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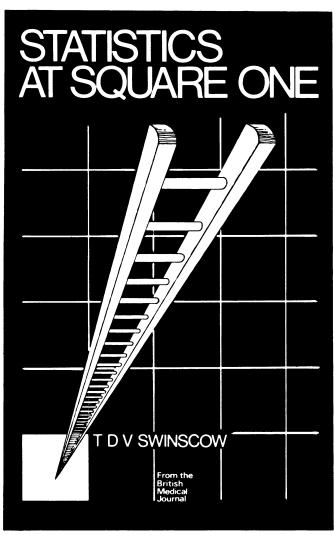
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BRITISH MEDICAL JOURNAL EUROPEAN LIFE SCIENCES EDITORS

EDITING CONFERENCE PROCEEDINGS: a medical editors' workshop

to be held at the Beaufort Hotel, Walcott Street, Bath BA1 5BJ on 9/10 November 1978

Under the joint auspices of the *British Medical Journal* and ELSE a workshop for technical medical editors is being held on "Editing conference proceedings: a medical editors' workshop" at the Beaufort Hotel, Bath, on 9/10 November 1978. The theme of the workshop will be devoted to quicker and better editing of conference proceedings, and, before the conference, participants will be sent a copy of relevant passages from the forthcoming ELSE/Ciba Foundation guide for editors *Editing Scientific Books and Journals* by Maeve O'Connor, which will be discussed at the workshop. The final session will be devoted to the "Declaration of Vancouver"—proposals on uniform requirements for manuscripts submitted to biomedical journals (see *BMJ*, 1978, 1, 1302, and 1334).

Programme

Thursday, 9 November 1978

16.00	Tea and Registration
16.30	Introductory session (Chairman: Professor Carl Bergstrand, Editor, <i>Acta Paediatrica Scandinavica</i>)
16.35	"Do we really need to publish conference proceedings?" Professor Hugh Dudley (Member of the Editorial Committee, <i>British Journal of Surgery</i>)
16.15-18.00	Discussion
19.00 for 19.30	Dinner
Friday, 10 November 1978	
09.00	Editing Conference Proceedings Better (Chairman: Dr. Eoin O'Brien, lately Editor, Journal of the Royal College of Surgeons of Ireland)
09.05	The Publisher's View: Dr. A. A. Manten (Elsevier Scientific Publishing Company, Amsterdam)
09.20	Discussion
10.00	The Technical Editor's View: Mrs. Betty Dickens (Conference Production Editor, Pitman Medical)
10.15	Discussion
11.00	Coffee
11.30	The Secretary's View: Mrs. Heather Windle (Staff Editor, British Medical Journal)
11.45	Discussion
12.30	Lunch
14.00	The Declaration of Vancouver (Chairman: Dr. Walter Somerville, Editor, British Heart Journal)
	Aims of the International Group: Dr. Stephen Lock (Editor, British Medical Journal)
14.15	Discussion
15.30	Tea
16.00	Workshop closes

Bath is a pleasant Georgian town, 90 miles West of London and easily accessible from the capital by train or from London Airport. The fee of £39.50 (£35 for members of ELSE) includes a single room with private bathroom in the Beaufort Hotel, and all meals. The workshop is primarily intended for people handling conference proceedings, and the number of places is limited. Applications, including the fee, should be sent to the Editor, *British Medical Journal*, BMA House, Tavistock Square, London WC1H 9JR.

Prothiaden What's the significance of the new 75mg tablet?

Presentation Prothiaden is dothiepin hydrochloride, an antidepressant of the

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Uses Prothiaden is indicated in the treatment of depression and the anxiety frequently

Dosage and Administration Prothiaden should be given in a dosage of 75 to 150mg*

daily. The following dosage schemes are suggested:
Mild to moderate depression, 25mg three times daily of 75mg at night.

Moderate to severe depression, 150mg daily in divided doses, of as a single dose at night. (If the latter regimen is adopted, it is preferable to use a smaller dose for the first few days).

In certain circumstances, i.e. in hospital use, Prothiaden has been given at dosages up to 225mg daily. No dietary restrictions are necessary during treatment with

Contra-indications. Warnings. etc. Prothiaden has anticholinergic properties; therefore, it may precipitate urinary retention in susceptible individuals and its use should be avoided in patients with existing or potential urinary retention. Patients with closed-angle glaucoma should not be given Prothiaden and the occurrence of a painful red eye in a patient receiving the drug may indicate acute closed-angle glaucoma, this requires urgent treatment. In patients with chronic simple glaucoma, the risk of Prothiaden causing a rise in intraocular pressure is relatively small provided adequate anti-glaucoma therapy is being used. Caution is advised when treating epileptic patients and those with cardiovascular disorders. From studies in animals, it was concluded that Prothiaden had no teratogenic effects in the species tested. Nevertheless, as with any relatively new drug, the use of Prothiaden during pregnancy should be avoided if possible.

Use with other drugs: Prothiaden should not be given concurrently with MAO inhibitors; nor should it be given within 14 days of ceasing treatment with an MAO inhibitor. Prothiaden may alter the pharmacological effects of some concurrently administered drugs: CNS depressants, including alcohol and narcotic analgesics, will be potentiated, as will the effects of adrenaline and noradrenaline (it should be borne in mind that some local anaesthetic preparations contain these sympathomimetics). The hypotensive effect of certain antihypertensive agents (e.g. bethanidine, debrisoquine, guanethidine) may be reduced

Side-effects: Generally, the side-effects associated with Prothiaden have been mild and controlled by reduced dosage. The following have been reported-dryness of mouth, constipation, disturbed accommodation, lassitude, dizziness, orthostatic hypotension, palpitations, somnolence, tremor, headache

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Product Licence Number Prothiaden capsules PL 0096/5007. Prothiaden Tablets PL 0096/0046.

The Crookes Laboratories Ltd., Basingstoke, Hants.

References: 1. Pearce, J. B. & Linford Rees, W.J., Int. Med. Res. 1974, 2, 12. 2. Rees, J. A. & Cryer, P. C. Curr, Med. Res. Opin. 1976, 4, 416.

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- 1. Postgrad. Med. J., 51, 10, (1975)
- 2. Danish Med. Bull., 21, 63, (1974)
- Clin. Pharm. Ther., 15, 141, (1974)
- 4. J. Int. Med. Res., 2, 314, (1974)
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