORNOGRAPHY ON BEHAVIOUR

edited by Maurice Yaffe
and Edward Nelson

December 1982, xxi + 276pp., 0.12.767850.6
\$ 26.00 / £14.00 (UK only)

Does exposure to pornography lead to a change in morals and behaviour? This book assesses the evidence on both sides of the pornography argument, and supplements these with discussions on the problem of censorship, the use of explicit material in sex education and therapy, women's reactions to pornography, the difference between pornography and erotic art, the development of the law, and the use of psychologists as expert witnesses in obscenity trials. Finally, recommendations are made for changes in the law. The whole subject is put into historical and cross-cultural perspective and approached, wherever possible, from an empirical point of view.

PSYCHIATRY AND GENERAL PRACTICE

edited by Anthony W. Clare
and Malcolm Lader

September 1982, xvi + 166pp., 0.12.174720.4
£12.60 (UK only) / \$ 23.50

The book is an account of the proceedings of a unique conference at which representatives of the major disciplines involved in the provision of primary care in the United Kingdom and America met in 1981 to discuss research into the nature and extent of psychiatric health, the prospects for greater inter-disciplinary collaboration and the need for further research. It is the most up-to-date, concise and readable account of the identification, nature and management of psychiatric ill-health in primary care currently available.

PSYCHOTHERAPY: A COGNITIVE INTEGRATION OF THEORY AND PRACTICE

Anthony Ryle

June 1982, viii + 196pp., 0.12.793710.2
\$ 22.00 / £11.80 (UK only)

Learning, emotion, symptoms, and neurotic difficulty are presented in terms of a new, simple, cognitive model, and the application of this model to individual psychotherapy involving the combined use of active and interpretive methods is described and illustrated. The book will be a valuable introduction for psychotherapy trainees, and a challenge to experienced workers whose thinking or practice is limited by their adherence to one or other of the rival schools.

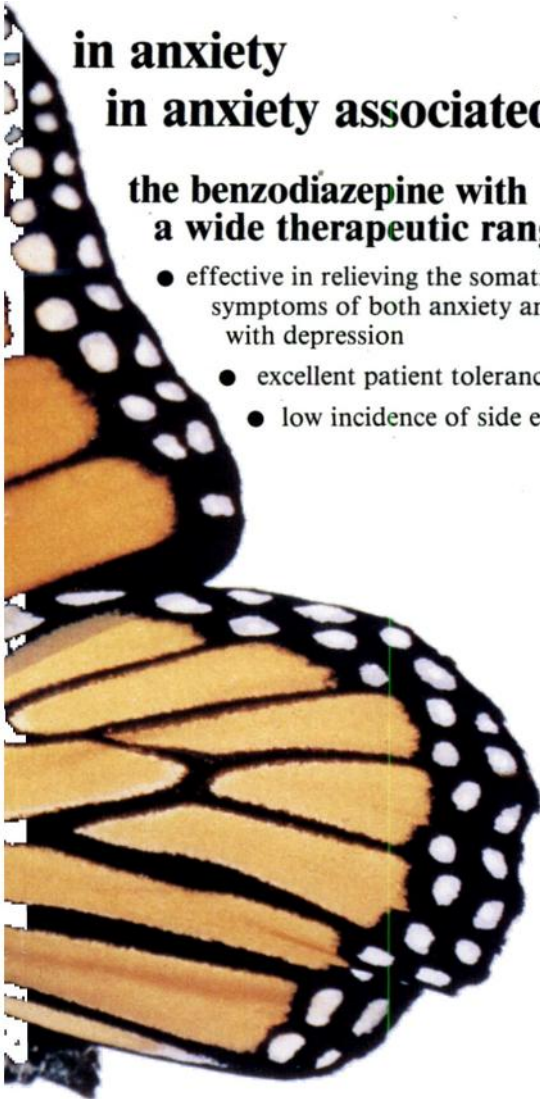
MOTHERHOOD AND MENTAL ILLNESS

edited by I.F. Brockington
and R. Kumar

August 1982, xi + 265pp.,
0.12.790666.5 (Academic Press)
0.8089.1481.2 (Grune & Stratton)
\$ 28.00 / £15.00 (UK only)

About half a million babies are born each year in England: two out of every three recently delivered mothers are likely to experience the maternity blues, one in ten may go on to become depressed post-natally and one or two in every thousand may need to be admitted to a mental hospital with a post-partum psychosis. This book is the first to review the whole field of mental illness in pregnancy and the puerperium in a comprehensive and critical way. Contributors discuss features in the social circumstances, in the biological and psychological events that occur during pregnancy and after delivery which may lead to puerperal psychiatric disorders. The consequences of such disorders and how they are best managed is considered in depth.

