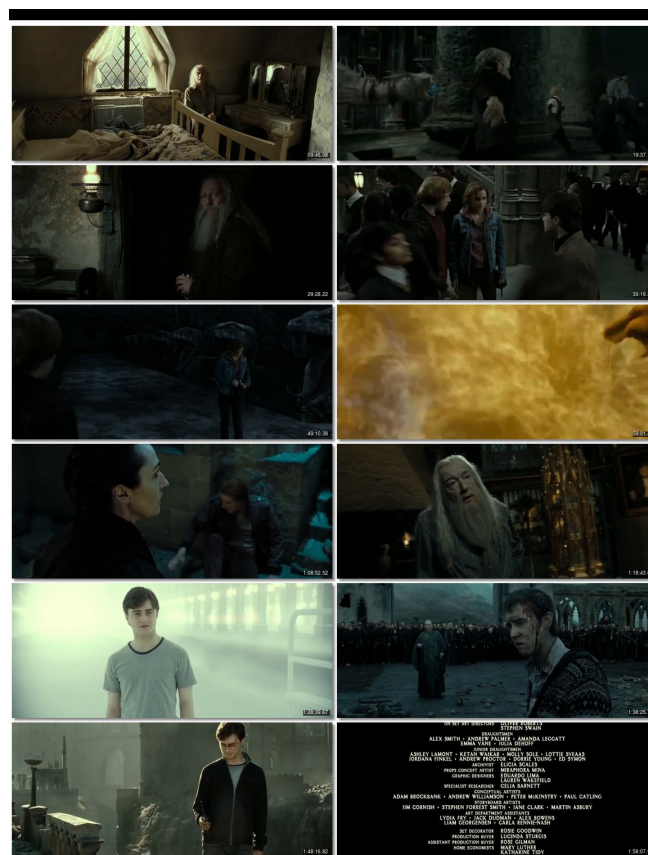


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A series of events threaten to lead Harry into an adventure that will change the course of his destiny. In the end, Harry must discover who is responsible for this deliberate attempt to trap him, and the fate of the Muggle world, and of magic itself, will depend on whether he manages to do what he must...Lithium (Li) is the first choice of drug in treatment of bipolar disorder, because of the multiple therapeutic actions of the compound. Because of a lack of information on the neurotoxicity of Li in the brain, however, the issue of possible Li neurotoxicity must be addressed to determine whether long-term exposure to Li in patients with bipolar disorder is warranted. In this study, a chronic Li administration regimen to adult rats was developed, as well as a "cocktail" of pre- and post-mortem indicators of neurotoxicity that can be used to assess whether the compound is associated with damage to the brain. Adult Long-Evans rats received subcutaneous LiCl at a daily dosage of 0.2 mg/g (equivalent to 200 millimoles/liter) or distilled water, and were examined 3, 6, 9, or 12 months later. Brains from a single

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lithium group, distilled water group, and age-matched controls were processed for immunocytochemistry with antibodies to dendritic (MAP2) and nuclear (NeuN) markers, as well as for staining of neuronal nuclei with H&E, Nissl, and bromodeoxyuridine (BrdU). In addition, this study assessed the effect of the Li dose and regimen on the brain of the Wistar Kyoto rat, a strain susceptible to cognitive deficits. We found that the chronic Li regimen is associated with abnormal microanatomy in different regions of the brain, as well as with differential effects on several markers of cellular stress in brain regions vulnerable to lithium toxicity. These findings support the concept that chronic Li administration can lead to toxic effects in the brain and that the proper dose and regimen of Li must be determined on an individual basis.

Hepatitis B infection--South Australia, June to August 1986. There were eight cases of hepatitis B infection identified among patients admitted to Royal Adelaide Hospital (South Australia) in June-August 1986. All cases had at least one risk factor for hepatitis B infection. Three cases were in people born in South East Asia, two in people born in the Far East and one in a person born in the Middle East. Of the four cases 82157476af

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