

Peter Debye Prize

THE STATE UNIVERSITY OF LIMBURG

The State University of Limburg at Maastricht, Holland, has been given the opportunity of awarding the biennial Peter Debye Prize.

It is an appreciation prize of *f*20,000.00 (about £3,400.00) the means of which are provided by the Edmond Hustinx Foundation.

The Prize was named after the physicist Peter J. W. Debye (1884–1966) who was born at Maastricht and was awarded the Nobel Prize for chemistry in 1936.

The Edmond Hustinx Foundation at the wish of its name-giver, the Maastricht industrialist E. Hustinx, aims at promoting science and culture.

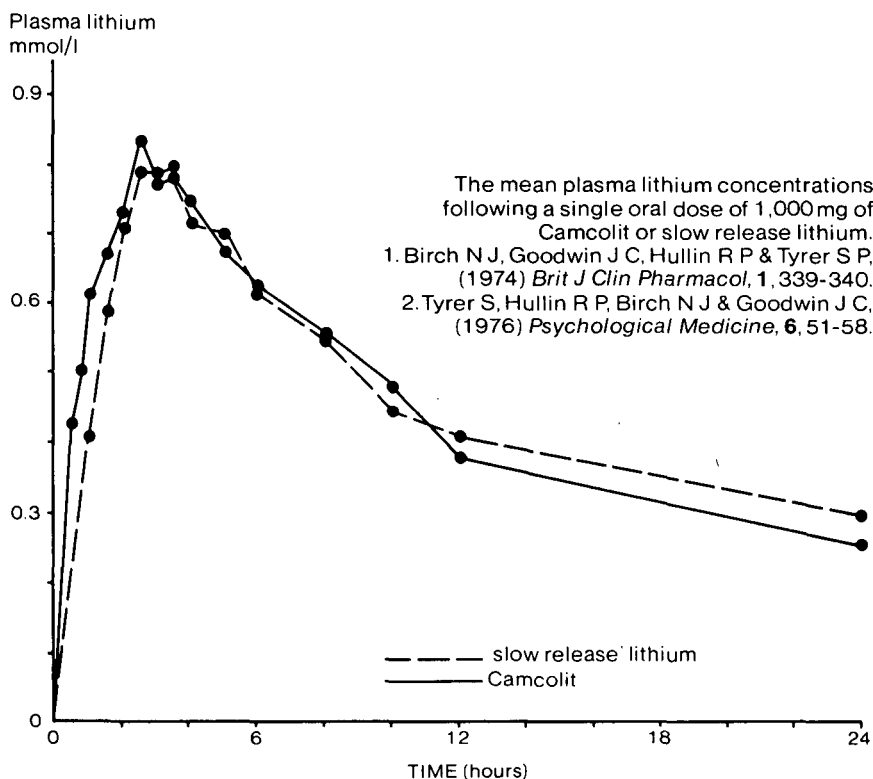
The Peter Debye Prize will be presented for the first time in the course of 1976. It will be awarded to a person or group considered to have made a fundamental contribution to integral medicine. In this respect the integration of psycho-social health care within the field of primary health care will be a special – though not exclusive – point of consideration.

A jury has been formed, the members of which are Professor Dr P. S. Byrne, Department of Family Medicine, Manchester University; Professor Dr H. Häfner, Director Zentralinstitut für Seelische Gesundheit, Mannheim; Professor dr H. Péquignot, Faculté de Médecine de Paris; Dr N. Sartorius, Office of Mental Health, World Health Organization, Geneva; Professor Dr Michael Shepherd, Institute of Psychiatry, London; Professor Dr M. A. J. Romme, Department of Medicine, State University of Limburg at Maastricht (*Chairman*).

This jury would like to have its attention drawn to persons or groups eligible to be awarded the prize on account of their merits in the above-mentioned field.

Suggestions should be made to Professor Dr M. A. J. Romme, chairman of the jury, Peter Debye Prize, the University of Limburg, Maastricht, Holland, not later than 1 April 1976.

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The authors do state, however,²

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Clomipramine (Anafranil) in the treatment of chronic intractable depression. Paper read at the Fifth World Congress of Psychiatry, Mexico D.F. 1971.

“The difference between the proportion of patients in hospital who improved when treated with electroconvulsive therapy, conventional antidepressant drug therapy and intravenous infusion of clomipramine was statistically significant in favour of the last mentioned treatment. Patients on clomipramine as a group needed fewer treatments and returned to work more rapidly than did their counterparts having electroconvulsive therapy.”

A new adjunct to the treatment and management of depression : intravenous infusion of clomipramine (Anafranil). S. Afr. med. J., 45, 168 (1971)

“72% (of 57 patients) showed a very good or good response and 96% made some improvement. This compares very favourably with the response of similar groups of severely depressed patients to E.C.T., and it is postulated that intravenous chlorimipramine can be offered as an alternative form of treatment.”

“Oral group : 78 per cent showed a very good or good response and 96 per cent improved to some extent. This also compared favourably with the results obtained with other antidepressant drugs in similar groups of patients.”

Parenteral and oral chlorimipramine treatment of depressive states. Brit. J. Psychiat., 122, 189 (1973)

Anafranil® in obsessional/phobic disorders

“Clomipramine has the two distinct properties of being an anti-depressive and an anti-obsessional drug.”

Clomipramine (Anafranil) in the treatment of obsessional states : A psychiatrists view. J. Int. Med. Res., 3 (Supp 1) 83 (1975)

“Obsessional illnesses have always been notorious for their resistance to treatment and phobic states, especially, when they are diffuse and polysymptomatic, do not respond always to deconditioning or flooding techniques A treatment which offers brevity with a 70% chance of disappearance or considerable reduction in symptoms is worth offering to patients as a first choice of therapies.”

Clomipramine (Anafranil) in the treatment of obsessional illnesses and phobic anxiety states. J. Int. Med. Res., 1, 403 (1973)

“It is our view that clomipramine not only gives good results in severe and moderate depressive states, but it is emerging as the treatment of choice in obsessive compulsive disorders and phobic states.”

Letter, Treating phobias. World Medicine, 7, 11: 15 (1972)

“The mode of action of Anafranil is unknown but without doubt it appears to exert a beneficial effect on neurotic responses in general and phobic and obsessional states in particular.”

An investigation into the use of Anafranil in phobic and obsessional disorders. Scot. med. J., 20 (Supp), 61 (1975)

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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 two 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 summary 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 up to about 1,500 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.

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