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outbursts, excitement, and confusion. Other rare adverse effects including hypotension, gastrointestinal and visual disturbances, skin rashes, urinary retention, headache, vertigo, changes in libido, blood dyscrasias and jaundice have also been reported. **Dependence Potential and Withdrawal Symptoms** In general the dependence potential of benzodiazepines is low, but this increases when high dosage is attained, especially when given over long periods. This is particularly so in patients with a history of alcoholism, drug abuse or in patients with marked personality disorders. Regular monitoring of treatment in such patients is essential and routine repeat prescriptions should be avoided. Treatment in all patients should be withdrawn gradually as symptoms such as depression, nervousness, rebound insomnia, irritability, sweating and diarrhoea have been reported following abrupt cessation of treatment in patients receiving even normal therapeutic doses for short periods of time. Abrupt withdrawal following excessive dosage may produce confusion, toxic

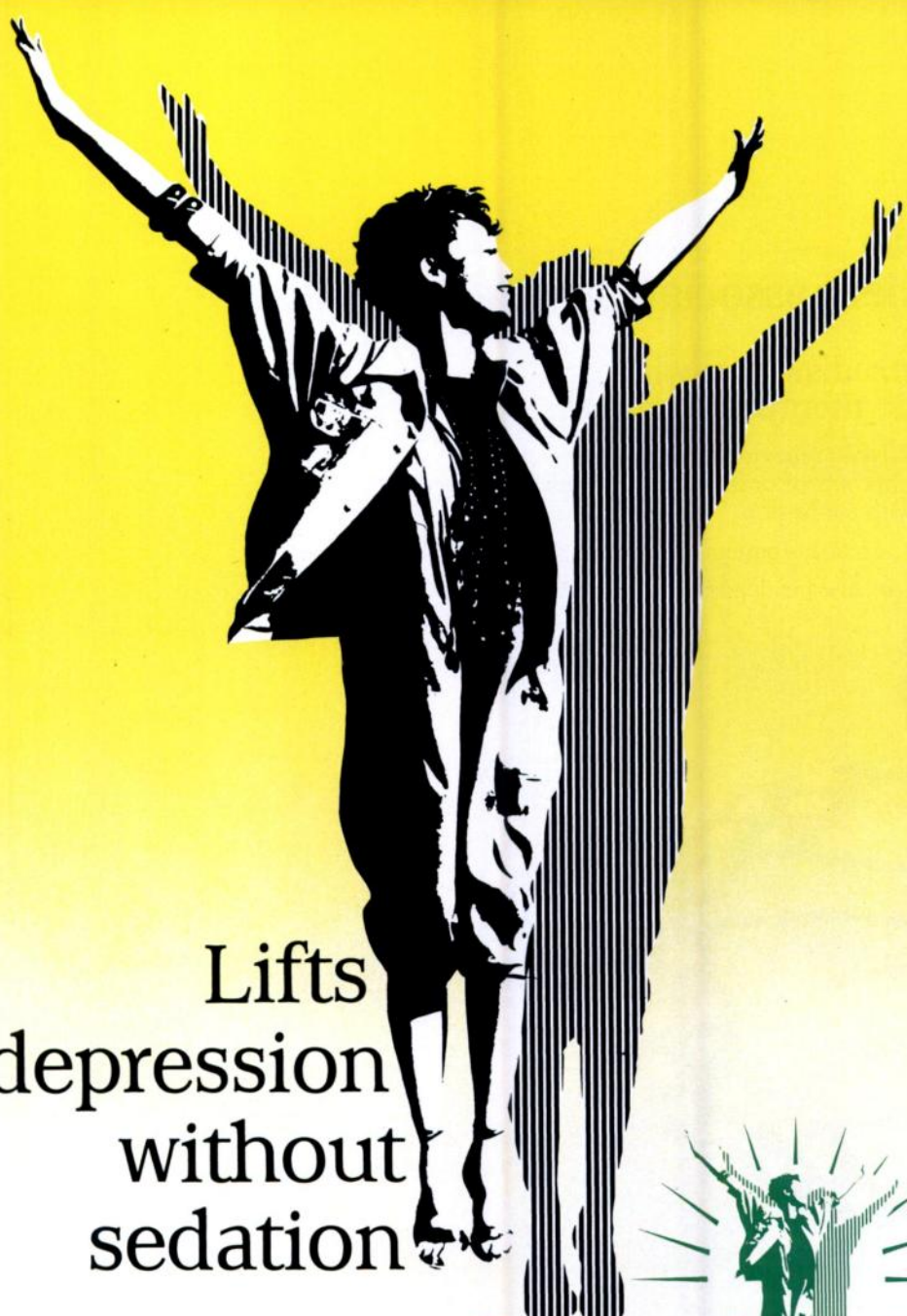
psychosis, convulsions or a condition resembling delirium tremens. **Overdosage** Manifestations of Xanax overdosage include extensions of its pharmacological activity, namely ataxia and somnolence. Induced vomiting and/or gastric lavage are indicated. As in all cases of drug overdosage, respiration, pulse and blood pressure should be monitored and supported by general measures when necessary. Intravenous fluids may be administered and an adequate airway maintained. Animal experiments have suggested that forced diuresis or haemodialysis are probably of little value in treating overdosage. As with the management of any overdosage, the physician should bear in mind that multiple agents may have been ingested. **Pharmaceutical Precautions** Protect from light. **Legal Category** POM. **Package Quantities** Bottles of 100. **Further Information** Alprazolam is readily absorbed. Following oral administration, peak concentrations in the plasma occur after 1-2 hours. The mean half-life is 12-15 hours. Repeated dosage may lead to accumulation and this should be borne in mind in elderly

patients and those with impaired renal or hepatic function. Alprazolam and its metabolites are excreted primarily in the urine. Xanax did not affect the prothrombin times or plasma warfarin levels in male volunteers administered sodium warfarin orally. **Product Licence Numbers** 0.25 mg tablet PL 0032/0092, 0.5 mg tablet PL 0032/0093. **Basic NHS Cost** 0.25 mg tablet 3.3 pence, 0.5 mg tablet 6.5 pence.

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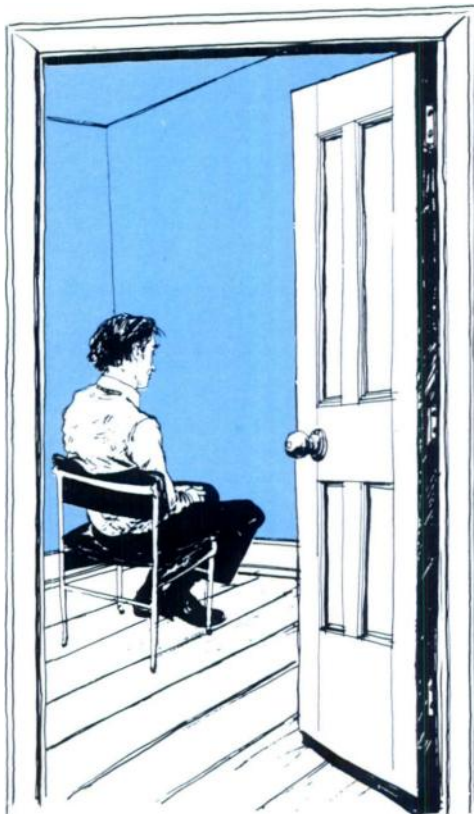
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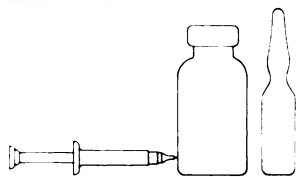
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Further information and data sheets available from:- Lundbeck Limited, Lundbeck House, Hastings Street, Luton, Beds. LU1 5BE.